

THE HUMANITY STRAIN: DIAGNOSING THE SELF IN WALKER
PERCY'S FICTION

BY

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DEDICATION

This work of diagnostic scholarship is dedicated to my father Hal McDonald, a fellow Percyan wayfarer, and my mother Nancy McDonald for her constant love and support

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If I have learned one thing in my experience, it is that a writer, though solitary by nature, never truly works alone. All authors are indebted to those who came before them, as well as the mentors, family, and friends who provided guidance and support during the creative process. Therefore, as I complete this capstone of my academic career at Wake Forest, I would be remiss if I did not acknowledge those who made this thesis possible. Thank you to my advisor, James Hans, who willingly put up with me for both my undergraduate and graduate years, and had much more confidence in my writing ability than I did during that time. Thank you to Eric Wilson, who showed me that it is possible to cross literary boundaries by writing non-fiction that is creative, as well as studying William Blake and David Lynch in the same class. Thank you to my loving family, who patiently talked me through my moments of self-doubt and uncertainty, and thank you to my friends, who were always willing to provide a welcome escape from the “same dull round” of writing.

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LIST OF ABBREVIATIONS

<i>L</i>	<i>Lancelot</i>
<i>LG</i>	<i>The Last Gentleman</i>
<i>LIC</i>	<i>Lost in the Cosmos</i>
<i>LR</i>	<i>Love in the Ruins</i>
<i>MIB</i>	<i>The Message in the Bottle</i>
<i>M</i>	<i>The Moviegoer</i>
<i>SC</i>	<i>The Second Coming</i>
<i>TS</i>	<i>The Thanatos Syndrome</i>

ABSTRACT

While literary scholars and theologians alike have noted the spiritual epiphanies crucial to the different protagonists' development in Walker Percy's novels, they have focused more on Percy's Christian agenda than the medical healing that occurs in his fiction. Conversely, when scholars have observed the influence of Percy's medical background in his fiction, they often emphasize Percy's use of medical terminology and his portrayals of physicians and illness while largely neglecting their philosophical implications. Percy coined the phrase "diagnostic fiction" to describe his work, and states that its purpose is to diagnose philosophical problems of the self, thereby assisting the ailing person to articulate these otherwise abstract maladies in concrete, clinical terms. Percy's medical training provides a uniquely clinical perspective of philosophical problems, and he is able to make philosophy and medicine coexist harmoniously in his fiction. The purpose of this paper is to demonstrate this coexistence by analyzing Percy's protagonists in terms of Kierkegaard's three stages of existence—aesthetic, ethical, and religious—and placing these stages within a medical context.

INTRODUCTION

Come into my office. Pull up a chair, make yourself comfortable. Don't let those instruments on the wall scare you; I seldom use them anymore. Can I get you anything? No? Alright then, what seems to be the problem? There always seems to be a problem these days. Tremendous breakthroughs in medicine have been made within the past few decades, but despite these vast resources, a physician can only do so much. When a patient comes in complaining of free-floating anxiety and a general sense of ennui, either psychotherapy or medicine is prescribed as treatment, and the patient returns weeks later to report the symptoms have subsided. The question is, however, whether or not the patient is actually better. Happier perhaps, but not permanently; once off the medication, the patient's old "dis-ease" would return. Walker Percy coined the term "dis-ease" to describe what he called the various maladies of the self.

But how does one treat the self? What tools do we have to plumb the depths of our psyches? Even with the extensive number of tools at our disposal, our results can only be educated guesswork at best. Neurologists can measure brain activity, psychologists can perform psychoanalysis, and philosophers can develop theories of existence. Of course, any speculation regarding treatment of the self presupposes that we actually know what "the self" is, and the neurologists, psychologists and philosophers of the world have yet to agree on a universal definition. Is the self a social construct, an inherent property, or a combination of both? Does the self reside in the body or the mind? Does the self even exist at all, or does the collective functioning of the various processes in the human body create a semblance of a self?

One important tool for treating the self that is often overlooked is language, particularly in communication between doctor and patient. Physicians have come to rely so heavily on the technology at their disposal that it is often easy for them to neglect the simple fact that every patient has a story to tell. Percy explored the diagnostic and therapeutic potential of language in his novels. Consider the following scenario: The doctor stares at the x-ray, arms folded as he examines his patient's diseased chest cavity. It is like every other examination, except this time the patient is standing next to him. The symptoms and the self are juxtaposed side by side; each one has its own story to tell, but both are about the same person. The question for the doctor is which story to listen to, and the answer to this question will determine which of the two he/she will treat. This tableau is a scene from Walker Percy's unpublished novel *The Gramercy Winner*. It was his first novel, written shortly after his convalescence at Trudeau Sanatorium, where he was being treated for tuberculosis (Mason 115). Themes from *The Gramercy Winner* recur in all of Percy's published fiction, and he was very interested in the question posed by the aforementioned scenario.

Percy always referred to his work as "diagnostic fiction," a series of philosophical experiments to determine the condition of society and the nature of the self. This is a natural position for him to assume as a doctor, but he was also a patient, and one could make the argument that his fiction was a series of illness narratives as well as physician case histories. Rather than simply pronounce a diagnosis, Percy portrays a series of characters on personal journeys. His illness narratives grew out of his personal experience with illness; as a young intern at Bellvue Hospital, he contracted tuberculosis from one of the cadavers in the pathology lab. While recuperating in a sanatorium, he

read extensively from philosophical authors such as Kierkegaard and Dostoyevsky, and by the time he had recovered he had decided to become a writer instead of a doctor (Hobson 4-5).

Literature and medicine have been in conversation for a long time. Novels like *The Death of Ivan Ilych* and *The Magic Mountain* give fictional accounts of illness, and there are numerous nonfiction illness narratives throughout history, from the contemporary work *Illness as Metaphor* by Susan Sontag to written testimonies from cancer patients that date back to Ancient Persia (Mukherjee 41). In his book *The Wounded Storyteller*, Arthur Frank states that illness lends itself to an impulse for the sick person to relate his/her experience to others:

Becoming seriously ill is a call for stories in at least two senses... Stories have to *repair* the damage that illness has done to the ill person's sense of where she is in life, and where she may be going... The second and complementary call for stories is literal and immediate: the phone rings and people want to know what is happening to the ill person (Frank 53).

In addition to fictional novels and patient memoirs, an increasing number of physicians are contributing their own stories to the medical repertoire. The twenty-first century in particular has seen an outpouring of memoirs, fiction and poetry written by doctors. The field was pioneered by well-known physician-authors such as Anton Chekov, William Carlos Williams, Oliver Sacks and Richard Seltzer, and it provides a revealing perspective of the other half of the patient-physician dialogue.

While once believed to belong exclusively to realm of literature, medical narratives are beginning to be treated as potential diagnostic and therapeutic tools. In her

book *Narrative Medicine*, Rita Charon, a professor of clinical medicine and director of the Program in Narrative Medicine at the Columbia University College of Physicians and Surgeons, acknowledges that “A scientifically competent medicine alone cannot help a patient grapple with the loss of health and find meaning in illness and dying” (Charon 22). The field of narrative medicine has become increasingly popular, and those in the medical profession have begun reaching out to those in the humanities. The format of medical narrative attempts to bridge the gap between body and self, and combine the two narrative threads in a more complete picture of the patient. A narrative can act as a diagnostic and therapeutic tool. Charon defines narrative medicine as “medicine practiced with these narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness” (Charon 23). As is the case with any form of literature, the type of narrative depends on the narrator. “Illness narratives” generally refer to a subcategory of medical narratives, and are told from the perspective of the patient (Charon 104). An illness narrative goes beyond an account of the illness, symptoms and treatment; it is a deeply personal attempt to fit the illness within the context of the patient’s life.

The medical narrative places an illness, the patient and the doctor into a narrative framework. Just as no two patients are alike, no two narratives are alike. At the same time, some narratives share common threads, just as some patients share common illnesses. This form has gained increasing attention in the medical field; Charon states that “the practice of narrative medicine has already shown its proliferative salience to individual practice, clinical education, health professional standards, national policy, and global health concerns” (Charon 9). This movement marks a shift away from the impersonal approach, acknowledging that each patient is an individual with a story to tell:

“It is in the sphere of narrative that patients, of late, have attempted to take back their singularity, their subjectivity” (Charon 66). There are different types of narratives, and they depend on the illness: there are cancer narratives, trauma narratives, auto-immune disease narratives, to name a few.

A novelist with a medical degree is well suited to the task of writing medical narratives, and this is Walker Percy’s area of expertise. The kinds of illnesses Percy deals with have more to do with the self than the body; in these cases, bodily illness is sometimes what shocks the patient out of their current state. The conditions of Percy’s characters can be described in terms of the three Kierkegaardian spheres of existence: the aesthetic, the ethical, and the religious. As Linda Whitney Hobson says, these spheres “figure...prominently in Percy’s novelistic plots” (Hobson 18), and each of his characters reside in one of the three. According to Kierkegaard (and Percy), the ideal human condition is in the religious phase, and Percy urges his protagonists in that direction from whatever state they are currently in.

These spheres are typically interpreted in terms of spirituality, and a Percyan protagonist’s goal is to become a “‘knight of faith’ on a quest for God” (Hobson 18), but, as Hobson points out, “Walker Percy the novelist is also Walker Percy the scientist” (Hobson 12). He was also a self-proclaimed diagnostician who frequently used medical terminology in his novels, and one could easily view the three spheres in a medical context. Scholars have commented on Percy’s philosophical use of the different Kierkegaardian phases and observed the medical language in his works, but few have examined the three phases in a medical context. Claire Carlisle notes that “It is important to recognize that Kierkegaard’s distinction between the aesthetic, ethical and religious

spheres does not concern *what* people do, but *how* they do it” (Carlisle 15). The spheres can apply to any occupation and thus it is reasonable to examine them in terms of medicine.

Carlisle says that Kierkegaard believed “each of the three spheres of existence [denoted] a particular way of relating to oneself, to the world, and to others” (Carlisle 15), and the narrative form is ideal for articulating these acts of relation. For Percy, this relation is particularly useful in the field of medicine when an author trying to mediate relations between the physician, the patient, and the patient’s illness. Percy states in his essay “Physician as Novelist” that “the physician-novelist has a nose for pathology” (194), and because he/she is equipped with language, “one of the tasks of the serious novelist is, if not to isolate the bacillus under the microscope, at least to give the sickness a name, to render the unspeakable speakable” (206 *Signposts*). Thus we imagine the physician-novelist balancing precariously on a stool in a laboratory, peering into the eyepiece at the sample in the petri dish. One hand turns a few knobs to adjust the focus of the lens and slide the light filter into place, while the other sits poised over a lab notebook, clutching a pencil and waiting patiently to begin the story.

CHAPTER 1

*ANTHROVIRIDAE:**THE MOVIEGOER AND THE LAST GENTLEMAN*

“I am a sick man...I am a wicked man. An unattractive man. I think my liver hurts. However, I don't know a fig about my sickness, and am not sure what it is that hurts me”

--Dostoyevsky, *Notes from Underground*

The body tells a story; heartbeats, chest percussions and respirations give an account of the body's condition, and a doctor is trained to interpret this language. As medicine has developed over the centuries, doctors have increasingly relied on the body's narrative rather than the patient's narrative. After all, a patient is not always a reliable narrator; a patient is capable of lying and lacks sufficient knowledge to interpret his/her symptoms accurately. A patient may say she feels fine, but when her coughing and high fever say otherwise, a doctor will trust her symptoms more than her story.

This has not always been the case; in an article entitled “Illness Narratives: Fact or Fiction?”, Mike Bury traces the path of medicine from its more personal roots to the clinical form used today: “As the study and treatment of disease became separated from the individual, and located within body systems only understood by experts, the need to attend to the patient was reduced to eliciting information about the objective signs and symptoms of the disease” (Bury 266). Over time, doctors have come to disregard the patient's narrative altogether; a common complaint among patients is that their doctors don't listen to them. An appointment consists of the doctor marching in, examining the patient and announcing a diagnosis that is not to be questioned. Rita Charon says in her

book *Narrative Medicine*, “The body has material warrant, and if the patient says otherwise, his word is dismissed as untrue” (Charon 114). A split of a Cartesian nature has occurred between the self and the body, one in which the body’s “voice” drowns out the self.

People have come to listen exclusively to the narrative of their own bodies as well, and this leads to what Kierkegaard called the aesthetic lifestyle. The creed of the aesthetic can be summed up thus: “Do what makes you happy, avoid what makes you unhappy.” Claire Carlisle describes the “archetypal aesthetic” as “a flirt or a seducer who chases a series of different partners, and either fails to get what she desires, or gets it but then becomes bored and so moves on to someone new” (Carlisle 14). This is an apt description of Binx Bolling, the protagonist of Percy’s first published novel *The Moviegoer*. Up until the opening of the novel, he has led a lifestyle he calls “the Little Way,” which consists of trading stocks, romancing his secretaries and going to the movies. He seeks out the things that will give him the most pleasure. Money gives him material pleasure, and his secretaries and his movies provide emotional pleasure. It has not occurred to him to seek anything more out of life, until one morning he becomes aware of “the possibility of a search” (*M* 10). This search will lead him out of the aesthetic sphere and ultimately bring him to the religious sphere, the desired destination according to Kierkegaard. However, as Woods Nash points out, it will also take him to a career in the medical profession: “It might well be that Binx is moving along the Kierkegaardian path to God, but I want to turn in a new direction: whatever else Binx might be after, his search leads him to become a doctor” (Nash 116). Nash may see the Kierkegaardian path as a separate one from Binx’s journey to become a doctor, but this is

not necessarily the case. One could argue that the two paths are not only parallel, but they are also the same, and Binx's view of medicine is directly related to the Kierkegaardian sphere he currently occupies.

Even before Binx decides to attend medical school, he acts as both patient and doctor, all the while trying to help his troubled cousin Kate. The first step to recovery is acknowledging one is sick, and Binx arrives at this realization a week before his thirtieth birthday. He feels adrift, an "Anyone living Anywhere" (*M* 69), and realizes he has been coasting through life without any real direction or purpose. This leads him to wonder whether there is more to be had out of life, and he experiences a kind of awakening. Binx's routine-filled existence is shaken up when he suddenly has a flashback of lying wounded in a ditch in Korea during the war. He realizes that that moment was one of the few times he was shocked into "real living," and that he has not felt that way since. In multiple essays and interviews, Percy repeatedly stresses the importance of ordeal in life. Montello points out that "Only when ordeal intrudes on a Percyean protagonist does he recognize his predicament as a despairing, alienated man, split off from self and others" (Montello 55). Most of his characters experience an epiphany as a result of ordeal—or in Binx's case, the memory of one—which usually takes the form of some kind of trauma. It usually takes an incident to break out of everydayness, because if every day is the same it won't occur to someone to live differently or reflect on his/her life.

For example, a person who takes the same route to work every morning will get to the point where he/she hardly has to look at the road anymore. This person will take his/her routine for granted, but if he/she should get in an accident, that would change in an instant. Better still, if the person swerves to miss an animal and *almost* crashes, then

his/her perspective will be changed by the possibility of disaster. Life will seem much more fragile and precious, and the ability to go to work is no longer taken for granted. History has shown how natural disasters, war, and other traumatic events have brought people together. Unfortunately, the effects of these ordeals are generally temporary. An adrenaline *rush* is precisely that because the body cannot sustain high levels of epinephrine for more than a few minutes. The commuter who almost crashed soon settles back into his/her routine, and Binx Bolling returns home after the war, not thinking of his ordeal again until years later.

While the effects of an ordeal are temporary, the results do not have to be. Once the sickness has been detected, the next step is to identify it. Percy coined the term “Modern Malaise” to categorize the illness that plagues Binx and his other protagonists. In Percy’s view, Western society in general suffers from the Modern Malaise, but most live in ignorance of it. The Modern Malaise, like a spectrum disorder, has varying degrees of severity and manifests itself in numerous ways. According to his essay “Diagnosing the Modern Malaise,” the most common symptoms include “loss of community, loss of meaning, inauthenticity, and so on—paradoxically because such deprivations occur in the face of strenuous efforts toward better consumership... finding ‘more meaningful relationships,’ ‘creativity,’ and so on” (Percy 210). Percy also says that “Part of the natural equipment of the doctor is a nose for pathology. Something is wrong. What is it? What is the nature of the illness? Where is the lesion? Is it acute or chronic, treatable or fatal? Does the disease have a name or is it something new?” (“Modern Malaise” 205). Not all of his characters are doctors, but they are uniquely equipped to detect this pathology, and once they perceive it, they are inspired to seek out a cure. Binx

first becomes aware of his condition at the beginning of *The Moviegoer*; Percy opens the novel with a quote from Kierkegaard, and this accurately describes Binx's ailment: "the specific character of despair is precisely this: it is unaware of being despair" (M 1). He has been wallowing in his desperate state for years without even knowing it, so he has been unable to do anything to cure himself.

As is the case with any disease, the treatment depends on the approach. A physician might focus exclusively on ridding the patient's body of the disease, persistently targeting the pathogens. However, a physician may also decide on a more holistic method, attacking the disease while striving to restore the health of the patient. The patient has a say in this decision as well, and will seek treatment that agrees with his/her desires. Both the physician's and the patient's mentalities could be described in terms of the Kierkegaardian phases. For example, an archetypal aesthetic patient is more concerned with feeling better than being well. He only wishes for something to relieve his pain and make him happy. An aesthetic doctor's goal is making his/her patient feel better, and he/she will prescribe pain medication to alleviate discomfort and Prozac to relieve depression.

For this patient, Binx's "Little Way" is ideal. Linda Whitney Hobson describes it as "a compromise he makes with life: Don't remind me I am alienated and sad, and I won't ask any of the big questions" (Hobson 28). He immerses himself in the consumer culture of America, which tells him there is something to satisfy his every need. At first he believes that this consumer culture will provide him with a cure, and instead of changing his ways, he changes tactics. Rather than use these diversions to avoid his malaise as he has done before, he attempts to use them to treat it, conducting

“[experiments] in repetition” (*M* 79) and “rotation” (*M* 145). These were terms coined by Kierkegaard and adopted by Percy, and they are not inherently bad methods, but they are insufficient in themselves to treat the malaise.

Rotation is the search for the next new thing, sustaining one’s existence with the promise of novelties. In terms of movies, when the hero rides off into the sunset, heading for the next town, he is experiencing rotation. Binx experiences this with every movie he sees, as well as with every secretary he dates. He plays different roles in various situations, adopting the mannerisms of characters in films, “keeping a Gregory Peckish sort of distance” (*M* 68) from Sharon when trying to romance her. By acting like Gregory Peck, he does not have to act like Binx Bolling, and he effectively removes the necessity of existential decision making. Kate attempts a similar escape into a role, playing the part of Binx’s “buddy” (*M* 63), but the two of them see through the façade. This transparency demonstrates her inability to function in society, but it also hints that Binx’s condition may be worse than hers. To assume these roles so effortlessly, he has to lose himself in them, and it will take a considerable effort to reclaim his individuality again.

One of the appeals of imitating a film star—i.e., assuming a role—is the pre-scripted nature of the role. As a Cary Grant type, a person is expected to be well dressed and distinguished, with a ready wit and a roguish twinkle in his eye. To answer the question, “What would Cary Grant do?”, one need only watch one of his movies. Another appeal is the distinction one feels in assuming this role. Movies are exciting to watch because they are a break from the mundane; Hitchcock films tend to portray an ordinary character at precisely the moment when his/her life changes. *North by Northwest* does not begin with a day in the life of Roger Thornhill; only a few minutes pass before he is

whisked away at gunpoint to be questioned by James Mason. Therefore, when driving to work as a Cary Grant type, one is not simply driving to work, one is embarking on an adventure.

There is nothing inherently wrong with indulging in these fantasies as a break from routine, but they become problematic when used as substitutes for real life. Two dangers inevitably arise: the first is that the effects wear off. A movie is only about two hours long. The events of *North by Northwest* occur over several action-filled days, but preceding that was the thirty-something years of Roger Thornhill's life. Then, once the danger is past and the romantic leads kiss, the credits roll, but life must go on. Thornhill and his new wife must live out the rest of their lives, which will undoubtedly be anticlimactic by comparison. And even within the movie, there are dull parts that have been cut out. The audience doesn't watch the characters travel in real time, nor do they see them eating a full meal or performing mundane activities (after all, they had to relieve themselves *sometime*).

The other danger is losing oneself in a role at the expense of individuality. Being a type entails being one of many, and one risks becoming an "anyone, anywhere." In the act of watching *North by Northwest*, one can become a single moviegoer among hundreds in a theater, and millions over time. One has the sensation of walking through a house where many have already lived, and many more will live--this is a sensation commonly felt by college students living in dorms. Kate feels this sensation acutely when she and Binx take the train to Chicago, and Binx feels it when they arrive in Chicago, remarking bitterly, "Chicago. Misery misery son of a bitch of all miseries" (M 98).

To remedy this, Kate turns to Binx for direction to the extent that she asks him to give her permission to act (*M* 234). Her request echoes the imploring of a patient panicking in the face of an important decision. “What should I do doctor?” she says, ready to obey her doctor’s command to the letter. The danger of rotation is inauthenticity and a loss of individuality. Living vicariously through these film characters, Binx neglects his own life and experiences an identity crisis.

Movies and role-playing in general are important recurring themes in all of Percy’s fiction. Usually the characters that appear the most comfortable in their own skin are the least authentic; they have grown so accustomed to playing their roles that they have lost contact with their real selves. To assume a role entails becoming a type, which means being sorted into a category—one might even say a species. For example, Roy Rogers was known for playing the role of a cowboy, a typecast used so frequently in films that it turns someone as famous as Roy Rogers into a parody of himself. He can be distinguished from other “cowboy actors” such as John Wayne and Gary Cooper because he is one of the “singing cowboys,” but then he is sorted into another category that includes actors like Gene Autry and Tex Ritter. Even in such a highly specific subcategory, Roy Rogers is still a type. Two rather comical, “types” that Binx encounters are his cousin Nell and her husband Eddie Lovell. After extensive self-evaluation, Nell announces to Binx that she and Eddie are completely satisfied with their lives (*M* 100-102). One must always be wary of content characters in Percy’s fiction. Wallowing in the blissful ignorance of despair, Eddie and Nell Lovell are completely content with their shallow, insubstantial lives. Another self-satisfied “aesthete” is Binx’s Uncle Jules,

whom Binx describes as “the only man I know whose victory in the world is total and unqualified” (*M* 31).

The alternative method, repetition, is a search in the opposite direction, a nostalgic gaze into the past. Binx revisits fond memories such as his dates with Kate, “camphor berries popping underfoot” (*M* 79), and other times in his life when he has been happy. Both of these methods offer some succor, but their effects are only temporary, and do more harm than good when used as a substitute for a real cure. The novelty of a movie soon fades, and Binx runs the risk of reducing a movie to a part of his everydayness if he sees it too many times. He attempts to fight this by going to different movie theaters, but everydayness still manages to creep in. Romancing his secretaries starts to feel old as well, and his feelings for them fade eventually.

Places and people get “used up,” and his latest secretary Sharon Kincaid is no exception. Binx’s attempts to ward off everydayness are becoming increasingly futile, and he realizes it is time to take a different approach. He tries to consult other people, but neither his family nor his friends are able to provide the answers he is looking for. His Aunt Emily, who refers to herself as “an Episcopalian by emotion, a Greek by nature and a Buddhist by choice” (*M* 23), is a captivating character. She commands a great deal of respect, and Binx thinks of her as a “young prince” (*M* 27). The classic stoic, Emily is determined to remain steadfast while the world crumbles around her. Her advice to Binx is to do his duty to his family, which entails going to medical school and making a name for himself. She is resigned to the fact that “The age of the Catos is gone” (*M* 49).

A stoic’s focus is mainly internal, and he/she is more concerned with remaining steadfast in the face of destruction rather than make any attempt to alleviate this

destruction. She insists to Binx that “Kate is just fine” (*M* 28), and feels that she knows what is best for her stepdaughter. In Kierkegaardian terms, Emily occupies the realm of the ethical sphere, which emphasizes the importance of moral obligations. Claire Carlisle says that, according to Kierkegaard, “In the ethical sphere... the highest value is moral duty, which is a longer-lasting and more objective, communal, form of value” (Carlisle 14-15). Emily’s advice to Binx is that of Marcus Aurelius Antoninus: “Every moment think steadily as a Roman and a man, to do what thou hast in hand with perfect and simple dignity, and a feeling of affection and freedom and justice” (*M* 78). If Emily were ever diagnosed with an illness, one might expect her to refuse treatment and fall on her proverbial sword. Her influence on Binx is potentially harmful, and could prevent his recovery. By remaining “steady,” Binx would repress any impulse to change, choosing to endure the illness—however dangerous—rather than seek treatment. Repulsed by these worldviews, Binx rapidly moves past the Lovells’ philosophy, “leaping” over Aunt Emily’s path entirely. He is an ideal model of the aesthetic, because he eventually “leaps” straight from the aesthetic to the religious phase.

Rather than adopt the ethical worldview, Binx prefers to engage in what he calls a “vertical search,” in which he “[stands] outside the universe and [seeks] to [understand] it” (*M* 69-70). Medical science is well suited to this type of search, because it allows one to stand outside the body and seek to understand it. While Nash says that “despite his detached disposition... Binx often turns his medical lens upon his own body” (Nash 118), one could make the argument that it is precisely this detached disposition that allows him to be so observant of his own body. Under his medical gaze, his body becomes an object of study, and from this perspective the conflict between the objective and subjective gaze

becomes more apparent. Even when he vividly recalls lying wounded in a ditch in Korea, a moment where he was “brought to himself,” he can’t help but put this memory into scientific terms. It is highly unlikely that during the actual moment he was lying there he was thinking about “the apex of [his] pleura” (*M* 126).

This echoes the sentiment of a patient who has researched his illness extensively; he knows the symptoms, treatment and prognosis, but the textbooks and websites he has consulted have not told him what it means for himself. Percy was fond of thought experiments, and for the purposes of this particular thought experiment, let us call our subject James Sawyer (that name is a little less “anyone, anywhere” than John Doe or James Smith), a thirty-something lawyer with a condo in New York, a mother in Virginia and a girlfriend. He has just been diagnosed with an illness—something that is not fatal, but just serious enough to alter his daily routine. His prognosis is good, but he will need to undergo months of treatment, which will be emotionally and physically demanding. This news is distressing to him; he cannot understand why he, of all people, should be singled out. He leads the same lifestyle as most of his lawyer colleagues, and most thirty-somethings living in New York for that matter. Yet he is sick and they are well. He understands what the illness is and how to treat it, thanks to some helpful literature provided by his doctor. He has even read several case studies, including one about a thirty-something man who lives in Duluth, Minnesota. However, none of this is able to explain what this means for him; he knows how a thirty-something lives with his illness in Duluth, Minnesota, but not how he is supposed to live with his illness in New York City.

Binx encounters a similar problem after completing what he believes to be a successful vertical search. He recalls that, after reading a book called *The Chemistry of Life* and seeing the movie *It Happened One Night*, “it seemed to me that the main goals of my search were reached or were in principle reachable” (M 70). However, he soon finds that “though the universe had been disposed of, I myself was left over...still obliged to draw one breath and then the next” (M 70). Believing he had staved off the “modern malaise,” he found that in actuality he had only been managing it. There is no cure for the common cold, which is a virus. A virus invades the body at a cellular level; the molecules attach themselves to cells and replace the DNA in the nucleus with their own, using the body as a host; given time, a virus will completely take over its host. They are difficult to treat, because in order to destroy the virus, the body’s cells must sustain some damage as well.

One can manage a cold with medicine and lozenges, but these do little more than alleviate the symptoms. One can, however, shorten the duration of the cold and eventually outlast it. Rotation and repetition have been useful “lozenges,” but they are rapidly becoming insufficient. Aesthetic medicine often treats the body while neglecting the person, looking at the x-ray of the diseased chest cavity instead of the patient standing beside it. Over time, it can lead to desensitization. For example, “Adrenaline junkies” perform extreme stunts because less dangerous activities do not produce a sufficient level of epinephrine to excite them. People who are addicted to painkillers cease to feel any relief from them, but they must keep taking them to avoid withdrawal. One must continually go to greater lengths to feel anything at all. Learning about a virus can

provide some temporary relief as well because understanding gives the illusion of control, but it is not a substitute for treatment.

To get rid of the “virus” of everydayness, Binx must endure reconstruction without getting addicted to the alleviating medicine in the process. He is determined to go about his search, but he soon finds it is not an easy path. He has settled into a routine, and he has surrounded himself with people who cannot even help themselves, let alone him. Seeking guidance from his family Binx finds that none of them seem to understand his predicament except for his cousin Kate, whose condition is even worse than his. After the failure of rotation, repetition, and the vertical search, Binx declares that “now I have undertaken a different kind of search, a horizontal search” (*M* 70). The horizontal search entails the observation of other people from a much closer proximity. It becomes, to use the title of one of Percy’s essays, a search for “The Holiness of the Ordinary.” Rather than an existential cosmonaut orbiting the earth and watching his/her fellow humans from afar, the horizontal wayfarer is a person “in a predicament and on the move in a real world of real things, a world which is a sacrament and a mystery; a pilgrim whose life is a searching and a finding” (“Ordinary” 369). As Binx says, “What is important is what I shall find when I leave my room and wander in the neighborhood” (*M* 70).

By the novel’s conclusion, Binx has concluded that “There is only one thing I can do: listen to people, see how they stick themselves into the world, hand them along a ways in their dark journey and be handed along” (*M* 233). To achieve this end, Binx decides that he will become a doctor and receive what Nash calls “reciprocal certification” (Nash 116) from his patients. One could go a step further and suggest that Binx also finds reciprocal certification from being a patient as well. While he is

observing and treating the illnesses of others like Kate, he is also treating himself. In other words, it is not enough for the doctor to empathize with the patient from a doctor-patient point of view; a doctor must also realize that he/she is a patient as well.

The fact that Binx intends to go to medical school implies that he is going to become a diagnostician himself, and will go on to help others in the search: “He acknowledges that the patient is sick and the Little Way is no panacea. At the end, he is recovered enough to take a few steps out of the aesthetic sphere and into the religious” (Hobson 29). To quote the last line of the novel, “It is impossible to say” (*M* 233) whether or not Binx has been completely cured. He still has a long and arduous process ahead of him, but he seems to be on the right track, and now that he and Kate are together, they will presumably help each other recover.

The ideal Percy strives for in his protagonists is to make them into “sovereign wayfarers” who spend their days watching and waiting for clues to the mysteries of life. Binx Bolling serves this end by becoming a doctor, watching and interpreting the signs conveyed by his patients. However, whether or not the watching is productive depends on the mode of observation and the subject being observed. There are many watchers in Percy’s novels, but few of them are “sovereign wayfarers.” By demonstrating different (correct and incorrect) ways of watching, as Montello says, Percy poses the question “What if the lens through which we view reality distorts our perception?” (Montello 52). The human eye is easily tricked. Riding in a car, we are warned that objects in our rear view mirror are closer than they appear; conversely, if we look into a pair of binoculars from the wrong end, close objects will seem far away. But at least we are aware of these

optical illusions; if we weren't, we might have a car accident or run into a tree. Optical illusions are only really dangerous when we mistake them for reality.

One of Percy's watchers, Will Barrett, is the protagonist of two novels, *The Last Gentleman* and *The Second Coming*. The reader catches a first glimpse of Will in Central Park, sitting on a grassy hill and looking through a telescope. He has attached a camera to the end of the telescope, and he is looking for a falcon atop a skyscraper. At least, he is at first. Bird watching is only a part of his grand scheme; he has resolved to live the life of a scientist, observing the world around him for the purposes of collecting data. What he doesn't seem to realize is that the information collected through viewing instruments have to be interpreted. Images coming through a reflecting telescope are transmitted to the eye by a series of mirrors that invert the image before correcting it. What he also doesn't realize is the fact that, when he spies Kitty Vaught through his telescope, he is being spied on himself. This is Will's narrative, but he is not the narrator of his own story. From an objective distance, reader and narrator look on at Will looking on.

The Last Gentleman and *The Second Coming* are unique in the Percy quintet because they are told from the omniscient perspective of the third person. Instead of journeying with the protagonist to determine the cause of his illness, the narrator is immediately privy to the intimate details of Will Barrett's condition. The story reads more like a case history than a personal narrative—the narrator is a distant observer, watching Will with the same scrutiny he applies when watching Kitty Vaught through his telescope. The treatment for Will's condition remains elusive until the character Allie is introduced in the second novel, but the reader knows things about Will that he isn't even aware of himself.

Viewing technology such as telescopes and TV cameras create a safe distance between the self and subject of observation. Watching someone on TV is different from watching someone sitting right in front of you. As Montello points out, “Technological instruments in the novels are distancing devices, splitting the seer off from the seen as they reify everything in their visual path” (Montello 54). It is safe to say that Will does not necessarily think of Kitty as a person when he catches his first glimpse of her. She is an object of interest, and he feels the same “tingling of the spine” that Lancelot does when he makes his own scientific discovery. Only when Will actually meets Kitty does he begin to bridge the [objective] gap between them.

Will’s illness is vaguely described as a “nervous condition” (*LG* 11), though he clearly shows signs of the modern malaise, and he is in transition from the aesthetic phase to the ethical. He is aware that he has a problem, and he has been trying to cure himself for years through various methods. However, rather than dealing with the pain and confusion rooted in his father’s suicide years before, “He has spent his time in unsuccessful rotations, trying to transcend his problems through casting ahead into the future or hiding in the past” (Hobson 52). The symptoms of his condition resemble those of shellshock; he “[suffers] spells of amnesia and even between times [does] not quite know what [is] what. Much of the time he [is] like a man who has just crawled out of a bombed building” (*LG* 11). His temporary amnesia allows him to live out the rotation Binx Bolling experiences vicariously through the movies he watches. As Carl Elliot says, “The ultimate rotation is amnesia, where your past is forgotten and *everything* is new: where the everydayness of life disappears because there is no memory of the everyday” (Elliot 66). Additionally, his tendency to wake up on Southern battlefields

allow him to experience rotation, reliving his troubled family history and the history of the South in general.

Hobson refers to these experiences as “his aesthetical escape,” and they provide temporarily relief, but she adds that “even more pernicious is his vow to live like a scientist, transcending the world” (Hobson 49). After attempting to live among a band of materialistic Ohioans, immersing himself in the aesthetic lifestyle, he retreats to a life of structure that is absent of meaning. He has even been seeing a psychoanalyst, who tells him he has a “defective ego structure” (*LG* 37). The doctor also picks apart everything Will says like a scientist combing the ground for samples of bacteria he will cultivate in a petri dish. When he sees the doctor’s notes, the clinical description of himself rankles, and Will resists further scrutiny. Rather than continue to be the patient, Will decides to become the doctor, or—as he puts it—the engineer. He decides he will “engineer the future of [his] life according to the scientific principles and self-knowledge...gained from five years of analysis” (*LG* 39), and he begins by buying a telescope. One could easily imagine him using the same terminology to describe embarking on a safari to find a rare species of butterfly he has only read about. From this perspective, Will hopes to “engineer the future of [his] life” (*LG* 39).

The problem with scientism, however, is that the scientist is unable to point the microscope at himself and look through it at the same time. Even the mirrors in an optical telescope are focused outward when they reflect light towards the eye. By adopting scientism, Will transcends his mundane existence and gives order to his life. However, try as he might, Will cannot escape his body or his nervous condition, and he only succeeds in becoming dislodged and set adrift.

As a result of the Cartesian split, it is tempting to think of the mind as a separate entity from the body. The body is, after all, the source of subjectivity; physically, humans can never see the world from any perspective other than their own. Objectivity may be gained by transcending the body, which is what scientists and philosophers attempt to do by elevating the mind. Unfortunately this only creates the illusion of objectivity, because the body is still linked to the mind. As Rita Charon says, “The body is and is not the self” (Charon 109). A condition like “locked-in syndrome” (Charon 108) clearly demonstrates the dependence of the mind on the body, and Charon refers to the case of Jean-Dominique Bauby as an example. When he was paralyzed by a massive stroke, he was left unable to move anything except one eye. His mind was still alert, however, and he was able to dictate his memoir, *The Diving Bell and the Butterfly*, to an “amanuensis” using a code of eyelid blinks (Charon 109).

Like it or not, body and mind must coexist, and this is why Will cannot be cured as long as he attempts to live a life exclusively of the mind. He encounters the same problem Binx does, “finding himself left over” (LG 70). He forgets to eat, wanders aimlessly through life, and lapses into fugue states. He can no more transcend his condition than a physician can transcend his own illness. One would like to maintain the illusion of mastering the illness, reading various books and becoming an expert. In this way, the patient can stand next to the x-ray of his diseased chest cavity and view it as an objective observer might. This abstraction might be an illusion, but it can induce a real abstraction of self.

Usually a condition is rated in degrees of severity based on how it affects the subject’s normal routine. It is often difficult to recognize when people suffering from

depression because they mask their condition. They know how to play a role, and they may smile and laugh with their friends even when their hearts are not in the effort. As long as no one suspects anything is wrong, no one feels the need to help, and as a result, a depressed person may linger in a state for years. Despite the fact that he is sick, Will can nevertheless function well in social settings because he knows how to go through the motions on autopilot. This makes his condition more difficult to detect until it culminates in one of his fugue states. Living in his abstracted state, almost outside of himself, Will risks detachment, and when this happens amnesia sets in. He is something between a chameleon and a parasite, feeding off the energy of others and blending in to match his surroundings. These animalistic attributes emphasize his dehumanized nature.

Though Will is not a moviegoer like Binx, one could imagine him as Jimmy Stewart in *Rear Window*; not looking for anything in particular, he glimpses, quite by accident, Kitty Vaught sitting in the park, and he quickly senses the importance of his discovery. He decides to follow Kitty, and his pursuit results in an introduction to the Vaught family, marking a re-introduction to his former life in the South. Now he feels things will be better; he can speak fairly objectively about his past struggles with his condition, and render the unspeakable speakable, or so he thinks. Shortly afterward, he experiences another amnesiac fit, and he is rescued by Kitty. He latches on to her for support, hoping she will anchor him in himself. His plight is similar to another Jimmy Stewart character in a Hitchcock film, *Vertigo*. His condition could be described as a kind of existential vertigo brought on by his genes and exposure to the noxious malaise particles.

The Vaughts seem relatively unconcerned by Will's condition and ask him to be a companion to Jamie Vaught, their ailing teenage son.¹ Jamie has leukemia, which was the first cancerous disease to be studied in medicine. In his book *The Emperor of All Maladies*, Siddhartha Mukherjee gives a history of the study of leukemia. He says that, because doctors could measure the production of white blood cells that were smothering the blood, they could study the disease with relatively primitive equipment. However, despite their extensive knowledge, doctors came no closer to discovering a cure. They could only observe and take notes as their patients died until a treatment was developed years later (Mukherjee 12). In Jamie's case, even though a treatment has been developed, his case is terminal, and the extensive amount of available knowledge does not change the fact that Jamie is dying.

Will's condition has the potential to be fatal, but in a drastically different way that has more to do with the mind than the body. Will's family history would seem to suggest that his condition is genetic, and was aggravated by his past and exposure to society. Escaping the influence of his family, Will nonetheless has relapses that hint at his inability to cope with his past. His father's suicide preys upon his mind and chokes his mental facilities like white blood cells choking the vessels. It doesn't help that he is living in New York, "the locus of homelessness" (Hobson 55), where his identity is absorbed into the generic everydayness of city life. Given the opportunity to return South and escape the polluted New York air, Will readily takes it. Despite his resolve, he is still adrift for most of the novel, allowing himself to be lead hither and yon by the Vaughts' various schemes. When he encounters Sutter Vaught, however, he recognizes a kindred

¹ It is interesting to note that, of all the afflicted characters depicted in Percy's fiction, William in *The Gramercy Winner* is the only one with tuberculosis. There are many recurring themes and images that can be traced back to this unpublished novel, but tuberculosis does not reappear in any other novel.

spirit and latches on to him with a startling eagerness. Hobson notes that Will's encounter with Sutter launches him into the ethical phase, sending him leaping into action. Sutter is aware of the malaise as well, but like the 19th century doctor studying leukemia, he has been unable to find a cure. Will senses, however, that Sutter is on to something. His finely honed radar picks up on this almost immediately, and he senses himself on the verge of another discovery. Sutter's notes give clues to his desperate mental state and the nature of his discoveries. He has come across the same conundrum of the "ethical man" that claimed the life of Will's father, and Will finds a kindred spirit in him.

The classic model of the ethical person is the stoic who does "the right thing" for its own sake. Will emulates Binx's Aunt Emily in this respect by always "doing the right thing" in social situations, i.e. acting the right way, saying the right things, even if he feels emotionally (aesthetically) distant. The ethicist lives by his/her moral standards, climbing into the ivory towers of idealism, only to find him/herself unable to descend. This is the dilemma of scientist and moralist alike, and Percy called this one of the many "problems of re-entry" (*LIC* 142). It deals with the scientist/artist in the inevitable slump after a period of euphoria. The problem is rejoining daily life and enduring the mundane aspects of existence.

Sutter sees this manifest itself in a suicidal trend among graduate students after having sex. He concludes that graduate students attempt "re-entry" through these sexual encounters, but because of the transient nature of erections, they inevitably end up disappointed. Percy explains the grounding nature of a sexual encounter rather comically in his book *Lost in the Cosmos*. For him, a sexual act is an existential demonstration that one is a self of flesh-and-blood. The human re-entering humanity is "the most amazing of

all the creatures of the Cosmos: a ghost with an erection! Yet not really amazing, for only if the abstracted ghost has an erection can it, like Jove spying Europa on the beach, enter the human condition” (Percy 44). In the case of Will’s father, his suicide arose from an inability to live with the aesthetic state of the world after the war. Will recalls how the attack on Pearl Harbor roused his father from his gloom and spurred him to action. Provided with purpose and a common enemy to fight against, Ed Barrett declared that “War [was] better than Monday morning” (*LG* 81). A soldier’s life is naturally imbued with purpose, and he/she may follow the orders of his/her superior officer for guidance. Serving in an army also means being part of something bigger than the individual. After the war, he has a similar problem of “re-entry,” but while the graduate students cannot re-enter humanity, Ed Barrett will not².

Will’s sighting of Kitty echoes Jove’s sighting of Europa, and it starts him on the road to rediscovering himself. When he follows Kitty and meets her family, he becomes reintroduced into the Southern existence he left behind. No longer is he simply the humidification engineer who works at Macy’s and lives at the YMCA, but he is also Williston Bib Barrett, “Ed Barrett’s boy” (Percy 47) from Alabama. Once the Vaught family restores his name and his history to him, Will latches on to them and allows himself to be guided by them. At the same time, his experience puts him at risk for disappointment and a similar fate with Sutter. Sutter himself is suicidal; he has made a failed attempt already, and he informs Will that he intends to try again. Sutter’s announcement brings Will to “the beginning...of what is called a normal life” (*LG* 304), and actualizes his reentry into human existence.

² Binx’s Aunt Emily differs from the graduate students and Ed Barrett because she is content in her role as the aloof “young prince,” but she faces a similar danger. Resigned to “the going under of the evening land” (*LG* 54), she has figuratively fallen on her sword in lieu of literally committing suicide as Ed Barrett did.

Will's pure scientism ultimately fails him in the novel's conclusion. Standing by Jamie's deathbed, he is met with a barrage of scientific terms like "pulmonary edema" and "fibrillating" (LG 309) that seem inadequate to describe the pitiful dying boy in the hospital. The terms describe Jamie's condition, not him, and they do little to alleviate his suffering or forestall his death. His attempts to understand Sutter have failed as well, and he soon learns that the doctor intends to commit suicide. These events force Will into action, making him realize he cannot be an observer any longer. Compelled by a sense of duty, he arranges for a priest to baptize Jamie, forces Sutter to contact the Vaughts, then makes him take him along to the ranch, presumably to talk him out of suicide.

Entering the ethical phase marks a turning point in Will's life, and it enables him to bring positive change to the lives of the Vaughts. However, he also puts himself in danger of becoming disillusioned like Sutter, or worse, pursuing the same path as his father. His life is given temporary purpose when he acts as a kind of savior to the Vaughts, and from there he constructs a plan for his future, but if he should ever lose that sense of purpose he will be in trouble. There is also another danger inherent in the ethical phase, especially when transitioning from the perspective of the pure scientist. One runs the risk of creating another kind of creature: the ethical scientist. This type of being lives by a moral code and works for the betterment of humankind, but often at the expense of individual lives. Instead of test subjects, people become casualties for the greater good, and the implications of this mindset can be seen in Percy's next three novels, *Love in the Ruins*, *Lancelot* and *The Second Coming*.

CHAPTER 2

*VIBRIO AMERICANAЕ:**LOVE IN THE RUINS, LANCELOT, AND THE SECOND COMING*

“Under the microscope, in the test tube, in the colorimeter, one could actually see the beautiful theater of disease and even measure the effect of treatment on the disease process. Then came the cataclysm, brought to pass appropriately enough by one of these elegant agents of disease, the same scarlet tubercule bacillus I used to see lying crisscrossed like Chinese characters in the sputum and lymphoid tissue of the patients at Bellevue. Now I was one of them”

--Walker Percy, “From Fact to Fiction”

Once Will Barrett rides off into the sunset with Sutter, he is not seen again until twenty four years later, when he collapses on a golf course in North Carolina. In this decades-long interlude (which was actually fourteen years), Walker Percy wrote two other novels, *Love in the Ruins* and *Lancelot*. These two have often been compared to each other because they share a “violence and a sense of foreboding” (Hobson 68), as well as apocalyptic themes and imagery. They make a rather diabolical pair, hinting at the dangers of ethical scientism which come to fruition in Percy’s last novel *The Thanatos Syndrome*.

Literature has shown that a narrative must not be disregarded simply because the narrator is unreliable. The protagonists of *Love in the Ruins* and *Lancelot* are decidedly undependable. Tom More, the hero of the former, is an alcoholic who suffers from morning terrors and free-floating anxiety. The protagonist of the eponymous novel *Lancelot* is an unreliable narrator as well, but his erratic nature provides insight into his

character, as well as that of his confessor Percival. Percival's narrative parallels Lancelot's, though it is an unspoken narrative. In the original manuscript, Percy wrote an extensive parallel narrative for Percival, but he omitted it in the final draft. It is Lancelot who gives Percival's story a voice, noting his movements and facial expressions and interpreting them accordingly like a doctor reading the visual signs of his patient. Though he only says thirteen words in the entire novel, Percival is not a passive narrator. In fact, he is the one who offers redemption to Lancelot at the story's conclusion.

From Lancelot's commentary, the reader gleans that Percival is a physician as well as a priest, and as such he is the second physician narrator to appear in Percy's fiction. The first is Tom More, and in his two novels *Love in the Ruins* and its sequel *The Thanatos Syndrome*, he plays a more prominent role than any other physician in Percy's novels. At the same time, Tom More's physician narrative also serves as a patient narrative. The doctor is sick, and awareness of this fact can be as disconcerting as seeing flight attendants panic during a turbulent flight. Tom More is equipped to make a serious scientific endeavor that eludes amateur scientists like Will Barrett and Lancelot Lamar. *Love in the Ruins* could be seen as a modern Pilgrim's Progress through the three Kierkegaardian phases, in which Tom More searches for the cure to the modern condition, as well as cure to his own ailments. Hobson refers to the novel as a "postmodern allegory with the four quadrants of the setting representing heaven, earth (town), purgatory (swamp), and hell (the pit)" (Hobson 80).

Lancelot is the ultimate anti-hero; it could be said that he personifies Dostoyevsky's Underground Man more closely than any other Percy protagonist. He feels that he is the lone sane person in a mad world oblivious to its immanent destruction.

Lancelot's narrative is a hybrid of the chaos and quest narratives. He is on a quest to find the unholy grail and prove the existence of evil, but both his confessor Percival and the reader can observe the progression of his illness and his increasingly distorted logic.

Percy opens *Lancelot* with a quote from Dante's *Purgatorio*, and Linda Whitney Hobson has noted the nine chapters represent the nine circles of hell (Hobson 93). One could easily believe that Lancelot is living in his own little cell in purgatory now that he has passed through hell. He has witnessed each circle of hell, including adultery, pride and murder. The question is whether or not he will decide to follow his own Virgil into Paradise, because he seems quite content where he is.

If Lancelot is Dante sitting in a cell in purgatory after braving the depths of hell, Tom More is the Omega Man sitting on a pine grove awaiting the apocalypse. The fallout from the Cartesian split has been slowly pervading humankind for centuries, but now Tom senses things are about to come to a head. Like *Lancelot*, *LR* has a sense of impending doom, and there is bleak, post-apocalyptic imagery in the opening of the novel. Tom sits in a pine grove overlooking the interstate, where he can see vines creeping through the asphalt and the shell of an abandoned motel in the distance. "Has it happened at last?" (*LR* 3), he wonders to himself. The physician is always on the lookout for signs from his/her patient; a returning appetite is a sign the sick patient is recovering, while a sickly pallor or a slight cough in an otherwise healthy person might indicate the arrival of an illness. After reading the signs of Feliciano, Tom concludes "the outlook is not so good" (*LR* 3).

What has finally tipped the scale, according to Tom, is the "fallout of noxious particles" (*LR* 5), namely heavy sodium released into the air as a result of an exploded

reactor. While a nuclear event would result in immediate evacuation of the surrounding area, the incident with the heavy sodium reactor is dismissed by everyone except Tom. He has noticed the effects of sodium radiation on the different parts of the brain (*LR 26*), which manifest themselves in the unusual behavior of his patients. He observes that “Conservatives have begun to fall victim to unseasonable rages, delusions of conspiracies, high blood pressure, and large bowel complaints” (*LR 20*), while “Liberals are more apt to contract sexual impotence, morning terror, and a feeling of abstraction of the self from itself” (*LR 20*). A series of case histories (*LR 30-33*) are recorded as additional proof. Tom has the utmost confidence in his lapsometer to cure the modern condition and rescue humankind from the heavy sodium raining down on their unsuspecting heads. He compares his ambition to “Edward Jenner’s dream of eradicating the great pox” (*LR 29*).

Lancelot watches for signs as well, and he fantasizes about constructing a utopia on the ruins of modern civilization. From the outset, it is apparent that Lancelot is a very sick individual. He has become so out of touch with reality and himself that he doesn’t seem to realize what he has done. At one point, Lance doesn’t even recognize own reflection (*LR 63*). By the opening of the novel, Lancelot has become so abstracted from himself he has lost all track of time and does not remember that he is responsible for the deaths of his wife and her lover. In addition to this selective amnesia, Lancelot suffers from paranoia, delusions of grandeur and extreme abstraction. He is a dangerously intelligent madman, and there is a disconcerting number of truths in his rants. Not only does he deduce that he is not the father of his child, but he also figures out that his wife

Margot is carrying on various affairs with the film crew. He is so far gone, however, that he does not recognize his despair for what it is, nor does he even realize he is sick.

Tom doesn't have the grand vision of a utopia like Lance, which is probably a testament to his relative sanity, but he does have a vision of his own private utopia. In the ruins of an abandoned Howard Johnson motel, he creates a small haven for himself and his three love interests. For Lance and Tom, starting over seems to be the best solution, since the experiment of Western Civilization has failed. *Love in the Ruins* and *Lancelot* share many similarities, and the two protagonists could both be seen as ethical scientists, but at the same time they differ slightly. Lance's ethics are truly unique; he wants to start over completely, establishing his own code of ethics, and within his own deranged mind he does. Tom's code of ethics are more consistent with societal norms, but they are taken to extremes within these norms to form his own "doomsday ethics." His goal is the betterment of humankind, which entails rescuing it from impending disaster. He is always thinking on a grand scale. These intimations of disaster are largely dismissed, but Tom is still a somewhat reputable doctor with a publication in *JAMA* and his invention the *MOQUOL* (the More Qualitative Quantitative Ontological Lapsometer). Because Tom, though he has many problems, is more socially acceptable than Lance, one wonders if he might be the more dangerous of the two.

Like Tom More, Lancelot is a very observant character, despite his mental condition. He is quick to notice Percival's uneasiness, as well as the condition of the patients and doctors in the hospital: "I've noticed that the doctors and guards and attendants here who are supposed to be healthy—we're the sick ones—seem depressed, anxious, gloomy, as if something awful has already happened" (*L* 36). Lance and the

other patients take comfort in knowing what is expected of them. The state of the patients is similar to Kate's need for order and direction in *The Moviegoer*, and stems from a desire for freedom from the weight of making decisions in the deadening everydayness of daily life. They follow a prescribed schedule, take direction from their doctors, and take pleasure in doing precisely what they should be doing. As Hobson says, "[the patients] are happy, for one reason, because in prison they are released from the existential predicament of having to choose a life from among many attractive possibilities" (Hobson 96). Lance is somewhat aware of this, though his perception is limited when it comes to observing himself. Shut away from the world, he can only see out of his narrow window, and he is content with this existence. He is happy in his little cell, and his contentedness belies the extent of his illness.

Lance and Tom's lofty goals and idealism place them in the ethical sphere, and in their proposed formulas for humankind, one can see the mathematic characteristics of the ethical mindset. The ethical doctor will contemplate the "idea" of the illness, reasoning with the patient who stands beside his X-ray. For him/her, illness is a problem presented by the body that needs to be solved by the mind, or a formula that needs to be balanced.³ Tom More initially believes he has found the scientific solution to the problem of the malaise, which amounts to balancing the amounts of different ions in the brain. However, this solution has limitations when it comes to addressing the individual patient. To quote Dostoyevsky's *Underground Man*, "though our life in this manifestation often turns out to be a bit of trash, still it is life and not just the extraction of a square root" (Dostoyevsky 28). When Tom does diagnostic readings, charting the activity of the brain, he can only

³ A more developed picture of ethical medicine is shown in Percy's last novel *The Thanatos Syndrome*; in this work, the Nazi regime represents the ethical mentality taken to its logical extreme, and the Third Reich is "The Final Solution."

base his findings on past results. Someone who “[registers] a dizzy 7.6 mmv over Brodmann 32” will be diagnosed as a sufferer of what Tom calls “angelism,” because Brodmann 32 controls “abstractive activity” in the brain (*LR 35*). An examination reduces a unique individual to a test subject, and the diagnosis turns him/her into “a typical case of angelism.”

This dehumanization prevents the doctor from treating any problems rooted within the self; this, Percy believed, was one of the shortcomings of a purely scientific approach to medicine. Percy addresses the limits of scientism in his essay “Diagnosing the Modern Malaise”: “the scientist, in practicing the scientific method, cannot utter a single word about an individual thing or creature insofar as it is an individual but only insofar as it resembles other individuals. This limitation holds true whether the individual is a molecule of NaCl or an amoeba or a human being” (“Malaise” 211). This may not seem like a serious problem; members of a species share a common bond with one another, and one need never feel alone. It also means that the treatment that cures one *Homo sapiens* will most likely be just as effective for another. One person may need two ibuprofen to treat a headache, while another person only needs one, but the same medicine will work for both.

Though Tom subscribes to this methodology, he comes to realize that it is problematic. The illness has been identified, and a treatment has been found, but the self must still be dealt with. As Percy says, “we are stuck with ourselves and have somehow to live out the rest of the day being more or less ourselves. And to the degree that we allow ourselves to perceive ourselves as a type of, example of, instance of, such-and-such a class of *Homo sapiens*—even the most creative *Homo sapiens* imaginable—to this

same degree do we come short of being ourselves” (“Malaise” 212). Percy traces this mindset to the scientific method, which he traces back to the Cartesian split.

Lance believes in the power of science as well, and he is a skilled observer. His powers of observation are both a blessing and a curse; from a permission slip, he deduces that he is not the biological father of his daughter, and he realizes his wife is in the midst of an affair. From the moment he discovers this, he assumes the position of a scientist who objectifies the people around him, using them in his sadistic experiments without their knowledge: “I can only compare it, my reaction, to that of a scientist, an astronomer say” (*L* 19). This position allows him to distance himself from the subjects of his observation, reducing them to creatures acting on “animal instincts.” He poses the question to Percival: “As a physician, wouldn’t you say that nothing more is involved than the touch of one membrane against another?” (*L* 16). From a scientific perspective, his wife’s act is reduced to “Cells touching cells” (*L* 16-17). He claims to show a purely scientific interest in his wife’s affairs; rather than the expected “shock, shame, humiliation,” Lance claims to feel “a prickling at the base of the spine, a turning of the worm of interest” (*L* 21).

With the dispassionate judgment of a scientist, Lance presumes to place judgment on his research subjects. He wants to establish his own moral code, “founding an ethical utopia where goodness will prevail without recourse to faith” (Hobson 98). However, a system constructed by the logic of a madman is fundamentally flawed and doomed to failure. Lance cannot even live up to his own standards, acting more like a jilted husband than a practical scientist. The alternative, “both Lance and [Percival] can agree, is a relativistic, aesthetical world symbolized by Hollywood” (Hobson 98), and Lance

straddles the line between aesthetic and ethical, while his wife and her lovers are completely immersed in the aesthetic lifestyle.

Lancelot shares a cinematic motif with *The Moviegoer*, and is an additional commentary on the false promises of movies. The presence of the film crew and the production of the movie emphasize the shallow nature of life on the island. It also blurs the line between fiction and reality, and raises the question of which is more deceptive. While Binx visits the theater, Lance sees the world of movies from the opposite side of the silver screen, witnessing the lives of the actors living on his island. The Hollywood crowd turns Feliciana into an aesthetic utopia; indiscriminate sex is encouraged, and there are pills to induce euphoria. Instead of adopting Binx's "Little Way," the actors adopt various roles. The experience is similar to Binx's whenever he sees a movie. They can "play life" the way children "play house," changing their roles whenever they get tired of them. Raine dabbles in mysticism and takes special pills, offering one to Lance with the promise that he'll "become [his] true self" (L 206). The "true self" Raine envisions is a nebulous, abstract concept that changes with every new role. When commenting on their chameleon-nature, Lance says "They were hardly here at all, in Louisiana that is, but were blown about this way and that, like puffballs, in and out of their roles, "into" Christian Science, back out again" (L 112).

Lance's wife and the actors are content, but Lance alone seems uneasy in this constructed paradise. He has lived in the aesthetic phase; a wealthy man with a magnificent house and a beautiful wife, Lancelot appears to have everything. He has tried to inhabit this sphere, admitting that "there is such a thing as a beautiful day to go out into, a road to travel, good food to eat when you're hungry, wine to drink when

you're thirsty, and most of all, 99 percent of all, no: *all* of all: a woman to love" (Percy 169). However, like Binx Bolling, he has grown uneasy despite his wealth and success. He has tried such home remedies as reading novels and keeping himself in a drunken haze, to the point that he has developed complete dependency on these existential crutches: "The only way I could stand my life in Louisiana, where I had everything, was to read about crummy lonesome Los Angeles in the 1930's. Maybe that should have told me something. If I was happy, it was an odd sort of happiness" (L 25).

Limping his way through life, Lance finally comes to his senses in an epiphany, a favorite motif of Percy's. While Binx has an epiphany when he remembers lying wounded in a ditch during the war, the turning point in Lance's life is the moment he uncovers the truth of his daughter's paternity. Like Binx, he decides to instigate a search. His quest is altogether different, however, as "the knight of the unholy grail" (138), he believes his relief will come from his quest to prove the existent of evil. Although it seems like a dramatic realization when Lance realizes his wife's infidelity, one speculates that Lance has harbored suspicions for a while, or at least attempted to live in deliberate ignorance. This life of willful ignorance calls to mind the image of "Blaise Pascal's condemned man, who lives his life in a prison cell playing cards with his executioner and avoiding the truth about his mortality until the moment when dawn arrives and he must die" (Hobson 28). This analogy is from *The Moviegoer*, but it applies to Lance as well; he has ignored his despair until he cannot avoid it any longer and it confronts him in the form of his wife's infidelity. Once he has gained this awareness, his perceptive vision will no longer permit him to ignore the signs; his wife flirts with the film crew and flaunts herself, while their daughter becomes a living reminder of her indiscretion.

Despite his efforts, he continues to be plagued by restlessness and a feeling of encroaching danger. While the drama unfolds, the hurricane creeps closer to the idyllic place; even at the beginning of the novel its shadow looms threateningly on the horizon. What seems like an island paradise is soon revealed to be a circle of Dante's inferno.

A closer look at anything can be both revealing and terrifying. Even a straight line is slightly crooked at a microscopic level, superficially smooth surfaces are rough, and a seemingly solid person is a cloud of atoms made up mostly of empty space. As an "ethical" observer, one never need turn the microscope on what may be the most terrifying subject of all: oneself. Tom's friends and family are eager to tell him how to improve his life, but whenever Tom performs readings with his lapsometer on them, they find the results are less than desirable. One of his test subjects, diagnosed as showing signs of what Tom calls "contradictory Judaism" (*LR* 54), reacts by trying to throw the machine in the swamp. In a similar fashion, Lancelot utilizes technology to probe for the truth and ends up finding out more than he wanted to know. He sets up a network of TV cameras in a hotel as part of his elaborate experiment to prove his wife's infidelity and subsequently prove the existence of evil. The evidence is irrefutable and incredibly disturbing, as the footage is grotesquely distorted, and the subjects appear to be glowing red in their own circle of the inferno. They hardly appear human, and this technological distortion makes it even easier to think of Margot and her lovers as test subjects.

When Percy uses technology in his fiction, he does so with a warning. Technology must be used with caution, because while it is a useful tool, it is also a distancing one. As John Lantos points out, "whereas the doctor-patient relationship may be a sacred, mystical, and economically unassessable human bond, medical science is

something more concrete and pragmatic, and medical technology is something more expensive and finite” (Lantos 43). We are the only species that puts our own kind under the microscope, and this observation can be very revealing, but Martha Montello echoes Lantos’ sentiments, cautioning, “The danger, though, is that thinking of disease only in terms of its anatomical expression leads the physician to think of it as an object, separate from the unique human being who is ill” (Montello 53-54).

Lance’s observations of his wife and her lovers have alienated him from her so completely that he ceases to think of her as a fellow human being. The moment when Lance murders Margot and Jacoby is made all the more chilling by Lance’s unruffled aloofness: “Not even the knife at his throat seemed to make any difference. All it came down to was steel molecules entering skin molecules, artery molecules, blood cells” (*L* 254). He speaks with the cool practicality of a surgeon, making the murders sound like routine operations. At the molecular level, adultery can be described as membranes touching membranes and murder as steel molecules entering skin molecules. This is where evil, if it exists, should make its presence known, but in the end Lance is dismayed to find emptiness, despair and a lack of feeling at the “epicenter of evil.” He wonders aloud to Percival, “If it is fine, why do I feel so rotten?” (*L* 203).

All this experimentation leads Lance and the reader to conclude that “Clearly, neither set of values, Stoicism or the relativism of the aesthetic sphere, is enough to cure Lance’s despair” (Hobson 99). A third solution is required, and this is precisely what Lance’s heretofore silent counselor offers him. It has taken him the entire novel to reach a position that is comparable to Binx’s at the beginning of *The Moviegoer*, but the prognosis is good. His treatment will have to be aggressive, but he readily admits he has a

problem and is open to suggestions, confessing to Percival “If you were right, I could stand it” (*L* 154). Up until this point he has been the dreaded self-diagnosing patient who decided what is best for himself and others. Virtually declaring himself to be God, he decided that adultery was the worst sin and took the sinners’ punishments into his own hands. However, by the end of the novel he finally acknowledges his limitations and surrenders himself to the counsel of an expert.

Tom More is finally forced to acknowledge his shortcomings when he confronts the character Art Immelman, who turns own lapsometer against him. Tom sees that using his lapsometer to alter brain chemistry is not a viable solution, and at the same time he realizes that he has problems of his own that must be resolved. After enduring trials, tribulations and temptations, by the end of the novel, “for the most part Tom is a man in the religious sphere who has put the strivings of his past life behind him and can take authentic joy in a Christmas Eve spent quietly with his new family” (Hobson 89).

Tom and Lance’s belief in the capacity of the mind reflects a growing field in medicine focused on the brain. In modern psychology, there is now an extensive catalogue of mental disorders to classify neuroses that were once considered personality quirks or inappropriate behaviors. Someone who might have been considered a needy person or a hypochondriac a hundred years ago would most likely be diagnosed with Munchausen syndrome today. Scientists can now locate the different parts of the brain that are associated with memory, emotions, empathy, and other abstract concepts, and as a result, researchers are eager to pinpoint the site of neuroses in the brain as well. In a recent book titled *Touching a Nerve: The Self as Brain*, Patricia Churchland expresses her

confidence in the belief that every aspect of the self, including perceived abnormalities, can be attributed to the wiring of a person's brain.

In narrative terms, the body may tell one story while the mind tells another, and when the latter overpowers the former, the phrase “mind over matter” takes on new meaning. A mentalist of this variety might consider him/herself above the animal wants of his/her body and seek a higher purpose in life than satisfying these primal needs. This is the perspective of the ethical patient, and when Will Barrett reappears in *The Second Coming*, he is just such an ethical patient. No longer is Will the aimless young humidification engineer; he is a wealthy and respected lawyer, and he is also sicker than ever. Now fully immersed in the ethical phase, Will is a moral pillar of his community, but he is “God-haunted and death-hearted” (SC 112). He is locked in the grip of the malaise, and as a result he is in more danger than he ever was before. He is displaying the same symptoms, except now he also has “*wahnsinnige Sehnsucht*—an inappropriate longing for women he knew in the past” (Hobson 117). His condition is also described as “petit-mal temporal-lobe epilepsy” (SC 346), and Will is given plenty of friendly advice as to what he should do. The temporal lobe is the part of the brain that is, among other things, involved in storing visual memories, processing sensory data, and comprehending language. Epileptic seizures in this part of the brain can impair vision and induce sensory hallucinations.

Another title given to Will's condition is “Hausmann's Syndrome,” and when he receives this diagnosis, he muses that “it ought to be called Housman not Hausmann...the disorder suffered by the poet who mourned dead Shropshire lads and rose-lipt maids and his own lost youth” (SC 346). In his mind, the romantic impulses of a poet can be traced

to a neurosis in the brain, but at the same time he is not above adhering to the ideals of the romantic. As an ethical patient, he wants to adopt the state of mind that Binx's Aunt Emily embodies and be the aloof stoic. Will is sunk deeply in the mire of his malaise, and it will take his polar opposite to pull him out of his desperate state. Even leading up to his final epiphany, he is the scientist/engineer developing the ultimate "experiment" to prove or disprove the existence of God. There are a number of ethical doctors in this novel as well, and they act as antagonists who hinder Will's progress. One of them suggests to Will that balancing his blood pH levels by administering acidic hydrogen ions will cure him. This idea of a chemical solution to a chemical problem would appear to resemble the aesthetic scientific view Binx temporarily adopts, but chemistry has a firm basis in mathematics that the amateur chemist seldom delves into. For instance, pH is defined as the decimal logarithm of the reciprocal of hydrogen ion activity, and calculating it requires the use of several other equations that are too time consuming to go into here.

The problem with this mindset is that neither doctor nor patient will ever live up to their perfect ideals, and both will inevitably be disappointed. Not only that, both patient and doctor must also live immersed in the everydayness of life, despite their lofty ideals. Will's father was unable to live this way, and Will is finding this lifestyle difficult as well. He is facing the same problem of reentry as the graduate students in Sutter's study, and he is attempting to try a similar solution. When Kitty approaches him, he hopes that sleeping with her will end his "dream of golf and good works" (Hobson 165). His expectation is that "She [will] echo him, print him out, trace his shape like radar. He [can] read himself in her" (SC 199), but he seems to have forgotten the outcome of Sutter's study. Though he doesn't go through with this plan and averts this disaster, he

exchanges it for another even more fantastic scheme. He shares his father's disillusionment with the world, but he realizes that his father's death was wasted. He reasons that, if he must die, he will sacrifice his life for an idea, conducting the ultimate experiment. Like a cancer patient testing an experimental drug, Will is down to his last option. The results of "the ultimate science experiment" (SC 216), he feels, are more important than preserving his life. Determined to prove or disprove the existence of God, he crawls into a cave, where he will either be rescued by God or left to starve.

Leaving Will to his fate in the cave for now, we will turn our focus to another sick character, the only female protagonist in the Percy quintet. Allison Huger, the schizophrenic daughter of Kitty Vaught Huger, makes her first appearance on a street corner not far from the golf course. Her demeanor resembles Will's in *The Last Gentleman*; she is like "a man who has just crawled out of a bombed building. Everything [looks] strange" (LG 11). She proceeds to make her first attempt to reenter society after a long convalescence in a mental hospital. Tired of listening to her well-meaning doctor and family make plans for her, she experiences a Percian epiphany, wondering "What if I make the plans for me?...Is there an I in me that can start something?" (SC 121). This existential realization that burdens Will actually liberates Allie, and she makes the first move to take control of her life. The moment she takes control of her life echoes Will's resolve to "engineer his future," but unlike him she is not burdened by the knowledge attained through years of psychoanalysis. She has knowledge from years of observing others, but without any prior knowledge of herself she can truly start afresh. Having been rendered an amnesiac by her shock therapy, she must follow a list of instructions she left for herself before her latest treatment.

As mentioned earlier, amnesia is a means of escaping everydayness through complete rotation, but it is an insufficient remedy. Allie and Will's spells of amnesia are temporary, which is both unfortunate and fortuitous. When the amnesia fades, feelings of everydayness return, but the capacity to form memories is restored with it. If Allie and Will's amnesia were permanent, they might resemble the patient in Oliver Sack's story "The Lost Mariner." This forty-nine year old man is, according to Sacks, "cheerful, friendly and warm" (Sacks 24), but he is mentally trapped in his nineteen year old self. He is content, but he is also so disconnected from reality he is unable to function in society.

Allie's mother Kitty believes that this is the case with her daughter, but in reality Allie suffers from a semantic "locked-in syndrome" in which she has difficulty conveying meaning to others or communicating intelligibly with them. An extremely intelligent and observant person, Allie is able to plan and implement her escape from the mental hospital, but she struggles with daily social interactions. She has spent a lifetime observing others, and though she has trouble decoding human behavior, she sees human nature with remarkable clarity. For instance, she is able to see Will more clearly than his daughter or his closest friends. Will is able to construct a façade that allows him to give the appearance of normalcy, and although Allie is incapable of constructing her own, she manages to see right through Will's. She notices that Will's eyes are unfocused "like a soldier's" (SC 133), and she can see his malaise hovering around him like a deathly aura (SC 118-119). Perhaps unable to sense the extent of his desperation, she is nonetheless able to tell that "he [has] reached such a degree of irony in his life that he would as soon do one thing as another" (SC 106). Allie is sensitive to, but does not appear to suffer

from, the modern malaise. She is not stuck in the “everydayness” that plagues society because every day is a new experience for her. Each day she spends hiding out in the greenhouse presents new discoveries and challenges, and they imbue her life with a sense of purpose.

Will is thwarted in his lofty scheme, not by an “act of God,” but by a toothache. Unlike Dostoyevsky’s *Underground Man*, Will finds no pleasure in this toothache and does not savor the experience. The pain temporarily cures him of his ethical sensibilities and turns his thoughts towards survival. Now physically ill as well as mentally ill, he falls into Allie’s greenhouse, where she nurses him back to health. Once again, Will’s attempt to live like a scientist fails, but this time he has a much more hopeful prognosis. This time Allie is there to reorient him, and it seems a cure for Will’s malaise may finally be possible. He experiences an epiphany, tracing his condition to what he calls “death genes” (*SC* 310), which he inherited from his father.

Scientists are now realizing that genetics play a big role in mental illness as well as physical illness. Bertram Wyatt-Brown says that “Recent medical investigation shows that the risk factors of bipolar illness can be traced to chromosomal abnormalities. Neurologists, geneticists, and biochemists have located some of the elements involved but are still working toward the disease’s eradication” (Wyatt-Brown 114). Will Barrett’s “death genes” appear to be akin to these chromosomal abnormalities, and he finds great comfort in being able to name his disease: the “living death,” or as Tom More calls it, “Thanatos Syndrome.” Once the disease has been detected and named, the question naturally arises whether or not it is possible to overcome these genetic tendencies. Percy wrestled with this question throughout his life; his father and grandfather both committed

suicide after leading accomplished lives. Wyatt-Brown says that researchers are interested in this question as well, and have made some progress in their studies: “Molecular geneticists have uncovered some of the reasons why [depression] persists in particular familial lines” (*LP* Wyatt-Brown 113).

For Will, identifying his illness is a tremendous breakthrough, one he failed to accomplish in *The Last Gentleman*, but it is only part of the battle. Like Binx and Lancelot, his recovery will not be easy, and he experiences a relapse when he leaves Allie’s greenhouse. He has resolved to do “What is expected of me. Take care of people who need taking care of” (*SC* 303-304), and his intentions are good, but they smack of the ethical sense of morality. Will falls victim to his own philosophy and ends up being held in a nursing home, where he is treated for his pH imbalance. The ethical doctors who treat him take X rays of his brain, but they use them as “props” (*SC* 345) while they discuss Will’s condition with him. They attempt to convince him that his condition is a problem of chemistry; Doctor Ellis’ talk of using the ions hydrogen and lithium bears an interesting similarity to Tom More’s discussion on the use of sodium and chloride ions in *Love in the Ruins*: ““Remarkable, don’t you think, that a few protons, plus or minus, can cause such complicated moods? Lithium, the simplest metal, controls depression. Hydrogen, the simplest atom, controls *wahnsinnige Sehnsucht*”” (*SC* 347). Naming his experience gives Will hope and comfort, but when this naming is coupled with scientism, it can also reduce an experience to a condition while giving undue power to the ability of science. Thus, Will’s struggles with alienation, depression and the emotional trauma resulting from his father’s death are reduced to a simple case of *wahnsinnige Sehnsucht* that can be cured with a dose of “the simplest atom.”

Giving a condition a name can also validate it, bringing it out of the nebulous realm of unknown psychosis into a class of disease with a discernable cause. For instance, at one time a person who had an overwhelming desire to amputate one of his/her healthy limbs would have been considered mentally unsound and his/her request would have been disregarded. Now, however, such a person would be considered a possible case of body integrity identity disorder. There are a number of theories about the cause of this disorder, and one of them posits that the condition is “neuropsychological, in that there is an anomaly (anatomical or functional) of part of the brain representing the limb” (Stirn et al). A patient with BIID could be treated with antidepressants or psychotherapy, and if these treatments are ineffective, some doctors are willing perform amputations rather than risk a patient attempting to do it him/herself.

BIID is not universally accepted as a disorder, but regardless of whether or not it should be considered a genuine medical condition, a patient exhibiting the symptoms will most likely be taken more seriously than he/she would have been in the past. The patient can also attribute what might otherwise be perceived as a bizarre quirk or abnormality to an imbalance in his/her brain, which simplifies the problem and makes a chemical solution a viable one. When doses of hydrogen ions bring Will back to a balanced mental state, he wonders if the chemical solution really is the best one after all: “Had he fallen down in a bunker, pounded the sand with his fist in a rage of longing for Ethel Rosenblum because his pH was 7.6?” The normal blood pH in the human body is about 7.4, and the body is very sensitive to even minor changes, so on a biological level this conclusion makes sense.

At the same time, as he sits in the nursing home watching the other residents watching TV, Will realizes that a balanced state of mind is not necessarily a healthy one. One of the warning signs is the sensation Will experiences when he is admitted to the nursing home: “he [feels] exactly as he felt when he was drafted in the army, a dazed content and mild curiosity. His life [is] out of his hands” (*SC* 348). This feeling summons images of his father joining the army, and the reader senses Will is headed for the same fate. He comes to this realization just in time, and he is able to escape from his family’s good intentions and rescue Allie from her well-meaning family.

It is ultimately Allie and not Kitty who enables Will to “read” himself; in fact, it is other people and not technology that prove to be the best readers in Will’s case. A CAT scan, or computed tomography scan, examines the brain by “tracing its shape” with X-rays. Though effective, this form of science is a medium through which one experiences reality, and it doesn’t always show the whole picture. An acquaintance of Will’s, Ewell McBee, shrewdly observes that “there is such a thing as outsmarting yourself” (*SC* 205), indicating that one can rely too heavily on scientism. Allie and Will ultimately form a relationship of trust and interdependence, like doctor and patient. But since both rely on each other, the distinction of doctor/patient becomes blurred, so that both adopt the two roles simultaneously. A harmony between the “immanent” and the “transcendent” (Hobson 31) is where Percy finds his happy medium, between the aesthetic pleasures of a romantic relationship and an accurate perspective of the self.

The relationship between Will and Allie is perhaps the healthiest, happiest and most successful relationship Percy created in his fiction (even he was surprised by how well it turned out). Wyatt-Brown provides a very succinct description of the novel:

“Science fails, but faith and love triumph over the evil of fallen man—and over man’s propensity for melancholy—in Percy’s most optimistic novel” (Wyatt-Brown 127). After finding a formula that works at an individual level with a specific couple, Percy needed a formula for humanity in general. As Mattix puts it, Percy’s cure “is found in the recognition that we are more than mere material entities, which is something that human language, particularly of the sort found in novels, always necessarily affirms, and in the effort to name the moral world of man and to nourish his triadic capacity via reading and writing” (Mattix 148). The novelist is well suited to this task, and the physician-novelist even more so because the two fields are so similar. In “Diagnosing the Modern Malaise,” Percy says that “one of the tasks of the serious novelist is, if not to isolate the bacillus under the microscope, at least to give the sickness a name, to render the unspeakable speakable” (“Malaise” 206). By “giving the sickness a name,” one is better equipped to deal with it, but at the same time there are inherent risks in naming because of its symbolic nature. Because the meaning of symbols is arbitrary, it can change over time or be lost altogether. If the process of naming resembles scientific categorization, the imminent danger of scientism is also present. This view is taken to extremes in *Lancelot* but portrayed with chilling realism in *Love in the Ruins* and Percy’s last novel *The Thanatos Syndrome*.

CHAPTER 3

THE GHOST MAP:

THE THANATOS SYNDROME AND THE ETIOLOGY OF THE MODERN MALAISE

“We murder to dissect”

—Wordsworth, “The Tables Turned”

A solitary man roams the streets of 19th century London, conducting interviews and collecting data. Another man hovers expectantly in front of a computer screen in 20th century Louisiana. Both of these men are trying to track the progression of an illness, and both of these men are creating maps. They are also both doctors. While the first protagonist, John Snow, is a real person and the second, Tom More, a fictional character, the authors of their stories share a desire to portray them as compelling protagonists. John Lantos observes that “Doctors appear commonly in twentieth-century literature. Something about them makes them attractive protagonists” (Lantos 38). Modern society in general appears fascinated by doctors; from the cantankerous genius of *House* to the disarming good looks of *Grey’s Anatomy*, dynamic doctor protagonists appear everywhere on television. This fascination extends beyond the realm of fiction; real doctors like Dr. Oz and Dr. Phil have become celebrities with their own TV shows and product lines. It would seem that doctors have always been demigods, but this fascination is a relatively recent phenomenon: “Before the twentieth century, doctors appeared in literature as buffoons. Generally ineffectual, they would appear on the scene at times of trouble and offer little assistance” (Lantos 38). Moliere’s 17th century play *Love is the Doctor* features an entourage of hopelessly corrupt and incompetent physicians, while Charles Bovary from Flaubert’s novel *Madame Bovary*, a mediocre and decidedly

uninteresting country physician, is an exemplary representation of a nineteenth century doctor.

The perception of doctors had already begun to change by the early twentieth century, as Lantos goes on to point out: “Doctors begin to have not just enlightened ideas but also frightening new powers” (Lantos 39). By this time, it had been over three centuries since Descartes had declared the mind and body to be separate entities. Even before then, changes were occurring. The Industrial Revolution and the Enlightenment cemented the separation of mind and body, which 19th century authors like Edgar Allan Poe noted with growing concern. To Poe, the assembly lines and technology dehumanized the factory workers, who went from being craftsmen to cogs in a larger machine. His story “The Fall of the House of Usher” is an allegory in which mind and body are portrayed as two separate but incomplete individuals.

With advances in technology came advances in medicine; the Anatomy Act of 1832, which made it legal for medical students to obtain cadavers for dissection, was viewed as a triumph over superstition and prejudice, and helped bring medicine into the modern age. The Act also officially labeled the human body as a commodity; even before the Act was passed in Parliament, “Resurrectionists” stole bodies from graves and sold them to the highest bidding medical student. Descartes had declared the mind distinct from and superior to the body; reduced to a fleshy shell, the body was subjected to the superior forces of intellect, which dissected and categorized it relentlessly.

According to Percy, by the twentieth century humans were still living in the fallout from the Cartesian split. He died ten years before the millennium, but one could easily imagine him saying the situation hasn’t changed much in the twenty-first century.

It has been over three centuries since the Great Divorce, but humankind has still not recovered. Percy would imply that this is because humans are not meant to recover. *The Thanatos Syndrome*, his last novel, depicts Percy's hopes and fears for the future of medicine and civilization. It is a last warning for the patient to get his act together and seek treatment, or else suffer the consequences.

TS lacks the apocalyptic imagery of *LR*, and Tom is no longer entertaining illusions of earth-shattering greatness. The threat to humanity still exists, but Percy suggests that the end of western civilization as we know it will be far more insidious. Not only that, but we won't see it coming, and we will go out, not with a bang or a whimper, but with a smile. Tom is no longer an alcoholic, and he is decidedly more stable than he was in *Love in the Ruins*, although he still has problems. As Hobson says "Tom More is the least mentally ill of all the Percy heroes so he can play detective competently" (Hobson 150). There is also a new danger, which comes in the form of people such as Bob Comeaux and John Van Dorn. When he discovers Comeaux and Van Dorn's plot to taint the city's water supply with heavy sodium, Tom's mental stability equips him to take them on, but his history of mental illness makes him a sympathetic, human character with the ability to connect with his patients.

Several years after the events of *Love in the Ruins*, the reader returns to Feliciana around the same time as Tom More, who has spent the previous two years in prison for illegally selling drugs. He returns home having changed for the better; he has come to appreciate his family and his life, and notices that he is "able to sit still and notice things" (*TS* 43). Upon his return, his newly developed powers of observation allow him to detect that something is not right. There is no looming cloud of heavy sodium on the horizon,

but a series of small events is sufficient to make him suspicious: “A great scientist once said that genius consists not in making great discoveries but in seeing the connection between small discoveries” (Percy 3). He notices slight changes in the behavior of some of his patients, which appear to be improvements, but they leave Tom wary. Though he is not the only one who has noticed these changes, he appears to be the only one who is concerned.

TS and the story of John Snow, as recounted in Steven Johnson’s book *The Ghost Map*, could both be defined as epidemic narratives. In its simplest form, an epidemic narrative examines cause and effect. The illness is traced back to its source, and the researcher determines how it spread. Tom More seeks to answer the questions, “Is this a syndrome? If so, what is its etiology? Exogenous? Bacterial? Viral? Chemical?” (*TS* 68-69), and a London newspaper poses similar questions in *The Ghost Map*: ‘How is the cholera generated?—how spread? What is its modus operandi on the human frame? (Johnson 122).

Johnson takes a rather circuitous route to answer these questions, from examining daily life in 19th century London to the features of the *Vibrio cholerae* bacillus, but he posits that it is necessary: “the story has to widen and tighten at the same time: to the long *durée* of urban development, or the microscopic tight focus of bacterial life cycles. These are causes too” (Johnson 96). Tom’s narrative proceeds in a similar fashion, recalling his patients’ backgrounds, his relationship with them, and his investigation of Comeaux and Van Dorn. The nature of an epidemic narrative entails a large-scale setting, like a city or even several cities. However, the importance of individual sufferers must not be ignored, and this significance was not lost on John Snow, nor is it lost on Tom More.

Tom has always had the ability to notice his patients as individuals, but he previously attached ethical significance to his observations. He once had confidence in his lapsometer as a “cure-all” for his patients, and western civilization as a whole, but now he sees that he must unite his idea of “the greater good” with the needs of the individual. To do this, he begins by connecting the case histories of his patients to what might be the spread of a citywide epidemic. His colleague Max Gottlieb reminds him that to conduct a study he must produce a series, which means he must find a significant number of patients displaying the same symptoms. Instead of three patients, he needs fifty, and he also needs “blood chemistry, seven different kinds of brains scans, especially CORT scans” (*TS* 69). To connect the ailments to a common source, he must find something the patients share in common, just like Dr. Snow had to find a common link between the cholera victims in England. Dr. Snow traced the outbreak to a single contaminated water pump, while Tom traces the syndrome to a reservoir. When the devastating cholera epidemic broke out in London in 1854, germ theory was in its infancy. Few people initially gave any credence to John Snow’s theory of transmission through waterborne pathogens, trusting the generally accepted miasma theory instead. But the threat lay in the water, not the air. This is precisely the nature of the Thanatos Syndrome that endangers the citizens of Feliciana; the heavy sodium particles are no longer airborne (as they were in *LR*), but waterborne.

Vibrio cholerae, like TB, is a form of bacteria. Many forms of bacteria reside within the human body that are benign or even helpful; it is the pathogenic bacteria that pose a real threat. Cholera is an infection cause by *Vibrio cholerae*, and symptoms include severe diarrhea and vomiting clear fluids. Victims are usually infected when they

ingest contaminated drinking water, which is why most modern cases occur in third world countries that lack water purification. In the novel, victims of the Thanatos Syndrome become infected by ingesting heavy sodium in their drinking water, and they display animalistic behaviors and a loss of self-consciousness. In 1854, Cholera got into the water supply via London's poor sewage system, but Na-24 (heavy sodium) is being deliberately pumped into Feliciano's water supply. Such a conspiracy might seem far-fetched, but as Comeaux points out, fluoride was first added to city water supplies without public knowledge. This is precisely his justification for his actions:

“What does that have to do with heavy sodium in the water supply,” he repeats gravely. “Good question, Tom. One might have asked a similar question fifty years ago: What does it have to do with fluoride in the water supply? And if we'd asked it, we'd have gotten the same sort of flak from the Kluxers and knotheads—as you of all people know. Hence our little cloak-and-dagger secrecy” (*TS* 191)

Comeaux reasons that he is acting for the greater good, and this mentality places him squarely in the middle of the ethical sphere of medicine. When confronting Comeaux, Tom must challenge the very mindset he once championed in *LR*, and this shows how far he has come. His narrative lacks the grim irony of Will Barrett or the cool vigilante scientism of Lancelot, and the progression of the story parallels his emergence from the ethical into the religious phase. This path will by no means be an easy one, and he will face even greater challenges than he did in *LR*.

In an epidemic narrative, the disease serves as the antagonist, but human “villains” exist as well. Both John Snow and Tom More are met with resistance in their quests. Snow is initially unable to convince city authorities that the Broad Street pump is

to blame, and Tom More has difficulty convincing his colleagues there is a syndrome at all. He even has some difficulty persuading himself at first, and he must resist the temptation posed by his own question, “If one can prescribe a chemical and overnight turn a haunted soul into a bustling little body, why take on such a quixotic quest as pursuing the secret of one’s very self?” (13).

This heavy sodium dilemma shares some interesting similarities with a study on Prozac performed by Peter Kramer, in which Kramer prescribed Prozac for patients who were not clinically depressed. These patients noticed a dramatic improvement after taking Prozac, but Carl Elliot shares the same reservations as Percy, pointing out that “simply because a problem can be explained in biological language does not rule out all other explanations” (Elliot 63). He wonders, “if [a patient] is not clinically depressed—yet she responds to an antidepressant, then what exactly is that antidepressant treating? (Elliot 60). Not only that, but he suggests that perhaps the feelings of being “alienated, shy, compulsive, unhappy” (Elliot 59) experienced by the patients in the study are only symptoms of a more severe problem: “Maybe...everydayness, the malaise...are not so much symptoms of pathology as clues to a predicament” (Elliot 68).

According to Percy, the etiology of the modern malaise is rooted in the Cartesian split, and Tom More is one of the few characters in *TS* that are aware of this:

“Tom recognizes that every faction in politics, society, and religion testifies to a more profound, underlying split in the psyche that More can gauge with his lapsometer...More’s name for the epidemic [angelism-bestialism] indicates that, at least since the time of Descartes, humanity has increasingly come to exist as flesh devoid of spirit, scientific intelligence divorced from body” (Ciuba 138)

Tom is also aware that the method of treatment is just as important as a successful diagnosis. In all of Percy's novels "The religious sphere, the third state of being, is the goal of the Percy hero, the knight of faith" (Hobson 22), and this sphere has implications for medical practice. The treatment of the modern malaise with heavy sodium represents a combination of aesthetic and ethical views. While the "imitation Prozac" heavy sodium satisfies patients on a physical, biological level, the treatment is implemented by the likes of Comeaux and Van Dorn with ethical intentions. To successfully treat the modern malaise, and ultimately the Thanatos Syndrome, Tom must find a treatment consistent with the mindset of the religious phase.

The consequences of failure can be adequately summed up in the words of Tom More's mentor, Father Smith:

Tenderness leads to the gas chamber [emphasis added] (TS 361)

The statement is enough to perplex and disturb even the most casual reader, and it drives home Percy's point about the dangers of scientism. One could almost picture him uttering this dramatic statement, then saying with a wry smile:

"Now that I have your attention..."

The Thanatos Syndrome produces this kind of tender feeling, as well as a desire for the greater good. This greater good becomes dangerous when it is valued above human life, and Father Smith believes that the perils of the ethical mindset have already been witnessed in Nazi Germany. Jeffrey Bull points out that "the same desire to do good - to ensure the health of the state and to affirm the value of life in general - is at work in the minds of the experimenters. Like the Weimar doctors, Comeaux claims to be acting out of a sense of duty and compassion" (Bull 162). When Comeaux attempts to

make a case for pedeuthanasia, he asks Tom, ““Can you honestly tell me...that would you condemn a child to a life of rejection, suffering, poverty, and pain?”” (*TS* 35). Acting with the best of intentions, Comeaux would create a team of “genial murderers” (Bull 161), and he believes would be supported in his endeavor by the medical community.

Oblivious to the threat posed by Comeaux, Tom’s patients seem happier and at ease with themselves—they are so unselfconscious it is debatable whether they have any consciousness at all. They are also more sexually open and only able to communicate in fragmented sentences. Tom compares their behavior to chimpanzees, mating while “in heat,” presenting rearward, and responding instinctually to stimuli without context (*TS* 180). The patients’ use of language is significant, because they use words in a dyadic way, like signing chimpanzees: “Ask them anything out of context as you would ask chimp Washoe or chimp Lana: Where’s stick? And they’ll tell you, get it, point it out. Then: Tickle me, hug me. Okay Doc?” (*TS* 85). This differs from the triadic model, presented by Charles Peirce as a uniquely human mode of communication (*MB* 39). It depends upon the use of an irreducible mediator (or symbol) between the transmitter and the receiver. This is what Percy called “the delta factor,” and he introduced it in his essay of the same name (40). Loss of this delta factor is an important clue, and Tom finally determines that the syndrome is an ailment of the self, which has both spiritual implications and a biological cause.

Tom’s new observant position makes him well-suited to the task of watching for signs that the syndrome is progressing. He teams up with his cousin Lucy Lipscomb to form a map on the computer and track the heavy sodium levels in the residents of Feliciana. He recognizes that this condition is difficult to detect, he tells Lucy to look for

“the abatement of symptoms—of such peculiarly human symptoms as anxiety, depression, stress, insomnia, suicidal tendencies, chemical dependence. Think of it as a regression from a stressful human existence to a peaceable animal existence” (*TS* 180). Patients on heavy sodium are propelled so far into the modern malaise that they enter into the phase of blissful ignorance Binx Bolling describes in *The Moviegoer*, and clinicians like Comeaux preside over their aesthetic patients like zoo keepers of a bizarre animal farm. It is particularly unsettling when Comeaux and Van Dorn agree to put heavy sodium into the water fountains at a local school, rendering the children compliant enough to participate in sex games with the staff. Tom manages to turn the tables on these men in a rather comic fashion; he makes them take large doses of heavy sodium and they temporarily adopt the mental state of “pongids—a lower species of primate” (Hobsons 143), crawling on all fours and grooming one another.

The presence of humor in *TS* is one indicator of Tom More’s transition to the religious phase. Hobson says that “Once can tell when the hero is near the psychic borders of the religious because, just as the posture of irony separates the aesthetic from the ethical, so the posture of humor separates the ethical from the religious” (Hobson 22). Bleak references to the Third Reich and the Holocaust are contrasted with humorous scenes of Van Dorn and his associates grooming themselves, as well as the antics of the questionably sane Father Smith when delivering mass. To adopt a humorous mindset, one needs the ability to maintain perspective, not taking oneself too seriously while still appreciating the value of human life. Ironically, Van Dorn is the one who observes that “we have to leave the patient human enough to achieve the ultimate goals of being human” (*TS* 219). Tom manages to see the whole person—body, mind, and self—by

seeing the individual patients but also noting patterns in their behavior. His process of map-making is unique because he synthesizes the results he sees on the computer with the stories of his patients; in other words, he creates a conversation between the patient's x-ray, the patient, and himself. What's more, his concern for them as individual selves places him above the ethical doctor antagonists.

When combating the forces of Comeaux and Van Dorn, Tom is on the right path, but he is unable to make the transition to the religious phase until his mentor Father Smith offers him a tool to replace his lapsometer. Having left his congregation, Father Smith spends his time up in a firetower watching for forest fires, which he locates through the process of triangulation. He gives Tom the azimuth, an angular measurement that uses a system of vectors to pinpoint a location on the surface of the earth. The azimuth creates a triangle with the observer, a reference point, such as a star, and the location of the fire at its points, and Montello points out that this mirrors triadic communication between people: "When a speaker and a hearer apprehend a sign in common and speak it to each other, meaning is constructed between them. The image of the azimuth is an apt one, Percy understood, for physician and patient who together connect through language and construct a meaning between them" (Montello 56). This triadic mode is preferable to the one-sided observations of the doctor who is merely watching for signs for his patients, or the dyadic communication between Tom and his afflicted patients, who can only speak in two word sentences that mimic chimpanzee signing. In order to have effective communication with his patients, Tom must maintain the perspective he has gained even after he has descended from the fire tower. Bull notes that "True care involves watching carefully and waiting *along with the patient* [emphasis

added]. More also believes patients' anxieties and depressions might be trying to tell them something of value: these are signs, 'not just symptoms' (67)" (Bull 161).

This is an effective means of communication, but it can also be problematic. Father Smith has given up on his congregation because he believes that religious language "doesn't signify" (*TS* 117), and he can no longer impart its meaning to people. When meaning is constructed into a symbol, it can often change or lose its semantic importance altogether because it has no inherent substance. To illustrate his point, Father Smith points to smoke as an indication of fire, and this may provide a clue, or a route back to meaning. Tom has to be like Father Smith, watching for signs, but he must do so in closer proximity to his patients.

Using Charles Peirce's terminology of signs, smoke can be described as an index of fire, much like the sound of a siren is an index of an oncoming fire truck. The sign and its meaning share a direct correlation, unlike a symbol, which has a relatively arbitrary meaning. The symptoms Tom observes in his patients are also indices, and they signify illness. Tom is a good physician because of his ability to interpret these signs and ascribe meaning to them, and he admits he takes after Peirce in this respect: "The great American philosopher, Charles Sanders Peirce, said that the most amazing thing about the universe is that apparently disconnected events are in fact not, that one can connect them. Amazing!" (*TS* 68). By connecting the threads of meaning, which are initially conveyed through indices, Tom can then assemble them under a name (i.e., a symbol), which signifies an illness to the patient and the medical community. In this way, Tom can "make the unspeakable speakable" (*TS* 17), which was the ultimate goal of Percy's fiction.

Percy saw many parallels between the novelist and the physician, and one central connection was the fact that their job entailed watching for signs. This was one reason why Percy called his work “diagnostic fiction” (“Modern Malaise” 205). Using the indices the novelist has observed, he/she can create symbols that establish a triadic mode of communication between the author and the reader. As a physician-novelist, Percy had even more possibilities available to him: “Percy found that he could alter standard clinical discourse in significant ways in his novels to gain access to what was otherwise inaccessible...Breaking with medical convention, his case histories return the voice to the patient” (Mattix 149).

According to John Louis Lucaites and Celeste Michelle Condit, narrative “represents a universal medium of human consciousness” (Lucaites and Condit 90), and as such it is an ideal mode of expression and communication. Humans share a natural impulse to describe an experience, and a narrative entails an act of narration. In this way, a narrator may understand the significance of his/her experience and convey the meaning behind it to an audience:

Because there is no consciousness without intentionality, according to Percy (who follows John Searle in this respect), and because, he continues we are not only ‘conscious of something; we are also conscious of it as something we conceive under the symbol assigned to it [...], without the symbol, I suggest we would not be conscious of it at all.’ Thus, consciousness for Percy is ‘named’ experience and unconsciousness ‘unnamed’ experience” (Mattix 148).

When Percy observed an ailment shared by most of Western Civilization, he named it “the modern malaise” and in his fiction he devoted himself to the task of identifying it

and developing awareness in his readers. Because humans communicate through symbols imbued with meaning, in “The Delta Factor,” Percy classifies humans as “*Homo symbolificus*, man the speaking animal, man the symbol-monger” (“Delta” 30). The narrative form is ideally suited for such “symbol-mongering.” It is a means of establishing causality of indices, as well as conveying meaning through the use of symbols. By recreating a patient’s history in narrative form, Tom More can follow the progression of his patient’s condition, and the reader can appreciate the subtle changes in the patient’s behavior. *The Ghost Map* is an example of a historical epidemic represented as a narrative. This form renders it more accessible to the reading public than a textbook or the original notes of John Snow. As Rita Charon says, “By definition, a narrative has a plot” (Charon 67). A novel’s narrative will usually have a coherent temporal framework that allows the reader to determine causality. A person’s life also has a temporal framework, but the narrative he/she gives will not always be conveniently organized. Biographies are written as narratives because they put them into a context that makes sense.

Practicing narrative medicine entails the use of the accounts of doctors and patients to form a coherent picture of illness. Previously, illness narratives were a means for patients to express themselves and find meaning in their suffering, but these were seldom used by doctors because they were considered part of the literary field. The case histories that doctors consulted were brief and technical, and as such they were of little use to the patient. In their article “Charles Taylor, Phronesis and Medicine: Ethics and Interpretation in Illness Narrative,” Schultz and Flasher comment that doctors often attempt to construct narratives from these case histories because “The reductionist

character of this [objectivist ethical] narrative leads to negation or escape from ambiguity” (Schultz and Flasher 396). At the same time, they note that there are disadvantages to this approach: “Sadly, the process results in anti-interpretive narratives which reify and conceal the interaction between interpreter and the illness as text. This denial and reification conceals the “lived” dimension of meaning in ways that alienate, marginalize and estrange patients and providers from themselves and their worlds” (Schultz and Flasher 396).

One prominent example of an illness narrative is Susan Sontag’s book *Illness as Metaphor*. The book’s title is used ironically, because Sontag urges the reader not to view illness as a metaphor, which appears to contradict Percy, because he would argue that metaphor is a means of understanding illness. However, Sontag is primarily concerned with physical ailments and the social stigmas surrounding them through history, while Percy’s ailments are largely spiritual. According to Percy, metaphor is one important way—if not the only way—we can make sense of spiritual ailments: “This ‘error,’ the act of symbolization, is itself the instrument of knowing and is an error only if we do not appreciate its intentional character...we do know...as men, who must know one thing through the mirror of another” (“Metaphor as Mistake,” Percy 81-82)

Perhaps the problem with metaphor Sontag addresses has to do with the disconnect between symbol and meaning that Father Smith refers to. It is not that illness metaphors do not signify, but rather that they signify something other than their original meaning. For example, Sontag notes that “Illnesses have always been used as metaphors to enliven charges that a society was corrupt or unjust” (Sontag 72). While this is true, it must also be said that Percy is not merely writing a social diatribe; he is diagnosing the

condition of Western civilization. Schultz and Flasher argue that there are inherent problems in medical narratives that can be traced back to the Cartesian split:

the main assumption...involves Cartesian dualism...has objectified medical and ethical thought and language by construing knowledge in dualistic terms which separate (and oppose) fact and value. This separation, however, strips medical and ethical knowledge away from the context in which it actually occurs” (Schultz and Flasher 397)

As a result, there is a gap between the concepts of subjective and objective, signifier and signified, and literary and medical language. The objectivist ethical narrative attempts to heal this rift, but is ultimately unsuccessful because, although it is inclusive, it amounts to a synthesis of the aesthetic and ethical viewpoint: “Thus, medical responsibility in the objectivist approach is understood as assimilation of the brute facts of illness and ethical considerations *rather than a response to interpretation of what these facts and ethical considerations signify*” (Schultz and Flasher 396). Though Schultz and Flasher do not use “signify” in the same context as Percy, the use of the word is semantically meaningful. What is “signified” in this case is a concept that transcends the facts and ethics, which could be interpreted as the idea of the patient’s unique selfhood. In an article published twenty-one years after Percy’s death, the authors seem to echo his sentiments. If these authors are resonating so strongly with Percy, yet appear to have reached these conclusions independently, one can’t help but wonder if Percy was on to something.

Personal narrative is a means of combating the categorization of illness that often occurs in science, and it is also a way for the language of medicine to signify something other than the stereotypes that have been imbued in them throughout history. For

example, even though there are many personal narratives about cancer, Susan Sontag's *Illness as Metaphor* is unique because there is only one Susan Sontag. Another example would be my own personal experience with illness, when I contracted meningitis at sixteen. The summer before I was supposed to start volunteering at the hospital, I ended up in the hospital as a patient, and despite the condition I was in, the writer in me could not help but notice the irony of the situation. After a three hour drive, I sat in the doctor's office with my mother, nursing the worst headache I had ever experienced in my life. I felt as though an iron band were clamped around my head, squeezing relentlessly until I wanted to scream.

“Well, if it were bacterial meningitis, she wouldn't be here right now.”

Through the haze created by my throbbing brain, the doctor's words were jarring to say the least. I was not in danger, nor had I been in any real danger because my meningitis was viral and not bacterial, but the reality of the doctor's words was no less frightening. After an MRI, I was admitted to the hospital for an overnight stay.

A doctor came in to speak to me, her face concealed behind a mask for safety. She was also wearing gloves and a paper gown over her scrubs, an ensemble I recognized as PPE (personal protective equipment) from my volunteer training. It was close to two in the morning, and by this time I had endured an x-ray, a spinal tap, and an IV drip. The hospital knew the intimate details of my insides. Yet this faceless doctor had more questions for me, a scared, disoriented, and extremely tired teenager, and I had no choice but to answer them. I almost felt like a leper; this doctor was afraid to be near me without protective clothing, and the laptop in front of her seemed like yet another shield against my pathogens. This feeling of being toxic and vulnerable gave me a strong sense of

alienation, and I have never forgotten it. A short time later, a team of state epidemiologists contacted my parents for information about my meningitis. My case had come up as a “blip” on their radar, and like one of Tom More’s patients, I found myself a dot on a map.

A narrative such as this one is constructed in hindsight. As I said in a previous chapter, it is highly unlikely that Binx Bolling was lying wounded in a ditch in Korea thinking about “the apex of [his] pleura” (*M* 126). In my case, I was in too much pain to sit upright, much less construct a coherent narrative. The art of writing capitalizes on this retrospective viewpoint; when constructing a narrative after the fact, one can revisit memories and look for patterns and possible motifs. In this way, metaphors can be generated that are meaningful to the patient, and hopefully significant to the reader as well.

Illness is not a metaphor, but Percy concluded that a metaphor can be a useful tool for understanding an illness, particularly ailments pertaining to the self. This is one reason why he became a novelist, and as Jean Mason points out, “When Percy turned from medicine to writing he did not abandon doctoring but rather combined writing and medicine as a way to mind the adage, ‘Physician, heal thyself’” (Mason 115). The three Kierkegaardian phases are a useful metaphor to describe the different types of medicine in Percy’s fiction. They are simultaneously metaphors and not metaphors because they are both represented and lived. As the most crucial phase, the third phase is the most difficult to observe and the most difficult to represent. Percy leaves most of his endings intentionally vague, and it is usually in the conclusion that the protagonist enters the religious phase. If he continued any further, he would risk sounding “preachy,” and

employ words that “no longer signify.” Besides, if he showed his characters finally achieving wellness and living “in remission,” readers might interpret it as a model of living. His novels would become self-help books, which Percy was wary of, and readers might consult them rather than discover how to live out their own lives.

Percy was always adamant that the solution for everyone could not be found in a book; each individual needed to discover a solution for him/herself. In an interview with Linda Whitney Hobson, Percy said that “It doesn’t do any good to tell yourself how to live or what type of person you should be. You have to learn it yourself, through ordeal. And the language fails, unless you do it by ordeal” (Qtd in *Last Physician*, 85). His words are reminiscent of the Underground Man’s conclusion that “Suffering . . . is the sole cause of consciousness” (Dostoyevsky 34-35). Suffering experienced as a result of illness is a deeply personal and acutely felt experience, and if, as Mattix says, “consciousness for Percy is ‘named’ experience” (Mattix 148), then recounting one’s story as an illness narrative is a means of getting one’s existential bearings during a time of pain and confusion. By attaching the indices of illness to meaningful symbols, the narrator can unite the x-ray of the patient with the patient standing next to it, creating a more complete picture of the patient’s self. The physician can utilize this same process to create a triadic model of communication with the patient, just as the novelist aims to do with the reader.

At the risk of losing my personal voice by quoting another, I feel that the most appropriate conclusion for this paper was already written thirty seven years ago, so I will close in the hopes that Percival’s affirmative response will be sufficient to illustrate the type of literary triangulation I have attempted to portray.

Yes.

You speak! Loud and clear! And looking straight at me!

...Very well. I've finished. Is there anything you wish to tell me before I leave?

Yes.

(L 257)

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HONORS AND AWARDS

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