

Julian Barnes. *Nothing To Be Frightened Of.* New York: Alfred A. Knopf, 2008. 256 pp. Clothbound, \$24.95.

Pauline W. Chen. *Final Exam: A Surgeon's Reflections on Mortality.* New York: Vintage-Random House, 2008. 288 pp. Paperback, \$15.00.

David Rieff. *Swimming in a Sea of Death: A Son's Memoir.* New York: Simon and Schuster, 2008. 192 pp. Paperback, \$14.00

Perchance to Dream

Michael Jackson died in his sleep on June 25, 2009, at the age of fifty. A chronic insomniac, apparently Jackson had been having his private physician give him nightly doses of propofol, a powerful anesthetic designed for intravenous delivery prior to surgery. Patients so anesthetized are meant to be under constant surveillance, as the drug can cause the brain to forget to keep informing the involuntary muscles about the necessity of keeping the patient breathing. It appears the doctor powered Jackson down, stepped out of the room to make some phone calls, and returned to find him in cardiac arrest.

The King of Pop is dead. Long live the King.

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There are some deaths that have the power to stop a nation in its tracks. Jackson's death exceeded this high standard, sending much of the Western world into mourning. So too did Lady Diana's sudden, violent death in the Pont de L'Alma tunnel in Paris on August 31, 1997. Bouquets arrived at the Buckingham Palace Gates by the truckload. News cameras trained the world's gaze on the Royal Family: would they come out and acknowledge the tragedy or would they remain in their bunkered Britishness? The crowds waited and wept, left notes and wept, lit candles and wept.

If you're outside the circle of affected people, the mass reaction of astonishment to death's power can appear an indulgent, foolish business. What are we grieving when we are laid low by the death of an idol, an icon, a celebrity, a fantasy made real? It can't be our shared humanity, for each day brings fresh evidence of how the scythe has swung, sweeping nameless hundreds off a boat here, flattening and flooding

others in the wake of a hurricane there, sending an errant warhead into a wedding party over yonder, releasing a contagion with the shake of a hand, a cough, a faucet touched in an airport restroom.

How sad, we say, and turn the page.

Oh Lord, did you read the one about . . . ? And we go to work.

Or, at some point, we may even decide to stop looking altogether.

Why aren't these wars over already? This really has gone on long enough. Why doesn't everyone just move on?

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Looking away from the dead and the dying is how we roll.

But the death of an admired one sets in motion a syllogism that drives attention back to the as-yet-unknown time of one's own death. If Lady Di, Michael Jackson, Roberto Clemente, John Lennon, fill-in-the-blank can be taken without warning, when will my time come? Will I be ready? Will I be alone?

When someone we love dies, both the force of this syllogism and the felt sense of loss are increased by the fact that the world, as such, doesn't even pause for a moment of silence but gaily goes on about its worldly business.

How sad, the people in the street say and turn the page.

And we say, how can you go on with your lives? Have you no respect for the dead? Can't you see how vital Aunt Jean, my mom, my pet was to me?

Sad, sad indeed, but we really must be getting back to work, would be the reply, if there were one, which there isn't.

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Swimming in a Sea of Death: A Son's Memoir, David Rieff's reflections on the death of his mother, Susan Sontag, captures the rage that is released when one who is stricken with grief is forced to confront the cruel banality that life does, indeed, go on. Rieff begins with his mother's fateful call, alerting him to the fact that the results of her latest blood test appear to be of some concern. Rieff accompanies her to her next appointment, where they learn that the doctor is certain that she has myelodysplastic syndrome (MDS). They learn as well that, because of Sontag's prehistory with cancer and because of her age, her chance of survival is essentially zero.

Over the pages that follow, Rieff details Sontag's final months and his guilt over not knowing how to help her as she died. Given Sontag's medical history and the focus of her intellectual work, one might have thought she would have been better prepared than most anyone for confronting what she herself termed a "death sentence" (45). When Sontag was originally diagnosed with stage IV metastatic breast cancer in 1975, she refused to accept her doctor's determination that her time was up. She volunteered for experimental treatment: she had a radical mastectomy, she submitted to chemotherapy, and then she slowly made her way out of what she would go on to describe memorably in *Illness as Metaphor* as "the kingdom of the sick."¹ She beat the odds again when, in the late nineties, she was successfully treated for a uterine sarcoma. All that time in hospitals, having cancer cut and poisoned out of her, all that time writing and reflecting on death: surely Sontag was ready at the end.

What haunts Rieff, two years after his mother's death, is his role in supporting his mother's denial of the inevitability that lay ahead for her. Sontag sought information about MDS, about its conversion to acute myeloid leukemia (AML), about alternate treatments. Rieff and his mother's friends all joined in the searching, all persisting, despite the mounting evidence that Sontag's condition was terminal and her days few. Terming himself a "survivor," Rieff asks: "Did I do the right thing? Could I have done more? Or proposed an alternative? Or been more supportive? Or forced the issue of death to the fore? Or concealed it better?" (21).

The timeline for *Swimming in a Sea of Death* is the inexorable march to Sontag's demise. As Rieff recounts her decline, his questions proliferate. Did Sontag know she was ill before the diagnosis (72)? Was the right course of action supporting and fueling her hopes rather than providing her with the truth about her situation (102)? And then, suddenly, two-thirds of the way through the memoir, the implicit question posed by the title of Rieff's memoir receives a surprising answer: though Sontag spent much of her living moving in and out of the Kingdom of the Sick, it is Rieff who is swimming in the sea of death: "During the months I watched my mother die, I was increasingly at a loss as to how I could behave towards her in ways that actually would be helpful. Mostly, I felt at sea" (103). Sontag has a bone marrow transplant that fails. She tries an experimental drug, Zarnestra, which fails. She falls apart in slow motion.

In one of the most touching passages, Rieff describes having wished a different death for his mother—not the slow decline, but a massive heart attack, so there "would have been no time for her to

be frightened, [or] to be crushed by the fact that she hadn't done the work she'd most wanted to do, or live the life she'd wanted to live. . . . She would not have had the time to mourn herself and to become physically unrecognizable at the end even to herself . . ." (150). Sontag dies on December 28, 2004, and her son is left with the images of her final months scored into his consciousness. He leaves the reader with the sense that he will never make his way back to the shore.

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Farrah Fawcett, seventies pinup, one of the original stars of the jiggle television hit *Charlie's Angels*, reborn as a serious actress in the late eighties, succumbed to cancer on June 25, 2009. The tabloids had been ruthless in tracking the cancer's progress over the preceding three years: Fawcett's haggard, scarred face, regularly paired with images from her glistening, golden-maned youth would appear under headlines that screamed, "Farrah Begs: Let Me Die!" Fawcett pressed charges against the UCLA Medical Center for releasing information from her medical records without her permission. Eventually, the insider who sold the information was identified, but the perpetrator herself died of cancer before she could begin serving her sentence.

Fawcett died at 9:32 AM with her former husband, Ryan O'Neill, at her side, their plans to remarry unrealized. Their son, serving a sentence for drug possession, was not in attendance. Three hours later, the planned commemorations of Fawcett's life in the public eye were upstaged by news of Jackson's sudden death.

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According to the most recent data from the CDC (2006), roughly 6,700 U.S. citizens die every day.

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For those of us not in the medical professions or hospice work, death is not a sea that surrounds us, but a destination on a distant horizon. Of course we don't know how to do a good job of accompanying a loved one on that journey: we don't have an opportunity to learn from our mistakes. Feelings of helplessness and inadequacy at the bedside of the terminally ill are givens for the simple reason that you get one shot and then it's over.

But what of doctors? Are they better prepared to help with the final transition by dint of repeated exposure? Rieff's memoir is replete with examples of doctors who are callous, cold, defensive; he is grateful to the few who seemed sensitive to his mother's needs and who shared, in their way, in his sense of loss. Pauline Chen's *Final Exam: A Surgeon's Reflections on Mortality* returns us to the deathbed scene, giving us the doctor's point of view. Chen's quest is to make sense of why doctors themselves are so ill-prepared to help both the dying and their survivors. The explanation is not likely to surprise: to be able to work in death's shadow day in and day out requires "creating a new moral paradigm—detached concern, secure uncertainty, and humanistic technology" (45); doctors "learn not only to avoid death but also to define death as the result of errors, imperfect technique, and poor judgment" (95). What is surprising is the toll this takes on the doctors themselves, for, as Chen reveals, the dead and the dying pile up over the course of a career, haunting those who open themselves to the emotional demands of the job.

Chen's argument is that medical schools can and should do a much better job of preparing doctors to care for the dying. This can be as simple as being present as the patient dies, joining the survivors at bedside behind the closed curtain, explaining quietly what is happening. It certainly involves acquiring the "sense of shared humanity . . . that may ultimately be the most powerful antidote to human suffering" (136). And in Chen's case, it has meant turning to writing in "unmitigated, logorrheic, and exhausting bursts" at day's end, leaving a record that, upon rereading, reveals to her what she "had become" as a result of her professional training (202–3). By the book's end, Chen is able to transcend the training that led her to turn away from death, so that she can offer both medical advice and emotional care to a teacher who is being tested for liver cancer. "[A]cknowledging mortality—both Dorinne's and my own—liberated me; it allowed me to be present for my beloved college mentor" (217).

Reading *Final Exam*, I couldn't help but feel that Chen was asking too much of herself and that it is unreasonable for patients to look to surgeons to provide solace and comfort to the dying. Anyone who has come into contact with a brusque physician coldly describing possible outcomes or a doctor who is always late to the bedside of a suffering loved one has longed for the kind of care Chen aspires to provide. But Chen herself offers those unfamiliar with the day-to-day life of a surgeon a greater understanding of why such longings are misplaced.

Here, for example, is Chen's description of a procedure she performed on "Dutch," a favorite patient of hers who had developed esophageal cancer: "The operation had gone exceedingly well. Through an incision in his abdomen and one at the base of his neck, we had removed Dutch's entire esophagus And I, the member of the surgical team with the slimmest limbs, had been the one who, with my entire arm in Dutch's chest, had confirmed that we could pull his stomach up and reconnect his gut once again" (109–10). Earlier in this chapter, Chen describes what it feels like to do this procedure: "Against that small swath of skin [on the underside of the wrist], and squirming of its own accord, you will feel the strong, twisting contractions of the heart. And it will remind you as you look down at the open belly and the warm skin and bloodstained instruments on the table that the person whose body embraces you is very much alive" (103).

It verges on the inhumane to imagine that the individual who can do work of this kind should also be able to wash up and step into the role of grief counselor after the patient is rolled off to an uncertain recovery. Indeed, Chen's real contribution is in having provided her readers with such a full account of how emotionally devastating it is to spend one's days and nights dwelling with the dead and the dying.

Dutch dies, after having been reassured by Chen that there was "maybe a 5% risk of death," from complications related to the operation (109). For those outside the medical profession, it is hard to imagine living with such memories.

Here's another from Chen's past: doing a stint in "organ procurement," she is rapidly deployed around the state whenever an organ becomes available for transplant. It's her eighty-third procurement. A thirty-five-year-old Asian American mother left brain dead by a head-on collision with a drunk driver. As Chen prepares to open the woman's chest to determine the state of her heart, the cover cloth falls away. Chen says, "It was as if I were standing naked after a shower, looking in a mirror" (200). She can smell the woman's burning flesh as the other doctor applies the cauterizing pen. "For a moment I saw a reflection of my own life and I felt as if I were pulling apart my own flesh" (201). What are the emotional and the psychic costs of doing such work? Instead of looking for surgeons to provide bedside solace, a humane healthcare system would find a way to provide support both to those who dwell with the dead and the dying and to the temporary residents who come and go.

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September 11, 2009, was marked by memorial services and remembrances. At Ground Zero, family members came to read aloud the names of the 2,752 victims who died when the towers fell, including the most recent addition to the list: Leon Heyward, who stayed to help disabled employees from the Department of Consumer Affairs to safety. Caught in the contaminated dust that choked the downtown when the towers fell, Heyward developed lymphoma and died in October 2008. His name was to be read by his sister, but she felt too shaky and stayed home, only to hear him remembered as “Lennon” on national television.

Obama laid a wreath at the Pentagon Memorial, where the names of 184 people who died in that attack are inscribed on stainless steel benches. And in Pennsylvania, the National Park Service tolled bells of remembrance for the forty people who died when Flight 93 crashed.

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Julian Barnes’s *Nothing to Be Frightened Of* brings something to the act of meditating on death and mortality not to be found in the two memoirs discussed above: laughter. At sixty, Barnes is contending with his transition from atheism to agnosticism, a conundrum he captures in his opening sentence: “I don’t believe in God, but I miss Him” (3). Barnes’s brother, a philosopher living in France, terms this position, “Soppy” (3). And thus is launched a book-length dialogue between the literary and the philosophical on how best to confront and live with the fact of one’s mortality. In his quest to capture the character of his unsatisfied desire to find some lasting meaning in life, Barnes engages the recollected words of family members long dead; the writings of Montaigne, Flaubert, Stendahl, Jules Renard, Somerset Maugham; and his journals and memories. What lasts? Writing? The blood line? Sacred systems of belief?

“What will it be like when Christianity joins the list of dead religions, and is taught in universities as part of the folklore syllabus; when blasphemy becomes not legal or illegal but simply impossible?” (56). This startling question is prompted by Barnes’s visit to the Birmingham City Art Gallery. Standing before a painting of Christ displaying his wounds, Barnes hears a passing child ask, “Why’s that man holding his chest, Dad?” “Dunno,” was the father’s reply (55).

In less thoughtful hands, this vignette would lead to a digression on barbarism, the State of Education Today, perhaps even the appeal

of nihilism. Barnes, however, transplants himself to another museum, where he is enthralled by a set of Cycladic marble figurines that are between four thousand and five thousand years old. He records his aesthetic reverie, as the images wake up a line of associations that leads back to the present, through Picasso, Modigliani, Brancusi. "But what exactly have you, or rather I—yes, I'd better take the blame for this one—been looking at?" (57). With his refined appreciation for the figurines, he has pulled the objects from whatever context originally produced them, invited by the great gap in time and all who ever revered the pieces. "And what exactly—or even roughly—did they believe, the people who produced such objects? Dunno" (57).

Taking this sidereal view does nothing to alleviate Barnes's desire to get a handle on what his own death will be like. What's the best way for a writer to go? Is it better to know when your time is up? "I may be dead by the time you are reading this sentence. In which case, any complaints about the book will not be answered. On the other hand, we may both be alive now (you by definition so), but you could die before me. Had you thought of that?" (107). What should one be doing when one dies? Where's the best place to be? What final words should be offered up to posterity?

The questions proliferate, evade response, lead back into one another. For those who enjoy Montaigne's essays, the tidal character of Barnes's meditation serves to focus the mind ever more sharply on the very fact the mind most wants to turn from: "that the death rate for the human race is not a jot lower than one hundred per cent" (106). Barnes, like his readers, wants this assaying to lead somewhere in the end, and when, late in the book, it becomes clear that no great breakthrough lies ahead, Barnes imagines another course altogether: "Maybe all this Montaignery, this pit-gazing, this attempt to make death, if not your friend, at least your familiar enemy—to make death boring, even to bore death itself with your attention—maybe this is not the right approach after all. Perhaps we would do better to ignore death while we live, and then go into strict denial as life approaches its end . . ." (178).

But there's no turning back for Barnes. Instead, he must consider the possibility that everything he has thought about death is wrong—perhaps there is eternal paradise, perhaps dying is not as bad as he has envisioned, perhaps it is worse. Barnes asks his readers to imagine a time when all current religions pass from the earth: what's God supposed to do over the intervening six billion years until our sun burns out? "Just working with and on humans for the next six

billion years would be immensely dull: it might make God want to kill Himself out of boredom" (212).

At the end of this Montaignian venture, Barnes cannot offer the insight that relieves his readers of the work of contending with mortality. What he has discovered, though, is a new understanding of what it means for him to be a novelist, as opposed to a philosopher: "a novelist is someone who remembers nothing yet records and manipulates different versions of what he doesn't remember" (237). A novelist, as opposed to a journalist, memoirist, or surgeon, is someone who allows memory and imagination to bleed into one another; someone for whom the past functions as an invitation to fashion stories where "the weightless, wonderful soaring that is the basis for fiction delightfully happens" (238). Where Rieff and Chan are unfailingly earnest, Barnes understands that the truth of the human condition can only be approached by moving across a range of emotional registers, from the comedic to the sorrowful, the ridiculous to the serious.

One last act of imagination: if every writer has, of necessity, a last reader, so too does every grave have a final visitor. And what words does Barnes have for this future visitor? "[A] last visitor is quite different from that last reader whom I told to fuck off. . . . So I shall thank my student in advance for having made the trip, and not ask what he or she really thinks of my books, or book, or anthologized paragraph, or of this sentence" (242).

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The Commonwealth War Graves Commission in Barnes's Great Britain has the impossible task of making certain that the 1.7 million Commonwealth soldiers who died in the two world wars "are not forgotten and that their friends and families have something tangible to remind them, whether it's a headstone in a beautifully maintained cemetery or a name carved on a memorial."² Why impossible? The round number itself already points to the fact that the exact number of dead is unknown, while the number's magnitude rules out the possibility of memory being preserved. There are those who fall unnoticed, those whose passing is never recorded, those whose graves are unmarked, those who never have a first visitor or a last.

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On August 25, 2009, Ted Kennedy died of a malignant brain tumor. He was seventy-seven years old and had served as a U.S. Senator

for more than forty-six years, the third longest term in history. This longevity is surprising for any number of reasons: originally, Kennedy was discouraged from running for office because of the fate of his two brothers; then in 1969, he was involved in the infamous car accident at Chappaquiddick, where he drove his car off a bridge and then fled the scene, leaving his passenger, Mary Jo Kopechne, trapped in the submerged vehicle; and then, in 1991, he was present at a party where his nephew, William Kennedy Smith, was accused of raping a guest. The subsequent case helped to launch *Court TV*.

While Kennedy's actions prevented him from ever being a viable presidential candidate, he went on to become one of the most visible and most powerful senators in history. His last major legislative effort—the Kennedy-Dodd Health Care Bill—emerged from the U.S. Senate Committee on Health, Education, Labor, and Pensions, which Kennedy was chairing when he fell ill. As of this writing, the fate of the bill, which aims to provide universal health care, is unknown. Debate over the bill has been waylaid by the invocation of phantom Death Committees, which would be empowered to decide when it was no longer fiscally prudent to keep elderly patients alive, and by the false charge that the “universal” in universal health care includes extending coverage to undocumented workers.

Kennedy was laid to rest in Arlington Cemetery, which, famously, is running out of space. Because of his previous military service, Kennedy was eligible for urn space; it was his senatorial service that earned him burial rites. Ted was buried one hundred feet from John and Bobby.

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When I was invited to Clemson University a few years ago, I found myself scheduled to speak in the auditorium of the Strom Thurmond Institute of Government and Public Affairs. It is, as you might imagine, a state-of-the-art facility, the kind of meeting place one would hope to find at a major university. My hosts, generous and thoughtful, had asked me to speak about the future of the humanities and had arranged a visit that was rich with open-ended conversations. And with time to kill before my lecture, I was given an impromptu tour of the Institute.

As it happens, Strom Thurmond holds the distinction of being the second-longest serving U.S. Senator of all time, having lasted 47 years, 159 days in office. He's the only senator to celebrate his hundredth birthday while still in office. He holds the record for the

longest filibuster in the history of the U.S. Senate: he spoke nonstop for twenty-four hours and eighteen minutes in opposition to the Civil Rights Act of 1957. This act aimed to establish a bipartisan Commission on Civil Rights to investigate charges of voter intimidation and disenfranchisement. It also sought to create a new division of the Justice Department specifically charged with civil rights enforcement. In his effort to derail the vote, Thurmond read from the Constitution, the Bill of Rights, phone books, his mother's cookbook, anything that was ready to hand. Passing time to stop the passage of time.

Thurmond died on June 26, 2003.

On December 13, 2003, Essie Mae Washington-Williams, aged seventy-eight, announced that she was the illegitimate daughter of Thurmond and Carrie Butler, who had worked as a maid at the Thurmond household in the 1920s. Butler was sixteen when she gave birth; Thurmond was twenty-two. Essie Mae, their biracial daughter, was raised in Pennsylvania by Butler's relatives, whom she grew up believing were her parents until her true parentage was revealed to her at sixteen. Thurmond subsequently paid Essie Mae's way through school and provided her with financial support for more than thirty years after her husband died. Washington-Williams did not reveal her father's secret while he was alive because she did not wish to damage his political career.

When she visits his grave, what does she feel?

—Richard E. Miller
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NOTES

1. Sontag, *Illness as Metaphor*, 3.
2. Remember Me: Echoes from the Lost Generation.

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