



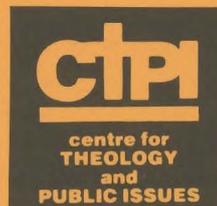
DISCUSSION PAPER 3

ENCOUNTERING ILLNESS

An open lecture by Dr. Michael Ignatieff

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26th December 1988

DISCUSSION PAPERS



CENTRE FOR THEOLOGY AND PUBLIC ISSUES, NEW COLLEGE,
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MICHAEL IGNATIEFF

An Open Lecture given at the Centre for Theology and Public Issues
University of Edinburgh, on 12th May 1989.

Nietzsche, in Thus Spake Zarathustra, imagined a future race of beings who had abandoned the pursuit of happiness for the pursuit of health. He called these diminished denizens of the future "the last men", and he said of them that "they have their little pleasure by day and their little pleasure for the night: but they respect health." He could see them jogging toward him: bright faced creatures in their tracksuits, hearts beating, lungs dilating, heads brimming with the music on their Walkmen. These last men and women would convert sex into recreation; the asceticism of religion into the asceticism of athletics; the regimens of introspection into the power of positive thinking; the human good - in all its tragic complexity - into the glow of physical well-being.

The gyms, squash courts, Nautilus rooms, swimming lanes, and saunas of the big cities resound with the thud and the grunt of the last men and women in pursuit of their grail. When polled, Americans commonly list health at the top of their preoccupations, ahead of love, work, or money, and identify good health ahead of any other alternative, including love, as the chief source of happiness. Health is a dawn to dusk regimen, with plenty of bedside reading. Books on health have displaced books on philosophy as sources of edification. In North American bookstores, Zarathustra nestles between Smart Cookies Don't Crumble and You Can't Afford the Luxury of a Negative Thought.

As Nietzsche argued, the ideology of health reduces Western ideals of self-knowledge and self-mastery to a regime of diet and exercise. Popular medicine is now the oracle of Nietzsche's last men. The American self-help tradition of Horatio Alger, Mary Baker Eddy, and Norman Vincent Peale now talks the language of immunology, biofeedback, and stress management. Yet the medicalization of American individualism has made it only more evident that pursuing the American dream is a punishing marathon.

If the health books are anything to go by, the race is nearly as hard on the winners as it is on the losers. All of the new books on health warn that American striving can be lethal. In Paul Pearsall's Superimmunity, the "hot-runner", the competitive overachiever of the American corporate ideal, is seen as a heart attack waiting to happen. These types destroy themselves by competitive stress, and their selfishness lays waste to the family networks called in to repair their self-destruction. The killer instincts that the culture encourages in the business class are killing off the killers.

Health, much more than ethics, becomes the limiting ideology of a predatory commercial culture. Indeed, the moral virtues of "caring and sharing" are increasingly valued in American culture because they are healthy, because the immunologists say that carers and sharers' coronary statistics are impressive. Nietzsche would not have been surprised. Zarathustra's "last men" have long since drawn back from capitalism red in tooth and claw: "They have left the places where living was hard: for one needs warmth. One still loves one's neighbor and rubs oneself against him: for one needs warmth."

The latest trend in health books is popular psycho-neuro-immunology. This science studies the feedback mechanisms between psychological states of mind (stress, anxiety, fear, serenity, and so on) and the body's immune system. Research now shows that chronic stress causes the adrenal glands to pump chemical messengers into the blood stream that inhibit the immune function. Conversely, immune activity in the body may "talk back" to the brain, with hormones apparently identical to the brain's own neurotransmitters. The hormones of the immune system can affect states of mind, even bring on depression. Medical researchers now confirm what holistic healing has always preached: that patients with a strong will to live and a supportive social network are more likely to survive traumatic illnesses such as cancer than those who are fatalistic and alone.

The soul - that conceptual ghost, banished by Cartesian philosophy from the feast of Western individualism - is making a sly return by the back door of science. The new soul is to be found by the microscope in the lymphocytes and macrophages of the body's immune system and in the chemical language of communication between brain and body. Popular immunology is now preaching the cultivation of this soul, just as medieval religious texts assigned exercises for the religious soul. Superimmunity proposes a regimen of exercise and mental gymnastics that promises that if you "master your emotions" you can "improve your health". There is a power immune diet designed to reinforce the body's natural defence systems.

The elective affinity is obvious between an immunology that says that patients can cure themselves and an American cultural credo that insists that the individual is the master of his or her destiny. There is an even deeper affinity between immunology and the secularized spiritualism of North American culture, which from Christian Science to California-style biofeedback has always preached the triumph of mind over matter.

In the next century, this new discipline - psycho-neuro-immunology - may have as much impact on the way we think of the mind-body relation as psychoanalysis did in the first half of this century. Already Newsweek predicts that the new science will lead us to consign Cartesian dualism to the museum of discarded concepts. Yet Cartesian dualism was never just an epistemological model. It was also the vehicle of what can be called moral Prometheanism: the view that man's reason makes him the master of both human and non-human nature. The Cartesian attack on the idea of the Christian soul was an attack on the idea that there was lodged in man a unity of body and mind that was God's rather than man's servant.

When Cartesian dualism is seen in this light, predictions of its demise seem - in the light of the new immunology - premature. For the new immunology is as much the handmaiden of Promethean individualism as the Cartesian view ever was. The message modern culture is likely to take from the new immunology is exactly the one Descartes took from his model of human nature: man's will will make him master of his fate.

Still, as Nietzsche would also have said, Prometheanism is cruel to those unequal to the task. It is especially cruel to the sick. This cruelty is evident in many of these books of medical self-help. Take, for example, Love Medicine and Miracles by Bernie Siegel, which has been at the top of the New York Times non-fiction paperback best seller list for four months. Siegel is a professor of surgery at Yale Medical School who believes that mobilizing a cancer patient's self-love and will to resist is just as important to the cure as early diagnosis and proper medical treatment. Siegel hugs and squeezes his patients, tells them to love themselves, believes that loving yourself is just as important to a cancer cure as prompt diagnosis and effective medical treatment.

Siegel believes that cancer is despair experienced at the cellular level. "If we ignore our despair," he writes, "the body receives a die message. If we deal with our pain and seek help, then the message is 'Living is difficult but desirable' and the immune system works to keep us alive." Thus far, the message is a perfect fit between immunology and upbeat Prometheanism. But Siegel goes on to argue not only that we get cancer when we fail to face psychic conflict, but that we get it in the organs where these conflicts are "somatized" or focused. Thus, he writes, "women who have unhappy love relationships are especially vulnerable to breast or cervical diseases." He goes on, "One patient, who had lost two husbands, had uterine cancer and (shingles) in one of her breasts. I don't think it was a coincidence that after two such losses, she developed diseases of two sex organs that would effectively keep other men away." We not only get the disease we deserve; we get the diseases we want.

Siegel insists that he is not blaming the victim, yet he writes that a patient's guilt about his own illness is "not entirely destructive for it often leads to a more realistic sense of participation in the onset of disease." The upbeat message of Siegel's book is Promethean: you can cure yourself. The downbeat message is punitively Puritan: if treatment fails, you have nobody to blame but yourself. The cruelty of moral uplift is most evident in a conversation Siegel records having with a patient named Sara who was awaiting surgery for breast cancer and whom he found smoking in her bed on the hospital ward:

SARA: "I suppose you're going to tell me to stop smoking."

SIEGEL: "No, I'm going to tell you to love yourself. Then you'll stop."

SARA: "Well, I do love myself. I just don't adore myself."

Who does ? If adoration is the positive mental attitude required for a successful battle against cancer, who can possibly meet the test ? Not for Siegel the health-giving virtues of irony, or the wisdom of Nietzsche's dark remark: "The time of the most contemptible man is coming, the man who can no longer despise himself."

Susan Sontag's Illness as Metaphor was the first to point out the accusatory side of the metaphors of empowerment that seek to enlist the patient's will to resist disease. It is largely as a result of her work that the how-to health books avoid the blame-ridden term "cancer personality" and speak more soothingly of "disease-producing life-styles", in the hope that a change of jargon will make it seem that they are going easier on the victims. Sontag's new book on AIDS and Its Metaphors extends her critique of cancer metaphors to the metaphors of dread surrounding the AIDS virus. Taken together, the two essays are an exemplary demonstration of the power of intellect in the face of the lethal metaphors of fear.

As Sontag observed in her first book, instead of taking comfort in the fact that half of all cancer cases can be cured, patients are so terrified by cancer's penumbra of dread that they actually refuse available remedies like chemotherapy. Likewise with AIDS. Everyone who tests HIV-positive is given to believe that they will develop full AIDS symptoms and die. But as Sontag points out, "It is simply too early to conclude, of a disease identified only seven years ago, that infection will always produce something to die from, or even that everybody who has what is defined as AIDS will die of it." In the long interregnum of our ignorance, however, those who test HIV-positive have to endure the cruel insinuations of cultural metaphor: that they are to blame, that they will die, that those to whom they have made love will die, and so on.

Metaphor, Sontag argues, is the bridge of fantasy used to close the gap between what we know and what we fear. Diseases whose cures have been found become just diseases; those we do not yet understand become metaphorical carriers of fear and loathing. AIDS makes it easier to think of all strangers as potential bearers of contagion. The intimate forms of solidarity among strangers (giving blood, giving the kiss of life) come under the ban of our metaphors of dread. This fits in nicely with a return to cultural and social convention.

Sontag also puts her finger on the non sequitur at the heart of popular immunology: the hypothesis that distress can affect immunological responsiveness and in some circumstances lower immunity to disease is hardly the same as, or constitutes evidence for - the view that emotions cause disease, much less for the belief that specific emotions can produce specific diseases. She argues that doctors, patients, and those who care for the sick should fight free of all the metaphors that present illness as a harbinger of death or as a proof of culpability. We should try, she writes, "to regard cancer as if it were just a disease, a very serious one, but just a disease. Not a curse, not a punishment, not an embarrassment. Without 'meaning'. And not necessarily a death sentence."

This is a project one can only admire, especially when it is proposed by a writer who happens to have survived cancer herself. But what does it mean? I think that Sontag wants patients to try to live through their illnesses with an attitude of intransigent individualism: shutting their ears to the metaphors of dread that hover about any life-threatening illness and refusing to succumb to the contagion of fear that always sweeps through those who are at their bedside.

Living without metaphor also means trusting the doctor, because only medicine approaches disease non-metaphorically. Sontag's advice is: "Get the doctors to tell you the truth; be an informed, active patient; find yourself good treatment, because good treatment does exist (amid widespread ineptitude)." Believing as she does that illness is best encountered as disease, Sontag is caustic about the trendy disparagement of disease-specific therapies and the preference for whole-body or holistic remedies. "Subjecting an emaciated body to the purification of a macrobiotic diet is about as helpful in treating AIDS as having oneself bled, the 'holistic' medical treatment of choice in the era of (John) Donne."

Given the strength of the fashion for holistic and alternative therapies, it takes resolution to defend classical medicine. But Sontag ought to have said more, in both of her essays, about the metaphors that govern our encounter with doctors. These metaphors not only include the equation medicine=science=truth, but the atavistic equation of doctor with magician, shaman, and miracle worker. Both Arthur Kleinman's and Arthur Barsky's work make it plain what a prison these metaphors have become for doctors and patients alike. It is difficult to get the truth out of doctors, as Sontag wishes us to do. The metaphors of medical omnipotence leave the doctor no room to confess error, and can reduce even articulate patients to awed silence.

These metaphors also encourage a ridiculous overmedicalization of human sorrows and ills. Susan Baur's study of the epidemic of hypochondria in American life indicates that Americans spend \$274 billion on health care, nearly ten percent of the gross national produce. Barsky's excellent polemic on the same subject shows, for example, that over one-third of the patients consulting doctors in general medical practice have no serious medical disorder. Hypochondria is indicative of modern individualism's persistent difficulty with reconciling itself to Fate, of its insistence that all dysfunction is a curable condition. As Baur points out, we present modern doctors with a range of minor disorders that pre-modern man would not have even considered illness, and we expect cures where no cure is either known or possible. The placebo effect - the fact that a sympathetic hearing from a doctor will often cure us of our hypochondria - is a sign of our body's unconscious prostration before the metaphors of medical omnipotence. Yet the more we define depression, sorrow, and pain as treatable conditions, the more insatiable we become for cures, the less reconciled we are to the instances when doctors cannot help us. As both Barsky and Kleinman argue, what Americans need is a little bit of irony, a capacity to see that they are making themselves ill with the frantic pursuit of health.

Furthermore, the metaphors that guide physicians' understanding of their art impede their own effectiveness as healers. As Kleinman shows in his brilliant and subtle criticism of modern medical education and practice, doctors are encouraged to think of patients as defective machines, and to think of illness as a malfunction of defective parts. Instead, both he and Howard Brody wish us to think of illness as a drama in the narrative of a life. Patients, for example, who come in complaining of back pain are only likely to respond to treatment when a doctor understands their symptoms as a protest at the burdens they feel are weighing them down. Kleinman believes that the whole patient will only be healed when the medical history a doctor takes down becomes nothing less than a life history. What classical biomedicine may understand only as a heart attack should be traced back into a life narrative: to tension at work, marital distress and/or a death in the family. Medicine will fail if it attacks only the disease and fails to treat the illness.

Kleinman's ideal of doctoring is humane, but it is also aggrandizing. On his model, good doctors should be psychotherapists, marriage counsellors, grief therapists, and family confidantes, or they should be prepared to refer patients to these specialists. Once their ambit is extended from disease to illness as a whole, there is no obvious limit to what they can advise or command patients to do. Patients reading Kleinman may wonder where, if anywhere, a doctor's authority stops. And doctors may wonder whether he is not asking them to take on more than any human can bear. Kleinman's biting effective critique of biomedical power ends up asking for still more.

Yet attempts to limit biomedical power through the law have not been successful. As a result of the spread of the doctrine of informed consent and the emergence of malpractice law, the doctor has lost much of the metaphorical ethos of father and shaman, and patients have ceased to see themselves as awed children. The two sides of the illness relationship now confront each other, at least in theory, as judicial equals. The benefits of this revolution are obvious, but so are its drawbacks: the empowerment of the patient has been set against the legalization of what was once a relationship of trust. Kleinman's book makes it clear that the emergence of defensive medicine - doctoring whose first concern is to avoid litigation - has undermined the mutual confidence necessary for therapeutic dialogue. Judicial empowerment of the patient and his therapeutic empowerment are sometimes in contradiction.

There seems no way out of this cul-de-sac through the law. The problem is indeed as Sontag describes it: how to build a relation between doctor and patient in which real individuals can exchange understandings, rather than enact the metaphorical roles of father and child. Crucial to this relation is a shared appreciation of the limited purchase of medicine upon fate, a shared stoicism in which the doctor and patient share an understanding of what medicine can and cannot do. In such a realm of understanding, it would be easier for both doctors and patients to admit the limits of their knowledge and face the consequences as partners, rather than as antagonists.

Stoicism, not surprisingly, is an ideal in retreat in the modern world. Until the advent of Pasteurian medicine in the late 19th century, stoicism enjoyed a certain prestige: all too often there was no alternative to its virtues of silent and heroic endurance. But now that so much illness has been conquered, stoic acceptance of biological fate is equated with fatalism and passivity. The "last men" of modernity have jettisoned a culture of endurance for a culture of complaint. But the stoic tradition always addressed itself to the question a culture of complaint cannot answer: When should I struggle, and when must I give in ?

Is it helpful or dangerous for a patient to think of his encounter with disease as "a battle", as "a struggle" ? Sontag is caustic about military metaphor, in the war against AIDS or the battle against cancer. She argues that military metaphor, when used to mobilize money and resources on a society-wide scale, personalizes and demonizes disease and diffuses panic instead of knowledge. This is the metaphor used in presidential speeches or American Cancer Society press releases. But what about the ordinary patient ? Should he think of his experience as a fight ? A fight to get well, or if that is impossible, a fight to maintain self-respect ?

All moral behaviour proceeds by metaphor. Some of it is pernicious, some of it is useful. How do we tell which is which ? Consider the characteristic anxiety of an Alzheimer's patient. Fifty times an hour they ask the same question; fifteen times an hour they go in and out of the bathroom,. Understanding their behaviour not as symptoms, but as strategies of struggle, helps those who care for them to treat these people as burdened adults, rather than as incontinent children. It would be so much easier for them to give up; faced with radical loss of memory, it would be rational for them to stop asking questions, and to abandon the problem of going to the bathroom to a catheter or to a nurse. Still, though the strategy of abandonment may be rational, it is not the one patients I know happen to choose. They go in and out of the bathroom because they know that incontinence is a degrading loss of personal control. Since they cannot remember when they last went to the bathroom, and since their control of bodily functions is uncertain, it makes sense for them to act "as if" they need to go to the bathroom. In these ways, they can carry on "as if" they were still the persons they wish to be.

To understand what they are doing in this way is thus to see them as struggling to maintain a pattern appropriate to a responsible agent. The question that Sontag forces one to ask is whether this imagery of the struggle is a metaphorical self-deception on the part of an empathetic spectator. Perhaps the reality is harsher. As their memory loses its capacity to correct and to restrain, the patient becomes less of an agent and more a creature of habits, more enslaved to automatic reactions, until all the attributes of agency are lost. The biology of tissue generation determines not merely the course of the disease, but the form and the content of a patient's apparent attempts to deal with it. In a vision of disease "without meaning", struggle is strictly beside the point.

Moreover, the moral approval that we vest in the idea of struggle may burden the suffering patient with expectations beyond his forces. As soon as we understand a patient's experience as a struggle, we can evaluate whether he is struggling hard enough, and we can begin to treat him as if we were coaches of some exhausted runner, shouting encouragements that ignore his diminishing resources. The immunological studies that show that those who struggle survive major illness better than those who don't vest struggle with survival value, and increase the temptation of a spectator to urge them to forms of struggle beyond their strength.

Hortative solidarity at the bedside is not always respectful of the immense solitude of the ill. Illness takes them into a foreign country: as such it tests the already limited ability of humans to put themselves in each other's skin, to empathise with them through shared memories of the same condition. To urge a cancer patient to struggle, to "win", when we do not know what the pain means to them is rarely authentic and, because the patient knows we cannot know, rarely convincing.

In thinking about the metaphor of struggle, we arrive at a paradox. It is good, I think, to wish to empower a patient, to conceive of him as struggling, as being in some degree responsible for his approach to the experience of dullness. The studies even show that struggling may improve the chances of survival. But it is not good to use metaphors of empowerment to create expectations that add our rack of moral achievement to his rack of physical pain.

All this helps us to understand that the language of responsibility, so central to our idea of personhood, is itself a moral metaphor. It applies to the density of determination that impinges on our every act an ideal of a sovereign self who triumphs - through understanding, through courage, through virtue - over that most demanding of our fates, the experience of serious illness. The philosophers may dispute how free our wills actually are. But there is little doubt that we need the metaphor. It is a need to be adequate to our fate, that we not be found wanting.

Why we have this need, I think, is largely a matter of the history of religion, the metaphorical images of man that we have inherited. These are now secularized in a modern language of agency that fits with the demands of an economic system and with a social system that rewards extreme exercises of self-reliance. But the demands of the metaphor of self-mastery are cruel. We should not think badly of a person who despairs under the weight of illness, who feels terror and horror at their own disintegration. It is easier to respect stoic courage than it is to respect shivering terror; but the bedside spectator must respect both.

The austere demands expressed in the language of responsibility and free will - encapsulated in the phrase "the will to live" - also teach us that the modern world, for very good reasons, does not have a vernacular of fate.. Cultures that live by the values of self-realization and self-mastery are not especially good at dying, at submitting to those experiences where freedom ends and biological fate begins. Why should

they be ? Their strong side is Promethen ambition: the defiance and transcendence of fate, material, and social limit. Their weak side is submitting to the inevitable.

To ask of modern people that they be reconciled to death with the equanimity of premodern peasants is to ask them to live without the psychic drives that have propelled us beyond premodernity forever. We do not die like peasants because we do not live like them, or think like them; and a good thing, too. The modern problem is not the problem of dying without religious consolation. The problem is that dying after illness can make the whole narrative of selfhood appear senseless. One can accept, as Sontag wishes us to do, that death is our natural fate, most honestly endured without any metaphysical consolation, and still feel in the grip of the metaphor of injustice, of the conviction that death is unfair because it has arrived before we have brought any order to the story of our life.

Yet if death is natural, if it is "without meaning", why should justice have anything to do with it ? Being run over on the street, a young man of 41, with two kids, half a novel finished, and a whole life to live, may be a misfortune, but it is not an injustice. The persistence of this absurd belief in the injustice of death, among those who no longer believe in a divine lawgiver, must be attributed to the persistent vitality of the metaphor that leads us to regard our life as a narrative that we compose as we go along, with a beginning, a middle, and an end. This is a metaphor that convinces us that we are the makers of our lives, when, in fact, chance and contingency and the dull determination of living all combine to push our lives into sequences we neither desire nor intend. To accept death is to accept much more than that we do not write the end of the story; it is also to appreciate that we don't write much of the beginning or the middle either.

Living one's illness without meaning and facing one's death without meaning requires us, therefore, to live ironically in relation to the Western metaphor of selfhood and its ideals of responsibility and self-mastery. We need to learn an ethic of ironical struggle, one that appreciates that we go into the battle against illness as underdogs. Is this a counsel of despair ? I do not think so. It is a counsel of solidarity with the human fate.

We have a model. Michel de Montaigne, afflicted with kidney stone, without any of the remedies of modern medicine, wrote in the 1580s at the end of his life: "You do not die of being sick, you die of being alive." He welcomed his affliction: "It is for my own good that I have the stone, it tells me that buildings of my age must naturally suffer some leakage, that it is time for them to begin to grow loose and give way." Montaigne's cheerful equanimity shows that resignation and the mastery of the self are not at odds. He took illness as his teacher, and in becoming its student, he became its master.

THE SPIRIT LIVES BY THE WORD

It is a June afternoon in Kamloops, British Columbia, and the heat hits you when you step of the Dash 8 on to the tarmac of the little municipal airport. All around the airfield, the hills are burnt bare and the air smells of pulp from the mills up the Thomson River. I've never been here before and I've come to see a man I've never met. All because of a letter he wrote to me.

The letter arrived after I gave some lectures in Canada about illness. I was attacking all those books you see on the news-stands in North American airports: 'The Power Immune Diet', 'You Can't Afford the Luxury of a Negative Thought', those merchants of the power of positive thinking who tell you: there's no such thing as a fatal illness, only a fatal attitude. I was saying that this American ideology is a mere matter of will. It may be good to struggle with illness, but it's also good to learn when to give in and be reconciled. Modern living is tough because we lack a category of fate and a language for accepting it. I was preaching the European virtues of irony and stoicism, against the unrelenting language of American uplift. My lectures reached Southill Extended Care Centre in Kamloops, B.C., and then I got Moe's letter.

In the lobby of Southill Extended Care Centre, the seniors in their wheelchairs are waiting for dinner: some are moaning, some are intoning private mantras, some are asleep with their mouths open, and some are staring out at the heat shimmer above the lawn. Moe's room is near the lobby and his door is open. There are pictures of his wife, Liz, and their four kids on the walls, some of their drawings from school, a poster of a Greek Orthodox icon, saying: 'Nuclear Free Zone, No Enemas Here' and another one saying: 'If Choking or Gagging, Sit Me Upright'.

Moe is lying on his side, facing a computer terminal and a printer, linked to his bed by a tube which rests on a block of wood next to his mouth. As I come around the bed, I see that he is a big man, my age with a full, strong chest that tapers off to long diminished legs hidden under the sheet. He makes a sound, a kind of gargle, and smiles broadly. Now I see how he wrote the letter: he blows a Morse code signal into the tube, which activates letters on the computer screen. The words tap out slowly on the screen: 'It was good of U to come.'

Moe has ALS, amyotrophic lateral sclerosis, or motor neurone disease. I looked it up in Taber's Dictionary: 'a syndrome characterised by muscular weakness, atrophy, spasticity, hyperreflexia, due to degeneration of motor neurones of spinal cord, medulla and cortex. Prognosis is very poor.'

He's had ALS for five years, and he's outlived all his doctors' predictions. I ask him what the doctors say now and slowly the answer taps out on the screen: 'They do what I tell them.' A big grin. He wants to show me how he phones. His wife, Liz, puts another tube up to his mouth and he blows out a number in Morse code which activates a computerised dialler. A speaker relays the phone ringing on the other end. When it answers, Moe can't talk, but Caroline hears the echoing

corridors of Southill Extended Centre, and knows she'd better look in on Moe.

Caroline is Moe's best friend, an English colonel's daughter who ended up in Kamloops, divorced and alone. Ten years ago, she noticed her hands ached when she was typing. Then she began to fall down stairs. It was a year before her doctor would admit she had ALS. She joins us at Moe's bedside, and she tells me what it is like to die. She says you feel you are hanging on to a bar with both hands, suspended in the darkness, and you want more than anything to let go, but you know you will die if you do. And then you do let go.

These are the most private of her thoughts, and she is sharing them with a stranger, because there isn't much time. She says she let go and then survived because she was visited by a spiritual power. I tell her talk of the spirit makes me feel uncomfortable. Moe is listening. Letters begin forming on the screen:

'Why did U come here ? The spirit ?'

I say: 'No, Moe, it wasn't the spirit that made me visit you. It was the word, the letter you wrote.' I said the line I remember best from it - five pages single-spaced, giving me hell for neglecting the spiritual factor in the human capacity to endure and resist illness - was 'there is a subtle, yet profound difference between giving up and letting go. Surprise. Even here you get to choose.' But how, I ask, can you possibly choose to let go ?

Moe slowly taps out: 'Feel that I have to choose to live even now which is hard for sometimes so tired. When I do this He takes care of me.'

Marissa, his daughter, sees this on the screen and gives him a punch on the arm: 'He's been trying to convert me too.' Moe breaks into a big grin and he taps her out a message: 'Read him your poems.'

'Oh Dad ! For God's sake !'

But she does, out of a school exercise book, poems about being in love for the first time, waiting for the boy to call, listening to his sorry excuses, and one about how black the night is when you stand alone in the woods. Moe's eyes shine.

He was a teacher, a big athletic man, and the diagnosis was devastating. As he told me in the letter, he spent a year being angry, then a year being afraid, then years fighting. In my lectures I had tried to imagine how a sick person could manage both to fight and to be reconciled, to struggle and to be stoic. Moe wrote back: 'Stoicism. Not much of a motivator.'

I tell him I loved that line, he smiles. Then he taps out: 'Only now I sense if I had become a stoic or a fighter, I would probably be gone by now. Rather, I face each day with a prayer.'

I tell him I can't pray, won't pray to someone who makes him suffer like this. Laboriously, he taps back: 'I am a physical wreck. I lie here; I cannot move; however, I can listen, speak a bit, think, pray, and relate. How is it that I can have lost so much, yet feel so much love? And where is it coming from?

I tell him I'm not so sure about the spirit, but I'm sure about the word. I look at him and think: this is what we really are when you strip us down to basics. He has become the word man, the one who taps out messages from deep inside the dark well of illness. I think: we are the word.

The dusk has closed in on the room. I've got a flight to catch back to Vancouver. I tell him I'm an old Russian and we embrace everybody, so I kiss him once on each cheek, and I say: we're not finished with each other. He makes a sound from deep in his throat and then commands the printer to print out a transcript of his conversation that afternoon, together with some poems he's written. As the plane lifts me up over Kamloops and above the white peaks of the Rockies, I wonder whether I'll ever see him again. I keep looking at that line in one of his poems: 'The child within calls out: how much further, dad?'

18

18