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MEDICINE AND LITERATURE: THE CASE OF FELISBERTO HERNÁNDEZ

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*"To be a good clinician you have to shut up and let the patient
be the most important person in the room"*

– Mark Vonnegut.¹

In this essay, I endeavour to enter the world of the fantastic with the help of medical inquiry methods at hand and mind. However, as it will be shown, the 'I' becomes one more character in the defining moment of attempting to grasp the fantastic from either the literary or medical perspective. My main intent is to question the medicalization of literature and turn the tide against such a movement, while also using it to provide hopefully valuable insight for the study of the fantastic. As Mark Vonnegut says, the patient, or the corpus,² is the most important person in the room. Likewise, I argue that the literary text is the most important entity in the reading room, for it speaks for itself.

In order to engage with the question whether a medical perspective can add to the understanding of fantastic literature, I am discussing a lesser-known author, the Uruguayan Felisberto Hernández, who was influential for important authors, such as García Márquez, Calvino, and Cortázar. I will further use one of Felisberto's stories as well as his own "explicación falsa" in order to introduce a discussion surrounding the benefits and dangers of a medical reading of literature. From Felisberto, whose stories and novellas focus mainly on the subjectification of objects and the impact of these objects upon subjects, I take a hypothetical diagnosis of the fantastic as a critique of narrative medicine. Felisberto,

for whom the senses are of utmost importance, appears to deconstruct – before Paul de Man but not unlike him – the oversimplification of literature readings and also to question the dialogism that may or may not be present in the fantastic literary genre.

At most, this essay intends to criticize attempts to make quick and easy work of literary criticism. Notwithstanding the rewarding sensation experts from other areas may experience when turning towards fantastic literature, I believe, as both patient and reader, that there is something more to be said about peoples' stories and tales. Fantastic literature reminds those in medicine and the sciences that there are textual aspects that cannot be easily grasped and that require a different point of access than medical discourse. By enabling the text to speak for itself, literary theory and medicine have the potential to mediate the bringing forth of a medication – a potential cure to medicalization itself.

Narratives: Medicare in Literature

Since its introduction by the physician and literary critic Rita Charon, in her 2006 *Narrative Medicine: Honoring the Stories of Illness*, an emerging school of thought has attracted scholars from literature and medicine to the "health humanities." Following this restarting point, one could witness not only a medical turn in the humanities, but also a 'humanistic' turn in medicine. For instance, a growing number of medical schools across North America now require courses on literature in order for physicians to graduate and be considered fully trained (cf. *Health Humanities Reader*). Additionally, other disciplines such as "disability studies" and "Mad studies" offer harsh criticism of the normalization and institutionalization of medicine and, therefore, of the patient. My interest lies not only in running a literature review of the medical turn to literary texts, but also in revisiting the medical experts' reading – and exercising some influence upon the interpretation – of literature. The themes of the author and authority are of special relevance here, as the medical approach normalizes, via diagnoses, what a certain person could have written and offers an explanation for those acts. Thus, a medical interpretation of literature can transform the acts of reading and writing into clinical practices, with potentially damaging implications for literary analysis.

Charon advocates what she terms "narrative medicine." In her view, this is a "medicine practiced with the narrative competence to recognize, absorb, interpret, and be moved by stories of illness" (VII). She appears to be a physician ready to being moved by her patient's anecdotal experiences. It strikes me that such a move would be considered a new wave in the medical practice. As has been shown through the works of theorists, including from Deleuze and Foucault, medicine since the

Enlightenment has had as its purpose to discipline the body by defining each of its organs and behaviours. Modern medical discourse framed its patients as subdued, passive entities to be diagnosed, medicated or operated on without other recourse. So, it is refreshing to learn of recent practitioners who welcome the opportunity to listen to their patients. Charon does admit that medicine has to renew itself in order to lose "its impersonality, its fragmentation, its coldness, its self-interestedness, its lack of social conscience" (10). Charon understands the position that medicine has taken, yet believes that physicians can change the course of their discipline.

Admittedly, narrative medicine attempts to create a reading environment that comprises both patient and doctor. The patient is recognized as a narrator whose stories call for the doctor's attention and understanding in order to arrive at a correct diagnosis. The patient, in a way, becomes a text to be read. There are traces of a hermeneutics at work in Charon's project, a specific reading to be made no matter how the reader (in this case, the doctor) may or may not be moved by the text. In Charon's words: "Narrative competence permits caregivers to fathom what their patients go through, to attain that illuminated grasp of another's experience that provides them with diagnostic accuracy and therapeutic direction" (11). My initial reaction was that narrative medicine intends to comprehend the patient's perspective in order to illuminate both the physician and the patient in the room. But then, I turned my attention to their reading and understanding of the corpus.

Both literary critic and physician are called upon to impose a diagnosis on their respective corpora, so Charon's approach may not be far from the practice of those involved in literary studies. "Like lawyers, teachers, historians, and journalists," she writes, "health care professionals have come to realize that they must understand these building blocks of stories in order to do their work" (41). The question, however, remains for both the critic and the doctor: "What does it mean to understand a story?" I take it that narrative medicine's reading considers the patient to be the "literary corpus," a text to be explained via practice. Such an analogy recalls Michel de Certeau's analysis of history and modern medicine. According to de Certeau:

Thanks to the unfolding of the body before the doctor's eye, what is seen and what is known of it can be superimposed or exchanged (be translated from one to the other). The body is a cipher that awaits deciphering. Between the seventeenth and the eighteenth century, what allows the seen body to be converted into the known body, or what turns the spatial organization of a vocabulary – and vice versa – is the transformation of the body into extension, into open interiority like a book, or like a

silent corpse placed under our eyes. An analogous change takes place when tradition, a lived body, is revealed to erudite curiosity through a corpus of texts. Modern medicine and historiography are born almost simultaneously from the rift between a subject that is supposedly literate, and an object that is supposedly written in an unknown language. The latter always remains to be decoded. ("Writing and Histories" 25)

The body gives material to the legal and normalizing discourse. Supposedly not yet "read" before it passes the threshold of the doctor's door, the body becomes a legible text, a written corpus to be decoded under certain and specific norms. Later in his essay de Certeau refers to 'heterology' as a discourse on the other, but "built upon a division" between that which nourishes it and the knowledge that is constructed out of it (25). The normalizing language code that de Certeau refers to, in connection with Charon's approach, poses the problem of how to comprehend the body and the text that it creates.

Sensation is crucial for both de Certeau and Charon in their analysis and understanding of the body. A similar stance is taken from disciplines that disagree with medicine, such as disability studies and Mad studies. According to Tobin Siebers, one of the main proponents of disability studies, "The pathologization of other identities by disability is referential: it summons the historical and representational structures by which disability, sickness, and injury come to signify inferior human status" (6). Sensations may not be entirely based on what the *body* feels or comes to understand, but they may also involve how the body is diagnosed. Pathology is not only a way to decode the body, as seen in de Certeau, but also of restricting signifiers and meanings to the corpus comprised by history and medicine. Normalization involves how the very sensations of the perceiver fall within the assemblage of the corpus: the patient becomes codified, but to a certain extent so does the physician.

Similarly, Mel Starkman, one of the first advocates of Mad studies in Canada, asserts that "Psychiatric inmates are victims, not of their 'madness,' but of these (no doubt well-intentioned) efforts to pigeonhole them and solve their problems in a 'scientific' way" (27). I take Starkman's point in the same direction towards initiating a debate about how to understand sensations. It is important, as Charon proposes, that physicians understand what patients feel, but also how the same corpus of knowledge that medicine has created affects the way the physicians are (or are not) able to connect and sense their patients.

I will be trying to incorporate Caron's dialogism, along with Starkman's and Siebers' caveats, into a reading of the fantastic, inspiring a relevant contact between theory and literature. When such point of contact can be established, health humanities and narrative medicine

begin to raise questions of share interest. Two researchers stand out in this respect: physician Jeffrey P. Bishop and anthropologist Cheryl Mattingly. Bishop's chapter, "*Scientia Mortis and the Ars Moriendi: To the Memory of Norman,*" in the *Health Humanities Reader*, begins by questioning health humanities, taking as its basis the similarities and differences between being humane, humanism, humanity, and the humanities. In Bishop's words, "The similitude of the names elides difference among the terms, differences that, when pointed out, make us feel uncomfortable. After all, who could be against *humanity* or against *humanism* or against the *humanities*?" (387). Bishop attempts to convey the differences that exist in the various practices of the humanities, at one end of the spectrum, and of medicine, at the other. Both disciplines are involved with humanity. However, they do it differently and the basis of "being humane" is lost in-between. For Bishop, that which is lost is the 'spiritual sensation' that he finds in the humanities but finds lacking in medicine. Medicine is a 'scientia mortis' and the humanities an 'ars moriendi.' Playing on Foucault's references, Bishop is describing medicine as a science of how to delay death and of how to die 'properly.' The humanities, on the other hand, allow for a more personal approach to life and death. To blend both into 'health humanities' becomes problematic given their differences. If medicine were to incorporate spirituality as part of the medical humanities project, this spirituality would end as a slave to numbers. Bishop states that,

[...] our spiritual assessments either become part of the totalizing tendency of the human sciences, or they are utterly irrelevant to those who are dying. As a point of contrast to the scientia mortis, I shall describe an ars moriendi, one that resists the instrumentation of spiritual experts. It is an art of dying grounded in ars vivendi; it is highly particular and local—and particularly storied. (389)

The tendency at the point of falling into the verge of death appears to be a reclaiming of spiritual grounds in order to feel more prepared. Bishop refers to research which points to an increased pattern of spirituality in the face of death. However, when this research is measured as per the norm in the sciences, Bishop argues that it loses its meaningfulness for the dying subject. "Scientia mortis" can be then related to de Certeau's "heterology," in which knowledge is shown to nourish that which nourishes it. The rise of 'spiritual experts' attests to Bishop – and to certain degree to de Certeau's – point: it is a practice of decoding rituals into a language available for the diagnostic. However, as far as Bishop's argument goes, life seems to elude becoming a narrative. In the face of death, those in their 'ars vivendi' and 'ars moriendi' come to comprehend

and feel something that might not have been present before.

Mattingly's work based on anthropological observations in Los Angeles hospitals pays attention to the racialization of medical care in the United States, but also turns its focus on the religiosity and affinity between patients in ways that defy scientific measurement. For Mattingly, "Hoping is no mere personal affair when it comes to health care in a multicultural urban hospital. It is a border activity" (6). As a 'border activity,' hoping is an example of those factors that an assessment fails to capture. Moreover, it is never easy to assert hope in the face of death. Thus, Mattingly asks: "How is hope cultivated in a border zone? How does this border practice shape hope for parents, children, and clinicians?" (6). Going back to de Certeau's argument in regards to the objectification of the patient, Mattingly takes a different and yet similar route: regardless of the evident racial discrimination against marginalized patients, the latter manage to strive for life on the fringe of death. Again, I must add, not only the medical institution itself defeats the narrative that Charon wants to find in medicine; there is also a live presence that escapes being grasped by diagnoses.

A Haunting Presence

A new spectre is haunting the health humanities: the spectre of fantastic literature. This part of the paper will concentrate on how the fantastic genre serves as a guideline to counteract what could become an over-narrativization of sensations that, as per de Certeau, evade the codification of the body. The fantastic, I argue, may be the source for such hope as it challenges the medical. The bare fact that there is not an agreeable definition among literary scholars on what the fantastic means or entails speaks volumes of its nature. In the following brief review of theoretical approaches, I shadow Spanish critic and writer David Roas's theory of fear. I also follow de Man's take on the fantastic as a genre that reverses the belief in dialogism.

Roas argues that the fantastic contains an element of fear, which involves the reader as a detective. Taking this argument as a basis of my own detective investigation into an indefinable literary genre, the question becomes, as Roas suggests, what does fear do in and by itself, and what does it entail? Before tackling fear, it is necessary to connect the dots from the discussion on the medical and how it relates to the fantastic. My argument is that stories of this literary genre defy the limits and categories that sciences in general and medicine in particular would like to see codified. Moreover, the theme of that sensation beyond words reappears with more force in fantastic literature. I will, thus, attempt to open a conversation between the health humanities and literary theories

of the fantastic.

In his book chapter “La amenaza de lo fantástico,” Roas states that “la literatura fantástica pone de manifiesto la relativa validez del conocimiento racional al iluminar una zona de lo humano donde la razón está condenada a fracasar” (9). The fantastic creates a paradox by itself: it cannot be defined, but only defied by codification, yet, it attracts the attention of readers and scholars, perhaps because of its challenging indefinability.

For Roas, the fantastic requires a supernatural element. It is an irruption from inside as well as an interruption of the real: “la irrupción de lo sobrenatural en el mundo real y, sobre todo, la imposibilidad de explicarlo de forma razonable” (18). What Roas attempts, thus, is not to explain the fantastic – this would be impossible as he had already stated. Rather, the Spanish critic considers the supernatural as a requirement in order for that sensation of fear to ‘shine’ and ‘illuminate’ an aspect of being a human that would be otherwise denied by reason.

Reason, groping from hope into fear as it does in the pages of fantastic literature, is not able to grasp that sensation that for these scholars speaks volumes of what it means to be human. Even within different approaches to the fantastic, newer trends intend to do away with the categories that were introduced by Todorov. Although very influential, Todorov draws rigid lines between genres and relegates the fantastic to a codification. For Todorov, fantastic literature confines itself to the fine line between the strange and the marvellous, and thus “puede desvanecerse en cualquier momento” (“Lo extraño y lo maravilloso” 65). Limits have specific meanings for Todorov, the implication being that the fantastic must fit in a specific site, with its own language and reasoning.

My own reading of Todorov, especially of the closing paragraphs of *The Fantastic: A Structural Approach to a Literary Genre*, questions his interpretive style. Todorov states that the task of literature “is to go beyond – otherwise it would have no reason for being; literature is a kind of murderous weapon by which language commits suicide” (*Fantastic* 167). Similarly to de Certeau, a blurry area appears to Todorov, within which an entity creates and nourishes itself from itself. Literature strives to survive by pressing language into a suicidal state. Literature takes everyday language, with its categories, structures, and practices into an ‘other’ level of discourse, where language dissolution appears imminent, yet, where again, its redemption constitutes a proof that a space of immanence – of survival – still exists. Secondly – and I am extending here Todorov’s view – literature is able to give force to its readers and writers. The stories that originate from the point between life and death become weapons rather than medical or chemical prostheses. Thus armoured, the human subject enters a new dimension previously unknown, wherefrom

dangerous narrative adventures are neither excluded nor lethal.

From the previous arguments there arise crucial questions regarding communication. If hope and fear shine in the face of death, how is language, even with literature as a weapon, able to provide an avenue for dialogue? Is language able to withstand the overwhelming intensity of hope and fear? Can fantastic literature or the stories of illness then become illegible for the experts? If that is the case, how is narrative medicine supposed to operate? Can medicine sustain itself in the haunting presence of the supernatural and its implied sensations of hope and fear?

The fantastic endangers reason, but not reasoning. To face a challenge is an opportunity to enrich the ways in which reason operates. I tie my own argument to Deleuze's "To Have Done with Judgment," where he views language as a war zone, a "... combat, combat everywhere; it is combat that replaces judgment." Judgment, in this sense, is the scientific element that tries to codify and subordinate. But even judgment enters the war zone as one more warrior, not as a virtue of reason above the battlefield, for such judgment would be wordless. Moreover, for Deleuze, "it is the combatant himself who is the combat: the combat is *between* his own parts, between the forces that either subjugate or are subjugated, and between the powers that express these relations of force" (132). In connection to fantastic literature as well as to narrative medicine, the patient, if endowed with literature as weapon, can become a writer of his or her own story. The unarmed patient, by entering that border or war zone – in this case the clinic or the hospital – is subjugated to forms of knowledge specific to medicine: violent, fearsome knowledge. Stories are personal not because they occur to people, but because they refer to the ability to escape a type of reasoning that restricts the subject from expressing their own sensations in full.

However, if the dialogue that Charon presupposes in medicine cannot take place in the simplest of its forms – as a 'real conversation' between a physician and a patient – what does this say of the fantastic? Does this shaking of the otherwise ungraspable sensations of hope and fear also have implications for fantastic literature and its relation to authorship and readership? To a certain degree, Roas, in his *Tras los límites de lo real: Una definición de lo fantástico*, believes that communication can be established in fantastic literature along the way. He argues that "[l]a cualidad fantástica de un texto no es nunca apriorística, sino que se establece a medida que avanzamos en la lectura" (63). In other words, even though tautological, the act of reading must liberate itself in order to read the fantastic.

Other theorists of fantastic literature, such as Susana Reisz and, more recently, Patricia García, argue that the fantastic, more than being paradoxical, tautological, or impossible, finds its space in the everyday

life. It is a literature that creates a space for itself, which, in relation to de Certeau's everydayness, is both an affront to codification and normalization by its own means. This is a normalization that cannot remain static, as it must continue to renew itself in order not to commit to a suicidal act, as Todorov shows in his book on the fantastic. Thus, Reisz, in her analysis of Argentine writer Adolfo Bioy Casares, asserts that "fantástica es toda ficción en la que lo imposible sólo admite una explicación fantástica" (209). That impossibility occurs in the mundane, which is what makes and gives it its fantastic quality. It is in that everyday terrain of life where the tautological of the fantastic, as what nourishes and constructs its epistemology and ontology, takes the fullest of its power. The fantastic becomes invisible; that is, the haunting presence that appears only in the face of death and the supernatural.

Similarly, García introduces the spatial turn in the humanities into the study of fantastic literature in order to demonstrate how fiction of this kind transforms readers into architects: creators of a livable space. According to García, "physical space does not provide the frame in which the Fantastic will appear; instead space *is* the Fantastic" (2). Her argument focuses on one modality of fantastic literature, where space conflicts with common perception. For the fantastic aspect to appear, the space has to be established alongside the story, rather than *a priori*, and does not allow for the naturalization of the supernatural. This, going back to the problems of narrativization, implies that, as García puts it, "[n]arrative [...] is always an incomplete testimony of reality, and since our means of expressing the real is narrative, all views on reality are necessarily incomplete" (3). Her pronouncements over the real seem to be a testimony of the paradoxical nature of fantastic literature: while it needs reality, it attests to the 'fact' that reality is incomplete without it. Reality, in order to be considered complete, needs the incorporation of the fantastic element.

Charon, however, does catch a glimpse of this fantastic aspect of the real. According to her, "[i]t is sometimes as if the body speaks a foreign language, relying on bilingual others to translate, interpret, or in some way make transparent what it means to say" (87). To put it into the fantastic context and the discussion about the body as a corpus, Charon's statement turns out to be a superstition or belief: 'it is sometimes as if.' Moreover, for Charon a translation is necessary to make it into reality; that is, reality as understood in the medical profession. I relate Charon to García in the incompleteness of reality, in the narrative of the real. There is something lost in translation, which narrative cannot take hold of.

It is this haunting presence that I refer to as the fantastic: the appearance and disappearance of what is sensed as something more, something hidden. At this point, bringing de Man's understanding of

deconstruction and dialogue proves necessary in this conversation as he demystifies the apparently obvious dialogue between author and reader, and instead shows that there are many points and figures lost. De Man's stance on dialectics and dialogism counteracts that brand of reception theory championed by Wolfgang Iser, for instance, along with the attempts made in health humanities and certain theories of the fantastic.

In "Action and Identity in Nietzsche," de Man uses Nietzsche's *The Birth of Tragedy* and *The Genealogy of Morals* as examples of texts that do not rely on dialogue, even though they both appear to do so. According to de Man, Nietzsche does not strive for an Apollonian and Dionysian dialectics, or for a balance between the poles named after the two myth-informed figures. Nietzsche vigorously makes his point at the very beginning of his *Genealogy*: "We are unknown, we knowers, ourselves to ourselves: this has its own good reason. We have never searched for ourselves—how should it then come to pass, that we should ever *find* ourselves?" (i). De Man detects an element of negativity here, and comes to the conclusion that Nietzsche's statements deny a possible relationship between entities through language or narratives.

De Man sees deconstruction as an act that denies authority. In his words, Nietzsche's text "deconstructs the authority of the principle of contradiction by showing that this principle is an act, but when it acts out this act, it fails to perform the deed to which the text owed its status as act" ("Action" 22). In relation to health humanities and theories of the fantastic, there is once more a paradox at hand: the text is not attempting to enter into a back and forth conversation. If it does so, it contradicts itself. The act of writing is not a dialogue between speakers and respondents – there is not, necessarily a priori, an entity that absorbs and reacts in a certain and determined manner. And, thus, the authority, as the one that states what is to be absorbed, is deconstructed by its own fallacy. When this brand of deconstruction is applied to the doctor's reading of the patient, it is the medical professional that refers back to him or herself as an authority that refers to itself to assert itself – the patient gets a fictitious chance to enter the conversation.

For de Man, this feedback onto itself creates an aporia: "if one wants to conserve the term 'literature,' one should not hesitate to assimilate it with rhetoric, then it would follow that the deconstruction of metaphysics, or 'philosophy,' is an impossibility to the precise extent that it is 'literary'" ("Action" 30). In other words, literature can have the force to impose itself as an authority, for the writer is the rhetorician that knows how to captivate and attract the audience. Yet, de Man reminds *his readers* that philosophy is literary, that even he, as an author, is 'literary.'

To recapitulate, de Man's stance on dialogism and rhetoric applies to the ungraspable quality of fantastic literature. For the health humanities

as well as narrative medicine, this translates into the inability of the professional to read properly. Medicine becomes a metaphor that does not represent the body or text being read. As de Certeau puts it – similarly to de Man –, “Books are only metaphors of the body. But in times of crisis, paper is no longer enough for the law, and it writes itself again on the bodies themselves” (“Scriptural Economy” 165). In reference to Kafka’s penal colony, medicine is said to re-inscribe a scripture upon the body in order to be able to read it – medically. However, when the body turns fantastic, medicine is no longer able to represent it in its own jargon. With the dialogue not occurring, a medical rhetoric with its own frames and terms of reference arises on the horizon of belief.

Furthermore, de Man’s essay “The Epistemology of Metaphor,” asserts that to seize is fundamental in order to understand. In his words, “things become ‘truly real’ only by being appropriated and seized upon with all the etymological strength implied in *Begriff*, the German word for concept” (24). The concept is something that seizes and takes hold of its objects. By becoming “truly real,” de Man means that seizing it makes it translatable and understandable in the terms of the authority that deems it with a certain and specific meaning. That is, I argue, the case in medicine, where, as Charon suggests, the body speaks a language that the physician then translates. A rigid form of communication is established in the clinic, a language that may not be able to translate the patient’s experience. Regardless of the limits it places upon what may be considered “real,” the medical is incapable to seize it all.

De Man goes on to place the subject as “the central metaphor, the metaphor of metaphors” (25). The reader is an authoritarian subject that condones further significations, and, instead elaborates onto rhetorical tropes. These devices, as pointed out by de Man and de Certeau, become the norms and standards on which to judge the corpus: the text and, from there, the patient. This is the encryption of the body into a regulatory language: a medical semiotics. However, as de Man emphasizes, the literary remains in between legalities of authority. Fiction itself is fictionalized in the sense of being read in terms that make it ‘truly real.’ This element of making a strange sensation into a ‘reality’ can be detected in both literary and clinical analyses. Both analyses are diagnostically driven. But fantastic sensations escape the analytic capture. More bluntly put, the ‘concept’ of the fantastic fails to capture the fantastic sensation: a diagnosis may touch upon it but it cannot completely capture it – hence its nature to propagate.

Medical Dialogues: A priori Diagnoses?

In this section, I consider Felisberto's fantastic literature as a case study in which a priori medical and literary diagnoses have been performed. I argue that Felisberto's short story "La casa inundada," while supplying the basics for easy literary, medical, and psychoanalytical analyses, is characterized by the mysterious sensation of a missing element – that absence and abundance of meaning and signification above mentioned. "La casa inundada" allows for multiple readings. These may be authoritarian (in de Man and de Certeau's sense of the word), yet they also challenge easy categorization of the work as a literary text. This piece of fiction remains alive despite and because of the attempts to make its body into a defunct corpse.

As prominent scholar of Felisberto's work, Ana María Hernández points out, he was a writer influenced by phenomenologists such as James, Bergson, and Husserl (xi). Hernández takes this influence as a paradigm for Felisberto's writing. With regards to the potential clinical or diagnostic reading of Felisberto's literature, this statement by Hernández is important:

Felisberto no es un caso clínico, un inocente o un desajustado social ... Para lograr su propósito [él] tiene que construir un nuevo sistema simbólico, ya que las palabras están viciadas con asociaciones establecidas y los sistemas que con ellas se han construido. De aquí que a menudo recurra a estructuras musicales como en el rondó y el tema con variaciones que relacionan las notas y frases entre sí por medio de la repetición y las variantes. (xiv)

The relevance of Hernández's comments comes from the possibility that Felisberto does not use those rhetorical tropes that were signalled by de Man, and that I connect to literary and medical analyses. Felisberto's fiction, according to Hernández, plays with elements outside of language, such as music, in order to create new variations and escape meanings. Such a statement, if 'truly real' in fantastic terms, rhymes well with de Man when he argues that "[c]ontrary to common belief, literature is not the place where the unstable epistemology of metaphor is suspended by aesthetic pleasure, although this attempt is a constitutive moment of its system. It is rather the place where the possible convergence of rigor and pleasure is shown to be a delusion" ("Epistemology" 30). Using the analogy of rhythm, both perspectives are tied into a deeper reading of Felisberto: there is music to his fiction, a sensation of a harmony playing in the background, with many variations in between. Those variants and repetitions are not meant to be pleasurable even when composed with

much rigour. Felisberto, instead, strives for a prose that enchants the reader not by its words, but its endeavour is to manifest itself through a musical line; hence, I argue, it is a fiction that may not recur to rhetoric.

In order to prove my point about the fantastic sensation taking the place of rhetorical devices, I refer to Felisberto's own philosophy of literature, "Explicación falsa de mis cuentos":

Obligado o traicionado por mí mismo a decir cómo hago mis cuentos, recurriré a explicaciones exteriores a ellos. No son completamente naturales, en el sentido de no intervenir la conciencia. Eso me sería antipático. No son dominados por una teoría de la conciencia. Esto me sería extremadamente antipático. Preferiría decir que esa intervención es misteriosa. Mis cuentos no tienen estructuras lógicas. A pesar de la vigilancia constante y rigurosa de la conciencia, ésta también me es desconocida. En un momento dado pienso que en un rincón de mí nacerá una planta. La empiezo a acechar creyendo que en ese rincón se ha producido algo raro, pero que podría tener porvenir artístico. Sería feliz si esta idea no fracasara del todo. (36)

From the previous arguments on the codification of language, I read skeptically Felisberto's words. First, if I reject the authoritarianism of meaning, then it would not follow to fully assent by Felisberto's words. Criticism must remain constant, with its variants depending on the context. What it is more interesting is the stance that Felisberto brings into literature and consciousness: it is not a deliberate attempt at convincing the reader. If this were true, it would follow that this writer is not an author, in the sense of having authority that imposes meaning upon words. Regardless, the very title of this statement triggers suspicion or humour. If it is in fact "[una] explicación falsa," it expresses that he does not know what he is aiming at, and that would prove his point that the story is a plant growing strangely inside of his mind. Yet, he is aware of it and wishes his story (plant) to have "porvenir artístico."

The sensation from his false explanation arises from the potential for a sincere use of words. Felisberto shows himself to be confused by his own ideas, and also to attempt to grow them, for the ideas not to be "a complete loss." It is especially at this point where the harmony that Hernández identifies may pair up: a plant needs to not be overfed in order to survive. Felisberto, as a writer, seems to be right in his flora metaphor, as rhetoricians must provide more and more water to prove their point. This is very different from the balance between the idea and the writer, where the latter lets the former grow at its own pace. Thus, he finishes by saying that "[l]o más seguro es que yo no sé cómo hago mis cuentos porque cada uno de ellos tiene su vida extraña y propia. Pero también

sé que viven peleando con la conciencia para evitar los extranjeros que ella les recomienda" (37). Felisberto's words are deep in meaning given the context of this paper: he can neither diagnose himself nor his stories.

One may argue, however, that the strange sensation is a rhetorical trope. At this point, Felisberto's story "La casa inundada" comes in handy as, indeed, "something strange [is] going on" between "strangers." In this story, a widow named Margarita hires a man (a piano player and writer, a recurrent theme in Felisberto's fiction) to row for her while she goes every day on a small boat around an artificial lagoon filled with plants. The island represents memory for her as previous moments of life come to her mind while in the boat. The plants appear in connection to those 'strangers' from Felisberto's false explanation: as memories or stories, they grow by themselves. Also, while not explicit, there is an aspect of a romantic affair between the musician and the older woman. For both protagonists, as well as for the reader and the writer, this is a metaphorical tale: a questioning as well as physical journey, and metaphorically fantastic.³

This point of a physical and metaphysical journey adds to the sensation that Felisberto inserts something into his stories. Rather than acting as an authority imposing meaning upon the plot, there is meaning through other avenues outside of language, or an expansion of its limits. For instance, as the musician attempts to get accustomed to the strangeness of his everyday life – to row and listen to Margarita – he sees himself navigating through the woman's memory: "Pero ahora yo debo esforzarme en empezar esta historia por su verdadero principio y no detenerme demasiado en la preferencia de los recuerdos" (169). From a medical point of view the musician's lines may point to a personality disorder.⁴ As a potential symptom, there is confusion inside the narrator's mind. He does not know where it begins, and more interestingly, he wants the story from his (or Margarita's) memory to grow organically; that is, he does not feel in control of his own words.

The narrator's disorder is amplified by what he considers the tonality of Margarita's voice: "Después que ella empezó a hablar, me pareció que su voz también sonaba dentro de mí como si yo pronunciara sus palabras. Tal vez por eso ahora confundo lo que ella me dijo con lo que yo pensaba" (177). Her words become sensations and illusions that resonate inside of him as thoughts and memories. Perhaps it is more than a personality disorder, for a deep synaesthesia seems to be at work here. It is hard to discern who the one 'really' narrating is, whose memories is the reader exposed to, who is thinking behind the words, and how can words have such a profound effect?

Memory itself is a trope in Felisberto's works. As "La casa inundada" advances and the protagonists blend, he writes: "Entonces supe, por

primera vez, que hay que cultivar los recuerdos en el agua, que el agua elabora lo que en ella se refleja y que recibe el pensamiento” (179). The connection between the subject and its surroundings overwhelms both. Memories are not simply stored in the brain; rather, they arise when the subject is exposed to objects. Sensation triggers remembrance.

As for the lagoon itself, the inner memories are composed of physical and mental elements. In an interesting passage near the middle of the story, where the sensations among the two are at their highest, the musician narrates:

Por fin, encontré su mano. Ella no me soltó hasta que pasé al asiento de los remos, de espaldas a la proa. La señora Margarita se removía con la respiración entrecortada, mientras se sentaba en el sillón que tenía el respaldo hacia mí. Me decía que estudiaba un presupuesto para un asilo de madres y no podría hablarme por un rato. Yo remaba, ella manejaba el timón, y los dos mirábamos la estela que íbamos dejando. Por un instante tuve la idea de un gran error; yo no era botero y aquel peso era monstruoso. Ella seguía pensando en el asilo de madres sin tener en cuenta el volumen de su cuerpo y la pequeñez de mis manos. (172-3)

Using more direct medical discourse, from this passage I will attempt to justify a diagnosis of a personality disorder as per the last edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V). Published by the American Psychiatric Association since 1952, the DSM is used in the everyday life of a physician as a scripture to follow and examine the patient. With the intent of relating narratives, the *DSM5 – Clinical Cases* was chosen. The chapter 19 focuses on personality disorders, briefly listing the patient’s symptoms, a diagnosis, and a discussion. The musician’s symptoms of a personality disorder are more acute in this passage: intensification of physical signs, distraction, anxiety, isolation, and a lack of sexual desire despite their nearness – very close, indeed, to a case in *DSM5* in which an old man is diagnosed with a “Schizoid personality disorder.” This subject, “Mr. Buchalski,” is described as a strange character that had never had a romantic relationship, was not gregarious, and was a writer of futuristic technologies. The problem comes in when his sister dies and Buchalski fails to report her death. It is then that body signals become symptoms. The physician writes:

On examination, Mr. Buchalski was a thin, elderly man dressed neatly in khakis and button-down shirt. He was meticulous and much preferred to discuss his interests in science than his own story. He made appropriate eye contact and had a polite, pleasant demeanor. His speech was coherent and goal directed. His mood was “fine,” and

his affect was appropriate though perhaps unusually cheerful under the circumstances. (n.p.)

Despite the attempt of the physician to listen, the patient was deemed to have a disorder because of his inability to explain himself through a 'credible' narrative. Also relevant to the discussion is the fact that the physician himself noted that there was something else involved: there is something odd about Buchalski. The disorder is attributed to the old man on the basis of his 'strange' behaviour. It is distressing to think that the same rules may be applied to 'analyze' a literary text. An analysis, medical or literary, under specific terms of reference, converts the story into what de Man points out as a 'concept.' If I had to put the fantastic metaphor into medical terms, as a non-expert in medicine my words would be the following: the fantastic is an infectious disorder (or syndrome) with variable psychiatric and somatic symptoms. As vague as this attempt to a definition may sound, it pays attention to the indefinability of the fantastic and to the intriguing sensation that there is a feeling of something missing in diagnostic-driven readings. This is where I find fantastic literature to open up a possible line of dialogue, because it is a different way to read without much intervention.

The fantastic has the potential to become an avenue for a dialogue: a prognosis rather than a diagnosis. I use the medical terms of diagnosis and prognosis in a metaphorical sense with regards to the literary criticism of fantastic literature. Prognosis, meaning fore-seeing, returns one to Felisberto's style of writing. As Felisberto foresees in his "Explicación," there is a strange sensation inside of him when he has the urge to write; however, it is a sensation that cannot be overfed. In the same vein, the 'concept' in de Man and the codification in de Certeau remit the scholar of fantastic literature not to diagnose in advance, but instead to do a careful prognosis of what it is to come. Roas, then, may be right when he points out that the fantastic unfolds itself.

Getting back to "La casa inundada," the story ends with the 'boatman' being asked to quit his job. He then receives a letter from the widow:

Querido amigo: el día que lo vi por primera vez en la escalera, usted traía los párpados bajos y aparentemente estaba muy preocupado con los escalones. Todo eso parecía timidez; pero era atrevido en sus pasos, en la manera de mostrar la suela de sus zapatos. Le tomé simpatía y por eso quise que me acompañara todo este tiempo. De lo contrario, le hubiera contado en seguida y usted tendría que haberse ido a Buenos Aires al día siguiente. Eso es lo que hará mañana.

Gracias por su compañía; y con respecto a sus economías nos entenderemos por medio de Alcides. Adiós y que sea feliz; creo que

buena falta le hace. Margarita.

P.D. Si por casualidad a usted le ocurriera escribir todo lo que le he contado, cuente con mi permiso. Sólo le pido que al final ponga estas palabras: Esta es la historia que Margarita le dedica a José. Esté vivo o esté muerto. (190)

The story concludes with words not from the narrator, but from the immense woman with heavy words. The widow allows the musician to go ahead and write as he wishes. However, an expression of gratitude and debt must be included at the end of whatever he may write from his account of his experience in the flooded house. It is worth noting how Margarita recounts that the reason she let the pianist stay was his apparent shyness – a motherly sense of wanting to stay together. Once again, the psychiatrist and the literary scholar may cross paths and point at this as an episode with psychological ramifications.

However, as seen in the letter's postscript, it does not matter whether the widow's man were alive or dead – words still hold their power of signification. The pianist is open to write and read as he sees fit, regardless of the situation. The story within the story itself embodies the 'plant' Felisberto senses growing inside of him. A certain respect towards the inspiration or idea for the story is to be granted and recognized. And, this debt to something that escapes the confines of the writer, signals the loss of the authoritarian and codified language.

The fantastic that Felisberto personifies through his characters, texts, and plots, is, nonetheless, written in language and open to multiple interpretations. This precise nature of fantastic literature catches more than the impossibility seen above: it does more than seize meanings and concepts. It is a fiction that is not symbolic or figurative. It is a writing that transgresses the possible diagnosis from literary and medical analyses. It is a prose that combines characters with plots that do not always align: repetitions and variations allow for the senses to come into play.

Let me close by sensitizing these arguments. While I – a patient who has tried hard to translate my pain to various medical personnel – may attempt to detach myself from my topic, I may be incapable of doing so. My metaphors might, though, acquire a specific meaning by their use throughout this essay. My dialogue with Felisberto must be sensed, for it is sensation that I thrive for: not the "truly real," but rather the impossible sensations to express in standardized terms. As Mark Vonnegut puts it, the patient must be able to speak up and the doctor to shut up. That is the point at which an authority figure does not lose credibility but gains entrance into a world outside of its own. To do so, as de Certeau argues and I believe Felisberto would agree, books must stop being "only metaphors of the body," with paper no longer a device that "writes itself

again on the bodies themselves" ("The Scriptural Economy" 165). The body must take property of the book and the blank page, as a metaphor of the fantastic, from which a carnal dialogue is born outside and against whatsoever language deems as "real."

NOTES

- 1 Mark Vonnegut is a physician and son of American writer Kurt Vonnegut Jr.
- 2 I use 'corpus' to mean 'patient,' but also 'body, or object of study.'
- 3 Susan Sontag's use of illness as a metaphor to Felisberto's fiction is of relevance for a further paper in connection to Hernández's understanding of musicality in "La casa inundada." In both cases, there appears to be a fantastic metaphor: the unreal is revealed as a contradiction to the normalized everyday reality. There are, at least, two fantasies playing along: one, the piano musician trying to make sense of his job as a rower, and the widow attempting to recreate her former house in a trapped island. They are both escaping reality. If not illnesses per se, I identify both cases in the same story as instruments attempting to align themselves and resulting in a rondo.
- 4 I will be using the DSM-V, with further discussion in the following paragraphs.

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