

# **Hemingway's Patients: Facing Illness Through Their Eyes**

Honors Thesis Project  
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## **Preface**

This thesis began primarily out of curiosity and a desire to learn more about two specific subjects: Ernest Hemingway and the Medical Humanities. My interest in both were sparked at various times in my college experience, so when I discovered the opportunity to research them and create a paper based off of what I learned for credit towards completing my Honors diploma, I jumped at the chance.

The research phase of the project was never a chore and I found myself engrossed in a broad range of topics—many that would become influential in the paper I was to write, and others that were merely fascinating and engaging, or perhaps will be used another time. I devoured research and criticism on topics like bioethics, illness, aging, death, suicide, euthanasia, and the many facets of the discipline of literature and medicine. I learned a great deal and exposed myself to many things that are often overlooked until they are upon us. I am extremely grateful to have had the opportunity for this kind of research: my life and my understanding of the world are vastly different as a result.

Research is wonderful in and of itself, but it is even better when it becomes something. That, of course, was my goal as I began pondering how to combine my new knowledge with my new exposure to Hemingway. I thought long and hard about how these two seemingly disparate topics might come together meaningfully. Ultimately, I decided to do a reading of Hemingway's characters as if their stories were illness narratives. How do they handle their conditions? What do they do to become holistically well? What kind of ethic does Hemingway create about human

struggle that can inform real world patients? How are their stories complete or incomplete narratives of healing? This paper delineates these topics to some extent.

Since I became preoccupied with Hemingway's characters as patients and specifically as subjects for consideration through a medical humanities lens, this project largely excludes consideration of them and their struggles from other perspectives of on-going scholarship in the academic community. While this gap may seem significant, it was neither the goal of my research nor the perspective of my considerations of Hemingway.

I'd like to take a moment to thank the English Department and University Honors for providing academic environments that now only allow, but encourage students to pursue their education in disciplines and depths that may not be included in their regular course of study, not to mention having a faculty with a broad range of expertise and a desire to push students a little further on the path of learning. Additionally, I am indebted to my faculty advisor, Peter Graham, and the two other members of my committee, Mark Armstrong and Thomas Gardner, for their willingness to read my paper and contribute to my ongoing journey as a student. My experience has been an entirely positive one, and for that I am very grateful.

## Introduction

Ernest Hemingway as a writer of the broken human condition has been extensively studied in the decades that connect his career to the present. The internal journeys through extreme difficulty that seem to define adulthood for him are especially well-developed topics of criticism and research. Recovery in its many forms, both complete and incomplete, is at the core of the human experience for Hemingway. “The world breaks every one,” he says in *A Farewell to Arms*, “and afterward many are strong at the broken places” (Hemingway 249). Hemingway’s cast of characters represents those who both fail to become “strong at the broken places” as well as those who succeed. Staying true to a metaphorical understanding of Hemingway’s bone-healing maxim above, the majority of the critical work applied to Hemingway has largely ignored the physical ailments and wounds he addresses; so often they are overshadowed by the brokenness reflected in larger themes like war, society, and emotions.

This inattention to the physical leaves a hole in our understanding of Hemingway as an author with ideas and narratives that are applicable to his readership. Certainly everyone has experienced emotional wounding—a realistic and complete transition from childhood to adulthood would hardly be possible without it—but what about those facing illness, disability, physical deterioration, and aging? Thus far, few pieces of critical thought about Hemingway’s work have given more than a passing nod to the patient-reader as someone with a unique and valuable perspective. If Hemingway’s characters are read with attention to the physical challenges they face (even if that challenge is accepting one’s imminent

death), as narratives of illness, then we may be able to connect patients with Hemingway in a new and exciting way. What is of primary interest here is studying how the process of fully experiencing one's wounding can corroborate with the internal emotional journey of experiencing that pain—the desired end result is a character (or patient) who experiences holistic healing. Since the world does not usually allow cut and dry stories with neat little endings like “holistic healing,” it will also be of value to explore instances where healing is impossible or incomplete and how a human, both body and spirit, can cope with the messiness of the world they find themselves in. However, regardless of illness's prescribed potential endings—death, partial recovery, or recovery—it is crucial not to lose sight of “our fundamental obligation as scholars: to construct and convey knowledge that makes life sweeter—the classical definition of wisdom” (Stoller 472).

In order to address this problem, I will consider in detail three of Hemingway's characters and the subsequent ethic that he creates about human struggle at both the physical and the internal level. I will perform a close reading of Jake Barnes's impotence in *The Sun Also Rises*, Robert Jordan's impending death in *For Whom the Bell Tolls*, and Santiago's struggle to remain relevant despite his declining body in *The Old Man and The Sea* with their similarities to illness narratives in mind. By considering them in this way, I will ascertain what we can learn from their success or failure to create a meaningful narrative from their difficulty. Finally I will speculate about how this ethic can be applied to the lives of real patients, considering the internal “steps” or “movements” that may lead to

meaningful coping, the hindrances to success that patients may face, and the ultimate meaning of one's success or failure through their illness experience.

A key to understanding the significance of Hemingway's characters and linking their stories to non-literary patients is to understand the effects of illness on the way we experience our lives. The most prominent characteristic of the patient's life is the detachment they feel from their life before their illness or wound initially occurred. This displays itself in the arenas of self and society, and I will expand upon this shortly. Detachment directly affects the obvious struggle the patient must face through the physical pain and mental suffering that their condition produces. While pain and suffering may seem quite similar, their current interpretation by the medical field presents an interesting dichotomy that is useful when considering how physical and emotional healing relate in the context of a physical condition. A final factor to consider in the patient experience is resolution. What should a patient hope for? What kind of meaning might the illness experience provide? And how does this reflect on a broader understanding of life's purpose?

Detachment as experienced by medical patients is wide-reaching to say the least. It operates in a way that forms an interesting dilemma for patients: their condition actively disconnects them from many aspects of their previous life while their awareness of their condition often inspires a kind of self-imposed quarantine—all the while, that social impulse buried deep within humanity seeks connection and community. Patricia Stanley observes that “a focus on isolation in illness narratives reveals several kinds of isolation—isolation from the healthy, isolation from loved ones, isolation from the body, and isolation from the self” (346).

All four kinds of isolation increase the potency of a patient's detachment, but they can be loosely grouped into separation from self and from society. Kathlyn Conway, a breast cancer patient, describes the disorienting experience of diagnosis acutely from personal experience: "Hearing the diagnosis of cancer meant entering a closed circle inside of which I was separated from my ordinary life, my ordinary self, from the very people I loved. . . I felt like a creature from a different species. . . . I looked the same, . . . but my spirit had been taken away" ( 255-256). Conway's sensation of feeling like "a creature from a different species" is not unusual. The body in illness becomes a stranger to its tenant. Drew Leder, in examining Philoctetes' multifaceted exile through illness, observes "the paradox of illness; we are brought home to a heightened awareness of the body, but it is a body in which we are no longer at home" (4). While in health we naturally take for granted our physical abilities and faculties, "in illness the body surfaces as strangely other. It asserts an autonomous life, refusing to obey our commands" (3). To be forced to identify with the world through an entity that is no longer under our control leaves patients largely without grounding in the illness experience. Additionally, Jane Marston detects "the ambiguous role played by the body in the patient's response to illness" while studying images of death created by the terminally ill (110). Ambiguity contributes to that lack of grounding and reveals that there is perhaps no one path to overcoming physical detachment from self. This new understanding of the body's role is alarming and patients must find a way to cope with this novel relationship, all while facing the other aspects of their life that illness has made foreign.

As if this complete paradigm shift in physical existence wasn't difficult enough, detachment from society serves to further separate patients from their former identities and senses of what is "normal." "The very presence of the ill person threatens to infect the world, reminding the healthy of all we would most like to forget," observes Leder when considering how Philoctetes' fellow soldiers abandon him (6). Of course observing the ill is unpleasant, and while few people would openly declare that they prefer to socially ostracize sick people, modern society has found ways to effectively quarantine them. "Hospitals, nursing homes, mental institutions can all serve such a function. Nor must quarantine take a physical form. It is there in the cheery smile we put on with a dying friend, the impersonal professionalism of her attending physician." Stanley went a step further, stating that such institutions "reinforce the sense of stigma" (347). So not only have we created physical dividers between the healthy and the ill (even if for safety's sake), but we have branded them as well—branding, it seems, rooted in the need to create a patient submitted. Stanley continues, "Institutions find it easier to manage patients who think of themselves as isolated and are thus passive... When people are stigmatized, they hide themselves" (348). True to its multifarious attack on the patient's physical identity, illness creates yet another dimension of separation from the patient's social identity, and this one originates from within the patient. "The ill person sometimes compounds this isolation through a self-imposed exile. When sick, we may purposefully shun the company of the healthy. Their vibrant energy seems almost repugnant" (Leder 4). Shame seems to be pressing on the patient from both internal and external directions. This feeling of distinct "otherness," both in

physical identity and location, creates extreme difficulty for patients as they relearn to navigate their changing world. It is difficult to pin down a methodology for doing so, and for that reason it is often done poorly. "Sick people can interiorize the sense that they ruin the otherwise 'normal' landscape" (Stanley 347). Besides the difficulty in finding one's role in a "normal" social scenario, sick people often struggle to relate to fellow patients. Conway found that even sharing the common experience of breast cancer with many women she knew "did not spare [her] the abject loneliness of cancer, for which, it seems, there's little comfort in community" (4). So the patient, even when in touch with the healthy or the sick, exists alone in many ways. This isolation contributes to their overall suffering alongside the physical pain they must cope with.

Pain and suffering in an illness scenario operate in obvious tandem. Suffering is increased by increasing pain, and that augmented suffering can make us more aware of the pain we face as patients. Arthur W. Frank, in part quoting Emmanuel Levinas, writes of the positive feedback loop created between pain and suffering: "Because pain 'isolates itself in consciousness, or absorbs the rest of consciousness,' suffering is, literally a dead end: 'useless, "for nothing" ...this basic senselessness'" (176). Part of recovery then, is to find a way out of this self-enclosing experience. Julia Connelly notes during a literary examination of illness, "suffering is often far greater than physical pain" (155). Samuel A. Banks subsequently reinforces Connelly's observation in an issue of *Literature and Medicine* published two years later, demonstrating "what many clinically experienced philosophers and theologians have said about the distinction between physical agony (pain) and

mental agony (suffering). Suffering is the worse torture. If suffering can be reduced, pain can be endured” (167). Certainly it is no instant or magical cure, but it seems that a “way out” is the reduction of suffering. The realization of that solution may take many forms. It will be of little use to speculate about them here; Hemingway will provide ample examples of both flawed and sound methods.

I will not delineate long on resolution as an aspect of illness and illness narratives; it will be considered at some length as an important part of Hemingway’s stories. However, it is necessary to mention a few things that will influence the way I approach the matter. Firstly, Marston poses a poignant question about the patient’s dilemma, especially when facing the possibility of death. She posits that the patient (especially the terminal patient) must face the question “What is it like not to be” (111)? The question is irrational in a literal sense, but for the terminally ill, it forces a change in perspective. It makes patients to think about what the world will be like without them and how they may influence it before they leave. Questions of legacy are important in such times. The question, when adjusted and applied to non-terminal cases, frames the new paradigms of identity that patients must face in an interesting manner. Jake Barnes, though not terminal, is certainly wrestling with questions like “What is it like not to be *a man in the way I was?*” Santiago is faced with the dilemma of aging—“What is it like not to be *what I have always been?*” These questions seem obvious and almost don’t need posing, but the way they combine a past state of being with the present’s reality forces the patient to consider their entire identity, rather than just their illness or wound. This is an important

aspect of reaching a satisfactory and complete resolution out of the illness experience; the patient is, after all, not just a medical case study.

A final consideration is the notion of hope. What role should it play in the patient experience? *Narrative Inquiry in Bioethics* published a study led by Emily Beckman called “The Content of Hope in Ambulatory Patients with Colon Cancer.” The study, which comprised in-depth interviews with stage III (curable) and stage IV (incurable) colon cancer patients, found four major themes relating to hope: 1. hope is essential, 2. hope often spurs a change in the patient’s perspective, 3. the content of hope nearly always involves a desire to return to a “normal” life, and 4. the desire to communicate about hope or not did not ubiquitously define cancer patients (Beckman, Helft, and Torke 153). Importantly, little difference separated the responses of the stage III and stage IV patients:

Most participants perceived hope as part of the mind-set that allows coping with the challenges of cancer, including suffering and the possibility of death. The view that hope is essential was expressed by patients who hoped for a cure as well as those who did not (157).

While this observation brings into question a fundamental understanding of the meaning of hope, it is more important to consider this courageous and heart-wrenching quality that it seems being a patient necessitates—hope is *essential*. “Without hope, if you can’t really believe you can be cured, you probably can’t be... so you gotta keep hoping. Hope is choosing to live,” remarks one patient in the

study. With regard to an examination of Hemingway's narratives, it will be enough to merely consider whether or not each character possessed a mindset of hope; in these cases it seems to be a defining factor between successful narratives and failed ones.

The three novels under consideration each engage a different kind of illness narrative. In *The Sun Also Rises*, Jake Barnes confronts a permanent, though non-mortal disfigurement akin to a chronic condition. It is an ever-present burden in his life: hidden from view, though not private to his friends. It detrimentally affects his life both socially and physically. His suffering is great. By the time the novel ends, he has not reached a satisfactory place of coping internally and his illness narrative is either incomplete or failed entirely. Robert Jordan's experience in *For Whom The Bell Tolls* offers a narrative very much like terminal illness, despite the fact that his literal wound is forthcoming for much of the novel. Trapped in his duties to an impossible mission, Robert spends much of the novel coping with the inevitability of his death—and what it means to live in the meantime. Of primary interest here is the internal developments that he undergoes as the timer on his life counts quickly down. The dilemmas he must resolve closely match those faced by terminal patients. Although the physical aspects of his demise are reserved for the novel's end, Robert's methods of coping are an impressive testament to how a compromised life can be imbued with pleasure and meaning, and how death can be a resounding and significant conclusion to that success. Finally, in *The Old Man and the Sea*, Santiago confronts the expected conundrums of old age and physical regression. He faces an epic task rife with struggle that it seems his old age would prevent him from

overcoming—and his fight to evade becoming obsolete while embracing his changing identity reflect the difficulty of that task. His story is compounded with aspects of isolation and detachment on physical, social, and mental levels; examining how he asserts himself through these and finds re-assimilation into his previous identity will be of value. His journey is ultimately a successful one even though his fishing endeavors are spoiled by external factors he couldn't overcome. This too may find a meaningful place in our understanding of the aging process.

### ***The Sun Also Rises* and the Chronic Patient**

In *The Sun Also Rises*, Jake suffers a medical condition of catastrophic proportions for a young man, and the misery that results from his genital wounding is well documented in the novel. Talking about pain, suffering, and being a patient is never easy, but it seems especially difficult when it involves a subject that equates to conversational taboo. In the expected Hemingway fashion, discussion of Jake's injury is decidedly understated, but in this case, it feels even more subdued as talking about it must be reduced to hints, euphemisms, and vague exclamations. Jake's own thoughts seem to simply and perfectly sum up the general helpless feeling that surrounds the injury. "Of all the ways to be wounded," he thinks (Hemingway, *The Sun Also Rises* 38). For him, there is little to say about it, but the frustration and agony he experiences provide a strong framework for us to consider his experience like that of the patient of a chronic condition. The journey the novel takes us through in Jake's mind and body is unsatisfactory as far as healing goes, but perhaps we can learn from that too.

When comparing a war-wound to a chronic medical condition, physical aspects are important, but only as they relate to the person within. Significant to the chronic patient is the relentlessness of their ill; while there are perhaps moments of relief, ultimately there is no true escape from the reality of their condition. This omnipresence must in turn affect social interactions; indeed, Jake finds romance to be candidly impossible, his friends treat him differently, and he has no one in his life to whom he can relate his struggle. All of this means in order for him to successfully cope, he must find a way to become a happy, self-possessed person in the midst of suffering, not after it: his condition will follow him to the grave without expediting the process.

The relentlessness of Jake's wound and his misery are no stranger to the sufferer; indeed, he is the first to acknowledge how your suffering follows you. While speaking to his sometimes friend, sometimes rival Robert Cohn about resolving the unhappiness Cohn is experiencing in Paris during the novel's first few pages, Jake says, "Listen, Robert, going to another country doesn't make any difference. I've tried all that. You can't get away from yourself by moving from one place to another. There's nothing to that" (19). So, at least as a first step towards healing, Jake knows that escape is not the answer to internal suffering as truly as it *cannot* be an answer to physical suffering. How convenient that would be for him though, if true. Life in Paris is constantly reminding him of his handicap. A little later, Jake has a drink with a girl at a restaurant (presumably a harlot at this point, only later confirmed). They get a taxi to a restaurant for dinner, Jake remarking in the narration, "I had picked her up with the vague sentimental idea that it would be

nice to eat with someone” (24). The taxi ride, however, took a more erotic turn than merely providing company for a meal. She snuggles up to him, he puts his arm around her, and then “she looked up to be kissed” (23). He turns away. “What’s the matter? You sick?” she asks. “Yes,” he replies. While Jake should have known better than to put himself in this situation (unless, of course, this was intentional self-torture), it can’t be denied that urbane life supplies him with many reminders of his condition and teasing himself with these unfulfilling encounters only increases his awareness of his isolation.

His quasi-romance with Brett is another steady reminder of his compromised state—and it serves as a perfect example of how the patient must function differently in social scenarios. Romance, especially in the last century or two, operates as a cornerstone theme in culture, ubiquitously important in art and society alike. To a Hemingway man, navigating that realm with good form, composure, and an element of stoicism would be a natural move. That Jake would desire a rich romantic life is no surprise. Even though it seems doomed from the word “go,” to be successful in that arena would be a way of “beating” his condition. Additionally, a quality he identifies about Brett’s attraction to him serves well as a self-diagnosis, whether Jake will admit it or not: “I suppose she only wanted what she shouldn’t have,” he says of when they first met. “Well, people were that way” (39). In this way he criticizes his own feelings without exactly having to say it. And to say it exactly would destroy the illusion and ruin the game that Brett and Jake play throughout the novel.

The idea that they could have a successful romance is a farce, as evinced by Brett's impending marriage to another man, and they both know it. However, the feelings they experience are very real—this leads to a constant tension between the fantasy of what could have been and the knowledge of the reality dictated by Jake's condition. During a taxi ride, in one breath Brett goes from kissing Jake to "pressed against the corner of the seat, as far away as she could get," saying, "Don't touch me" (33). Then, in just a couple of lines of dialogue, she's sitting up and declaring, "Love you? I simply turn all to jelly when you touch me" (34). Undulations like these, both in actions and words, define their relationship throughout the novel, but, inevitably, reality wins out and they end up apart, whether physically or emotionally. Their final interaction in Book I plays out almost with the histrionics of a stage production—the two acting in unison with the same back-and-forth motion Brett employed in the taxi. Jake escorts Brett to her hotel where she asks him not to come up. She rings the bell to be let in, but Jake notes the door is already unlatched; she's stalling for time. "'Good night, darling. I won't see you again.' We kissed standing in the door. She pushed me away. We kissed again. 'Oh, don't!' Brett said" (71). Then they part. Once again, illness finds him alone and detached from a life that could have been. Jake's potential for a complete romantic experience is broken—it obviously affects his interactions with Brett, but it leads to awkwardness with others as well. Later on, while Brett and Jake are entertaining a socialite referred to mostly as "the count," they encounter just such a scenario. "Why don't you get married, you two?" asks the count. "We want to lead our own lives," Jake replies. "We have our careers," follows Brett quickly. "Come on. Let's get out of this" (68).

The two must resort to lies to smooth over a taboo topic. Jake wouldn't be honest about the real reason they aren't together, especially in a social situation—he *couldn't* be honest. As a patient, he is forced to lie, and the discomfort felt in the whole exchange is almost palpable, even if the count is ignorant of what's happening. Brett immediately tries to close out the meeting escape from the situation. The extent of Jake's social struggles goes beyond romance; in fact, he must navigate atypical situations with both strangers and friends; not unlike any other chronic patient.

It seems that there are few people in Jake's life who aren't aware of his condition, and this fact means that nearly all of his social interactions are colored by the lens of his disability. Jake, true to Hemingway's archetype, is on the whole rather cool externally. We see his inner turmoil as readers, but he does a good job of hiding it from his friends. On one particular occasion, in an interaction with Cohn, Jake fails to be imperturbable. Regarding a telegram sent to him by Brett, Jake is brazenly withholding, much to the irritation of Cohn, to whom Brett was a love interest as well. Jake reflects, "Why I felt that impulse to devil him I do not know. Of course I do know. I was blind, unforgivingly jealous of what had happened to him...I certainly did hate him" (105). The tension between them revolves around Brett, but is predicated on Jake's condition; if he was not wounded, he would likely be with Brett and Cohn wouldn't be a player in this particular drama. In "The Whole Story," Connelly noted that "depression may be associated with feelings of helplessness; anger, frustration, and irritability may adversely affect personal relationships; the awareness that one is no longer in control may lead to panic and impair necessary

decisions” (156). Without necessarily diagnosing Jake with depression (although it probably wouldn’t be far off), we can note with certainty that he is in a panic of sorts resulting from his perceived helplessness—a normally easy-going fellow grasping for some kind of agency or upper hand in a situation that is clearly quite hopeless. While Jake resorts to slighting Cohn, a rival, he is seen turning to dark humor when coping with his wounding among friends—perhaps an equally unhealthy practice.

One such instance occurs on a fishing trip with his friend Bill, a sort of loveable ass who gets into something of a groove when joking with Jake one morning that leads to Bill having to tip-toe on eggshells a bit. It begins rather subtly; Bill, referring to getting out of bed, says, “Get up? I never get up” (Hemingway, *The Sun Also Rises* 118). Call it a Freudian slip, but the double entendre would not have been lost on Jake—what Bill could make a joke of was no joke to him. Bill’s course stays. For a couple pages he goes on about Jake needing to show “irony and pity.” Ironic and pathetic are two words that sum up Jake’s current situation with stinging aptitude, and it can’t feel good having Bill dig them in. He sings a song about irony and pity to the tune of “The Bells are Ringing for Me and my Gal,” adding yet another layer of irony to Jake’s circumstances (118-119), and he encourages Jake to “be ironical” with the waitress serving them breakfast. Eventually Bill goes on to joke about Jake being a classic expatriate newspaper man, but without the irony and pity. He says, “You don’t work. One group claims women support you. Another group claims you’re impotent” (120). Jake keeps a cool head and replies, “No, I just had an accident.” Although he’s witty (though a bit dark, too), Jake doesn’t completely smooth over Bill’s *faux pas*. “He had been going on splendidly, but he stopped. I was

afraid he thought he had hurt me with that crack about being impotent. I wanted to start him again.” Jake’s desire to return to the status quo of the situation, even if it is at his expense, seems to be a self-defense mechanism. His disability has caused a speed bump in the normal flow of their companionship, and resolving that is more important than keeping that flow healthy; certainly one friend cracking on another friend’s struggles and hitting rather too close to home is not an idyllic relationship. The moment, for Bill at least, has been spoiled. He goes on to do some groveling about how good a guy Jake is, but the conversation digresses and deteriorates until they decide to just go fishing (121). The awareness of Jake’s “otherness” follows him around faithfully throughout the novel, and it leads to a rather hollow sense of friendship and self-worth.

He does a bit of wandering alone towards the end of the novel, eventually arriving in France. He remarks of an exchange with a waiter where Jake sends back a drink he does not like:

“The waiter seemed a little offended about the flowers of the Pyrenees, so I overtipped him. That made him happy...It felt comfortable to be in a country where it is so simple to make people happy...If you want people to like you you have only to spend a little money. I spent a little money and the waiter like me. He appreciated my valuable qualities... It [is] a sincere liking because it [has] a sound basis.” (237).

To say that his valuable qualities are appreciated subtly calls attention to what really might be on Jake's mind—the waiter can't see Jake's qualities that are self-perceived as valueless. These observations are made after a long stint in Spain with a group we might consider Jake's closest friends (though they are a sad bunch for such a title). He ultimately concludes that affection and personal worth are most soundly based on a utilitarian (or worse yet, purely economic) exchange rather than a symbiotic emotional one—a rather depressing notion. Certainly this is not a healthy idea, and it definitely doesn't contribute as a part of a complete and happy life, but it is what Jake's experience as a repressed patient has left him with.

The end of the novel, however, is not the end of Jake's life. To consider him as a patient, we must consider his unwritten future, however uncertain it may be, as best we can based on the state in which the novel leaves him. How will he cope with his condition for his remaining years? One thing it will be useful to consider is meaning in Jake's life. What does he consider meaningful? Does he pursue these things? It is clear that Jake's life throughout the novel is unsatisfactory—but has he made any movements towards finding what will suffice? In his book *Being Mortal*, Dr. Atul Gawande found that patients of both terminal disease and merely aging bodies who constructed personal narratives that they themselves were happy with were the patients who adjusted to the changing status quo of their lives. What could they, based on the new terms of their existence, find meaning and enjoyment in? Their contemporary stories took a range of directions. Jake's story includes pleasure-seeking of various kinds: he turns to fishing, bull fights, and especially drinking as distractions and coping mechanisms. They cannot, however, cover up

the dissonance evident in his unfulfilling emotional life, and for this reason it is safe to suppose that for him, merely doing *something* is not enough. Jake's life needs more; he hasn't taken any real steps towards happiness.

If we attempt to place Jake in psychologist Abraham Maslow's "A Theory of Human Motivation," we can say that he has only achieved the two base levels, if human needs according to Maslow are depicted on a pyramid. He has his basic needs met—food, water, and air—and he has the safety of law, order, and stability. Generally speaking, Jake has the physical and financial freedom to pursue his life as he wishes. What Jake is missing are the "higher" needs of humanity. We can say that he is stuck reaching for level three, where we find the need for love and belonging. So far, he has not been able to rectify his condition with a normative social experience as he understands it. This is a massive part of the novel's main conflict. If we consider the next levels above, the desire for new knowledge or skills, and the pursuit of morality and creativity for their own sake, we would be hard pressed to find any part of Jake's life that correlates with the pursuit of these ideals. He cannot even address them in his current state. Jake's future, it seems, will be less journey and more of a static state if he cannot find a way to live his life *beyond* the constraints of his condition. So far, every attempt at coping he has made has failed.

Beyond the recreational distractions Jake pursues, which are probably things that any well-to-do expatriate of the time might seek as a diversion, he engages in a few movements that are directly counter-productive to the end of living a satisfactory life. The most obvious of these is his attempt to live out his sexual life with Brett vicariously through a bullfighter while they are in Spain. Another way to

see it would be as a selfless attempt to make Brett happy—either way or both, it leaves Jake rather disenfranchised. “Oh, darling, please stay by me,” says Brett after she reasons out why she “needs” to sleep with the bullfighter. “Please stay by me and see me through this” (189). What must this have been like for Jake? To not only have his affection ignored, but also to be employed in helping Brett seduce another man must have been emotionally devastating. In an almost immediate act of catharsis, Jake leaves Brett and the bullfighter and gets in a fight with Robert Cohn, his previous rival, defending Brett and her new lover. It is clear then that this sort of vicarious approach to resolving personal tension is risky if not wholly misguided. Yet besides pursuing distractions almost constantly, trying to make Brett happy is one of Jake’s few “coping” mechanisms.

One thing clearly evident throughout *The Sun Also Rises* is that hope has little place in Jake’s life, while it is something that can be elicited from the companion texts soon to be examined. Again, without diagnosing depression, we can at least say that Jake is almost completely withdrawn from his life. Textual dialogue includes no discussions of what the future holds besides Brett saying, on a few different occasions, “Oh, Jake, we could have had such a damned good time together.” “Yes,” Jake replies, “Isn’t it pretty to think so” (251)? And that is how the novel ends, with a hollow acknowledgement of what will never be. There is a little bit of talk before that around defining the logistical aspects of plans in the near future when they’re headed to Spain or off fishing, but as far as hopes and dreams go, Jake has none. As previously noted, hope for the future, a better life, and even a cure are essential to life as a patient, even when the situation is hopeless.

Now, an interesting tension exists here in exploring that hope in the face of hopelessness alongside Jake's pursuit of distractions, and it is framed in a phrase Hemingway uses when critiquing bullfighters' styles against each other. Most create the illusion of danger, and a few—the truly brilliant ones—“never made any contortions, always it was straight and pure and natural in line” (171). Hemingway remarks in the following lines, “Afterward, all that was faked turned bad and gave an unpleasant feeling.” This is a veritable principle of life to Hemingway; he is obsessed with maintaining good form and a real, true type of expression in the face of danger. It is clear that faking pleasure, friendship, and himself regarding his own emotions in the face of his illness has turned bad and given an unpleasant feeling to Jake by the novel's close; clearly this is not the “way out.” But would hoping beyond hope produce a similar kind of dissatisfaction? This question needs to be seriously considered in the case of incurable patients. Additionally, it's important to ask what kind of hope is appropriate and productive? Would it be futile and self-destructive to relentlessly hope for a cure with the assurance of being let down, or is it best to simply hope that one might have the best life possible in each present moment?

This is an exceedingly difficult question to answer. Indeed, in Jake's case no satisfactory resolution is reached. If anything, we can derive a few ways that one can be *unsuccessful* as a chronic patient. It is clear that creating the “new normal” necessary for satisfaction still requires a resolution of the tension that causes detachment, not merely distractions. Additionally, that resolution cannot be found vicariously. Life is one's own to live, whether detracted from by illness or not, and in that we may find a focal point moving forward.

### ***For Whom the Bell Tolls and the Terminal Patient***

In *For Whom the Bell Tolls*, Hemingway confronts an entirely different brush with the patient experience. It is one that appears less like an illness narrative since no one is sick, but functions in incredible synchronization with a journey through terminal illness. The internal conversations that Robert Jordan engages in are extremely insightful when considered alongside the challenges facing the terminally ill and they ultimately provide an example of a successful and complete transition through illness. His situation is complicated by the love story that develops between him and Maria throughout the book—adding another relevant dimension to the process of saying goodbye. Even as he faces his death, Robert Jordan operates with grace and authority; he never loses sight of his purpose, even as it evolves; and he creates something meaningful out of his life and his death. His tenacity and firmness as a character can provide some valuable, if difficult, understanding of the terminal illness experience.

It will be important that I make a strong case for Jordan to be considered as a terminal patient. Certainly a patient with a terminal condition has every right to think that the comparison is stretched a little thin. How could someone without a disease relate to the suffering of the disease? Jordan does not face physical pain until the novel's final chapter. The detachment patients feel from their own bodies is only evident in that Jordan is aware of his impending death throughout the novel. That difference is significant. I do not approach these distinctions lightly. Truthfully, Hemingway's character is not exactly like a terminal patient. But insofar as the *internal* workings of this kind of patient experience go, the resolution of which is

this investigation's focus, Jordan is quite similar. Additionally, his suffering is great. Since suffering functions independently from pain in many respects, Jordan deserves some credit here as well. The travail of facing one's life as an existence that will soon be utterly separate from friends, loved ones, and a future is indeed a difficult task, and Robert Jordan's aplomb in such dire straits is admirable and worthy of study. In regarding his journey, a few literal similarities between terminal illness and his experience can be drawn: there is a loosely set time at which he will very likely expire, yet there is hope still, however meager. He is subject to the cold unfairness of fate as much as any other, and he struggles with it. Moreover, despite the strong relationships he forms during the novel, facing his fate is a problem that he must address on his own. While friends provide some little support, at the end of any of our lives, we are the ones that must do the dying, and that is very difficult. Finally, he has the time to consider legacy and meaning created by his death; that's something not afforded to those who die suddenly, and it's something that terminal patients must consider.

One of the most terrible things about terminal illness is how death is impending to the patient. Things are no different here for Robert Jordan. Indeed, just as a doctor may conclude that a patient has six months to live, the date set for Jordan's demise happens early in the novel. As he begins to realize the full hopelessness of his mission to blow the bridge given the size of his crew and the strength of the opposition, he correctly concludes that the day the siege occurs will be the day he meets his death. It becomes clear very quickly how much time is left, and Jordan is forced to consider what that means for the personal relationships he's

developed:

“Well, so that is what happens and what has happened and you might as well admit it and now you will never have two whole nights with her. Not a lifetime, not to live together, not to have what people were always supposed to have, not at all” (Hemingway, *For Whom the Bell Tolls* 168).

Jordan’s case is heartbreaking in that he has found what he considers to be a real and true love on the eve of his death, but he even before he realizes the implications of his situation on his life with Maria, he begins to consider things from a different perspective. “Maybe that is my life and instead of it being threescore years and ten it is forty-eight hours or just threescore hours and ten or twelve rather” (166). This is a very interesting little shift that he makes, and it becomes a fascinating part of how he creates a successful narrative of facing death, but for now it is simply important to note that like a terminal patient, Jordan’s days are numbered. It is also vital to consider that merely facing one’s death is not the harbinger of peace: “facing the object of dread does not always lead to fulfillment. Understanding is not automatically followed by well-being,” observed Joanne Banks in her essay *Death Labors* (318). Jordan’s situation is certainly no different and his work has just begun.

A crucial aspect of Jordan’s illness narrative is that there is hope for his situation (although faint) and he dares to engage that hope. After discovering just how difficult his mission would be and before converting his life hypothetically into

hours, he says this, “but in the meantime all the life you have or ever will have is today, tonight, tomorrow, today, tonight, tomorrow, over and over again (I hope)” (Hemingway, *For Whom the Bell Tolls* 166). Although this places him in a sort of limbo between accepting death’s inevitability and daring to hope for life, it proves to be a functional one, leading him to make something significant out of his remaining time. Jordan’s success in this regard provides some additional evidence that perhaps hoping against all hope *is* an effective coping strategy—even if it doesn’t lead to a cure, it leads to a successful end-of-life narrative. Additionally, and important to the new timeline paradigm Jordan has embraced, thinking about every day as “today,” and every night as “tonight” as he does places him directly in the moment. That kind of framework empowers the present and enables him to continue living and hoping. Perhaps the blowing of the bridge will be a success, and the battle will not be as dire as predicted. Perhaps the chemo will work this time, or there won’t be a recurrence. This is what hope can look like in dark places.

Like terminal patients (or any patient for that matter), Jordan is alone in his struggle. The novel is almost entirely from Jordan’s perspective; in this way, it gives us a good view of a “patient” coping with the anguish of facing death. Leder observes that “pain is the consummately private sensation...largely enacted within the solitary theaters of the body...notoriously difficult to translate into speech” (4-5). Hemingway reinforces Jordan’s predicament with translating his internal pain by placing him in a foreign country speaking a non-native language. In the end, what little that is spoken outwardly to other characters about his difficulty isn’t even of great importance. We witness Jordan at the end of his life the way we found him at

the novel's beginning, laying "flat on the brown, pine-needled floor of the forest" (Hemingway, *For Whom the Bell Tolls* 1). His journey has come full circle, although this time he is utterly alone, not just alone with his inner monologues. His mind works the same way, however, weighing thoughts and actions, turning them over internally, and ultimately making a judgment for himself. This is the patient's commission as well—however many family members, doctors, or nurses might be at your bedside as the curtain closes, they cannot enter your mind nor see behind your eyelids as they finally close. Ironically, solipsism becomes most applicable in the moments before existence ends.

Another thing that all terminal patients struggle with is the unfairness of fate. Very few patients accept life's randomness easily; you would be hard pressed to find more than a handful of terminally ill people who wouldn't be asking, "but how could this happen *to me*?" Jordan is no exception. It seems that nothing will go right for him. Pablo steals the explosives, the enemy's forces are stronger than expected, and (though seemingly insignificant) it snows; yet Jordan makes a concerted effort to not sink into a mental defeat despite his predicament.

"Why in all why did it have to snow now? That's too bloody much. No, it's not. Nothing is too bloody much. You just have to take it and fight out of it and now stop prima-donnaing and accept the fact that it is snowing... But to snow! Now in this month. Cut it out, he said to himself. Cut it out and take it" (181).

The overnight snow shower is a sort of perfect storm in the novel, making an improbable task all but impossible. Suddenly the movements of his little band are much easier to track or spy from the air and moving about becomes more physically difficult as well. "It is bad for the work," as Maria puts it (179). Yet even in this Jordan finds some way not to be utterly miserable. Moments later, observing the "white cleanness" and "all things changed" and the "stillness," he thinks, "This was a big storm and he might as well enjoy it. It was ruining everything, but you might as well enjoy it" (182). This is significant—this storm may very well be the last nail in his coffin, but the beauty of it does not go unappreciated. It is a humbling moment of acceptance for Robert Jordan, and he takes it in by thinking of the beauty of the world. There is no beauty in a terminal disease, of course, but perhaps it is because of the disease that estranged or distant family members are brought back together, or we finally take that trip there just wasn't time for before. I don't purport to prescribe a state of mind to terminal patients and enjoying the little things is no replacement for years of life lost, but it is something to make life sweeter, even if only for a moment as we sit at the mouth of a cave staring out at driving, white oblivion.

One final way that Jordan is like a terminal patient is that he searches for meaning in his death. This is a characteristic common to practically anyone facing the end of their existence, but it is especially important to people who face their deaths "early." Jordan seeks meaning in both his relationship with Maria and his work as he sits at the gates of death. "Each one does what he can," he thinks. "You can do nothing for yourself but perhaps you can do something for another" (466).

His plan is to use his vantage on the hill to shoot as many soldiers in pursuit of the rebels as he can before he dies. In protecting Maria and fighting this war, he finds significance: "I have fought for what I believed in for a year now. If we win here we will win everywhere" (467). Importantly, the very next thing to cross his mind is what he has been discovering throughout the whole novel, "The world is a fine place and worth the fighting for and I hate very much to leave it." Despite the fact that Jordan seems to be holding the world at arm's length by assuming a sort of nonchalance throughout the novel, where he arrives at the end is a truly wonderful summation of life. What more can anyone hope to say than this, "I hate to leave it very much and I hope I have done some good in it. I have tried to with what talent I had?"

Jordan's method of coping with impending death can be broken down to two main tactics. Firstly, he engages in hope throughout the novel's entirety, regardless of how dark the moment he's in really is. Secondly, he creates a new perception of time for himself. The combination of these two methods seems to help him usher in death with inner peace, even if he does not go peacefully. The first tactic gives him the strength to continue striving, and the second gives him the ability to let go.

A number of times during the novel, Jordan enters a sort of dream-like state of thinking wishfully about the future he might have after the war. During one such internal monologue, Jordan's mind wanders from thinking about the work of blowing the bridge to a future with Maria: "And when I get my job back at the university she can be an instructor's wife... I wonder how they will like Maria in Missoula, Montana" (164-165)? The important thing here is how *real* this daydream

is, how plausible. He thinks about the logistics of getting back in time to start the fall term, how Maria will assimilate, and whether his politics will affect his status as a professor. For all intents and purposes, this is not just hoping and daydreaming, it's a plan. Despite the dire nature of his situation, Jordan makes a plan. It seems futile, but having a dream that's so real and alive is grounding, it gives him the strength to carry on because he's living for something. The temptation to daydream of happier times ahead appears later on, almost as a presence, as Maria asks him exactly how bad their situation is. "I have been in many things. And worse than this," he lied. Then suddenly surrendering to something, to the luxury of going into unreality, he said, "Let us talk of Madrid and us in Madrid" (342). The "luxury of going into unreality" appears just when talking about the truth becomes most difficult. Truly, hope is something that gets us through our darkest days. Jordan maintains a level of optimism even in his last hours. In the morning before he goes to blow the bridge and enter the fray, he knows full well that it will probably be his last battle. Yet when Maria asks him, "You will come fast when it is done" (380)? He says simply, "Very fast." This can be read as a simple white lie to comfort her, but since we know how dearly Jordan hopes for a future with her, it seems nearly impossible that the lie doesn't serve to comfort him too—the possibility of it being true, however slim, is a way to get by. Finally, and powerfully, in his final moments, Jordan still dares to hope. After he has been wounded and lies in wait for one last brush with the enemy, he thinks to himself, "What do you want? Everything. I want everything and I will take whatever I get. If this attack is no good another one will be" (469). His ability to hope, in a significant move for terminal patients, extends even beyond his own life

into his cause and into the lives of the ones he's leaving behind. Yet he says, "I want everything." He, in his last moments, personally owns those hopes for a future that carries on without him, significantly placing him in an ongoing legacy, making him a part of battles he will not be able to fight and joys he will not celebrate. That is a weighty thing for a dying man to do.

Jordan's other method of coping with oncoming death is to shift his mental perspective on time. Very early in the novel he makes this intentional change. Instead of counting his life in the years left like a healthy person might, but a sick person wouldn't be able to, he makes a switch to a comparable number of hours. In effect, he concludes that what he should have had a lifetime to accomplish he now must do in mere days and hours. While the actual amount of time is of course no different if considered in hours, the change in perspective is empowering. If considered in years, Jordan would be forced to conclude that he has about one one-hundredth of a year left to live; a seemingly infinitesimal amount of time. Making the conversion to hours makes the time seem longer; this proves to be an important part of how he copes with his brief future.

Jordan ponders often this idea of living a full life in "threescore hours and ten" rather than "threescore years and ten," and although the theory is yet untested, he decides to go ahead with it and find something meaningful to do with his threescore hours. "I suppose it is possible to live as full a life in seventy hours as in seventy years" (166), becomes the mantra that will define the end of his life (or to him, his entire life). In many ways, he has no other option. Woefully lamenting the lost years of his young life does no good to his spirit or the cause he is fighting for.

On the morning before the final battle, Jordan reveals whether or not his novel take on time has been successful:

“There is no such thing as a shortness of time, though... I have been all my life in these hills since I have been here. Anselmo is my oldest friend... Agustín, with his vile mouth, is my brother... Maria is my true love and my wife. I never had a true love. I never had a wife. She is also my sister, and I never had a sister, and my daughter, and I never will have a daughter. I hate to leave a thing that is so good” (381).

In doing this he takes a close look at the people around him and he finds something good. He takes time to say goodbye. A little earlier, he takes the time to consider his relationship with Maria. It is easy to pragmatically criticize their relationship. What right does he have to get two hearts so intimately involved when he knows that it is unlikely they will both survive? Is love worth it for only a short time? “What you have with Maria,” he thinks, “whether it lasts just through today and a part of tomorrow, or whether it lasts for a long life is the most important thing that can happen to a human being” (305). To him, each specific moment is worth the living—especially when a moment is measured as a part of hours left rather than years. Literally speaking, each moment is as long and significant as the next; we would do well to remember that. To become caught up in justifying our present based on a future that is not guaranteed is a dangerous trap, and it takes a hopeless task to snap Jordan into a life that focuses on living now. As these two quotes reveal,

it is people that make it worth all the while. The isolation that Jordan maintains in his own mind is finally bridged as he considers the relationships he's had in only three days. In the end, as he is making his departure to the other side, he is most significantly connected to the world and to his life. All of the other things he has done with all the years of his life before these hills—sleeping around, his other missions, his teaching in the States—amount to nothing. They aren't even mentioned in his final hours. This speaks heavily to what can be accomplished in life when we buckle down and treat “all the life [we] have or ever will have [as] today, tonight, tomorrow” (166).

As evinced here, Jordan lives out an internal life that is very much akin to the life faced by terminal patients; the challenges of accepting your fate, making something meaningful of the time you have left, practicing hope, saying goodbye, and finally walking through that dark doorway alone are astonishingly similar. Two things we can say about Robert Jordan's ethic of facing death: as much as it is an ending, it is not always the end; as brief as our time left may be, “there is no such thing as shortness of time.” He accomplishes these monumental ideas by shifting perspective. On his death “bed,” the bed of pine needles on the forest floor, he shifts his focus towards those still alive and how his life has influenced theirs, and that makes dying easier. Even before that, however, he shifts his entire perspective of time, like putting a magnifying glass over the timeline of his life and watching the minutiae come into incredible focus. Even if making that exact shift is difficult for a terminal patient, Jordan's powerful assertion over the perception of his own life can serve as an inspiration to those wondering how to treat the approaching end.

A few final questions to consider about Jordan's life and the way he approaches dying: Aren't we kidding ourselves with all this? Isn't it merely a constructed ruse to distract us from how unlucky and terrible the situation actually is? Isn't Jordan lying to himself about hours being as long as years? It is possible to take our eyes off the monolithic figure of death as Jordan proved, but we must each decide for ourselves if it is productive, or, more seriously, if it is "right." Death *is* the great equalizer—regardless of how you approach dying, at the end you're just as dead as the man who chose a different approach. In that way, it makes no difference what we choose—the world keeps spinning after we're gone and that's that. Yet, in another way, it makes all the difference in the world. Because life and death are indifferent towards us, *we* have the power to decide our roles and our legacies; the meaning of our lives falls weightily into our own hands. And the man who does something good for the sake of doing something good has touched the vein of a rare gem in the human heart—something like art, something like nobility.

### ***The Old Man and the Sea and the Aging Patient***

In the final novel to consider as a medical narrative, *The Old Man and the Sea*, Hemingway tackles aging. The medical side of growing old is an increasingly important field—people are living longer and longer lives, leading to clashes with new kinds of illness, decay, and physical struggle. Santiago, Hemingway's protagonist in the novel, doesn't have the luxury of medical attention, but the work uses an incredibly steadfast character to explore the difficulties of growing old and coping with our changing roles. Despite his mental toughness, as Santiago battles not only the catch of a lifetime alone in his little boat, he faces the added burdens of

a weakened body, the need for a new paradigm about his physical abilities, and a sense of his near-complete isolation in life. These struggles face perhaps every person who lives into old age in one degree or another, and Santiago's tenacious spirit in the face of such a disheartening situation might inform and inspire the collective human effort to "not go gentle into that good night" as we all experience aging in unprecedented ways.

In the trying task of landing a huge catch alone, Santiago faces physical challenges. The mere length of his lonely journey and his lack of food and sleep is a strong testament to his stalwart resolution, but he also faces a debilitating cramp. Just as he has hooked the marlin and needs both hands to maintain control over the fish with the rope, his left hand seizes up. Santiago sums up the struggle of aging rather nicely when he reveals his feelings about his hand. "I hate a cramp, he [thinks]. It is a treachery of one's own body" (Hemingway, *The Old Man and the Sea* 62). Indeed, a body that once functioned flawlessly now faces hurdles in even the most basic and natural actions. As if indicating his character might have one foot in the grave, Hemingway calls the hand "almost as stiff as rigor mortis" (59). Mentally Santiago is quite sharp, but the cramp, which lasts a long time, threatens to compromise his work. He pleads with it to open up, he pleads with God, he tries rubbing it and warming it in the sun. His cramped hand makes it more difficult to manage the rope weighing heavily across his back as he tries to tire the fish out. The cramp serves to highlight the difficulty of his struggle. Of course a catch like this would be impressive for anyone, but for the aging, another layer of difficulty is added. Santiago's battle is against both his physical body and the fish he's trying to

catch. A task that once was strenuous but pleasurable in its execution becomes trying on every level—in many ways this is the story of aging.

As he faces these struggles of the body, another conflict is taking place internally, however subtle. Santiago must find a way to reconcile his past strength with his present abilities. To do so, he bolsters his morale on the thoughts of past victories, but he doesn't ground his identity in them. He faces each challenge as if it was the only one—and in this he finds a powerful level of resolve. Rather early in the novel, Santiago recalls one of the greatest victories through struggle he had ever achieved. "As the sun set he remembered, to give himself more confidence, the time in the tavern at Casablanca when he had played the hand game with the great negro from Cienfuegos who was the strongest man on the docks" (69). The key here is *confidence*; as he enters a short period of rest from his battle with the fish, he builds his morale and chances of success by dwelling on the past. Additionally, this past victory involves two factors common to Santiago's current battle, his hand and a battle through the night. Anyone experiencing struggles coping with an aging body can perform a similar move in their minds. Being able to recall a time your body worked well in the specific way it doesn't now should be easy; we are most aware of such failures and ails of the body because we have specific expectations based on the former abilities of those same parts. As Santiago thinks about the task at hand, he finds a deep and tenacious resolve to be victorious.

"I will show him what a man can do and what a man endures. 'I told the boy I was a strange old man,' he said. 'Now is the time when I must prove it.' The

thousand times that he had proved it meant nothing. Now he was proving it again. Each time was a new time and he never thought about the past when he was doing it” (66).

Importantly, Santiago notes that he doesn't *stay* in his fantasies about the past, even before he enters them. He shows that we can find strength in our past victories, but we must approach every battle as a fresh entity worthy of our full attention and the desire to prove ourselves that characterized our youth. To depend on former success to ground our identity not only takes us out of the present moment, but it undermines our resolve to continue living and fighting. One reason Santiago seems youthful is his persistence and resiliency as a fighter—he fights to prove himself to the village, he fights to overcome the fish, and he fights to defeat the sharks. It seems downright exhausting, but which is worse, living out our old victories again and again, or creating new ones? Even if creating a new victory must take place on different terms now that he is older, Santiago does something important by continuing to fight.

Another factor of Santiago's struggle is one that is all too common to contemporary seniors—isolation. This “symptom” ties aging strongly to nearly every patient experience and begs a close examination. In Santiago's case, the eighty-four day streak without catching a fish that occurs before the novel begins has marked him as unlucky and irrelevant, but more importantly, it has forced new isolation upon him. He already suffers the lack of a family and the loss of his wife. In fact, his only strong personal tie is to a boy whom he is teaching to fish. After so

many days without a fish, the boy's parents force him to find another fishing mentor (10-11). His role as mentor is gone and he fishes alone. He is not totally ostracized from the boy however, and in this we witness a poignant role reversal. The boy helps take care of the old man in many ways, feeding him, covering him with a blanket as he sleeps, and buying him bait. Santiago's failure as a fisherman has forced poverty on him. Seeing the old man so devoid of agency is heart wrenching and as the boy takes care of him, we are aware of the loss of identity in a profound way. "Should we eat?" says Santiago. "'I've been asking you to,' the boy told him gently" (20). Witnessing the boy caring for his mentor speaks to the maturity of the child, but more important to aging patients, it reminds us of a loss of dignity that oftentimes must be endured by the elderly. Not only has Santiago lost his role as mentor and his respect in the fishing community, but his status as a fully independent individual is gone as well; he seems to have utterly lost his former place in society. In an act of vulnerability we might call bravery, he creates no illusions about his loneliness—he candidly laments, "No one should be alone in their old age" (48). For a man of relatively few words, Santiago declares many times throughout the novel "I wish the boy were here" or "I wish I had the boy" (48, 50, 51, 56). His battle with the fish is both a constant reminder of his isolation and a way to resolve it. Additionally, having the boy by his side would have alleviated some of his physical suffering. The boy could have rubbed out the cramp, helped with the rope, fished for bait and food, and many other tasks Santiago must suffer through alone. Aging patients today face a similar struggle. As nostalgia sets in as a predominant mindset and daily tasks that were once easy become increasingly difficult, it is

natural to think about what would make them easier. Loved ones come to mind first, but they are often too busy or far away to be of any real help. Coping with the isolation often imposed by old age becomes a key factor in making a success out of the last stage of our lives.

The importance of Santiago's fishing trip is not defined by success or failure. In fact, the ending is hardly a conventional "happy" one. The value of this character is in the way he conducts himself through his age and circumstances—that's where the bright spark of human brilliance shines. As his skiff is carried along by the insistent wind and water, Santiago does a few things that make him stand out as an aging patient—he accepts his body's limitations and keeps fighting regardless, he overcomes every obstacle he possibly can, he celebrates his victories and accepts his failures, yet he refuses to be defeated, and finally, he hopes. The combination of these factors creates an ethic about aging that makes his a valuable story of realistic success—while Hemingway doesn't tie up his story with a neat little bow, Santiago's tale from an illness narrative perspective is successful and accessible.

As Santiago fishes, we witness him in the throes of coping with an aging body—he uses each turn of the struggle to prove his strength and continue fighting, though without ignoring his limitations. An important factor of that fight is the way he talks about it. It comes down to personality—he's frank and even playful at times—but it makes a difference in his resiliency. We first witness this in the cramped hand, which he speaks to like it's a separate entity: "How do you feel, hand?" he asked the cramped hand... 'I'll eat some more for you'" (58-59).

Identifying with his body in this way distances him from the signs of aging in a way,

it serves as interaction on the lonely boat, and it provides an external view that pushes him forward; he eats to help the hand. In the same way he speaks to himself to help work through the climax of the struggle to land the fish.

I'll try it again, the old man promised, although his hands were mushy now and he could only see well in flashes. He tried it again and it was the same... I will try it once again. He took all his pain and what was left of his strength and his long gone pride and he put it against the fish's agony and the fish came over onto his side and swam gently on his side. (93)

This moment is a momentous success and a turning point in the novel, but more importantly it is a testament to what can be accomplished through determination. On the brink of blacking out, Santiago pushes through. Soon after, we witness a moment of vulnerability. "He laid his head on his hands. 'Keep my head clear. I am a tired old man'" (95). Admitting his physical weakness is a show of strength in a way—Santiago balances well the tension between proving himself as he has a thousand times and transitioning into old age, something entirely new. This can be partially attributed to the humility he identifies in himself early in the novel. "He was too simple to wonder when he had attained humility. But he knew he had attained it and he knew it was not disgraceful and it carried no loss of true pride" (13-14). Making this move early helps define his personality for the rest of the book. Having humility allows him to be frank with himself, to push his abilities as far as they will go and to know that's good enough. With humility, he doesn't need to force

things towards one direction or another—his victories are victories and his failures are there too. That doesn't mean it will compromise the resolve of his fight, but it puts his fight into a context that is congruous with his stage in life. There is meaning in his struggle, but he doesn't treat the importance of his life as if it hinges out the outcome, whether or not that's actually the case.

There are many depictions of this aspect of Santiago's character, but two stand out as especially telling on both sides of victory and failure. Accepting his victories as well as his failures gives him an enviable ability to live quite within whatever moment of his life is happening. As evinced by Robert Jordan's narrative, that is a key factor of one's take on life when time is drawing to a close. After his first struggle with the fish and his cramped hand, Santiago takes the time to acknowledge his situation and speak to the fish—something that makes their conflict more playful. "How do you feel, fish?" he asked aloud. "I feel good and my left hand is better and I have food for a night and a day. Pull the boat, fish" (74). Importantly, the narrator next reveals that "he did not truly feel good because the pain from the cord across his back had almost passed pain." This subtle "white lie" Santiago tells himself actually serves to bolster him in the fight. By recognizing a victory, even as small as a hand no longer cramped, gives hope rather than piling on more difficulty. How much different it would have been if he had said, "I feel bad and the cord is cutting into my back painfully and I haven't slept in thirty-six hours?" As opposed to letting it feel as though he is faced with one struggle after another, he focuses on the success of his first trial. That feature of his character is crucial to his morale, because after he has landed the fish and strapped it to the boat, nearby sharks begin to

slowly and methodically destroy it. After a long fight with insufficient and improvised weapons, he is beaten and the fish is all but gone. Santiago turns back to the task of steering his skiff home. “He settled the sack around his shoulders and put the skiff on her course. He sailed lightly now and had no thoughts nor any feelings of any kind. He was past everything now...He only noticed how lightly and how well the skiff sailed now there was no great weight beside her” (119). Although solemn, Santiago takes this latest hit in stride. He is the picture of acceptance. Old age, and indeed, many situations in life, present us with unbeatable odds. In aging, our bodies will inevitably limit us as time progresses. What value could there be in dwelling on a failure that was unavoidable? To Hemingway, there is value in fighting for the sake of the fight, for the sake of good form, and for the sake of standing tall rather than backing down. Time and again he presents sketches of war where men are faced with damning situations. The ones who are depicted positively never die cowards—Santiago’s case is no different. He never had a hope of staving off the sharks alone with the tools he had, but he didn’t bow out either. That’s a respectable trait.

Santiago’s steadfast ethic as a fighter contributes to his narrative as a character coping with old age successfully as well. He makes a declaration about defeat late in the novel that warrants a bit of consideration. “‘But man is not made for defeat,’ he said. ‘A man can be destroyed but not defeated’” (103). This resonates powerfully as a way to think about aging. At first it seems contradictory, however; we clearly witness Santiago’s defeat from the sharks (although he does make this statement before they have finished their attack). How could he possibly maintain this mantra after such a blow? It is, I believe, much better to consider “man” is this

quote as the spirit of man—Santiago’s spirit is practically irrepressible. And we know that not only can man’s be destroyed, but invariably it *will* be destroyed. Every life has an ending as surely as it has a beginning, but if it is the spirit of the man that is indestructible, he has done something like creating a legacy. The perseverance Santiago exhibits, the size of his catch, and the extreme difficulty of his trip will be lasting factors in the way his town, but especially the boy, see him and remember him—and how they think about the limits of humanity. Santiago overcomes incredible odds and even faces defeat respectably. Even if the apparent objective of his trip was unsuccessful, he accomplished something much more important and lasting.

A final consideration about the way Santiago copes with the challenge of aging and facing extremely difficult situations—he hopes. The presence of this single trait has been a common factor in the success or failure of the illness narratives examined here. While it might be dangerous to define the relationship as causal, there is certainly some correlation. “It is silly not to hope, he thought. Besides I believe it is a sin” (104-105). Even though Santiago goes on to contemplate whether he believes in sin or not (his stance on religion is questionable as evinced by his repeating of “Our Fathers” and “Hail Marys,” even though he claims not to be religious), he treats hope with some seriousness. For him to say that a lack of hope is silly is rather telling—it must be something so fundamentally important to him that not to do so would be the recourse of a fool.

Santiago’s battle with aging is not so different from the challenges that anyone would face; our bodies become weak, our abilities are seriously diminished,

and our social identity becomes obscured. Still, life is not all bleakness and struggle in our last years. The struggle Santiago faces throughout *The Old Man and the Sea* reveals that there is still joy to be had in life, still victories to be won, and still investments to be made in those around us, no matter how our dire circumstances seem. Even from the brink of utter desolation and obscurity, he creates a meaningful narrative, leaves an impactful legacy, and reconnects himself to his social life. Santiago does an excellent job of finding the glory in fighting one's battles, and aging is in so many ways a battle. What he accomplishes by winning every battle he possibly could, celebrating those victories and leaving behind his failures, accepting himself and his new limitations, refusing to be defeated, and daring to hope beyond hope is something that anyone would be wise to imitate. If every life tells a story, this narrative is much preferable to the one of the man who accepts his deteriorating body dolefully and retreats from life dully and quietly. Santiago is full of life! His existence is defined by highs and lows, victory and defeat, relationships and solitude. It has all the variety we often refer to as "spice," and Santiago retains a zest for life as well. Though he returns home with only the skeleton of a fish and nothing to secure his livelihood, he adds a great deal to the liveliness of his life.

## **Conclusion**

Despite the relative inattention given to Hemingway's characters as patients in a critical sense and the fact that their stories don't appear to be illness narratives in the predictable way, Hemingway provides valuable insight about journeys through illness. Observing the way they cope can give applicable advice about how we might create value in our own struggles with illnesses and even in our lives as a

whole. A short examination of only three works, however, is hardly a conclusive deliberation and a good deal remains to be explored. It seems even Hemingway, though he knew what it might take to be successful through illness, didn't elucidate every aspect of how we might be successful.

Hope is a factor that appears again and again, both in current examinations of coping with illness as well as Hemingway's, yet it remains something of a mystery. Identifying hope as a crucial factor, yet, being unable to effectively describe how to employ it is a weakness of this research. It is easy to say that "hope is essential," but it is more difficult to tell someone how to hope. We see that Robert Jordan and Santiago exercise hope through their stories, but Jake Barnes does not. What about Jake's life makes it more difficult for him to hope? What could possibly be said to him to get him hoping? Is to hope merely to dig a little deeper within and dare to think a bigger or happier thought? What if we are unable? Are there techniques to be employed, or is it something more intangible? Indeed, to witness hope in action is not to discover how to do it, and making that discovery may be a key factor in turning a largely unsuccessful illness narrative like Jake's into a successful one.

Another shortcoming of the research is that it only considers a few categories of the illness experience and only through the eyes of three distinctive characters at that. While the kinds of illness experience explored are fairly broad, there is still a vast range of diseases and ailments that afflict humanity in various and unique ways—I cannot hope to have begun to cover them all. Additionally, there is an equally vast range of people. We come in all types of constitutions, from all kinds of cultural backgrounds, and with a motley assortment of emotional experiences and

woundings that affect our roles patients. While it might be nice to think that there is something at the core of Hemingway's narratives that could apply to everyone, this is a dangerous supposition. We cannot and should not purport to understand everyone completely.

This research bears a few important applications, and though they may not be novel discoveries to many, they are ideas whose full potential is yet untapped—perhaps seeing them once more will give new eyes for their meaning. For the medical professional, the patient is more than a case of impotence, a terminal illness, a decrepit old person, or any other medical condition. Treating their hurting bodies may not be enough to restore their whole personhood. Their personal stories and the ways their mind moves through the illness experience are important aspects of their journey to healing. To every extent possible, they should not be ignored. For the patient, you are more than your illness. Though it may define parts of your life, your condition doesn't define your life. Just as Robert Jordan created a life lived by his own terms and Santiago prevailed once more despite increasingly bleak odds, so too can you. If life is beautiful and worth the living, as I suspect we all know deep down, then so too *must* you.

This is the challenge that medicine faces—treating the whole patient, not just the ailing body. Hope is not the only thing that may be unreachable through prescriptive medicine or traditional treatment techniques. In the works examined, Hemingway's characters each make internal movements that lead them towards some sort of resolution, however unsatisfactory (in Jake's case) or final (in Robert Jordan's case). The successful journeys through illness were arrived at fairly

independently. Robert Jordan decided to see his life in hours rather than years and make some meaning from that on his own; Santiago intuitively understood that his role and agency was changing with age, but also that it wasn't the end of his life and there were still victories to be won. It's wonderful that they accomplished these things on their own, but what about the people who don't arrive at these notions independently? Hearing that you are going to die in three days and that you should treat each hour as if it were a year would be an incredibly hard pill to swallow. Likewise with hearing that you are no longer the young fisherman you used to be and you need to accept those limitations and still find purpose and identity in fighting your battles well and accepting what victories you can get along with the inevitable failures. There is something about the self-discovery of their coping techniques that gives life to those very techniques. We recognize that the spark of inspiration is an important part of making their coping meaningful, yet there must be a way to encourage someone who is stagnate along their journey. We feel pity for Jake and want him to succeed, but how? Unfortunately, there is no medication for such a thing, and the best we can hope to do at this point is give struggling patients a little nudge here and there, saying, "Look, there is something like meaning over there" or, "See what strength is like in the face of opposition? There's some of that in you, too," or, "There is yet something to hope for in your life, however small, and attaching yourself to that hope will make life sweeter." There is nothing distinctly medical about these abstractions and there is hardly a handbook on how to employ them, yet there is some power in them. Teasing out practical applications for them is a case-by-case affair and no easy task at that. Connecting medical treatment with

these intangibles that so shape the patient experience is one great challenge medicine must confront.

While these “applications” seem to be incredibly vague, they touch on something important about humans—there’s much of us that is intangible, that falls in between all the words we use. Increasing an understanding of that from a medical perspective, even a little, will add breadth to our ability to experience illness and come out whole on the other side. Indeed, just as the illness experience of pain, suffering, and isolation injures more than just the physical body, so should our treatments fix more than just our physical bodies. Reading illness narratives is only a way to begin.

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