

Embodying the Self: Malady and the Personal Essay · *Carl H. Klaus*

TEN YEARS AGO on a Monday evening in late February, my wife Kate and I had just finished eating a Chinese dinner of stirfried pork, hot and sour bok choy, steamed rice, and fresh daikon radishes, so it hardly surprised me that I was burping up the taste of those radishes as she cleared the table and I prepared to take out the garbage. I had, after all, had more than my share of them. Six months later, I came to see those radishy burpings as the harbinger of a radically new kind of life for both of us, since they were, as it turns out, the first signs of a heart attack. A mild attack followed by another four days later, without benefit of daikon, since I was then in the local hospital, followed by a swift ambulance ride to the nearby university hospital's cardiac care unit, where the head cardiologist greeted me with a plumb bob and a yardstick from the local hardware store, which he would use, he said, to determine the exact location of my heart, followed by an angiogram two days later to discover the exact amount of blockage in my coronary arteries—some crown!—followed by eleven days on intravenous blood thinners, nitroglycerin, sedatives, and other fluids to calm a restive heart and quell a type-A mentality before the crowning insult of a triple bypass. Otherwise known by the flamboyant misnomer of “open heart surgery.”

Six months later when I was teaching again and writing again and beginning to see a connection between those daikon radishes and the Zen of my new existence, I was often so moved by the rush of my recollections and reflections that I might easily have written a lengthy and vividly detailed personal essay about my heart attack and its surgical and psychological aftermath. But who would have published a piece detailing the whole gory process—the breast bone sawed completely in half, the ribs pulled all the way back, the heart-lung machine connected and set into motion, the body chilled, the heart temporarily stilled, a mammary artery harvested from one side of the chest and a vein harvested from the entire length of one leg to serve as bypasses around the blocked coronary arteries, the bypasses sewn in place between the heart and the aorta, the heart shocked back into motion, and then the whole contraption wired and sewn back together

again, with drainage tubes coming out of the chest, a breathing tube coming out of the mouth, intravenous tubes coming out of the arms, and God knows what else? And who would have wanted to read about the tears coming out of my eyes some ten hours later at the first faint sounds of Kate's voice, or about the pain working its way through my chest at the first faint return of neural sensations, or about the fear suddenly coming to mind that one of the bypasses might fail or the whole heart itself go wild, if not right then, then sometime later, in the garden, in bed, in love, on the stool, God knows where, or about my first faint awareness that the bypass wasn't really a cure or a permanent repair but just a temporary holding action against the inexorable working of the disease, or about my first hazy realization that in body and psyche I wasn't at all like I had been just a few days before and that for better or worse I would never be the same again? And how would I have managed to produce an exactly detailed, artfully crafted, and richly significant account of my personal experience, while also confining it to the length of a publishable essay?

Questions such as those might have passed through my mind back then, if I had even faintly entertained the possibility of writing an essay about the experience. But the thought of doing so never really crossed my mind. There were, after all, so few essayistic precedents for a personal account of physical or mental affliction, and those by such eminent writers—Didion on her migraines, Fitzgerald on his crack-up—that the idea of writing something about my heart attack would have seemed ludicrous to me. Now, just ten years later, so many personal essays have appeared about so many physical and psychological afflictions—from anorexia, atrial fibrillation, breast cancer, and multiple sclerosis to prostate cancer, paraplegia, poliomyelitis, and unipolar depression—that a piece about coronary artery disease could surely find its way into print.

Nancy Mairs clearly deserves the major credit for pioneering this contemporary phenomenon with the publication of *Plaintext* (1986), a collection of personal essays focussing on her struggles with multiple sclerosis, chronic depression, and agoraphobia. And Mairs's insistence on speaking out about her situation as an emblem of the manifold contradictions in a woman's life clearly suggests that personal essays about malady should be seen at least in part as an outgrowth of contemporary feminism. Since then, however, the subject of malady has been taken up by men and women essayists alike, often without any particular ax to grind beyond the

story of their own distinctive experience. Malady, in fact, has now become such a hot topic of personal essays that other book-length collections have been devoted to it—Anatole Broyard's *Intoxicated by My Illness* (1990), Mairs's *Carnal Acts* (1990), and Patricia Foster's recently edited volume, *Minding the Body: Women Writers on Body and Soul* (1994). Indeed, the subject has now been so widely sanctioned and valorized that pieces about malady have been making their way into recent editions of *Best American Essays*.

Such pieces compel attention not only because of their visceral subject matter, but also because they embody what seems to me to be a distinctly new kind of personal essay. An essay so intensely personal both in its subject matter and in its author's presence that it violates some of the most long-standing conventions of the personal essay and essayist. How is it possible, one might ask, for a personal essay to become too personal? A personal slant, after all, is by definition the distinguishing feature of a personal essay. But essays about malady stand out by virtue of focussing on subject matter traditionally considered so intimate or private as to be completely off-limits—Harold Brodkey's AIDS and AIDS-induced pneumonia, Anatole Broyard's prostate cancer, Andre Dubus's automobile accident and ensuing paraplegia, Stanley Elkin's fortnight of madness brought on by an excess of Prednisone, Patricia Foster's anorexia, Lucy Grealy's jaw cancer and facial reconstruction, Judith Hooper's lumpectomy and ensuing chemotherapy, Nancy Mairs's attempted suicides, Adelaide Morris's hysterectomy, and Joyce Winer's apparent infertility and subsequent pregnancy. In their forthright discussion of such private matters, these essays differ from more traditional ones by "uttering" what Mairs refers to as "the unspeakable," by transgressing "the boundaries of polite—that is, conventional—discourse."

In their preoccupation with the circumstantial details and existential realities of personal affliction, such essays seem to me to constitute a distinctly new genre that is not specific to either gender, but is instead a manifestation, at least in part, of the contemporary phenomenon that Broyard has called "a literature of illness" and Mairs has referred to as "the literature of personal disaster." This new personal genre might be thought of as also including the essay-like stories and case histories of Drs. Richard Selzer and Oliver Sacks. But it's one thing to write about illness from the specialized perspective of a doctor and quite another to write about it from

the firsthand experience of having suffered through an affliction oneself. Though Mairs may be correct in asserting that “more women than men seem attracted to” such literature, I’m not sure I’d agree with her claim that “the works of women tend to be more intimate and immediate than those of men,” not at least in the case of the essay. Men and women essayists who write about their maladies seem to me to be equally specific, vivid, and intimate in narrating their personal experiences. They don’t just allude to the unspeakable, nor do they mention it only in passing, as Montaigne does his kidney stone. They dwell upon it at length, whether it happens to be a man such as Elkin telling about an episode of urinary incontinence during his Prednisone-induced period of madness, or a woman such as Winer remembering an episode of blood-stained urine during the early stage of her pregnancy. And as if to relive the particularities of their malady as viscerally as possible, the authors of such pieces often narrate their personal accounts in graphic and clinical detail.

Sometimes, like Elkin, they go so far as to offer a complete run-down of all their other serious maladies from childhood on—“I spent first grade in a hospital room in Chicago, did a year in bed in the Michael Reese Hospital for a deep strep throat in the pre-penicillin dark ages. . . . In 1985 I had quintuple heart bypass surgery, three years later they went back in and gave me a quadruple. That same year I had an endartectomy and a second heart attack.” Sometimes, like Winer, they offer a more highly focussed case history—“Like many women born after 1945, I remained in charge of my body during my twenties and thirties. Which means that during that time I was either on the pill, or the coil, or the diaphragm. . . . I got my period regularly. I never got cramps or *mittelschmertz* or PMS.” Sometimes, like Elkin, they tell their stories in past tense, in the manner of a continuous narrative, or case history—“I’m told by Bernie that just after I was put into my hospital bed (the sides of which rise like a crib’s) I had to use the plastic urinal; that I couldn’t get my penis into it; that the nurse bent over and did it for me; and that when she did I touched her breasts.” Sometimes, like Winer they write their accounts in present tense, in the style of a log or journal, consisting of several discrete entries—“I have to pee a lot. Late on a Saturday afternoon at the end of my third month, I’m hefting a new gallon jug of milk onto the top shelf of the refrigerator when I feel the small burst, the trickle soaking my underpants. In the bathroom, I sit and look down between my thighs at the blood leaking into the toilet.”

Whatever narrative technique (or combination of techniques) they happen to use, such vivid detailing of experience usually leads to the reanimation of intense feeling about it—“All the wanting, all the waiting, and my body is once again asserting itself, rejecting my efforts in a steady bright red stream. I scream. I hate my body. I want to grab it and shake it into submission. I want to punish it by lashing myself upside down to the wall until the bleeding stops.” And the feeling, in turn, usually leads to reflection upon the experience—“Once I could occupy myself with idle, inconsequential musings about the reason for my infertility while I lay plans to overcome it. But no matter what the cause, I can no longer blame the consequences of my infertility on either dumb luck or the inexorable movement of some divine plan.” Thus these personal essayists spiral incessantly around the most private aspects of their affliction, remembering it, reliving it, reflecting upon it, coming to terms with it in one way or another—“This wasn’t any amazing grace that had happened to me. It wasn’t a case of I once was lost but now I’m found, was blind but now I see. It would be a month or more before I satisfactorily processed information again. . . . it sometimes took me a day to write two letters, trying to explain myself, what had happened to me. . . .”

Hardly the kind of experience one would expect to hear about from the genteel American essayists who were writing at the beginning of this century, or from their English counterparts. “Ladies and gentlemen talk together,” as Virginia Woolf put it in her attempt to evoke the drawing room ambience that once suffused the personal essay, “and some things, of course, are not said.” So, in her essay “On Being Ill,” one of the few pieces of the time to discuss such a topic, Woolf mentions several maladies that according to her deserve a place in literature—influenza, pneumonia, typhoid, and toothache—but she never hints at any specific personal experience that might have given rise to her reflections on illness.

Even before that era of Edwardian and post-Edwardian proprieties, personal essayists had long abided by an elaborate set of courtesies—“conspiracies of silence,” as Mairs calls them—about what could and could not be said. Were it not for those courtesies and conspiracies, Montaigne would “very gladly have portrayed” himself “entire and wholly naked.” Instead, he evidently felt constrained to be only as personal, only as intimate, about his private life “as respect for the public” would allow. Even in his lengthy essay “On some verses of Virgil,” in which he promises

to give a candid discussion of “the sexual act,” Montaigne offers only scattered allusions to his own sexual activities and his declining sexual powers. As if to echo that sense of restraint—and inadvertently reveal its sexist premises—E. B. White, in a letter to his biographer Scott Elledge, described the essayist as someone “who must take his trousers off without showing his genitals.” So, although White reportedly suffered from recurring bouts of depression, hypochondria, and other psychological as well as physical afflictions, he never dwelt upon them in his essays, limiting himself instead to wryly self-deprecating remarks about his unsteady mood or mental disposition. In fact, even when he was evidently sick in bed, as he makes clear at the beginning of “Bedfellows,” White chose to ignore the illness almost completely, except for humorous recollections of his dead dachshund Fred, who “always attended the sick, climbing right into the bed with the patient like some lecherous old physician, and making a bad situation worse.” Or if he identified the illness and discussed it at all, as in “The Summer Catarrh,” he chose to make it an occasion for humor, comparing himself in that essay to Daniel Webster, who also suffered from catarrh, otherwise known today as hay fever.

Thirty years have now passed since White dominated the American personal essay—thirty years during which the courtesies and conventions he honored have repeatedly been challenged by various countercultural exhortations to speak out, to let it all hang out, to come out, to bear witness, to testify, to talk back, to be heard. Issuing and answering such calls, Civil Rights and Anti-War activists, Feminists and Gay Rights activists, Animal Rights and Environmental activists have collectively altered the style, the tone and the tenor of public discourse so profoundly that they have influenced even the previously staid and buttoned-down precincts of the personal essay. The personal essay has been politicized. And radicalized. No, I don’t mean to imply that it had previously excluded either political discourse or intimate self-revelation. One need only read Orwell’s confessional pieces about his colonial experience in Burma to hear the overt political strain that began to resonate in the personal essay during the mid to late 1930s. And one need only read Fitzgerald’s “The Crack-Up” to hear an exceedingly private element that emerged briefly in the personal essay during the late 1930s, though it did not surface again until the 1970s, and then only in bits and pieces of a few essays by Joan Didion—in the clinical

report of her nervous breakdown at the beginning of “The White Album” and in the account of her migrainous condition in “On Being in Bed.”

Prior to Orwell and Fitzgerald, however, the essay in general, especially the personal essay, had so persistently avoided both private life and overt political commentary that in 1918, Agnes Repplier, one of the leading American essayists of her time, could write a lengthy piece for *The Yale Review*, bemoaning the fate of “The American Essay in War Time.” “The essayist,” as she put it, “has only the common world in which to rejoice or suffer with the men and women who fill it. The element of artifice in his work unfits it for bitter and blinding truths.” And in a similar spirit, some seven years later, Virginia Woolf proclaimed that the primary purpose of the essay is to “give pleasure; the desire which impels us when we take it from the shelf is simply to receive pleasure.” Thus she believed that “The essay must lap us about and draw its curtain across the world.”

Even during the socio-economic turmoil of the early to mid 1930s, when the belletristic tendency of the personal essay had almost doomed it to extinction, Amy Loveman, in her weekly editorial column for *The Saturday Review of Literature*, described the essay as a form of “arm chair philosophy” that would only “come into its own as a popular form of literature” after “America has reached the point where she feels that achievement should leave room from leisure to loaf and invite the soul.” Quaint though such convictions might now seem to be, one can still hear a distinct echo of them in Elizabeth Hardwick’s nostalgic observation less than ten years ago, in her inaugural introduction to the *Best American Essay* series, that “Too great a degree of exhortation and corrective insistence makes us wish for the tones of the earlier English ‘familiar essay,’ with its calm love of nature and tolerance of human frailty.”

As remarks such as these suggest, the essay was regarded for many years as an escapist kind of writing by editors, essayists and readers alike, hardly the place where one would expect to hear about the existential realities of sickness and suffering. And that reputation still lingers on. How else to account for the fact that just a few years ago, the nature essayist Chris Anderson declared his affection for reading an essay by comparing it to the pleasure of “swinging in a hammock”? After the Forestry Department at Oregon State University started clear-cutting trees behind Anderson’s back lot, he suddenly changed his mind about the personal essay and started using it for his own political purposes.

But why all this fuss about the content of a personal essay? Subject matter restrictions, after all, are literary conventions that usually reflect the exigencies of time and place, class and culture, especially in an occasional form of writing such as the essay. So, not surprisingly, the drastically altered cultural, social and political circumstances of later twentieth century life have, in turn, produced a considerably greater latitude in the content of the personal essay. And that, it would seem, is all one need say about the matter. Yet it seems to me that the expanded range of subject matter about personal malady clearly bespeaks a radically altered set of motives and an altered stance on the part of essayists themselves—changes that have profoundly altered the tacit relationship that has long existed between personal essayists and their readers.

These changes can be seen by noting how contemporary essayists account for writing so intimately about themselves, especially about their maladies, and then listening to what prior twentieth century essayists have said about their role and relationship to readers. To some extent, especially in the case of feminists, essays about malady have clearly developed out of a self-conscious intention to go against the grain of the traditional courtesies. Mairs, for example, who is unquestionably the most outspoken proponent of the unspeakable, repeatedly declares her refusal to be silenced by traditional rules of conduct, and repeatedly explains that her cultural defiance is engendered by a desire to undo the repressive effects of those rules—“to undermine their power to constrict my life and the lives of any others whose voices had been choked off by social taboos.” In one respect, then, Mairs’s persistence in writing about her physical and mental afflictions is a profoundly political as well as personal activity.

But beyond the countercultural motive that energizes all her writing, Mairs tends to discuss her essays about illness as if they were fundamentally a mode of therapy. To begin with, the therapy is directed toward herself—“In writing about my experience, I am first of all trying to make sense of it and to make it bearable for myself.” And self-oriented therapy for Mairs evidently deals with several distinctly different problems arising from severe maladies. Writing about such experience not only “counteracts disorientation and disintegration,” but it “also produces the impression—generally quite groundless—of control, which may save one’s sanity even though it can’t save one’s own or anyone else’s life,” and it serves “to reconnect my self . . . to the human community.”

Mairs's intense concern with writing as a mode of overcoming the sense of alienation and isolation produced by severe illness leads her, in turn, to a reciprocal interest in the psychic well-being of her readers—"But I am also trying to draw you into it, to carry you along through it, so that whatever extraordinary circumstances you one day meet—and you will, because all creatures do—you will have, in some way, 'been there' before." Thus she sees her essays as offering others "companionship in a common venture" and thereby a form of "comfort." Occasionally, she also claims to have an "esthetic drive: to transmute dross—my own hastening physical deterioration; my husband's wretched, retching progress through chemotherapy—into lapidary reality." Occasionally, too, she writes about the importance of transcending ones "ordeals," in order "to speak generally, and generously, of the human condition." But Mairs gives much less space to such artistic and literary declarations than to the therapeutic dimension of her intimate self-disclosures. For Mairs, then, the essayist writing about malady casts herself in the role of a defiantly self-revealing presence, in order to provide therapy both for herself and her readers—a role that tends to put the reader in the position of being someone like a fellow-sufferer, therapist, trusted friend, or close relative, willing to hear all without embarrassment or judgment.

Anatole Broyard initially seems to take a similarly therapeutic view of writing about malady in his essay "Toward a Literature of Illness." Like Mairs, he begins by using storytelling as a mode of providing therapy for himself— ". . . my first instinct was to try to bring it under control by turning it into narrative. . . . Just as a novelist turns his anxiety into a story in order to be able to control it, so a sick person can make a story, a narrative, out of his illness as a way of trying to detoxify it." And like Mairs, he then perceives his "extraordinary experience" as a means of providing guidance for others—"Like a convert who's had a vision, I wanted to preach it, to tell people what a serious illness is like, the unprecedented ideas and fantasies it puts into your head, the unexpected qualms and quirks it introduces into your body." But Broyard ultimately pushes toward a view of writing about malady that is far more existential than therapeutic—" . . . it seems to me that every seriously ill person needs to develop a style for his illness. I think that only by insisting on your style can you keep from falling out of love with yourself as the illness attempts to diminish you. Sometimes your vanity is the only thing that's keeping

you alive, and your style is the instrument of your vanity.” So, at last, Broyard concludes by noting that “the best reason in the world” for writing about his illness is “to make sure I’ll be alive when I die.”

Given such unusual essayistic stances as Mairs’s and Broyard’s, I decided to talk with Patricia Foster, to see if she might shed some additional light on personal writing about malady from her experience as both an author and editor of such essays. When I asked what had led her to write about such intimate aspects of her own personal life, she immediately responded by saying that it was “an act of salvation, a way of saving my life.” Such phrases led me to suggest that it sounded as if the intimate self-exposure of such writing was for her, as for Mairs, primarily a form of therapy. “No, it’s not just therapeutic,” she replied, “because you have to use style, voice, artifice, in writing about such aspects of your experience—and doing so transforms the self in ways that might never take place in therapy.” Though I could clearly hear a literary orientation in those remarks, I still couldn’t help sensing a therapeutic motive in them as well—admittedly achieved by aesthetic rather than psychological means, but a seemingly beneficial transformation of the self just the same. “Going to the hot spots, to the raw places,” she then explained, “is most important for me, because it’s a way of getting as close as one can to the most intimate and interior dimensions of the self. And I want to get there partly to articulate the kinds of anguish that exist for any human being. But as a fiction writer, I also can’t help thinking of those intimate, delicate moments in novels that are the most fascinating and compelling because they are the most revealing of the interior self, of the human psyche. If we can have such moments in fiction—and also, by the way, in memoir—why shouldn’t we assume that the same kind of material can be dealt with in the personal essay, and just as artistically?” According to Foster, then, the heightened intimacy of writing about personal malady ultimately derives its validity from a literary commitment to the intimacy and interiority that have long existed in fictional and extended autobiographical narrative.

Hearing such a deliberate intent to get “as close as one can to the most intimate and interior dimensions of the self,” I couldn’t help thinking of how differently essayists used to define and describe the personal element in their writing. Listen, for example, to what essayists were saying at the beginning of the twentieth century, and you will often hear them celebrating the “personality” of the essayist, intoning that word like a mantra, as if

it were the be-all and end-all of the essay—the “keynote” of it, compared to which “all other characteristics are . . . in a sense, minor”; one of the two requisites, along with “style,” that the “essay must have”; one of the “head marks of the essay down to the present day”; the quality that “we look to the essay for.” Listen closely and you will begin to hear some clues about the behavior and social status they associated with “personality.” “The essayist,” for example, is someone “who can converse entertainingly though the auditor is imaginary”; who possesses “that courteous instinct of what need not be said—a blessed thing in treating hackneyed themes”; who is capable of “conveying his thoughts with force, precision, elegance, and charm”; whose “style approaches more nearly to the careless, easy elegance of the talk of good, but not stiff society.”

The pervasiveness of such remarks during the first twenty years of the century clearly suggests that essayists then considered personality to be synonymous with one’s social demeanor rather than with one’s intimate or interior self. And it suggests why they never wrote about their personal maladies. To have discussed such matters would not only have violated the prevailing social codes, but also the literary conventions governing the relationship between personal essayists and their readers. Turn-of-the-century essayists clearly conceived of themselves as socially genial and intellectually stimulating companions to their readers, obligated to provide them with genteel and well-informed reflections about literature, culture, and life in general. Thus in an omnibus review of essayists for *The North American Review* (1906), Elizabeth Collier Willcox celebrated the English essayist Arthur Benson because his work embodied the presence “of a gentle, leisurely scholar, surrounded by the best culture of his day, dwelling in one of the most beautiful cities of the world, looking out upon life from his vine-draped college windows upon the velvety college courts, and dedicating his chief thoughts to the enlargement of spirit which grows out of sympathy and truth.” Given such an overtly elitist, sexist, and ivory tower conception of the essayist and the essay, it’s hardly conceivable that essayists of that period would even have imagined the possibility of writing about their personal maladies.

In the years since then, of course, personal essayists have come out of their ivory towers and their book-lined studies and their stuffy drawing rooms, increasingly confronting the more vexed and troubled circumstances of twentieth century life. But through most of the century, personal

essayists have generally aimed to project themselves as engaging and stimulating companions to their readers, not to burden readers with any of their personal afflictions. And readers, in turn, have generally expected essayists to provide them such companionship. “Brassy or shy, stage center or hanging back in the wings, the author’s persona commands our attention,” as Scott Sanders put it in 1988. “For the length of an essay, or a book of essays, we respond to that persona as we would to a friend caught up in a rapturous monologue.” So, E. B. White’s exuberant list of the roles an essayist can play—“philosopher, scold, jester, raconteur, confidant, pundit, devil’s advocate, enthusiast”—is notable not only for its expansive sense of possibilities, but also for its implicit conception of the essayist as a stimulating performer and engaging companion. A similarly expansive sense of the essayist as engaging performer is implicit in Hoagland’s assertion that “the artful ‘I’ of an essay can be as chameleon as any narrator in fiction.” Expansive though they are, neither Hoagland writing in 1976, nor White in 1978, seems to imagine himself in the role of an intimately self-revealing person, bearing witness to the afflictions of a severely crippling or fatal condition. Essayists then simply didn’t project themselves in an afflicted or post-afflicted condition, nor did they suppose their readers desirous of hearing from such a person.

So, not surprisingly, when Joan Didion’s *The White Album* appeared in 1979, its lead essay opening with a detailed psychiatric report of Didion’s physical and mental condition in 1968, even reviewers familiar with her “inside-of-the-stomach-stuff” were shocked by the intimacy of her self-exposure. “The candor frequently stuns,” as Michiko Kakutani put it in a *New York Times* interview-based portrait of her in 1979. “She tells us how she went blind for six weeks from a condition diagnosed as multiple sclerosis (the disease has been in remission for the past seven years), and how, in the summer of 1968, she checked into the psychiatric clinic at St. John’s Hospital in Santa Monica. She even tells us the doctor’s diagnosis.” The world of essayists and readers was evidently not altogether ready even then for the work of someone who believes that “If you want to write about yourself, you have to give them something.” And the essayistic community is still not entirely comfortable with such pieces, judging from the fact that while Phillip Lopate’s recent and unprecedentedly large collection *The Art of the Personal Essay* (1994) contains Fitzgerald’s “The Crack-Up” and Didion’s “In Bed,” it does not contain anything by Mairs or by any of the

other current essayists who have been writing so graphically and intimately about their maladies.

Yet essays about malady continue to appear, as they recently have in magazines ranging from *The Iowa Review*, *The Kenyon Review*, and *The Seattle Review* to *Harper's*, *Lear's*, and *The New Yorker*. And they need to be reckoned with, like them or not, because they clearly embody a radical transformation of the essayist's persona and the essayist's tacit relationship to the reader, as well as because they incorporate such a radically new kind of subject matter in the personal essay. I'm tempted to speculate about why personal essayists suddenly took up writing about such experience in the late-1980s—the AIDS pandemic, the breast cancer epidemic, the widespread incidence of heart disease, and the increased public awareness of these and other severely crippling or fatal afflictions. Severe maladies, it seems, have become such a widespread experience of our time that few people have been untouched by them personally or close at hand. No one is an island entire of itself. Everyone is a piece of the continent, a part of the main. And few people have been untouched by the extraordinary medical procedures that have been developed for the diagnosis, treatment, and prevention of such afflictions—angiograms, bone marrow transplants, CAT-scans, coronary artery bypasses, magnetic resonance imaging, mammograms, prostate specific antigens, tamoxifen therapy. Severe afflictions and their remedy or catastrophe are now so familiar a part of everyone's personal experience that their intimate subject matter is in a sense no longer so intimate as to be taboo. Nowadays, in fact, our most public—and hitherto private—figures publically announce their afflictions. So, if our sports heroes and our movie idols can tell us about being afflicted with AIDS, and our ex-Presidents can tell us about their Alzheimer's disease, and their wives can tell us about their breast cancer, why can't personal essayists also write about such experience? Nothing, any longer, is too personal, it seems.

But beyond considering these and other circumstances that have contributed to the recent emergence of essays about malady, I'm still concerned with the question of what has ultimately driven essayists to write about such experience and the equally important question of how to define or name the new kind of essay that I think has emerged by virtue of essayists openly and extensively dealing with such experience. For insight into these questions, I find myself harking back to Virginia Woolf's essay "On Being

Ill,” which begins with a hauntingly detailed evocation of the radical transformations brought about by illness—“. . . how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza brings to view, what precipices and lawns sprinkled with bright flowers a little rise of temperature reveals, what ancient and obdurate oaks are uprooted in us by the act of sickness. . . .” Considering “how common” such experience is, Woolf finds it “strange indeed that illness has not taken its place with love and battle and jealousy among the prime themes of literature.”

Though Woolf was evidently thinking only about fiction, poetry, and drama in her reference to literature, her remarks have a special relevance to the issues at hand, particularly when she seeks to account for the “strange” oversight of illness—“literature does its best to maintain that its concern is with the mind, that the body is a sheet of plain glass through which the soul looks straight and clear, and, save for one or two passions such as desire and greed, is null, and negligible and nonexistent.” The essay, it seems to me, has long sought to maintain just such a posture—“that its concern is with the mind.” Montaigne, for example, repeatedly proclaimed in one form or another that “It is my thoughts that I portray.” And 400 years later one can hear the echo of Montaigne in Hoagland’s assertion that the essay “is mind speaking to mind,” as well as in Hardwick’s definition of it as “the mind in orbit.” By virtue of this widely and persistently held conviction, essayists, I think, have long contributed to the mind-body split that Woolf was clearly seeking to overcome in her reflections on illness—“The creature within can only gaze through the pane—smudged or rosy; it cannot separate off from the body like the sheath of a knife or the pod of a pea for a single instant; it must go through the whole unending procession of changes, heat and cold, comfort and discomfort, hunger and satisfaction, health and illness, until there comes the inevitable catastrophe; the body smashes itself to smithereens, and the soul (it is said) escapes. But of all this daily drama of the body there is no record. People write always of the doings of the mind; the thoughts that come into it. . . .”

So, at last, it seems to me that in choosing to write of their maladies, contemporary personal essayists are finally redressing the extreme imbalance that Woolf had noted in her prescient essay. They are, in effect, uniting body and mind in a form that bears witness both to the “astonishing”

experience of illness and to the hauntingly complex nature of self revealed under the press of such experience. In this connection, Mairs's view of her writing seems especially pertinent—"Forced by the exigencies of physical disease to embrace my self in the flesh, I couldn't write bodiless prose. The voice is the creature of the body that produces it. I speak as a crippled woman. . . . No body, no voice; no voice, no body. That's what I know in my bones." Viewed in such a light, the subject of malady seems to offer essayists a rich set of possibilities for the full embodiment of self—body and mind, flesh and spirit. Given such possibilities, essayists who write about their afflictions seem distinctly less interested in the chameleon-like role-playing or the "charm" of "personality" that has long been a hallmark of the personal essay. These essayists, instead, are more interested in projecting a voice that very closely reflects their own most deeply held sense of themselves, as if there were relatively little distance between their actual and essayistic selves. Mairs, for example, is at pains to make clear that "I am more the woman of my essays than I am the woman of my fiction." And Foster claims that "like the novel and poetry, the personal essay is . . . looking at the cross-purposes of the human psyche, the human heart, yet moving one step closer to experience by its use of the first person singular."

Given the hunger of such essayists to convey "the most intimate and interior dimensions of self," I've been tempted to call their pieces "confessional" or "intimate" essays. However, they rarely display the psychological convulsions and heavings up that I associate with confessional poetry. They often create the impression instead of being more psychologically calm and self-controlled. Yet they are also energized by an intensity of experience, thought, and feeling that "intimate" does not quite suggest, unless it be "this fucking intimacy" that Harold Brodkey imprecates in his essay on AIDS. So, I'm inclined instead to think of them as "existential" essays, especially because they are so clearly concerned with exploring, expressing, and embodying the self in some of the most extreme and pressing circumstances of its existence.

Having lived through such circumstances myself, I can vouch for Woolf's sense of "how astonishing" such experience can be, "how tremendous the spiritual change that it brings," or at least how tremendous the change seems to be when one is in the midst of an extreme affliction or newly recovered from it. So, I can also vouch for Adelaide Morris's conjecture that "perhaps one of the motives for writing about unspeakable things is the

need to pass on a glimpse of something more which comes through living past such experiences . . . passing on the gain of the gift.” Having produced a few pages about my heart attack at the beginning of this piece, I also have a sense of how viscerally and mentally energized one can feel in writing about such experience. I now find myself wishing, in fact, that I had written an essay about my heart attack ten years ago. But I don’t at the moment want to return to all the searing physical and mental experiences I went through back then. And I’m happily willing to wait a while for the next such episode to come my way. Most of us, after all, have only a few such essays in us.