The Sickbed

After a restless and disturbed sleep, I wake up in the morning, not feeling too well. I get out of bed, however, intending to start the day in the usual manner. But soon I notice that I cannot. I have a headache; I feel sick. I notice an uncontrollable urge to vomit and I deem myself so incapable of facing the day that I convince myself that I am ill. I return to the bed I just left with every intention of staying there for a while. The thermometer shows that my decision was not unreasonable. My wife’s cautious inquiry whether I would like something for breakfast makes the reason much clearer. I am really ill. I give up my coffee and toast, as I give up everything the day was to bring, all the plans and duties. And to prove that I am abandoning these completely I turn to the wall, nestle myself in my bed, which guarantees a comparative well-being by its warm invitation to passivity, and close my eyes. But I find that I cannot sleep.

Then, slowly, but irrevocably, a change, characteristic of the sickbed, establishes itself. I hear the day begin. From downstairs the sounds of household activities penetrate into the bedroom. The children are called for breakfast. Loud hasty voices are evidence of the fact that their owners have to go to school in a few minutes. Some money has to be found, and a backpack. Quick young legs run up and down the stairs. How familiar, and at the same time how utterly strange things are; how near and yet how far away they are. What I am hearing is the beginning of my daily existence, with the difference, though, that now I have no function in it. In a way I still belong completely to what happens downstairs; I take a share in the noises I hear, but at the same time everything passes me by, everything happens at a great distance. “Is Daddy ill?” a voice calls out; even at this early moment, it has ceased to consider that I can hear it. “Yes, Daddy is ill.” A moment later the door opens and they come to say goodbye. They remain just as remote. The distance I measured in the sounds from downstairs appears even greater, if possible now that they are at my bedside, with their fresh clean faces and lively gestures. Everything about them indicates the normal healthy day, the day of work and play, of street and school. The day outside the house, in which “outside” has acquired a new special meaning for me, a meaning emphasizing my exclusion.

I hear that the day has begun out in the street. It makes itself heard; cars pull away and blow their horns, and boys shout to one another. I have not heard the sounds of the street like this for years, from such an enormous distance. The doorbell rings; it is the postman or an acquaintance; whoever it is I have nothing to do with him. The telephone rings; for a moment I try to be interested enough to listen, but again I soon submit to the inevitable, reassuring, but at the same time slightly discouraging knowledge that I have to relinquish everything. I have ceased to belong; I have no part in it.

The world has shrunk to the size of my bedroom, or rather my bed. For even if I set foot on the floor it seems as if I am entering a terra incognita. Going to the bathroom is an unfriendly, slightly unreal, excursion. With the feeling of coming home I pull the blankets over me. The horizon is narrowed to the edge of my bed and even this bed is not completely my domain. Apart from where I am lying it is cold and uncomfortable; the pillow only welcomes me where my head touches it. Every move is a small conquest.

The Space of the Bed

The healthy person is accustomed to the daily change of work and sleep, of being up-and-about and of being in-bed. To him a bed is an attribute of the night which receives him again and again with the same gentleness. Ever night he stretches and tries
to find a pleasant spot for his arms and legs and for his head on the pillow. He erases
the leftovers of the day from his mind except the most pleasing ones, or he loses himself
in the unbridled fantasies of pleasantness. Sleep arrives. Sleep is the systole, the con-
traction of his existence, his coming to himself and his losing of himself within himself,
and the bed is the place of this systole. During the evening the world contracted itself to
his living-room of which the drawn curtains can emphasize the being-by-himself, or the
being together, while at the moment when he gets into bed this contraction reduces the
world to the bed, to the spot where his body lies, perhaps even to that little spot where
his head rests on the pillow and where he finds space to breathe.

This contraction can in no way be compared to the isolation in bed, experienced by
a patient. The sleeping person is not isolated; the world is condensed within him. He
“forgets” about it, he makes the world wait for him, he puts everything “between
brackets.” “Tomorrow” is the distance he creates between all things and himself, a dis-
tance which assures a complete rest. He lacks nothing; on the contrary he has gathered
everything into a silence. To the patient the world seems to shout or even cry out, while
to the sleeping person the world is quiet. It waits silently; everything will come back to
him tomorrow. Sleep is the promise of the future; the promise, not the future itself, nor its
anticipation. The latter would be what sleep means to those who are anxious about the
future, sleep which will not come only because it contains too much of the future already.
The chronic patient has nothing to anticipate. What will be coming is nothing but the bed,
which can never really become a future. His sickbed is not a promise, not a waiting, but
a permanent confinement. The patient does not put himself at a comfortable distance at
the beginning of the night; he himself is nothing but distance, a distance of another
character, not a comfortable one but an uncomfortable one.

His bed is not the systole of his existence. There is no systole for him, because the
diastole, the expansion, the outward movement the going outdoors, is lacking. When the
healthy person goes to bed, his bed still has the qualities of “outside,” if only for a
moment. It smells of the wind which blew through the open windows during the day, the
wind with its characteristics of summer or winter, of sunshine or rain. His bed is
impregnated with a tinge of the things and occurrences of the seasons. To the healthy
person it is as if he finds a trace of the decaying autumn leaves or of spring’s fertility, a
trace of the cold purity of recently fallen snow or of the damp coolness of fresh dew, a
trace of the warm vapor from the pavement, wet after a storm, whose far away thunder
still penetrates the bedroom. Every night he makes his bed his own; he accommo-
ddates his body in it. He fills it with the warmth of his healthy body.

The patient lacks all this. However well his bed has been aired—for a moment—its
warmth has never completely disappeared. The sheets are never as cool as he seems to
remember from the past. The blankets retain the smell of his body, of his skin and his
breath. His bed has the specific odor of his sick body. If Sartre’s observation that an al-
ways-present nausea reveals the physical quality of our existence is at all true then it is
true here—in the sickbed where the patient is continuously confined within the aura of
his own body, which has become repulsive in its diseased passivity. It is noticeable even
after a short sickness. After two or three days the bed has a definite odor. The smell of
the sheets, the pillow and the pajamas, of everything in close contact with the patient, is
a continuous reminder of an existence which knew no changes and which has become
stale. For some sick persons, the odor is characterized by the smell of rubbing alcohol;
for others, by that of a medicine, a hospital smell. In some cases the bed smells of urine
or feces which cannot be disguised by any amount of deodorant. Is it surprising, then,
that the patient revolts against his own body?

The Sick Body

The body is a healthy person’s faithful ally. At one time a mother’s hand bathed it—and through her gestures the child learned to dwell in it. A loving hand caressed it,
and the affectionate touch gave her the wonderful knowledge that her body is good, as
good as it was desired by the other person. The healthy person is allowed to be her body and she makes use of this right eagerly: she is her body. Illness disturbs this assimilation. Our body becomes foreign to us. An intruder makes it his headquarters and it becomes uninhabitable to the sick person. An ailment governs it, and makes it a proliferating tissue, excreting organs, a troublesome sore or a disturbing tumor. The body has become unfaithful. The trusted ally has become an antagonist, a fierce enemy. The sick person has to revolt against it. The caressing hand which made it her body and which perhaps still desperately tried to overcome its faithlessness, has become powerless.

The patient is acutely aware of this conflict. The healthy person is so much her body that she usually forgets about it. She passes on to it the duties it has to perform. It is those duties that tell her that she has a body. The steering wheel of her car reveals her hands to her, the pedal her feet, the slippery pavement the fragility of her arms and leg. Paper and pencil show her the dexterity of her right hand and the awkwardness of her left. And if she looks at her body, she recognizes the marks of the duties it performed. The soles of the feet may be callused, the knee bruised, the arms sunburned, the hands rough, the nails torn or damaged. Everywhere it is proved to her that her body is an instrument, a condition. This evidence is sought in vain by the patient. The patient's body becomes pale and spotless. The callused areas disappear. Even the soles of her feet look rosy. The skin is thin and the blue veins make it clear to her that the significance of her body can no longer be found outside, but within the body. It is not an instrument but an object, a prey to disease. It's a thing that is auscultated, tested and palpated by the physician.

The Time of Illness

The patient who does not stubbornly cling to the memory of his healthy days discovers a new life of a surprising intensity. He becomes sensitive to little things.

The healthy person is usually so much occupied by important matter of career, learning, esteem, and money that he is inclined to forget the little things. Yet at a closer inspection he has to admit that it is never these matters which mark his life. He retains a certain sensitivity for little things. When he wishes to recall his childhood he will not be able to do it by just remembering the date of his first day at school, or his best report, or the time that he was not promoted to the next grade. Not even the memory of the first time he saw the sea will bring his youth back to him. He will have to recall the noises in the house of his parents, the chiming of the clock in the hall, the rattle of a loose tile on the roof, or the small spaces where the house began to be his house: the corner in the attic, the trusted domain under the kitchen table, or the mysterious space behind the curtains when during the winter the lights were turned on. Of the important matters he will notice that they are anchored in accompanying incidental trivialities: a sad message in a momentary rustle of a light breeze through the trees, the birth of his first child in the soundless descent of snowflakes, the intimacy of his marriage in the dripping of raindrops on the windowpanes.

The sick person acquires a subtle sense for these little things. Better than anyone, he knows the rhythm of the day: the windows gradual transition from darkness to light early in the morning, the first ray of the sun shining in his room, the journey of the spot of sunlight on the bed, the floor and the wall, the busy noises of the day, the falling of the evening and the barely proceeding stillness of the night. Although the new perception of these things does not include the fact that he always liked them, in a very special sense they do become trusted or even dear to him. The patient hears the clock chiming once and wonders if it is half past three or half past four; after waiting half an hour, he only hears one chime, by which he knows with a sigh that it must be half past one; and then, after lying awake another half hour, he hears again that the tower clock rolls only one chime over the sleeping city so that the distance toward the delivering morning is prolonged with another half hour. Such a patient retains an unpleasant memory from
such a night, but knows at the same time that the night has become alive for him, as much as a stubborn, willful but nevertheless familiar friend.

As no healthy person, he knows the rhythm of the year. He becomes one with the hot silence of a summer afternoon. He welcomes the fly which takes possession of his room with a few fierce sweeps and then disappears outside through the window, leaving the silence and the heat to grow even worse. To him the dark days before Christmas are more than just a shortening of the day; and the host robin is an experience leading without effort to deep gratitude. He discovers a hyacinth grow and watches over the first flight of the sparrows which he heard grow up in the noisiness of their household under the eaves.—What healthy person ever saw a flower open, a caterpillar pupate or a butterfly spread its damp wings?

Visitors and Others

The visitor to whom the patient relates something of her new experiences has his own thoughts about it. "It is a relief for her," he thinks, and if others ask him how the patient is he replies that the patient has accepted her condition by becoming interested in a pot of flowers or a fishbowl. "Don't comment on it" he warns, "she will never get well anyway, and it is better this way." This misunderstanding on the part of the healthy person has induced a certain school of psychiatry to construct the theory of sublimation. The patient sublimes: she cannot satisfy her wishes in a normal way and finds substitutes. This theory is feeble without comparison. For no one has ever been able to explain how a desire becomes independent of the object which excited the desire nor how such a desire can change its course. Moreover, it shows a serious misunderstanding of the relation between sickness and health. If the healthy person states that a patient sublimes, he wishes to say that the sick person by-passes the real values of life and finds solace in poor substitutes.

Who misses more of life, the healthy person, when he throws himself into the avalanche of ever more respect, with an ever more wonderful house, an ever more expensive car and ever further reaching holiday trips, and consequently a frantic drive for money; when he throws himself into this avalanche which bears the dazzling name of "career"? Or the sick person who makes her room, her window sill, her window and her view a world full of significant and breathtaking events? Who—now in a completely different sense—is more ill? The illness of the body can be the condition for a soundness of mind which the healthy person misses easily. An existence devoid of sickness lacks the stimulus to live, just as an existence devoid of mental problems degenerates into complete insignificance. Probably there is no better guarantee for a really unhealthy life than perfect health. But this only means that health and an existence without conflict are not synonymous. The really healthy person possesses a vulnerable body and he or she is aware of this vulnerability. This results in a certain responsibility and this responsibility is never a matter of course.

If we understand the word literally, it is true that the sick person sublites. The sick person elevates his or her existence to a sublime level. But that does not prevent being disappointed at the realization of not being taken seriously by others. The bedridden person has to discover again and again that the distance toward the world of the healthy is very great, even greater than he or she thought. The patient lives in another world; the space and time of the sickbed are dimensions different from those of our useful, busy, noisy, healthy existence (which are often insignificant).