

doi: 10.15584/tik.spec.eng.2020.16

A Creator's Illness as a Source of Memory and Forgetting: Selected Examples

Bernadetta Darska

University of Warmia and Mazury in Olsztyn, Poland

ORCID: 0000-0003-2531-0905

Abstract: In the present article I examine autobiographical works in which writers reveal their illnesses. I am interested not so much in the description of a given ailment, but rather in the embroilment resulting from being ill and from the persistent conflict between memory and forgetting. Becoming aware of the illness turns out to be a critical point, forcing the writers to re-evaluate their own lives. Consequently, memory and forgetting assume a new status. I also attempt to juxtapose the universal nature of being ill and the intimacy of this experience; I point out the similarities and differences involved in dealing with illnesses, the common denominator of which seems to be the necessity of confronting the limits of memory and the expansiveness of forgetting.

Keywords: illness, memory, forgetting, limit

Ways in which writers cope with the deficiencies of their bodies seem interesting for at least several reasons. First, their ability to describe fictional worlds probably gives them increased sensitivity in the depiction of their own experiences. Second, not only a writer's talent can justify such interest as the power of influence of the novel also seems to play a role. Reading a text that is a record of a struggle with an illness of a famous person, recognised for their creative works, assumes an educational dimension, many times becoming an inspiration. The reader can gain strength to face their own problems thanks to a given novel, so the therapeutic dimension cannot be underestimated. Third, describing one's own illness becomes an interesting reflection over renegotiating the location of memory and forgetting in one's own biography. When the body reveals its deficiencies, remembering the past and memory of the present take place on according to different principles than when we are healthy. What comes to the fore is the ailments, pain, everything that rescinds the existing comfort of functioning. As a result, certain relevant points of reference from everyday reality have to become forgotten, while other ones in relation to the present day are committed to memory. Temporary recoveries also have their significance.

They usually offer illusions thanks to which remembering and forgetting proceeds according to different principles. Everything that is happening “here and now” becomes subjugated to the body,

The present article is an attempt to reflect on the stories of writers about illnesses. The experience of suffering is situated in the context of continuous relationship between memory and forgetting. The eponymous triad exposed by Paul Ricoeur, namely: memory – history – forgetting, also has a significant meaning in this case.¹ Both remembering and forgetting related to illness become an inseparable part of a biography, thus the private history of the creator. Loss of health enriches memory which is still deprived of a part of reminiscences due to the intensive impact of the present.

I am interested in autobiographical texts where an author describes their illness. Special attention will be paid to limitations related to the body and their consequences for the functioning of the process of memory and forgetting. I am not attempting to create an archive of illness. Rather, I try to show (based on selected examples) different ways that some authors have used to describe their own limitations and to see the resemblance of some stages related to negation and acceptance of the decline in bodily condition. The reflection I offer is one of the possible versions of stories about authors’ illnesses created, rather than an opportunity to show a closed, full and finite history.

Jerzy Pilch focuses on the fact that some authors pass over their illnesses in silence:

In Poland there is no tradition [of writing about illness – a comment by B.D.], one of the first testimonies are powerful books by Jerzy Krzysztoń about schizophrenia. But if for instance William Styron had not written *Darkness Visible*, our knowledge about depression would be infinitely smaller. [...] Herbert did not write *Darkness Visible*, although he had material. As we know, his whole life he pretended to be an Olympian. Barańczak did not write about Parkinson’s either, although we do not know exactly what was left in the papers. I greatly valued the poet Tadeusz Nowak. Nowak had a missing leg, he had a prosthesis. You have to read his poems very carefully to notice any signs of disability. He did not write an essay entitled “My one-leggedness.”²

The quoted fragment of the writer’s statement (one of the literary figures described in this article) constitutes a clear suggestion that Polish writers rarely make illness their literary theme. The examples below will partly reveal the complications related to the gesture of exposing oneself. It can even be said that they are a part of the so-called unconventional histories,³

¹ See P. Ricoeur, *Pamięć, historia, zapomnienie [Memory – History – Forgetting]*, translated into Polish by J. Margański, Kraków: Towarzystwo Autorów i Wydawców Prac Naukowych Universitas, 2012.

² *Inne ochoty*, Jerzy Pilch in conversations with Ewelina Pietrowiak, part 2, Kraków: Wydawnictwo Literackie, 2017, pp. 35–36. All quotations from the Polish sources have been translated by Łukasz Barciński.

³ I refer here to the concept formulated by Ewa Domańska, describing previously marginalised narratives, but revealed and analysed in the contemporary times thanks to strategies typical of the new humanities. See: E. Domańska, *Historie niekonwencjonalne. Refleksja o przeszłości w nowej humanistyce*, Poznań: Wydawnictwo Poznańskie, 2006.

usually cast into the shadows and unexposed. The sincerity displayed by the writer can be connected with potential trust in the reader, but also with an awareness that the description of one's own suffering can become literature. In the case of all the discussed works in the article we are dealing with autobiographical forms. Diary notes are intertwined with an attempt at reconstructing one's own biography or a fragment thereof. Autobiographical fiction, in turn, imposes the possibility to easily read motifs from the life of the creator. Speaking of pain occurs in the case of some writers on the borderline of confession and creativity. The awareness of creating a literary text does not cancel the readiness for confession and opening up to a story of intimate character.

Tumour. Revealing the dark side of own physicality (Maria Pawlikowska-Jasnorzewska)

Ostatnie notatniki [Last Notes] by Maria Pawlikowska-Jasnorzewska are notes revealing the naturalistic dimension of the final part of the author's life. The language she uses differs from that which she uses in her whole literary career. The autobiographical notes are characterised by a focus on the body and exposing the pain experienced. Although the poet has an increasing awareness of the approaching end, she does not cease to write, and this activity can be seen as work undertaken for the sake of her memory. Recording the hospital experiences and brutality of what is related to the sudden necessity of focusing on her own body, but also the feeling of loneliness in this expansive attack of physicality – all reveals that we are dealing here with notes marked with sadness, transience and a sense that forgetting could be an incredibly effective aggressor.

Pawlikowska-Jasnorzewska is aware that she finds herself in a critical condition. Mortality reminds of itself with the help of the body exceptionally intensively in this case. Limitations related to illness reveal what is lost and at the same time falsely deceive with the soothing effect of forgetting. In the introduction to her *Ostatnie notatniki* and *Szkicownik poetycki II* [Poetic sketches II] by Tymon Terlecki, we find a fragment of the poet's letter:

I still think that these are my last days. I am lying in the ghostly suffering of the lower back, and the continuous injections of coramine and morphine are bound to finish me off. My paralysis reaches the waist and is as heavy as a plaster cast. I cannot imagine that I could be in such a pitfall. I would like to be carried away from the forest and abandoned among ferns and grass, concealing branches and total solitude, have soil as the only nurse and drop into a deep sleep undisturbed by a dutiful nurse with her thermometer or tea. I understand now the shame of animals when they hide their suffering. Doctors refrain from giving any opinions about me. [...] In any case I am completely ruined.⁴

⁴ Cited after T. Terlecki, "Podzwonne," in: M. Pawlikowska-Jasnorzewska, *Ostatnie notatniki. Szkicownik poetycki II*, Toruń: Algo, 1993, p. 9.

The poet feels foreignness towards her own body. At the same time she cannot forget about it since her constant suffering reminds her of physicality. The intimacy of pain is violated by the necessity to experience it with other people, for whom the woman's illness is another difficult case to overcome. It may be concluded that the poet feels objectified because of being perceived solely by means of her body. Everything that previously ordered her everyday life becomes forgotten. The intensity of feelings occurring here and now comes to the fore. The memory of suffering is what determines today and negatively influences the perception of what will happen tomorrow.

The author's notes with their rhythm resemble a burst from a machine gun. These are a series of short sentences documenting the reality, in which the author functions. The illness is the focal point in this story since it cannot be forgotten and the incessant remembering about the troubles with health is related to the necessity of observing what strengthens the feeling of alienation in relation to her own self. The poet, for instance, records the secretions the presence of which makes her, first of all, a physical person. State of mind becomes of secondary importance as physicality is most important in the situation of an illness. Pawlikowska-Jasnorzewska writes e.g.:

In the evening again and in the morning also a little pale bloody discharge. When washing, I grazed myself – immediately much more blood [very] red. What sensitivity. I took bromine-iron – I am afraid terribly of my own uterus. A new pimple on my chin.⁵

In another excerpt she notes:

Too beautiful, too young I look and what came of it? At about seven o'clock, sitting on a wonky bench I got a haemorrhage with clots and so fast that I hardly managed not to lose the jelly on the stairs.⁶

She does not try to soften what she experiences. With honesty she writes everything that makes her think about herself, first of all, as a body – a sore, wrecked and suffering one.

Being sick is related with the awareness of getting old and the loss of everything that was previously important and meaningful. Pawlikowska-Jasnorzewska decides to commemorate everything that makes her mortal. Exhaustion of the body influences the need for archiving her ailments. The author records the medicines she takes, which parts of the body hurt the most, the totality of the experienced suffering, secretions, problems with ingesting food. Weakness turns out to be a gesture of gradually forgetting the past and ideas about the future. The most important and at the same time the most hated is memory, to which the everyday reality is subordinated. Bodily suffering dominates all other feelings. It forces the author to focus on her own physicality. It forces one to see a body in themselves and

⁵ M. Pawlikowska-Jasnorzewska, *Ostatnie notatniki*, p. 25.

⁶ *Ibid.*, p. 26.

opens them to the certainty of impending death. Aging, physiology and illness foreshadow demise.

Heart disease. Longing for life (Halina Poświatowska)

Opowieść dla przyjaciela [A story for a friend] by Halina Poświatowska is a combination of diary notes with extensive monologue and at the same time a letter. The addressee indicated in the title only seemingly locates the poet's memories in a very specific context. Although we can think that the friend is the blind prose writer, Ireneusz Morawski, still there are no literal clues in this respect, which results in reading Poświatowska's words not only as a story told to someone but as written down for herself without the presumption that the person the text is directed toward will read it.⁷ This entanglement seems to be of significance and justifies the intimacy of confessions of the author, allowing her to share the intensity of her experiences and giving the foundation to unrestrained vitality. The heart disease that the poet suffers from forces her to listen to the rhythm of her body and subjugates her everyday life to the rhythm imposed by the ailments experienced. The will to live wages war on the proximity of death, endurance puts a spell on the proximity of the end. It is possible to pretend that nothing bad is happening. You can even pretend that nothing bad is happening, and the taste of the moment nullifies everything that does not always taste good over time.

The poet attempts to make every effort not to remember about the illness. Writing is a way to remember and to restore the atmosphere that she does not want to forget.

I would like to remember myself as I was through all those years, which we passed together, days – during which our thoughts flowed in parallel, aware of their closeness; it was enough to write a letter, hold out my hand to meet your words, your friendly gesture. I want to recall our past, I want you to find the trembling of my living heart on the sheets which still white pile up before me.⁸

Reminiscences and describing one's own life becomes the celebration of a momentary success over the disease and recalling what gave joy and attested the sense of existence. Poświatowska is aware that every moment that is important for her is subjugated to what happens with her heart. The weakness of the body distances her from those experiences that would be available for her if the disease did not exist. Problems with breathing are treated by the poet as signs of a fear of life:

⁷ Together with the book by Poświatowska the following work is worth reading: I. Morawski, *Tylko mnie pogłaszcz... Listy do Haliny Poświatowskiej*, edited by M. Pryzwan, Warszawa: Prószyński Media, 2017.

⁸ H. Poświatowska, *Opowieść dla przyjaciela*, Kraków: Wydawnictwo Literackie, 1994, p. 7. The first issue of the book was released in 1967.

As you can see when finally I am able to breathe, I will have to live and I am afraid of life so much. I am not adapted, all these hospitals transformed my lungs into gills and I will not be able to catch a breath just when I could finally breathe.⁹

Anxiety related to other potential bodily experiences shows the inaccessibility of what may happen after the operation, but also the lack of points of reference in memory which could tame the alienation of what is still to come. The disease becomes the only reference point and even those moments that could be treated as attempts to attain normality at all costs are in fact based on remembering what is related to bodily ailments.

Poświętowska before the surgery in the US and Poświętowska after the successful surgery are two different people and they represent two different ways of accumulating and investing in memories. In the case of illness and her stay in Poland, all the activities that the poet treats as supporting life have a certain element of bravado and bargaining with fate for a little normality. This is especially evident in the case of the poet's amorous relationships. Accustomed to fear, the source of which is the heart, beating too fast and causing lack of breath, she tries to tame the accompanying anxiety and surreptitiously live as if she was healthy. The desperate opening to love and passion does not end well. Poświętowska's husband, who is also sick, dies. The poet knows how treacherous a body can be, but at the same time she still believes that finality will be understanding. The memory of amorous ecstasy is defeated by a sudden attack of illness, making her realise that what belongs to the past, even not the distant one, can only be reminisced about, and should not be treated as something stable, given forever. The author writes:

After the wedding night I got a high fever and when I was lying red hot, this boy whose lips (still warm a few hours ago) seemed indispensable, became distant and remote. I did not want to look at him, I did not answer his questions. I was indifferent to the fact that he was crying in the next room, which his mother reported to me. Now, when I had to fight with the panic of my heart, when every breath filled my chest with stabbing pain, I could not, I did not want to be interested in his fate.¹⁰

A sick heart reminds us of who has the power over the body and who decides to control memories. When the fever passes, the poet again desires the presence of a man. The lack of pain brings back the memory of passion and allows her to repeat these experiences thanks to which she can live life to the fullest. The husband and wife are not connected only by affection but also by illness. Both try to free themselves from it; however, forgetting about suffering does not eliminate its source. As a result, listening to your own body is not of amorous dimension only, but also, so to speak, existential.¹¹ In their case, each ecstasy confirms life, but also reminds them of the proximity of death.

⁹ *Ibid.*, p. 11.

¹⁰ *Ibid.*, p. 64.

¹¹ Grażyna Borkowska uses the expression of "insensible and unromantic" to define Poświętowska's attitude. The poet in fact often gives up prudence in favour of experiencing

Her condition after the operation is associated with rebirth. The poet decides to remain in the US, to learn the language and to study. She wants to learn about the world which was inaccessible to her so far. She is thankful to those who showed support and helped to finance her operation. However, she does not intend to meet her donors' expectations about her lifestyle. She is tired of being sick, and she wants to finally behave as if she was healthy. Better disposition and positive consequences of the treatment make the poet forget about her state from before the operation. Her memory opens up to new experiences. She does not want to focus on what has been before. She intends to shape her everyday life according to her own rules:

Gratitude pushes equally far as pain, does not want to remember any of the pre-operation days. Emboldened by its instigation, I think – my life was saved by people but after all it belongs to me, only to me, and I have the right to do anything I want with it.¹²

Her sick heart does not stop being stubborn.¹³ Poświatowska does not hide that she stands in awe of life. She desires to learn as much as possible as soon as possible, she opens up to new experiences, absorbs the reality, becoming a part of it. The intensity of experience creates an alliance with memory. The desire to preserve what is happening is as strong as the willingness to participate in a given situation. Becoming accustomed to the proximity of death results in the rejection of the memory of the illness when it is temporarily pacified. Forgetting therefore facilitates the foundations of a new memory, one that looks away from the necessity to listen to the rhythm of the heart in order to revel in everything that can be called previously inaccessible, thus exciting ordinariness.

Tuberculosis. The shadow of the unimaginable (Stanisław Grzesiuk)

The title of Grzesiuk's autobiography dedicated to his illness, i.e. tuberculosis, is an incredibly suggestive metaphor, revealing the patient's status, but also the stigma associated with some ailments. The book in question, *Na marginesie życia* [On the margin of life], turns out to be a story about social exclusion. It constitutes also a record of a certain era and proves that a community can be born among people even because of feeling the proximity of death. The author precedes his story with the following information:

the moment and romance for passion. This behaviour shows that we are dealing with a much more interesting personality than only an author of poems about love, which is the stereotypical image of the author. See: G. Borkowska, *Nierozważna i nieromantyczna. O Halinie Poświatowskiej*, Kraków: Wydawnictwo Literackie, 2001.

¹² H. Poświatowska, *Opowieść dla przyjaciela*, p. 119.

¹³ This is a reference of the eponymous expression from the poet's biography by Kalina Błażejewska. See: K. Błażejewska, *Uparte serce. Biografia Haliny Poświatowskiej*, Kraków: Wydawnictwo Znak, 2014.

I am not a doctor but a patient suffering from tuberculosis for fifteen years. I have been to a sanatorium ten times and undergone two operations. That is why I would like to describe the life of tuberculosis patients observed from the vantage point of one of them, from a patient's point of view. In my stories I would like to show the everyday life of the sick – the mentally weak and the strong.¹⁴

Threats related to tuberculosis are not the only traumas experienced by patients. Grzesiuk manages to commemorate the specificity of the times. Today the treatment of the described disease is different, months spent in sanatoriums are also a thing of the past, the biographic experiences of patients, measuring their strength with pain, are also not the same. The author does not focus only on his experiences, not forgetting about his companions, he is always a part of a group, in which he finds at least a few colourful characters. Consequently, we receive at the same time a characterisation of the patients and their customs, the portrayal of doctors and nurses, finally, we learn what the rooms and other places available for treatment of the sick look like. In a sense, therefore, Grzesiuk's book can be treated not only as a story of the author's experiences but also as an account of sanatorium life of that time with all its advantages and disadvantages. The author does not hide the hardships of his fellow patients. There are stories of social advancement, getting education despite the family's objections, reminiscences of participation in military activities during WWII or being a prisoner in a concentration camp, finally there are numerous stories about the rejection of a patient by his relatives after the discovery of his illness. Grzesiuk recollects:

In the camp, as a rule, prisoners suffering from tuberculosis were put to death. A frequent and strong cough led me to think that I had contracted a lung disease. That is why in 1944 in Mauthausen-Gusen mass X-ray scans of prisoners were conducted – another prisoner replaced me during the X-ray examination – a healthy one - to whom I gave my day ration of bread.¹⁵

When he is free, he does not believe that he can be sick. He dismisses disturbing information and when he returns to it, the situation will be much more serious than before. Sickness brings death closer – through threat, through anxiety, through the necessity to remember about that fact that health is not in a perfect condition. Knowing about the disease is what one tries to avoid. This is how Grzesiuk learns about the disease – as if he wanted to save the so far uncontaminated memory from contamination which will inevitably transform it. Along with the knowledge about the threat, the source of which is in his own body, thinking about the past, present and the future changes.

¹⁴ S. Grzesiuk, *Na marginesie życia*, Warszawa: Książka i Wiedza, 1987, p. 5. The first edition of the book was published in 1964. The publication can be treated as the third part of a trilogy inspired by his own experiences – the first two are *Pięć lat kacetu* [*Five years in a Nazi camp*] and *Boso, ale w ostrogach* [*Barefoot but in spurs*] (a portrayal of the pre-war Czerniaków).

¹⁵ *Ibid.*, p. 7.

Tuberculosis condemns the patient to isolation, constitutes a test of the bonds with other people, forces them to face loneliness and finality, also giving a basis to re-think the relation between memory and forgetting. Everything that seemed certain and unalterable becomes subject to cancellation when a disease is detected. Life before the illness and life with tuberculosis are two different stages. It is not surprising then that everything that is forbidden in a sanatorium is desired by the patients as it reminds them of the lost reality. The unauthorized leaving of the sanatorium premises, drinking alcohol, smoking, avoiding lying in bed – insubordination in this respect, although harmful to health, offers an illusion of freedom and control over one's own body. Tuberculosis contributes to being left on the margin of the society. Patients lose their jobs, their friendships wane and wives visit their husbands less and less frequently. The strength of the memory about the illness gains additional emotional reinforcement. Despair caused by a sudden consignment into oblivion by the world, so far accessible and close, forces a patient to renegotiate everything that seemed stable and unalterable. The necessity of focusing on one's own body does not erase the suffering of the soul.

A new community is created among patients. It is founded on their stay at the hospital and is related to regaining experience¹⁶ and shaping it according to one's own rules. Illness and the inability to forget about being sick unite and create solid foundations of bonds. Many months' stay at a sanatorium makes the artificial situation something that gives an illusion of normality. Patients spend whole days together, often living in rooms for many people, so they learn tolerance for the weaknesses of others but also the ability to fight for themselves. They joke, fool around, play instruments, have serious conversations, cover up for companions who violate the rules. Life from before the illness is set aside – as lost, slightly unreal, governed by totally different rules. It is subject to the coercion of forgetting. The intensity of the sanatorium experience cancels the past and forces the necessity to remember about what is happening today. The most important ability is to be able “to read” one's own body. Memory about what the body “tells” us, how it reacts to treatment, when it is ready for an operation, how it cooperates with doctors – all this makes the illness the main source of generating the information that guarantees survival and authenticates the fight for one's life. The ability not to brood over what has been lost becomes the first step to understanding that nothing will ever be understood completely. Everything will have to be learnt since the illness forces us to face alienation. How deeply we invest in the material of the new memory will result in its possible salvation.

¹⁶ Dorota Wolska writes about regaining experience in: D. Wolska, *Odzyskać doświadczenie. Sporny temat humanistyki współczesnej*, Kraków: Towarzystwo Autorów i Wydawców Prac Naukowych Universitas, 2012.

Aphasia. Struggle to regain language (Sławomir Mrozek)

Baltazar by Sławomir Mrozek is a work that focuses on the biography of the writer. The information placed in the subtitle, which concerns the genre, does not leave a shadow of doubt in this respect. The fact that we are dealing with an autobiography in this case has a slightly different significance than merely a factual one. The therapeutic dimension of writing comes to the fore. Coping with memory through the recreation of events from one's own life turns out to be not so much a desire to master the attempts made by forgetting, but rather a struggle to regain language. Mrozek describes the reason for creating the book in the following words:

On the 15th of May 2002 I suffered a cerebral stroke that resulted in aphasia. Aphasia is a partial or complete loss of the ability to use language, caused by damage to some cerebral structures. When I regained my speech and attempted to return to work, Beata Mikolejko, M.A., who is a speech therapist by profession, suggested that I should write a new book as part of my therapy. [...] As I was writing, my memory gradually came back. As a result, in September in 2005 when I was finishing the book, I was able to remember many more events, and I could also write them down. I hope that despite having submitted the book for publication, this process will continue and I will be able to use spoken and written language more effectively. I believe that with time I will recover my ability to write as much as it is possible after aphasia.¹⁷

The illness takes away the basic ability of a writer, namely the ability to speak.¹⁸ This lack is, on the one hand, a blow dealt to the body and the mind and, on the other, a clear attempt to cripple the author's creative work – language after all is its foundation. The memory loss experienced by Mrozek makes him partially helpless. Therapy based on recalling one's past turns out to be effective. By consistently standing on the side of memory, forgetfulness gradually begins to retreat, losing its power of destruction as it becomes pacified and tamed.

Regaining language reveals the excruciating pain inflicted by the illness. The writer's abilities become limited, and everyday reality must be shaped on different rules from now on. Clearly, Mrozek is satisfied with the success achieved in the uneven fight between memory and forgetting. Working with a speech therapist results in tearing away, so to say, a part of himself. Taking the side of memory constitutes work for the conscious creation of a new identity. Thanks to remembering, it is feasible to attempt to preserve the continuity between the time from before the stroke and after. Thanks to remembering, an attempt to maintain continuity between the time before

¹⁷ S. Mrozek, *Baltazar. Autobiografia*, Warszawa: Noir sur Blanc, 2006, pp. 9–10.

¹⁸ It can be said that disease attacks the coherence inherent in cultural memory. See J. Assmann, *Pamięć kulturowa. Pismo, zapamiętywanie i polityczna tożsamość w cywilizacjach starożytnych [Cultural memory and early civilization: Writing, remembrance, and, political imagination]*, translated into Polish by A. Kryczyńska-Pham, introduction and scholarly editing by R. Traba, Warszawa: Wydawnictwa Uniwersytetu Warszawskiego, 2008.

and after the stroke becomes real; thanks to forgetting it makes sense to redefine the current image and build new foundations for the active work of the mind. The weakness of the body is treated by the writer as a defeat:

And such is the outcome of my defeat: I knew a few foreign languages. After returning from hospital it turned out that I could not communicate in any of them. The Polish language, my native one, suddenly becomes unintelligible. I could not form any meaningful sentence. I could read; however, I did not understand what I read. I lost the ability to use a typewriter, computer, fax and telephone. I did not know how to use a credit card. I could not count and could not comprehend the calendar. I strongly objected to the necessity of walking outside into the street. I was terrified of meeting strangers. The only thing left was the ability to listen to music. I felt that I understood it much better now, especially when I close my eyes.¹⁹

The process of regaining oneself is based on constant confrontation between remembering and forgetting. Memory gives the opportunity to at least partially save oneself from the disaster; forgetting effectively condemns to non-existence. So, even if Mrożek does not hide that he was two different people before the stroke and after, then remembering, manifested in awareness of the past, allows us to speak of continuity inherent in the writer's biography. Taking the name of Baltazar, opening up to a new identity, finally playing with his own memory and participation in the spectacle in order to demystify forgetting, become transformed into an act of defiance against cancellation of what was. A conviction about the probability of assuming a new identity turns out to be the acceptance of the body, broken by the illness. As a result, what was supposed to seal the collapse actually becomes the foundation to celebrate something that is still to come. It is a farewell to youth and opening up to the experience of old age. Sławomir Mrożek describes his condition after returning to Poland when he could finally "settle down" in his routine activities after dealing with many everyday matters:

Only later could I look around to understand that I'm just getting older. Unexpectedly "aphasia" came to my rescue. It acted on me like a suicide that did not succeed but left some marks which cannot be removed. But I, by changing my surname and signing my name as "Baltazar," openly admit to being imperfect. From now on I cannot be praised or condemned for what I have written before aphasia since that man does not exist.²⁰

Denying his own life from before aphasia is, of course, a kind of game with his own biography and memory. Recognition of forgetfulness as a real threat does not lead to sanctioning its power but rather creates conditions to disarm and annul it. Denying the forgotten time actually constitutes the recognition of memory. What is a reference point must exist, after all. So when Mrożek contradicts his self from before the illness, in fact he recognizes in himself two identities that exclude and complement one another at the same time since illness opens up to possible contradictions.

¹⁹ *Ibid.*, pp. 244–145.

²⁰ *Ibid.*, p. 248.

Breast cancer. A foreign body (Krystyna Kofta)

Lewa, wspomnienia prawej [The left, a reminder of the right] is the title of a book by Krystyna Kofta, which records a time of illness. Although the diary entries are full of vitality, celebrating everyday life, discoveries of consecutive small raptures related to meeting people, her own activity and discoveries in the sphere of culture, simultaneously it is possible to notice the awareness of the end, the risk of becoming a victim of a terminal illness, finally, the necessity to fight and the feeling that the final battle has a meaning. The subtitle *Z dziennika* [From the diary] is not accidental as in its basic sense it constitutes confirmation of the autobiographical character of the notes, metaphorically directing the recipient's thoughts towards the subjectification of parts of the body. The breast that is no longer there has its memory, its time and its experience. Its removal forces the one that has always been in its vicinity to capture its memories. Mutilation of the body therefore deprives it of perfection and the existing balance. The left and right breasts have always been together. Now one can only recall the other, the one that has become the source of suffering, which acquires a specific status. It belongs to the side of forgetting since it does not exist but at the same time it cannot be forgotten – an empty space reminds of its existence.

What is a whole, in the experience of an illness, acquires the status of inhomogeneity. Fragmentation proceeds through the involuntary stigmatising of a defected element and treating it as something foreign. The days preceding information about the illness do not indicate anything. No signs appear, no symptoms that could be read as prophetic. Everything is the same as always, although in hiding lurks the inevitability of what is to come. Noting further reading, commenting on meetings with friends, including people from the front pages of newspapers, writing journalistic articles and following the rhythm of preparing texts for journals, drawing – all this does not prepare for the disaster. The reader is deceived and so is the author. She does not expect the sudden turn of events and that the protagonist and the narrator would be suddenly forced into a fight to regain what recently seemed something not necessarily worth conscious remembering. Keeping record of memories can be seen as work for the memory. However, before the illness is revealed, the notes resemble short commentaries on reality, just mentioning various activities, rather than analysing them, constituting a type of archive of everyday life – intellectual in its tone but still an archive.

When she receives the information about her serious health problems, the tone of her memories rapidly changes. The notes become reflective in nature, the author is clearly aware of writing down what might be called a private struggle for survival, while the issue of remembering and forgetting gains a different dimension. Documenting everyday life becomes transformed into a description of the illness. It is an attempt to record what

is felt by the body and a desire to listen to her own physicality. The need to remember herself from the times of pain is at the same time a declaration of taking the side of mindfulness and vigilance in treating the body as a source of not only pleasure but suffering. The memory of fear is also a part of the story – fear experienced in silence, fear confessed, fear that could easily become a scream if it were not for her self-control. Kofta writes about her decision to confide in Małgorzata Domagalik:

I don't know what got into me to tell her what has been bothering me for two months and about which I told nobody else. Nobody. I did not even write, avoiding the topic, out of fear. An ostrich with its head in the sand, with his buttocks sticking out, that's me in this situation. It started to get at me in my dreams. Thoughts started appearing during the day, disturbing the mind, disrupting work. For two months I have been feeling my breast. I feel in it a foreign body. A lump. It has not been there before.²¹

So we learn about the consecutive stages of the illness where memory and forgetting play a huge role. The appearance of a lump on the breast triggers intense activity of the memory. No other activity can drown out the constant memory of the disturbing discovery. Renouncing reality is ineffective, forgetting does not want to come despite the desire to experience its soothing power.

Examination and struggle with the tumour is another triumph of memory rooted in the present. The old life, which yesterday was still what was happening here and now, is forgotten. Everything becomes subjected to the struggle with the disease. The unpredictable determines everyday reality. The author decides to sever the whole breast, resigning from the so-called breast-conserving surgery:

If I was thirty, maybe I would be considering it but my breasts have probably depreciated in every respect. Breast-feeding and caressing, I've had it all.²²

Waking up after the surgery is like regaining memory – everything is slightly different; compassionate and reassuring mails from friends and acquaintances reveal a new quality of the relationships, regaining everyday life on the author's own terms becomes a certain type of struggle in which one skirmish is won but the next ones have to be dealt with as well; work becomes the confirmation of the victory. The time from diagnosis to the operation resembles a fragment of a biography, which could be called "a history in transit."²³ Intimate experience becomes a constitutive element of identity, simultaneously being a source of the author's new subjectivity.

²¹ K. Kofta, *Lewa, wspomnienia prawej. Z dziennika*, Warszawa: Wydawnictwo W.A.B., 2003, p. 103.

²² *Ibid.*, p. 110.

²³ Dominick LaCapra writes about a history in transit: D. LaCapra, *Historia w okresie przejściowym. Doświadczenie, tożsamość, teoria krytyczna* [*History in transit. Experience, identity, critical theory*], translated into Polish by K. Bojarska, Kraków: Towarzystwo Autorów i Wydawców Prac Naukowych Universitas, 2009.

The author realises that the character of her notes has changed:

What, the hell, am I recalling, I've got a diary for this, but when I was healthy, without the chemotherapy, reminiscences were occasional, a passing shower, now what? A genuine hail storm. It is the conviction that I don't have much more to convey than memory.²⁴

Establishing the present from scratch is related to the necessity of returning to the past. The feeling of her own mortality and physicality through the experience of the illness locates the author on the borderline between memory and forgetting. She recalls things she has not returned to for a long time. She sees the continuity of what was and what is. She opens up to the past. The intensity of experiencing everyday reality gradually returns, still in the background there is a feeling of salvation and regaining of what was endangered by the illness. Remembering suffering is at the same time the acceptance of the foreign in oneself and also opening up to the necessity of fighting the evil and gradually allowing oneself to live again like in the period before the illness.

Parkinson's disease. The awareness of one's own physicality (Jerzy Pilch)

The illness of Jerzy Pilch was noticed by readers, first of all, as a result of the considerable limitation of his presence in the public space. The writer himself rather discreetly rations information about his ailments, making the story of his body an element of a longer story about his life. The attempt to blur this thread by inscribing it in a series of more or less important issues results in the elimination of the effect of sensation. It can be said that the strategy is effective in terms of his image. Pilch decides to tell the story on his own terms and shapes the memory of his own biography and does not allow the media to take over the part of it that is associated with weakness of the body. Statements about his Parkinson's appear in an extended two-part interview with Ewelina Pietrowiak. The author makes no secret that bodily limitations influence his activity and embroil him in reflections about maintaining abilities that were previously obvious for him:

Now when I have a forced, I terribly miss writing, correcting. But I am also glad as it is a sign that my brain is working and I do not feel that I am in any sense mentally degenerated, maybe even quite the opposite.²⁵

Pilch calls himself "a writer of visible success."²⁶ In this context the awareness that the body refuses to obey, seems to be something exceptionally limiting. The media expect a healthy body, weakness can only be

²⁴ K. Kofta, *Lewa, wspomnienia prawej*, p. 243.

²⁵ *Zawsze nie ma nigdy*. Jerzy Pilch in conversations with Ewelina Pietrowiak, Kraków: Wydawnictwo Literackie, 2016, p. 38.

²⁶ *Ibid.*, p. 41.

a temporary sensation. The illness in a sense condemns him to non-existence in the media. Authorial meetings, programs on TV and the radio, signing books at fairs – all this becomes inaccessible.

The memory of the old body, conducive to activity, collides with the memory of the body, which in the present determines everything and makes it difficult. Pilch does not turn his back on the past; however, he does not decide to contemplate the uneasy situation he is entangled in. Confessions about the illness appear as one of the threads in the conversation and constitute only a pretext to an intellectual vivisection on himself rather than an attempt to pity himself. Focussing on the present simultaneously entails a greater attention to detail. Memory from “today” opens up to intimacy and discretion; memory from yesterday is the joy derived from recalling the previously “visible success.” Pilch is far from celebrating suffering:

Returning to the illness: it does not offer anything, especially an incurable one. Still we are waiting for a miracle. Americans have invented a new medicine for Parkinson's. [...] Everyone meets a similar end: a sick person sees it more sharply but invariably counts on a miracle.²⁷

He clearly gives us to understand that the illness reminds him of mortality and does not allow him to forget about it. In illness, memory and forgetting decide on a truce. Consequently, there will be no soothing erasure of all that reminds of health, there will be no opportunity to refuse to remember what is associated with suffering.

Pietrowiak ask about the first symptoms of the illness. Pilch answers:

I went to the doctor because I was seeking help with a tremor. I was completely helpless, everyday life became almost impossible. I could not button my shirt, drink with a straw, I could not hold anything in my hands. After the operation it's a little better, at least when I am sitting my legs are not shaking. Because I speak poorly, immediately when I open my mouth I give the impression of a very sick person. They speak better even from a coffin.²⁸

One could say that Pilch hears a request to recall the beginning of the disaster. Reconstructing the history of the illness turns out to be the final act of taking the side of memory. The writer learns how to live with the suffering and alienation of his own body: “My point is that all this is unpredictable. Pain might not appear, or might appear in the evening, or perhaps in a week.”²⁹ He talks about his problems with speech and the swelling of his feet. Reflection related to bodily limitations and the necessity to gradually restrict activity in the public space also appear in *Dziennik* [Journal] and *Drugi dziennik* [The second journal].³⁰ Pilch does not shun auto-irony, he makes sure not to become sentimental. In his texts there is no exhibitionism. The writer asserts for instance: “The illness is not the worst tragedy; the

²⁷ Ibid., p. 70.

²⁸ Ibid., p. 73.

²⁹ *Inne ochoty*, p. 31.

³⁰ See: J. Pilch, *Dziennik*, Warszawa: Wielka Litera, 2012; *Drugi dziennik. 21 czerwca – 20 czerwca 2013*, Kraków: Wydawnictwo Literackie, 2014.

worst tragedy are the experts on your illness.”³¹ He notices transience and thinks about himself in the context of memory and forgetting. Especially the texts published in the second volume are of a reflective character, signalling at the same time the impact of illness on everyday life. In the conversation with Pietrowiak, Pilch does not hide that he succumbs to thinking about death, however, ultimately he sides with life:

You tactfully avoid it but let’s say it bluntly and ask whether I have, for instance, suicidal thoughts. In a sense of course yes. On the one hand, there is not one day without such thoughts. On the other, between the thought and actually striking a blow against oneself is an impenetrable abyss.³²

If those thoughts can be identified with the longing for forgetting, finally, the writer chooses the risk inherent in remembering. It seems to be a sad conclusion; however, the fact that Pilch comes to it proves his courage and the readiness to face what is forever lost: “What an illness means – you start to comprehend when there is no reference to health, when the previous healthy incarnation is totally forgotten, erased, as if it has never existed.”³³ The awareness of passing away entails the perception of the inevitability of forgetting with simultaneous discovery of freedom consisting in remembering.

Instead of conclusions

The examples of an autobiographical description of one’s own illness presented above show both the similarities and differences inherent in the fact of experiencing a loss of health. As long as the struggle with limitations is possible, the authors attempt to nullify the threat by renouncing reality, pretending that the situation is better than might be inferred from the symptoms; they save themselves with excessive vitality and sense of humour. Along with the acceptance of mortality related with the illness, there are reflections concerning leaving this world and loneliness that accompanies the final moments. Only the awareness of the illness and the fact that it has become a part of their biography makes the writers learn how to live with pain. Their reactions are as diversified as the people whom the pain affects. They learn a different kind of celebration of every day, their attitude to the past and the future also changes. Remembering and forgetting, previously treated as processes naturally accompanying life, start to be identified with activity that influences survival. Paradoxically, neither memory nor forgetting can be located unambiguously on the side of passing away or further activity. Illness tells some people to forget everything that was, giving others

³¹ J. Pilch, *Drugi dziennik*, p. 179.

³² *Zawsze nie ma nigdy*, p. 73.

³³ J. Pilch, *Drugi dziennik*, p. 180.

the opportunity to return to the past. For some it is the crowning of the triumph of forgetting, for others – a triumph of memory overcoming the weakness of the body. The writers are forced to re-evaluate their thinking about transience and time. What seemed distant, becomes very real. The proximity of the end intensifies experiences limited by suffering but gives rise to the habit of listening to one's own body and to the acceptance of the body on different principles than previously.³⁴ As a result, the ability to open up to the illness-imposed determinants of memory becomes an important capability as is the readiness of recognising (so partially forgetting) the reality from before the illness.

Translated by Łukasz Barciński

Bibliography

- Assmann J., *Pamięć kulturowa. Pismo, zapamiętywanie i polityczna tożsamość w cywilizacjach starożytnych* [Cultural memory and early civilization: Writing, remembrance, and, political imagination], translated into Polish by A. Kryczyńska-Pham, introduction and scholarly editing by R. Traba, Warszawa: Wydawnictwa Uniwersytetu Warszawskiego, 2008.
- Błażejewska K., *Uparte serce. Biografia Haliny Poświatowskiej*, Kraków: Wydawnictwo Znak, 2014.
- Borkowska G., *Nierozważna i nieromantyczna. O Halinie Poświatowskiej*, Kraków: Wydawnictwo Literackie, 2001.
- Domańska E., *Historie niekonwencjonalne. Refleksja o przeszłości w nowej humanistyce*, Poznań: Wydawnictwo Poznańskie, 2006.
- Grzesiuk S., *Na marginesie życia*, Warszawa: Książka i Wiedza, 1987.
- Inne ochoty*. Jerzy Pilch in conversations with Ewelina Pietrowiak, part 2, Kraków: Wydawnictwo Literackie, 2017.
- Kofta K., *Lewa, wspomnienia prawej. Z dziennika*, Warszawa: Wydawnictwo W.A.B., 2003.
- LaCapra D., *Historia w okresie przejściowym. Doświadczenie, tożsamość, teoria krytyczna* [History in transit. Experience, identity, critical theory], translated into Polish by K. Bojarska, Kraków: Towarzystwo Autorów i Wydawców Prac Naukowych Universitas, 2009.
- Morawski I., *Tylko mnie poglaszcz... Listy do Haliny Poświatowskiej*, edited by M. Pryzwan, Warszawa: Prószyński Media, 2017.
- Mroźek S., *Baltazar. Autobiografia*, Warszawa: Noir sur Blanc, 2006.
- Pawlikowska-Jasnorzewska M., *Ostatnie notatniki. Szkicownik poetycki II*, Toruń: Algo, 1993.
- Pilch J., *Drugi dziennik. 21 czerwca – 20 czerwca 2013*, Kraków: Wydawnictwo Literackie, 2014.

³⁴ Konrad Wojnowski writes about so-called useful disasters. Admittedly, he means mainly cataclysms of any kind, and their representation in culture; however, this expression could be considered in the context of private, often physical or emotional dramas. In this sense an illness would be a disaster. The question remains whether it would be a useful one. As it is a part of life and some people can domesticate it to some extent, perhaps the controversial term by Wojnowski could be applicable here. See: K. Wojnowski, *Pożyteczne katastrofy*, Kraków: Towarzystwo Autorów i Wydawców Prac Naukowych Universitas, 2016.

- Pilch J., *Dziennik*, Warszawa: Wielka Litera, 2012.
- Poświatowska H., *Opowieść dla przyjaciela*, Kraków: Wydawnictwo Literackie, 1994.
- Ricoeur P., *Pamięć, historia, zapomnienie* [*Memory – History – Forgetting*], translated into Polish by J. Margański, Kraków: Towarzystwo Autorów i Wydawców Prac Naukowych Universitas, 2012.
- Terlecki T., “Podzwonne,” in: M. Pawlikowska-Jasnorzewska, *Ostatnie notatniki. Szkicownik poetycki II*, Toruń: Algo, 1993.
- Wojnowski K., *Pożyteczne katastrofy*, Kraków: Towarzystwo Autorów i Wydawców Prac Naukowych Universitas, 2016.
- Wolska D., *Odzyskać doświadczenie. Sporny temat humanistyki współczesnej*, Kraków: Towarzystwo Autorów i Wydawców Prac Naukowych Universitas, 2012.
- Zawsze nie ma nigdy*. Jerzy Pilch in conversations with Ewelina Pietrowiak, Kraków: Wydawnictwo Literackie, 2016.