“I imagined a journal to take me through my seventy-ninth year to meet my eightieth birthday at its end. I had imagined a philosophical journal . . . the doors opening out from old age to unknown efforts and surprises,” May Sarton begins her journal *Endgame*. But, she continues, “I could not foresee that I would struggle through it with constant pain and increasing fragility.” “What was wrong,” she asks, rhetorically directing her question not only to herself and to her readers but, with the characteristic desperation of a patient, to her unseen physicians as well. Her answer is as blunt as a diagnosis: “First, the fibrillating heart; second, the lining of my lung filled up with fluid and made breathing difficult . . . ; third, the cause of my despair: irritable bowel syndrome. That is what gave me six to eight hours of pain every day.” (*Endgame*, 9) Even in her preface, Sarton acknowledges the challenges that dictating a journal about her illness will present: “There is always the problem of how much illness itself is relevant.” Rereading her text, she is “dismayed.” “Often there is no sentence structure. I can mend that, of course, but there is always the problem of how much about illness is relevant. How boring can I be? How self-enclosed in pain” (10). “Perhaps,” she concludes, imaging its usefulness to her readers, “this *Endgame* will give some comfort to fellow sufferers.” Despite that comfort, Sarton will fail to convey the daily reality of living with her illness in part, I will argue, because she is unable to overcome the idealized patient self that she creates to defend against the chaos of illness that threatens to engulf her.

“At the core of any illness narrative,” Arthur Frank has influentially written, “is an epiphany” (*Rhetoric*, 40). It is a religious construct in a medical context, promising rebirth
from the ashes of immolation. (Sontag, of course, vigorously resisted the moral metaphor of illness.) Approvingly citing the medical ethicist William May, Frank argues that “ill persons ‘tap new power, and appropriate patterns that help define a new existence’” . . . . “Any epiphany by definition requires at least some degree of Phoenix-like birth.” (42). Sarton was susceptible to the rhetoric of a Phoenix-like rebirth. She cherished the stone carving of the phoenix made by Barbara Barton for her garden at Wild Knoll. “This morning early the sun tipped its wings in fire . . . what a thrill” she gushed in her diary after its installation (House, 247). *I Knew a Phoenix* was the title of Sarton’s first memoir, and “The Phoenix Again” the title of the last poem in her *Collected Poems*, published in 1993. But the phoenix is a dangerous and demanding metaphor, for it promises a rebirth in imagination that finally cannot happen in the life of the ill, and underestimates the pain of the fire which reduces the sick self to ash. Just as Sarton hid from her readers the painful fact of Elizabeth Bowen’s refusal to see her after Sarton’s denigration of her partner Judith Matlack, a “treachery” for which she was never forgiven, as she will admit much later to her biographer, (*Sarton*, p. 311), so will she hide the truth of her illness, as she struggled, without success, to lift herself from its flames. The image of phoenix will be reduced to the cliché of a scarlet tanager, which concludes *Coming Into Eighty*, her last book of poetry: “And a magic bird/ Gathered up/ Into one overwhelming/ NOW!” (70).

The DSM-IV defines defense mechanisms or coping styles as “automatic psychological processes that protect the individual against anxiety and from the awareness of internal or external dangers or stressors.” “Individuals,” it continues, “are often unaware of these processes as they operate” (807). Within its “Defensive Functioning Scale” the DSM-IV arrays a number of these mechanisms which characterize the passages of *Endgame*. We find “altruism,” which “results in optimal adaptation in the handling of stressors,” listed
among other defenses which comprise the “high adaptive level.” *Endgame* is replete with examples of altruistic thinking. Early in the journal, for example, describing Nelson Mandela’s release from prison, Sarton writes “I have not cried for months, but Mandela has made me cry tears of something like joy, the recognition of such purity and power and hope” (50). Critics who have faulted Sarton for the copious amount of such content have failed to recognize its importance as a defensive mechanism, isolating and containing more distressing material. Continuing down the scale, the DSM cites repression among the mechanisms characterizing mental inhibitions at the compromise formation level. To give one example, Sarton, returning from a brief vacation at a friend’s house, writes on August 24, “on Monday I had one of the worst attacks [of diverticulitis] I’ve ever had—with very bad pain.” Yet the preceding entry for Monday August 20 makes no mention of it, focusing instead on her boredom, her meals, and her worries about her cat. The discrepancy is a telling one—only three days after the fact can Sarton mention her pain, even then safely insulated within an entry focusing on “home.” Lastly, the DSM places idealization, “characterized by distortions of self, body, and others that may be deployed to regulate self-esteem,” among the mechanisms of the “Minor image-distorting level” (808). The individual who idealizes, according to the DSM, “deals with emotional conflict or internal or external stressors by attributing exaggerated positive qualities to others” (812). And, I would add, to oneself, who is made “other” in that act of diary writing. This mechanism of self-idealization weakens the medical narrative of *Endgame* in particular and destabilizes Arthur Frank’s epiphanic “call for stories” more generally.

Sarton needed this array of defense mechanisms to protect her, and her readers, from the truth of her illness and the chronic pain which it causes. Diverticulitis, which afflicts 65% of people over the age of 85, is “an inflammation of small mucosal herniations
protruding through the intestinal layers and smooth muscle along the natural openings created by the nutrient vessels in the wall of the colon” (eMedicine). While many patients experience only mild discomfort, a minority endure pain so severe that it can be mistaken for appendicitis. “More severe diverticulitis is often accompanied by anorexia, nausea, and vomiting. Typically the pain is localized and severe and present several days prior to presentation” (eMedicine). (What this medical description refrains from saying is that this bowel disease, attacking the site of earliest social self-control, may also be accompanied by intense feelings of shame.)

“There are hundreds of varieties of chronic illness,” Arthur Kleinman has written in The Illness Narratives. “Several chronic illnesses are the norm among the frail elderly.” “For the chronically ill, details are all. To cope with chronic illness means routinely to scan minute bodily processes” (47). This scansion is far more fraught when coupled with chronic pain. “Chronic pain,” Kleinman continues, “involves one of the most common practices in the human experience of illness worldwide, a process I will refer to by the inelegant but revealing name somatization” (57). Kleinman describes somatization as communicative, conveying “personal and interpersonal problems in a physical idiom of distress and a pattern of behavior that emphasizes the seeking of medical help” (57). Sarton’s pain is ameliorated by a plethora of caretakers—doctors, nurses, friends, including “dear generous Janice Oberacker, who took a whole day out of her grueling job as president of the Portland Health Services” (61). And, I would add, by her readers.

It is this pain that Sarton seeks as much to contain as to express. Endgame opens not with words but with the talismatic photograph of Wild Knoll, her house, framed by two neat rows of daffodils. Its rooms will confine the discourse of her final illness. Other familiar photos are quickly interspersed in text to reassure her readers that little has changed in her
idealized portrait of herself—her cat Pierrot, a vase of flowers, and her desk. But the photograph of “my desk” in *Endgame* is a problematic image, a disheveled mess of papers graphically illustrating the impact of her disease on her life (44). Credited to Susan Sherman, her final caretaker *par excellence*, it stands in stark contrast to the triumphant authorial photograph that opens *Journal of a Solitude*, taken over a decade earlier by the *New York Times*, in which Sarton sits serenely at a pristine and sunlit table (10).

This clash between the idealized and the real can be seen at its most extreme in the early entry of May 4, written the day after her birthday. In it she describes herself lying like “an East Indian princess” beneath “two towering stems of white orchids” given to her by “dear extravagant Susan Sherman;” eating a “delicious lunch of shrimp, salad and [a] special strawberry sherbet;” and answering her phone “among six hundred cards and letters which had accumulated since last week” (14). Then in a swerve of breath-taking and, I believe, unconscious audacity, Sarton quotes a passage Teilhard de Chardin’s *Divine Milieu*:

> “Leaving the zone of human successes and failures behind him . . . he accedes by an effort of trust in the greater than himself to the region of suprasensible transformations and growth” (15). Such unconscious spiritualization can only be explained by the need to idealize what is essentially an experience of helplessness, a life lived on a chaise in which every word is an act of will. Indeed, Sarton will admit five days later in the midst of an entry devoted to fritillary bulbs, that “It is the sixth month now of being so debilitated that I cannot work” (17), a wrenching admission from an author who prided herself on her self-discipline as a professional. “There has been a long gap in this journal,” Sarton will admit three months later, “because I have been too ill to climb up to my study.”

A later entry of March 26 demonstrates a far less “divine milieu” at Wild Knoll. In it Sarton relates how Jerri Hill, “the charming young woman who has been coming two
mornings a week, to bring me my breakfast, tidy up, and do a small laundry for me,” quits after being subjected to Sarton’s abuse—“It’s hell! It’s hell!” she screams (294). “I had not meant you,” she explained in a letter sent after the incident and published posthumously (Selected, 349). As she explains more fully to her readers of her journal than to Hill, “What I had meant was that my life is hell because I had been waiting all morning—really since way back around five—to dare to take a suppository. So, “it’s hell was this waiting and the fact that I have to depend so much on what the state of my digestion is” (294). Following this statement, Sarton then quotes from “The Lost Tribe,” a sentimental poem by Ruth Pitter about exile, and speaks of herself as a European and an exile: “It makes me sick with homesickness to live in a place where I feel I am a pariah in spite of the letters”—those six hundred letters—“that come every day telling me what I have done to help this person or the other person” (295). Sarton, however, is not only an exile from Europe, which she left as a young child, she is also an exile from the world of the healthy, as Susan Sontag has written, and a pariah among the well. One glimpses in this record of an elderly, intelligent, civilized woman’s verbal abuse of a caretaker, the need to maintain the weakened façade of the idealized self in defense against the helplessness and indignity of illness. Her brief letter to Hill says far more in its few sentences than Sarton’s longer, lacrimous entry: “Extreme pain does not create good behavior. Very old, sick people had better be left to die as they can” (349).

“I could not beg you to come back” (349), Sarton writes to Hill, and yet she does, covertly, with the veiled threat of her impending death. Sarton seeks to hold the reader of Endgame in the same way and frets that she might not as her power to write fails her and she opts to dictate her entries. “I have been reading the text of this journal—proof reading it, I suppose one might say,” she writes on February 25. “I think it’s not very bad but also I’m
rather disappointed that it isn’t better.” Continuing, she places her finger on the human and creative problem, “I think that what does not come through—and that was because I was afraid of overemphasizing my physical distress—is that it really does not give an idea of how very ill I have been—unable to function as a normal human being” (254). Had Sarton been able to do so, would her diary have been a better record of her debilitating illness?

From our perspective almost two decades later one might argue that in Endgame Sarton anticipated the “blog” of the sick, who now can write daily entries to Facebook about the course of their disease and their state of health and mind. Sarton was right in fearing the rejection of the display she made of her sick self. Exposed, she was savaged for her effort. “Not a few university professors who taught Sarton saw Endgame as a black mark against her reputation,” Margot Peters noted in her biography of Sarton. “‘Even devoted readers must tire of such preoccupation with her bowels,’” she quotes a friend. “Lobsters and loneliness, diverticulitis and champagne” (383). Yet Sarton has given her reader a largely unedited narrative of chronic illness unique in its attempt to convey her illness with a diminishing artistry that is itself evidence of its argument. Fearing its limitations without understanding the underlying construct of defenses, Sarton only fleeting recognized that she told her reader far more about the desperation of illness and the strategy to survive than she knew. It is through a close reading of the unconscious defenses against the reality of illness like those we find in the narrative of Sarton’s Endgame that medical practitioners can learn to better perceive and treat the anguish of the sick hidden behind the idealization of the self.

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Works Cited:


The Silent Patient book. Read 43,139 reviews from the world's largest community for readers. Alicia Berenson’s life is seemingly perfect. A famous painter... She, the silent patient, is hidden away from the tabloids and spotlight at the Grove, a secure forensic unit in North London. Theo Faber is a criminal psychotherapist who has waited a long time for the opportunity to work with Alicia. His determination to get her to talk and unravel the mystery of why she shot her husband takes him down a twisting path into his own motivations—a search for the truth that threatens to consume him... Seventeen patients underwent self-expandable metallic colonic stent placement. Thirteen patients had acute obstruction requiring surgical decompression. The remaining four patients had stent placement for... There was a higher incidence of migration in treating extrinsic lesions versus colonic cancer, lesions in the proximal rectosigmoid colon, and those lesions requiring two stents. Migrated stents in the rectum could be retrieved with fluoroscopic techniques. Overall, placement of self-expandable metallic stents for acute colonic obstructions has proven relatively easy and safe to perform with great benefits to the patients allowing them to undergo elective surgical resection and avoiding a temporary colostomy. Newly discovered complications such as migration will need to be addressed. I think it’s Sarton’s parsing of what is a celebration of the blood that keeps on pumping, through loss and cold and leaps into the dark, lovers unkind, alongside an acknowledgement of mortality—that brings me back to these stanzas over and over again. There’s a certain comfort in thinking about self-reliance as a matter of flesh and blood and breath. It is all in myself, hope and despair. The heartbeat never stops. There’s something beautiful about the bitterness she stokes as she goes on, presenting the flowers, the light, the hope she lost like receipts of what he promised but did not deliver. Here is what I could have had. Here is what you took.