

JOYCE STUDIES IN ITALY

13

**WHY READ JOYCE
IN THE 21ST CENTURY?**

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MARIA VACCARELLA

A MEDICAL HUMANISTIC EXPLORATION OF JAMES JOYCE

The critical interest in James Joyce's appropriation and exploration of medical culture and language in his works has been steadily growing over the past few decades, though not always under the aegis of the medical humanities. This new inter-disciplinary field aims at investigating the complexities of human suffering through analytical frameworks derived from a broad range of humanistic disciplines, while holding a critical perspective on medical practice and education. It is not surprising then that anyone interested in literary depictions of human physiology or pathology will find the Joycean corpus—and the manifold descriptions of the human body in it—a mine worth exploring.

In this essay, I will briefly survey some salient medical-related Joycean studies published thus far, according to their more or less explicit biographic or textual approaches. I will then attempt a medical informed reading of "The Sisters", which is generally regarded as Joyce's most clinical short story. What I hope to illustrate is how an inter-disciplinary view of education can benefit both literature modules, which aim at situating literary products in broader cultural contexts, and narrative medicine workshops for medical students, in which the tools of literary analysis are used to expand future doctors' communicative competence.

J. B. Lyons's volume *James Joyce and Medicine* inaugurated medical-related Joycean studies in 1973. A physician and a medical historian, Lyons maintains that "a clinical examination of the author's life will add to our comprehension of his writings and to a more compassionate understanding of his angularities of personality" (1973, 9). The fine balance between biographical reconstruction and textual analysis in his book will seldom be achieved in future studies on the subject. Lyons reviews and comments on illnesses, doctors, scientists and hospitals, mentioned in Joyce's works.

His book still stands out as a useful reference text almost forty years after its publication, though not without historical bias—for example, it lists transvestitism as one of Bloom's illnesses (*Ibid.*, 81-83). Other biographers and critics suggest that Joyce's health concerns are an erroneously neglected subtext in his fiction. Apart from the strain put on his creativity by, among other complaints,¹ his sight loss and his daughter's mental illness, much of the debate revolves around another mysterious condition, recurring throughout his life and his works. This has been traditionally—and unsurprisingly—described as syphilis, a diagnosis Joyce shares with most men of genius across centuries.² In 1995, Kathleen Ferris devoted a whole book to the burden of Joyce's secret disease: in contrast to Richard Ellman's liberated "Sunny Jim", Catholicism and syphilis inescapably oppress her own version of Joyce, a kind of "Gloomy Jim" (1995, 9). In her view, this new approach to the author should engender more sophisticated interpretations of his work:

And just as our recognition that Keats was a young man dying of tuberculosis and Synge of lymphosarcoma helps us to respond to their sense of the brevity of life and love, just as our knowledge of Milton's blindness enhances our sympathy for *Samson Agonistes*, so too does our understanding of Joyce's illness add a dimension of poignancy to his works which has hitherto been obscured by his humor. (152)

While the eminent examples Ferris lists are quite self-explanatory, at the end of her book we are left wondering what this added dimension of Joycean poignancy actually entails. Her focus on syphilis *per se* is likely to attract the paleopathologist rather than the literary critic.

¹ See also Vike Martina Plock's description of Joyce's health issues and probable hypochondria: "Clearly, some of Joyce's fascination with medicine might have been motivated by his own ill health. As his biographies show, he repeatedly suffered from gastritic pains and rheumatism and was treated for a bout of rheumatic fever in 1907 in Trieste—an illness likely to have been syphilis—related. His correspondence further demonstrates that Joyce was constantly worried about heart defects and that he, by the time he moved to Paris, routinely checked himself for potential cardiac symptoms [...]. Another Joycean affliction that certainly had an influence on his writing was the deteriorating condition of his 'wretched eyes' (L III 252). The 'continual pain and danger of loss of sight' (L I 190), which made numerous operations inevitable, explains Joyce's astute sense of acoustics and his growing interest in exploring the musicality of language, especially when writing FW." (2009, 255)

² See also Hayden 2003.

In absence of clear evidence, I find Lyons's recent paleodiagnosis of Reiter's syndrome more plausible and far more relevant to literary studies. Reiter's syndrome or reactive arthritis is an autoimmune disease, which mainly affects the patient's joints, eyes and urethra. Though unknown in Joyce's time, it provides a comprehensive framework to accommodate the spectrum of his lifelong complaints: though joint pains and eye diseases are common symptoms of both syphilis and Reiter's syndrome, the latter is usually triggered by genitourinary or gastrointestinal infections, which could explain Joyce's repeated gastric pains. Furthermore, while syphilitic scleritis is rare—occurring in less than 5% of cases (Holland 2005, 1351)—eye inflammations characterize approximately half of people with reactive arthritis (NIAMS, "Reactive Arthritis").

I insist on eye involvement and visual deterioration, because I believe it should be the main focus of this kind of investigation in a continuum which links Joyce, his impairment and his being a writer "in the great filiation of the night that buries Homer and Joyce, Milton and Borges", as Jacques Derrida wrote (1998, 170). Roy Gottfried's *Joyce's Iritis and the Irritated Text* is just a first—and quite controversial—attempt at explaining the role of Joyce's deteriorating eyesight in the making of his palimpsestic manuscripts: as Gottfried explains, "The eyesight and the writing share a density, an opacity, that destabilizes the text; its surface, in turn, as the reader's object of sight, compromises the act of reading" (1995, 8).

I would also like to point out that the voice of the patient James Joyce is still often unheard, while the subjectivity of his long and complex illness experiences could spur interesting debates. A brief example can be found in *Giacomo Joyce*: the line "[t]he long eyelids beat and lift: a burning needle-prick stings and quivers in the velvet iris" (Joyce 1968, 1) beautifully evokes eye pain. It is worth remembering here that *Giacomo Joyce* was composed around the time of Joyce's first attack of iritis in 1907 (Ascaso and Bosch 2010). A better understanding of how Joyce coped with and made sense of his gradual sight loss could therefore profitably supplement our understanding of his works.

Along a different line of inquiry, other scholars believe that Joyce's attempts at studying medicine and his discomfort with medical authority have significantly influenced his aesthetics. If elements of clinical attitudes contribute to the naturalism of his short stories, medical debates and theories become objects of his creative examination, along with religion and language itself, in his later novels.

Two milestones in this critical tradition are the 2009 special issue of the *James Joyce Quarterly* on “Joyce and Physiology”, edited by Vike Martina Plock, and her monograph *Joyce, Medicine, and Modernity*, published in 2010. In one of the most illuminating articles in the journal special issue, Valérie Bénéjam explores Gustave Flaubert’s influence on Joyce through the medium of a shared fascination with the medical, sometimes strictly anatomical, component of human existence, to conclude that:

[...] Joyce’s project on Bloomsday is to turn the body inside out and establish an intimate, interpenetrative connection between physiology and literature. Moving beyond Flaubert’s inheritance of medical realism as a cynical view of humanity, he soon developed a physiological concept of aesthetics, a new realism that could produce the insides without the invasive action of surgery (2009, 448).

This valuable insight into Joyce’s own writing style exemplifies to what extent his interest in the relationship between literature and the medical sciences and his constant reliance on physiological metaphors are central to his aesthetics. They can be comprehensively grasped only thanks to analytical contributions from history of medicine or cultural studies of medicine, to name a few relevant disciplines.

Plock’s monograph *Joyce, Medicine, and Modernity* represents the very first “dissection” of the Joycean corpus. This well-researched book complicates our understanding of Joyce’s interest in medicine. Plock highlights that, on the one hand, he perceived medicine as a liberating scientific counterpoint to the Catholic doctrine, but, on the other hand, he was fully aware of the ideological impact of medicine and its prescriptive implications, which he criticizes, for example, in *Ulysses*:

Medicine was associated and became synonymous with modernity and modernization. For Joyce, a historically conscious writer, medicine therefore formed part of the phenomenology of modernity that was the reference point for his experimental modernist writing. More important though, if medicine was associated with progress, improvement, and above all modernity, Joyce in writing *Ulysses*, the quintessential modernist novel, would not have hesitated to trade on medicine’s cultural capital (2010, 23).

The awareness of this tension in Joyce’s attitude towards the incorporation of medical themes and language in his fiction will facilitate a medi-

cal humanistic approach to “The Sisters”. Critics agree on the foundational role of this short story within *Dubliners* and Lyons appropriately defines it “the most clinical of Joyce’s stories” (2004, 375). Joyce had, of course, a standing interest in the analogy between the human body and the city, and both *Dubliners* and *Ulysses* rely on a negative physiological metaphor, which aligns a malfunctioning human body with a destitute society. Furthermore, Plock maintains that the author has a “diagnostic approach to the many ailments that paralyze his home town” (2010, 25).

In “The Sisters”, Joyce offers a sophisticated and pathologized version of this underpinning motif. Right from his programmatic letter to his publisher Grant Richards, he describes his collection as centred around a specific metaphorical pathology: “My intention was to write a chapter of the moral history of my country and I chose Dublin for the scene because that city seemed to me the centre of paralysis” (*L* II, 134). Quite interestingly, the collection opens up with Father Flynn’s case of literal paralysis, which then resonates throughout the book. Because of its multilayered symbolism, any critical assessment of “The Sisters” can only be tentative: it is my hope to contribute to the ongoing critical debate here with some reflections on the embodied construction of the character of Father Flynn.

However we interpret his relationship with the boy narrator, Father Flynn stands out as a controversial representative of the Church in the story: a learned man, troubled by the burdensome Catholic dogmas, maybe to the point of a softly-laughed apostasy in the privacy of his confessional-box. The first version of the story, published in the *Irish Homestead* in 1904, contains more details about the priest’s childhood and we learn that “he was always a little queer” (Joyce 2000, 192): accordingly, Florence Walzl suggests a plausible diagnosis of schizophrenia, with depression and a breakdown in later life (1973, 379). Though silenced in the final version of the story, these elements did play a role in Joyce’s creation of a character who was to experience what looks like a “transport”, in Oliver Sacks’s term: “a manifestation [...] of unconscious or preconscious activity (or, in the mystically minded, of something ‘spiritual’)” (1986, 136), induced by abnormal neural function. Accordingly, Sacks inquires: “If God, or the eternal order, was revealed to Dostoevski in seizures, why should not other organic conditions serve as ‘portals’ to the beyond and the unknown?” (136). Along similar lines, Father Flynn’s neuropathology might have shed light on problematic aspects of Catholicism and prompted his undogmatic spirituality.

Margot Norris maintains that, in the economy of *Dubliners*, “The Sisters” functions “as synecdoche, not for the book as a whole, but precisely for the book *as an un-whole* [...]” (2003, 18). In anticipation of the audacious narrative solutions in his later works, Joyce conveys this concept of “un-wholeness” through the oxymoronic embodied construction of Father Flynn. He is gradually deprived of his wholeness as a human being by three strokes, in parallel with his evolving religious disappointment that threatens the wholeness of his vocation. Paralysis is characterised here as partial loss of mobility, sensitivity and agency, and spreads from Father Flynn’s body to other characters’ in their reactions to his illness.³ While contemplating the priest’s demise, the boy is “filled with fear” (Joyce 2000, 3). Old Cotter’s comments betray his stubborn bias. The Flynn sisters’ simplistic resignation nullifies their brother’s spiritual legacy. A perfect counterpart to the medicalized incipit “[t]here was no hope for him this time: it was the third stroke” (3), the mystical final—“there was something gone wrong with him” (10)—summarizes the clergy’s dismissal of Father Flynn; and with the same words the sisters dismiss the reader.

Father Flynn is by no means a modern wise fool. He is more of a paradoxical Christ-like figure, who bears on his body the signs and the consequences of his people’s inertia.⁴ A body constrained by permanent neurological damage, surrounded by other figures of metaphorical partiality, surrounded by moral gnomons. In the figure of Father Flynn, Joyce merges scientific and religious discourses with unprecedented efficacy, endowing his readers with a tangible, yet evocative representation of the Irish subjugation to the Catholic Church.

The case of “paralysis” demonstrates how an apparently “fearful” Greek word opens up a wide range of critical implications, further multiplied by the insertion of some medical understanding. For example, Waisbren and

³ It is worth remembering here that Florence Walzl maintains that “paralysis is not a disease, but a symptom characteristic of a number of well defined medical conditions, none identified in the story. There is, therefore, a vacuum as to the specific cause of Father Flynn’s various disabilities.” (1973, 409)

⁴ Though both underline Father Flynn’s unsuitability for traditional priesthood, my interpretation here departs from Fritz Senn’s, who claims that “[w]hile Jesus Christ, the Word made flesh, healed men of paralytic diseases or restored them from death to life with effective words, here, in one paragraph, the word paralysis has the effect of destroying flesh and causing the death of a man who represents, impotently and failingly, Christ on earth.” (1965, 69)

Walzl's hypothesis that Father Flynn has central nervous system syphilis—paralysis being a synonym of syphilitic paresis (or general paralysis of the insane) in Joyce's time—supports the depiction of a sexually deviant Father Flynn and of his corrupting influence upon the boy narrator (1974). On the contrary, Lyons' suggestion of generalized arteriosclerosis, which could have triggered Father Flynn's three strokes, highlights his senility and the idea that the priest we encounter in the story is a man who has undergone a complex maturation process (1974, 263).

Some knowledge of medical history and medical theories will also yield a more comprehensive appraising of Joyce's social criticism. Alongside the focus on Irishness and Catholicism, the possibility of discussing how Joyce accepted, rejected or negotiated late nineteenth-century medical debates and theories in his fiction is likely to foster inter-disciplinary reflections in literature classes and greatly extend students' awareness of the specific socio-cultural period.

Moreover, I would like to suggest that medical students, too, can benefit from reading Joyce, for example during those narrative medicine workshops provided by several medical schools in the US and in the UK. Rita Charon coined the term "narrative medicine" to define medicine practised with narrative competence. Narrative skills, such as the capacity to hear, discern, absorb and interpret stories, enhance clinical expertise (Charon 2006, 862). Now that professionals' emotional involvement is no longer perceived as an obstacle to their professionalism, empathy is encouraged as a way of improving clinical performance. Through fictional and semi-fictional narratives on medical themes, health professionals gain access to a multitude of experiences which expands their appreciation of what Oliver Sacks called "that quintessential human condition of sickness" (1986, IX).

While Joyce's extensive use of physiological metaphors can alert medical students to the interplay between medicine and other discourses in society, learning how to interpret those among his texts that challenge traditional modes of processing information can assist students of medical history-taking to refine their analysis of the often fragmentary narratives of patients. Dr Joseph Collins, a New York City neurologist, wrote in an early review of *Ulysses* that he had "learned more psychology and psychiatry from it than [he] did in ten years at the Neurological Institute" (1922). As Stephen L. Daniel highlights in "The Patient as Text", hermeneutical activity, which at first glance is mainly associated with humanistic inquiries, is in fact crucial in key phases of medical practice: diagnosis, prognosis and treatment selection (1986, 196).

In conclusion, I would argue that the medical component in Joyce's work calls for more medical informed readings. As I hope to have demonstrated, they could be profitably integrated in a variety of teaching modules and provide thought-provoking educational material. In addition, they are likely to enhance our appreciation of Joyce's creative process, as well as offer new, inter-disciplinary stimuli to approach the Joycean corpus.

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