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# Deadlines

By MEGHAN O'ROURKE

Death has been a great literary theme for so long you might think there'd be little left to say on the subject, but in recent decades the literature of death has taken an interesting and novel turn. Writers are recording their own deaths as they happen.

In "Endpoint" (2009), John Updike chronicles his last years and his struggles with metastatic lung cancer. In "Mortality" (2012), a collection of his final columns for *Vanity Fair*, Christopher Hitchens documented his brutal experiences with cancer; Roger Ebert did the same in "Life Itself: A Memoir" (2011), as did the Washington Post columnist Marjorie Williams in her shattering essays collected in "The Woman at the Washington Zoo." Earlier examples include Anatole Broyard's "Intoxicated by My Illness" (1992), in which the author, a former editor at *The New York Times Book Review*, muses on dying, having learned he has late-stage prostate cancer; Paul Zweig's memoir "Departures" (1986); and James Merrill's final poetry collection, "A Scattering of Salts" (1995). Today's literature of death consists mainly of a subgenre, the literature of *dying*.

Why are these works being written now? For one thing, there's the usual business about our "reality-based" age, our era of endless self-documentation. But they're also a natural outgrowth of significant social changes in how we experience disease and death. Last summer, in a review of its 200 years, *The New England Journal of Medicine* noted that "disease has changed since 1812," when the magazine's first issue went to press. Pneumonia and gastrointestinal infections — relatively speedy killers — were among the leading causes of death. Today, it's cancer and heart disease (both of which, thanks to advances in medical technology, have come to be slower ways to die). Of course, the Romantic era had one famous kind of slow death: namely, tuberculosis. In fact, our fascination with the glorious young Keats and his poems about facing death tells us a great deal about our own style of dying.

Death may be unchanging, but the human experience of it isn't. If every age has its style of dying, its moral-ethical and literary view of it, from the "tame death" to the "beautiful death," ours is surely the age of the "protracted death" — a slow, medicalized end, portrayed in documentary detail. The author finds himself in the predicament of feeling vividly alive — perhaps more alive than ever — while facing imminent demise. It is a classically ironic state. Because today's sophisticated medical diagnoses and treatments have led to slower deaths, writers have, as never before, the opportunity to leave behind a considered record of their final *détente*.

The defining characteristic of the literature of protracted death is its fascination with the deterioration of the body, especially in the alien context of the hospital. No doubt, in part, because most of our writers are agnostic, if not atheist, the focus is on the difficult, lab-filled, needle-infused *process* of dying. As Hitchens puts it, ours is a time in which a person can "avail himself of a historically unprecedented level of care, while at the same time being exposed to a level of suffering that previous generations might not have been able to afford." Our deathbeds aren't spiritual; they're chart-full.

Hitchens's "Mortality" — an extraordinary book — offers an exquisitely detailed portrait of dying underscored by the author's reluctance to be sentimental and his hatred of self-pity. (Losing one's writerly control is one of the obvious pitfalls here.) One day, Hitchens finds himself covered with a red radiation rash — "To say that the rash hurt would be pointless. The struggle is to convey the way it hurt *on the*

*inside.*” He describes being “recently scheduled for the insertion of a ‘PIC’ line” — a procedure meant to take 10 minutes. Two hours later, he lies “between two bed-pads that were liberally laced with dried or clotting blood.” He quips about the medical paperwork (“curse of Tumortown”) and the “boring switch from chronic constipation to its sudden dramatic opposite,” offering all the details that Nora Ephron wrote about not wanting to burden friends and family with. This is the special humiliation of the slow death — the days spent on what Sidney Hook (as Hitchens reminds us) called a “mattress grave.” Hitchens makes us contemplate the central question of the modern death: Are these slow, medicated processes worth the pain? No, you think, fiercely — but, he acknowledges, he’s glad he bought himself more time.

A recurrent theme in all the work is a fundamental repression of the fact that time is limited. As John Updike asks in earnest, heartbreaking surprise, having glimpsed himself looking remarkably old in a bathroom mirror, “Where was the freckled boy who used to peek / into the front-hall mirror, off to school?” Likewise, Hitchens writes:

“I am badly oppressed by a gnawing sense of waste. I had real plans for my next decade and felt I’d worked hard enough to earn it. Will I really not live to see my children married? To watch the World Trade Center rise again? . . . But I understand this sort of nonthinking for what it is: sentimentality and self-pity.”

Hitchens is correct, of course, to diagnose such plans as a form of nonthinking — we are not Fates holding our own life-strings, much as we may wish to be. And yet such nonthinking is the way we think about death today. We’re taken aback that life has passed so fast, that the end is so out of sync with our plans. Deviations from the ideal life story (“She died in her sleep at 95”) seem to puzzle us. Are contemporary secular Westerners, perhaps, the most deluded mortals on the planet? Certainly we are misguided about death, Hitchens finds, on the most basic levels, recalling that before his cancer was diagnosed, “I rather jauntily told the readers of my memoirs that when faced with extinction I wanted to be fully conscious and awake, in order to ‘do’ death in the active and not the passive sense.” Dying, Hitchens reminds us, is not something most of us get to choose, like our individualized salads, our jobs.

Unlike Keats, writers today are skeptical about romanticizing illness, in no small part thanks to Susan Sontag’s paradigm-changing “Illness as Metaphor” (1978). And so in place of Keats’s exclamatory “Now more than ever seems it rich to die, / To cease upon the midnight with no pain,” we have John Updike’s *cri de coeur* of protracted diminishment. In “A Lightened Life,” Updike writes, “Checks mailed, I stopped for gas, and plumb forgot / how to release the gas-cap door” and asks: “What’s up? What’s left of me?” This isn’t the finest poetry, but it is powerful as documentation. Updike writes poems, one senses, because the control of rhyme and line is somehow soothing; the poems avoid self-pity and mawkishness because rhyme and poetic form restrict them. It’s moving to witness his need to keep making art in the shadow of death. Getting a CAT scan, he writes, “I heard machines and experts murmuring about me” and finds himself thinking “creative thoughts . . . Plans flowered, dreams. / All would be well, I felt, all manner of thing.”

If we don’t romanticize illness, that’s not to say that our “realism” isn’t full of denial. Over and over writers express surprise that their minds really are housed in bodies. After his own cancer diagnosis, Anatole Broyard wrote, in a piece that initially appeared in *The New York Times Magazine* in 1989, that while the diagnosis didn’t make him believe that cancer “was going to kill me” (although of course it did), “what struck me was the startled awareness that one day something, whatever it might be, was going to interrupt my leisurely progress. It sounds trite, yet I can only say that I realized for the first time that I don’t have forever.” In notes appended to “Mortality,” Hitchens observes: “Always prided myself on my reasoning faculty and my stoic materialism. I don’t have a body, I am a body. Yet consciously and regularly acted as if this was not true, or as if an exception would be made in my case.”

The process of diminishment is at once a galvanizing subject for the writer and a terrifying one: Will it silence me before I get to describe it? You cannot describe what can’t ultimately be endured. And as fascinating as these documentary works are, they are necessarily limited. The writers can’t write the final chapter of the work they’re making, because the final chapter is death; in this sense, they remain strangely fictive. The reader fills in the blanks. In fact, the eighth chapter of “Mortality” consists of Hitchens’s jotted

notes — the most affecting possible conclusion, more emphatically conveying the reality of wasting away than any elegantly wrought essay might. This failure is necessary to their power, even if the reader craves, sometimes, the shaped piece, the finished object. As Anatole Broyard wrote, “Stories are antibodies against illness and pain.”

THE literature of AIDS clearly helped pave the way for the new openness about what it’s like to die. The disease’s most deadly era saw a proliferation of illness memoirs written by caretakers (some of whom themselves fell ill while writing), including Paul Monette’s “Borrowed Time” (1988) and Mark Doty’s “Heaven’s Coast” (1996). Because these memoirs were not only literary accounts but profound acts of social witness — humanizing the tragedy and helping wash away its stigma — they opened a space for a kind of writing about death that Americans might previously have considered morbid. (Recall that it wasn’t until the 1970s that doctors regularly began to tell patients with fatal diseases that they were dying; previously, it was considered better to keep the bad news from the terminally ill.)

Among my favorite works of that era are Tim Dlugos’s late poems. They have the jaunty “I did this, I did that” style of Frank O’Hara, inflected with the gravitas of death. Dlugos takes stock, like others, of the physical degradation of the body, “the shiny / hamburger-in-lucite look / of the big lesion on my face; / the smaller ones I daub / with makeup; the loss / of forty pounds in a year.” But he also searched for meaning in his suffering, concluding: “The symptoms float like algae / on the surface of the grace / that buoys me up today.” His work is remarkable, pivoting from bald reportage on a friend’s outcry — “ ‘I hate this, I hate your / being sick and having AIDS / and lying in a hospital / where I can only see you / with a visitor’s pass’ ” — to transcendent hope:

*When*

*Joe O’Hare flew in last week,  
he asked what were the best  
times of my New York years;  
I said “Today,” and meant it.  
I hope that death will lift me  
by the hair like an angel  
in a Hebrew myth, snatch me with  
the strength of sleep’s embrace,  
and gently set me down  
where I’m supposed to be,  
in just the right place.*

But for me the great poem of protracted death is James Merrill’s “Christmas Tree,” which was written in the final weeks of his life. Merrill was dying of AIDS, although this information wasn’t made public until years after his death. The book includes many extraordinary poems about mortality, many of them self-portraits. Particularly moving is the final poem, “An Upward Look,” which describes the world as “this vast facility the living come / dearest to die in” — medicalizing, as it were, all of existence. But, in a sense, the book’s capstone is the poem that didn’t make it in. “Christmas Tree” is a “shape poem,” taking the form of the right half of a Christmas tree, narrowing at the end to a trunk. A dramatic monologue, it’s spoken by the tree a family has brought down “from the cold sighing mountain” to decorate the family home. The tree knows it must soon die. But nonetheless it speaks of being feted, finding that, “honestly, / It did help to be wound in jewels, to send / Their colors flashing forth from vents in the deep / Fragrant sable that cloaked me head to foot.”

The poem is remarkable, I think, for its combination of rich descriptive language and stark reflection on the slow fade of the body; for its ability to convey both the painful vividness of life and the sorrowful muting of physical diminishment. Unlike Keats’s speaker in “Ode to a Nightingale,” musing on the immortal sublimity of the nightingale and the painless release of death, Merrill’s Christmas tree must reflect on its disembodiment:

*Yes, yes, what lay ahead  
Was clear: the stripping, the cold street, my  
chemicals  
Plowed back into Earth for lives to come —  
No doubt a blessing, a harvest, but one that doesn't  
bear,  
Now or ever, dwelling upon. To have grown so thin.  
Needles and bone. The little boy's hands meeting  
About my spine.*

The shape of the poem powerfully intensifies the realization of death, and enacts it (much as Hitchens's scattered notes enact his death). At the end, the poem shifts to short lines and sentence fragments:

*No dread. No bitterness. The end beginning. Today's  
Dusk room aglow  
For the last time  
With candlelight.  
Faces love lit,  
Gifts underfoot.  
Still to be so poised, so  
Receptive. Still to recall, to praise.*

All of this raises the question: Why do we read memoirs of death? It is fairly clear why writers might write them. As Updike notes, in the CAT scan he fantasizes about future projects, which makes him feel that “all would be well.” The writer writes, clearly, in order to gain some semblance of control; to understand what is taking place; to leave some immortal part of herself behind in art; and to memorialize herself in a final self-portrait. Sontag said that writing “Illness as Metaphor” was “very cathartic. . . . It turned cancer into an intellectual adventure and made a disaster into something positive.” Hitchens, like Sontag, also wrote to correct false impressions, cultural delusions, false metaphors and truisms about “battling cancer” and “whatever doesn't kill you makes you stronger.”

But the reason we read, I think, is connected to what Helen Vendler calls “the strange binocular style” of late works. The writer is “still alive but aware of the imminence of death” and “wishes to enact that deeply shadowed but still vividly alert moment.” That alertness, that double reality, calls us to our senses, reminds us that even if we are not believers we may wish to approach the apportioning of our days with more profound awareness. Merrill's poem finds a way to weave the intensity of life and its imminent end into one moving, salvific — if un sentimental — thread. It's a reminder that one reason we turn to art is not for the illusion of false finish but for contact with our deepest evaded realities. For some of us, fear of death is ameliorated by faith in a world beyond ours; for others, the only compensatory religion is art.

The fact is we experience a cognitive dissonance reading these books, accurate though their characterizations of dying may be. In many places, what death might mean is obscured by all the procedural attentions, the focus on the “benign big blond machine” and “CAT-scan needle biopsy” (Updike). But that cognitive dissonance is, for readers, useful, as it forces us to recognize our own strategies of denial and repression, whether we are agnostics or believers. In his last poems, Updike himself turns, conventionally, to nature and to religion for comfort, finding in the Virginia creeper outside his window the lesson he hasn't internalized yet, noting that the “feeblest tug” brings it down, “as if to say, *To live is good / but not to live . . . still stretching toward the sun — is good also, all photosynthesis abandoned.*”

Reading today's secular literature of death one ultimately realizes that the medical language is a scrim: on the one hand, it's purely descriptive, a way of “recording” the strange time of the hospital. But on the other hand, its foreignness is connotative. It subconsciously serves to express the author's fundamental alienation from the fact that this is happening to his body, his wishful hope that this remain unreal even as he

experiences it as total, an immersion in what Hitchens describes as living in “another country.” The dissonance here is that dying is not really like entering “another country.” As Sontag observed accurately, it is our country from birth: “Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick.” But in a world that lacks an ethics of death, as ours does, we live estranged from this deeper knowledge. Perhaps because we must.

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