

**RETHINKING SPATIALITY: THE DEGRADED BODY IN IAN McEWAN'S
*AMSTERDAM***

by

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Space has been a major category of Western thinking and of the Western perception on life and the world since ancient times. In the binarist tradition, of a world constructed on the principle of sheer opposition (another adopted, typical category of Western thinking), space is also embodied dually. The classical spatial opposition is that between openness and closure, with moral and even aesthetic implications.

Closure, the surrounded, imprisoned space connotes with anti-conviviality, danger, isolation. In the Middle Ages, the enclosed tower was the symbolical shelter of Avarice (Régnier-Bohler, 1995:9), a barrier in front of an ideal of sociability, the free circulation of goods and persons. It stood against the freedom to have lunch together – in the medieval period, a lesson of friendship and trust (the name given to people sitting together at the same table, *convives*, derives from the Latin verb *convivere*, “to live together”). If this type of closure has to be regarded as one with purely symbolical implications, there is another one with a clear social dimension. In the 13th century there had already appeared quite numerous texts dealing with this problem: enclosure for women is a privilege of their sex, meaning protection from the intrusive gaze of strangers of the opposite sex, germination of life in a small, warm and shut up space – in itself a symbol of femininity. From the gynaeceum to more advanced forms of gender segregation and isolation in the Middle Ages, women have been kept separate from the world of men (which sometimes meant the outer world) in an ambiguous attempt: to protect them or to keep them away. If the gynaeceum was a means of protection from the outside, male gaze, it was at the same time, a space specially designed for gaze as contemplation in silence. The gaze had no distractions from its object of contemplation as it would have in the outer world. In its turn, the object of gaze had no possibility to protect it(her)self from the male gaze as she could not move further away, hide, find a barrier between herself and the direction of gaze, change her territory. The relationship between gaze and space was, thus, the result of a combined need for secrecy and voyeurism.

In Western thinking, space is the object of the global possession of the omniscient gaze. Medieval stories, for instance (Régnier-Bohler, 1995) insist on the notion of closed

space in the middle of a larger space. From the tower, castle, hill, etc. one can contemplate the forests around, the most distant line of the horizon, the sight being powerful, reaching over enclosures, altering the notion of distance and creating the illusion of vicinity. In an epoch with very scarce population and buildings, the gaze seldom found an obstacle that would shift its direction or divert the attention of the viewer. Sometimes, this acquires a negative value: when the sight does not stop on anything, although the perspective is unlimited, a sensation of fear, uncertainty and isolation may arise, a feeling of a lack of perspective in spite of the endless view. However, even the outer spaces (where the vegetal component usually prevails) surrounded the enclosed one (river, forest, etc.) are to be seen as prolongations of the enclosure, concentric circles around the “secret” that has to be protected from the gaze of the outsider and kept only for the look of the insider. The story of a young and beautiful woman kept prisoner by a tyrannical father, a jealous husband, a wizard, etc. populate a line of epic discourse that starts with ancient myths and medieval romances and end with fairy tales and gothic stories. The theme of the forbidden look (Orpheus looking back in the Inferno, Perseus protecting himself from Medusa’s eyes with the help of Minerva’s shield, etc.) is very frequent in Western fiction. The Holy Grail is another central secret of the Western world (central also because of its spatial position: in the middle of a forest, in the middle of a castle, in the middle of a room, in “your” heart). Concentric enclosure connotes again, on the one hand with power and protection and, on the other hand, with interdiction.

Enclosure means solitude and, although apparently protective, it means exposure and danger. The enclosed space can be a sign of disease. Marja-Liisa Honkasalo (1998) argues that various forms of physical or mental suffering can re-shape the space around the individual. The author interviews diseased persons and focuses on how these people describe their chronic pain experience through a peculiar spatiality. Space is no longer an objective category, it is subjective and relative, multiple and moving. Normally, space has a geometrical meaning, its values do not change with the observer. It is an empty area, a locus, a form in the real, external world, or a setting in which things are arranged. But in diseases, space becomes a dimension of the self, it is associated with pain or memories of pain. Depending on the type of disease experience of the individual, his/her space can shrink, but can also expand beyond limits. Spatiality is a crucial dimension of experiencing illness and pain and, alongside with time, it is the main constituent of sufferers’ stories. The lack of mobility in chronic diseases changes the basic characteristics of space. It diminishes (becoming limited to a bed, an armchair, etc.) and the lack of security in one’s

equilibrium makes the diseased person disoriented in space, thus afraid to expand his/her personal territory.

Pain is also a social boundary. It separates the sufferer from the others, makes him/her vulnerable in front of them, creating inferiority complexes, the terror of the other's gaze – a gaze that acknowledges the diseased person's difference. The chronic disease isolates both spatially and socially, it facilitates exclusion from the social stage. Difference means liminality which, again, is caused by a spatial margin, but acquires cultural and political dimensions. Honkasalo (1998) shows how, in cases of chronic diseases, the human voice, an extension of the body, is the principal means of preserving social contact. Spatiality can be articulated by speech and sufferers are said to experience a considerable enlargement of the space by speaking. The voice is the ill person's chance for self-extension, a chance to make the space larger. However, for this one needs a listener, a receiver of the message, becoming, thus, more dependent on intersubjective means, on other people. This dependency may deepen inferiority complexes, but is also a chance for social integrity. Pain has to be shared, embracing the possibility of being acknowledged and recognized through human language. Honkasalo (1998:46) notices that "in addition to the content of messages in speech, there is a kind of carnal, embodied dimension in the voice that relieves the loneliness of pain and ties people with pain to their social environment." She gives the example of a diseased person, lying almost motionless in bed, for whom the most soothing thing was his children coming back from school. Listening to their voices, he felt he had more space as if his own space were extending with the help of other voices around him.

Honkasalo argues that the conclusion she reached from interviewing people with chronic diseases was that pain reorganizes not only space and time, but also relations with other people. The attention of the sufferer is drawn back to the body, to a particular part of the body. Barthes (quoted by Honkasalo, 1998:39) also showed that there is always a specific locality in any disease. For an illness to exist, to be acknowledged through diagnosis, localization is necessary. But this is, again, an objective concept which differs from the experienced space of chronic pain. The latter does not necessarily refer to a part of the body, but to the body as a whole with its minimal prolongations. As a consequence of space constriction, the diseased person has the feeling that the body has expanded, has filled the already narrow space, stifling him/her. The lack of space causes a sensation of the overwhelming presence of the body. "Everything in the living space is the painful body." (Honkasalo, 1998:43). The painful body creates a new self, in which pain is an

alien, something from the outside, an object which attacks the body. The self under siege surrenders and is forced to admit pain as a part of the new subjectivity, the patient getting finally to identify himself exclusively through the agency of the formerly alien (and still alienating) pain.

All these theoretical considerations will be applied to a reading of Ian McEwan's *Amsterdam*, a novel centered around the modern myth of the body, focusing on the notion of pain and disease in connection with the space surrounding the victims. *Amsterdam* is the story of two friends, Clive Linley, a famous composer, and Vernon Halliday, an equally famous journalist, both former lovers of Molly Lane who dies of an unnamed disease after months of isolation and suffering. As if her disease had contaminated her former friends and lovers, the two men undergo a process of physical, mental and moral involution until the end of the novel when, unawares, they perform euthanasia on each other.

The process of bodily regression starts with Molly Lane's funerals. Clive and Vernon know the details of her disease and death and the way she was exploited and blackmailed by her husband, George Lane:

“Poor Molly. It began with a tingling in her arm as she raised it outside the Dorchester Grill to stop a cab; a sensation that never went away. Within weeks she was fumbling for the names of things. [...] Instead, she was sent for tests and, in a sense, never returned. How quickly feisty Molly became the sick-room prisoner of her morose, possessive husband, George. [...] The speed of her descent into madness and pain became a matter of common gossip: the loss of control of bodily function and with it all sense of humour, and then the tailing off into vagueness interspersed with episodes of ineffectual violence and muffled shrieking. [...] He continued, ‘I mean, to die that way, with no awareness, like an animal. To be reduced, humiliated before she could make arrangements, or even say goodbye. It crept up on her, and then...’
[...] ‘Brain-dead and in George’s clutches’, Clive said.” (pp.3-5)

Molly's involution is explained in terms of loss of intimacy and personal space. After she is confined to a limited space in her apartment, she starts to suffer from isolation because her husband would not let her friends visit her or communicate with her. The social dimension of her being is annihilated by the fact that she cannot communicate her pain to the others, she cannot extend her body through her voice. The couple, out of Molly's wish, used to have separate apartments, a segregation that Molly chose for her own protection from the inquiring male gaze of George. The space, belonging entirely to the female, will bear her marks long after her death. Under the look of an intruder some months after her death, the space still looks animated by her presence:

“The place was exactly as she had left it, the day she finally consented to move to a

bedroom in the main house to be imprisoned and nursed by George. As they passed the bathroom, Vernon glimpsed a skirt of hers he remembered, draped over the towel rail, and a towel and a bra lying on the floor.” (p.54)

Her clothes, her objects are variants of her body still filling a space she left a while ago. George’s gesture of taking her into his own space, forcing her to give up her own body zone (redefined during the disease, comprising the bed, armchair and sick-room) marks another step in her involution, the disintegration, the constriction and dissolution of her self, of her personality. Moreover, George doesn’t allow any visitors to see Molly during her disease. This complete isolation, seemingly meant for her protection, annihilates her completely, submits her to George’s will. Unable to concentrate on anything from the outside (because she no longer communicates in any way to the outer world), the woman focuses so much on her diseased body that it manages to infest her brain, too. This morbid focalization triggers a self-induced involution and death.

While Molly gets sick and dies rapidly, her husband seems to thrive:

“They looked now to where he stood outside the door, receiving commiseration from a group of mourners. Her death had raised him from general contempt. He appeared to have grown an inch or two, his back had straightened, his voice had deepened, a new dignity had narrowed his pleading, greedy eyes.” (p.5)

The others, in exchange, start down the same slope as Molly immediately after her incineration. Clive and Vernon hesitate and fear so they make a pact: to end each other’s suffering and humiliation in case something similar to what happened to Molly may happen to them – a mutual euthanasia. From this point of view, the references to the new medical practices accepted in Holland are to be seen as a *mise en abyme*, an anticipation of what is going to happen in the capital of the newly legalized euthanasia, Amsterdam:

“The world was its usual mess: fish were changing sex, British table tennis had lost its way, and in Holland some unsavoury types with medical degrees were offering a legal service to eliminate your inconvenient elderly parent. How interesting. All one needed was the aged parent’s signature in duplicate and several thousand dollars.” (p.142)

Vernon Halliday supervises an ample article about it in *The Judge* and, during his period of isolation in order to finish his symphony, Clive Linley reads only about this. When they meet in Amsterdam at the general rehearsal for Clive’s symphony, they will poison each other out of revenge, having forgotten their pact. But, in fact, the fact that they kill each other is euthanasia performed at the proper moment, because Clive is already sick and no longer capable to create music and Vernon is finished as a public figure. The

symptoms of their involution are evident from the beginning of the novel. Clive sees “jagged rods of primary colour streak across his retina, then fold and writhe into sunbursts” (p.25), is feverish, has anxieties, is afraid but, at the same time, happy and relieved to be alone. Before leaving for the Lake District, he exaggerates with the interpretation of his symptoms, giving them a special place and shape on his body, causing them to function against his anatomy:

“Coming along the platform, in a dark mood, he had become aware of an unevenness in his stride, as though one leg had grown longer than the other. Once he had found his seat he removed his shoe and discovered a flattened black mass of chewing gum embedded deep in the zig-zag tread of the sole.” (p.63)

He filters all his fears and hesitations through his body and transfers his mental troubles on the somatic level. Just like him, Vernon panics when he starts feeling pains in his head as if the brain and the skull had been seized by fever:

“Now he sat at his desk and tentatively massaged his scalp. [...] There was now a physical symptom. It involved the whole of the right side of his head, both skull and brain somehow, a sensation for which there was simply no word. [...] It was there when he woke in the morning, continuous and indefinable, not cold, or tight, or airy, though somewhere in between.” (p.31) “He was in the washroom, looking in the mirror while rinsing his hands. The image was there, but he wasn’t entirely convinced. The sensation, or the non-sensation, still occupied the right side of his head like a tight-fitting cap. When he trailed his finger across his scalp, he could identify the border, the demarcation line where feeling on the left side became not quite its opposite, but its shadow, or its ghost.” (p.38)

He spots the pain and tries to give it a name, in an attempt similar to that described by Barthes (quoted by Honkasalo, 1998), but fails because his symptoms are not objectifiable; they belong to his subjectivity, to his subconscious. It is an overwhelming sensation that seizes his entire body and mind, that reclaims all his attention, but it is nothing concrete although he is trying to define its organic limits. It is, in fact, the materialization of the sense of absence Vernon has had ever since Molly’s funeral, a sense that he is no longer a physical entity, that he is turning into something non-existent, aberrant.

The infestation with void expands towards other characters, too. Julian Garmony, the Foreign Secretary, is contaminated with a diffuse need to remain confined to his bed, as if suffering from a chronic disease after the scandal with his photographs published by Vernon in his paper, *The Judge*. He lingers in his bed, in the cold sweat of the sleep the night before and looks around him with the feeling that the place has shrunk unbearably

and he will never be able to stand up again and touch the things in the room which, all of a sudden, seem horribly distant. There is a certain masochistic lust for immobility that all the characters experience at a certain moment, in a symbolic rehearsal for the experience of the disease that is going to mark two of them. They choose solitude, isolate themselves deliberately in a declared misanthropy, in hatred and self-hatred.

Clive Linley wants to separate himself from the others and this is why he leaves London for the Lake District, avoids to help the woman who is about to be raped, refuses to go to the police and, returning to London, shuts himself up in the studio. Apparently doing so in order to finish his symphony, Clive abandons himself to the disease which is starting to grow inside him, paralyzing his mind, will, actions. Trying to give birth to the Millennium Symphony (an ill-timed, for the time being useless effort because the millennium is still far enough not to bother to greet it in music), the composer behaves like a sick man. He confines himself to his house, cuts off any line of communication with the outer world, can't eat, sleeps very badly, suffers, fears. The bodies in McEwan's fiction seem to break the modern canon, that of a closed, discrete, nice and clean body (Ferguson, 1997) and become again the aberrant, grotesque body of fluids, orifices and climactic biology (Bakhtin, 1974). Women are usually initiators of such metamorphoses, signaling still current inferiority complexes caused by gender victimization (Pitts, 1998). In *Amsterdam*, the infestation of men's world can, then, be regarded as a form of compensation for political incorrectness. Clive and Vernon seem to deserve their suffering as scapegoats for George's mistakes in his relationship with Molly. Clive is ill and, because of his immobility, the shapes of the world around him alter, seem new and strange, as if regarded from a different spatial dimension:

“...the world grew large and still, and in the grey-blue light of a March morning, his piano, the midi, the plates and cups, Molly's armchair, took on a sculpted, rounded appearance, reminding him of how things looked to him once in his youth when he took mescaline: bloated with volume, poised with benign significance.”(p.134)

The disease he feels growing inside him turns his own body into an object he analyses from the outside. His own house and his life look unfamiliar and distant in the light of his newly discovered sensations. He looks at the things around him as if he saw them in a “documentary film” about himself; he looks at himself in the mirror and no longer recognizes himself, tired, tormented, sick as he is. After days on end spent only in the studio or only in bed he no longer recognizes his own kitchen or dining room, they are loci he no longer possesses because space has to be inhabited in the strictly physical sense

in order to be claimed. He feels he has started an expedition in a new, hostile world and, no longer used to making the effort of walking, climbing down the stairs is an irksome, exhausting experience. His perception of distance has altered because of too much immobility. The day before dying, he sees a doctor in Amsterdam; his diagnosis: “unpredictable, bizarre and extreme antisocial behaviour, a complete loss of reason, destructive tendencies, delusions of omnipotence, a disintegrated personality.” (p.156) His and Vernon’s final deaths will be only the results of self-destruction.

The reading of Ian McEwan’s novel from this perspective reveals the interdependence of space and gaze in the way they work upon the human, bodily experience. Spatiality is a lived and liminal experience that any individual needs in order to be able to communicate with the outer world, to survive as a social being. It is an essential message that people transmit one another in the most various situations.

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