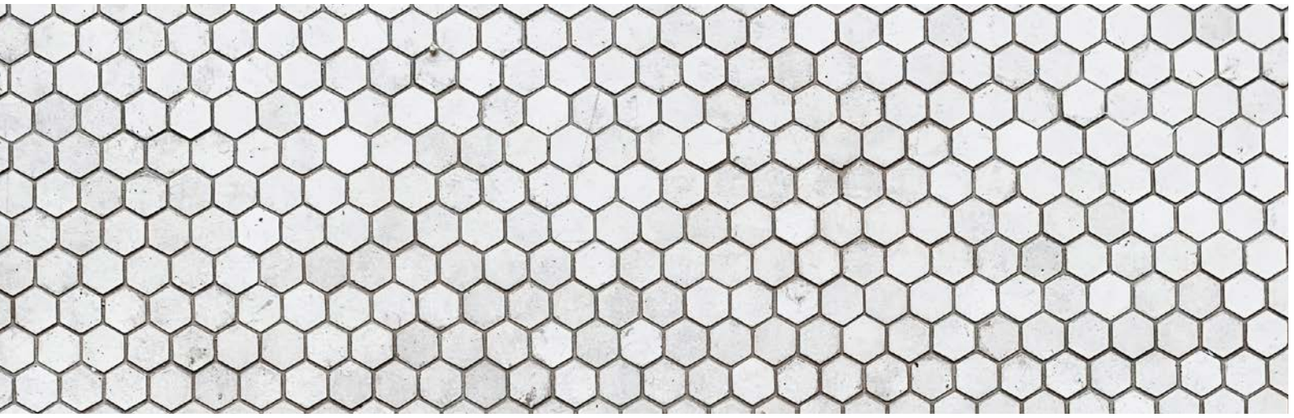

Sudden, Temporary Deaths

Chris Fleming

I had a dream last night that I could extend my arms and legs in any direction I wanted. At first, bending my forearm back past 180 degrees, I was sure it would dislocate; and it did – but only a little, like the nitrogen pop of cracking bones. I kept going and soon possessed complete flexion and extension. I discovered the more I bent my joints like this, the fewer dislocation pains there were, the quieter the pops. I moved on to incredible, disturbing yogic feats. And then, as I often do whenever I accomplish something impossible in a dream (unaided human flight, producing fresh juice inside my mouth to drink, passing my head through solid objects), the thought occured to me:

anyone
can do this.

I write this in surgery blue: Johnny gown, single-use underpants, and non-skid socks. I am compromised/concertinaed on a remote-control cot in an open ward at Canterbury Hospital, waiting for the all-clear to the operating theatre. I am here to have a lipoma removed from my lower lateral left thigh.

The legacy of an ancient sporting mishap – of a cricket ball evading a thigh pad and hitting me hard enough to split the fascia – the lump has morphed over the years and has recently been possessed of imperial ambition. Now the size of a golf ball, its lumpy presence is noticeable through jeans.

> [Note – issue to follow-up: why, when talking tumours, are we obliged to speak the language of fruit and sport? Tumours are said to be the size of tennis balls, grapefruits, or melons, never mice, eyeballs or light bulbs.]

Even in its greater dimensions and dynamism the lump hasn't bothered me overly. People have begun to ask about it, given its visual conspicuousness, but it's rarely annoying, and can serve as the pretext for bad jokes. But the lump bothered my GP a bit and then bothered a specialist even more, who insisted that I come in and it come out – as soon as possible. So here I am, waiting to be knocked out and sliced open.

A minute's reflection on what preceded this moment reveals the fantasy of neatly dividing my life into some *psychopathological before* and *well-balanced after*. I didn't *feel* terribly nervous about my operation. But an impartial (maybe any) observer tracking my behaviour prior to my arrival would conclude otherwise. At times like these – moments of serious physical or psychic vulnerability – my OCD wakes up in a restive mood, throws tantrums, and mandates that I attend to its demands.

I recall my thoughts and actions while preparing to leave the house. I:

- count my steps as I make my way through the house, always ensuring that the total step-count in any particular room concludes on an even number
- exhale as I leave rooms and then inhale on the second step in the newly entered room
- greet insects which come into my line of vision with a quiet 'hi' or a polite nod of acknowledgement
- try to coordinate thinking 'good' thoughts at the threshold of each room transition – nothing about death, decay or decomposition
- avoid cracks, marks and other miscellaneous irregularities
- note the angles of my feet and if a foot splays at an unusual angle while stepping I compensate by reversing that angle on the next step
- count my touches of objects and even glances at objects.

All this is familiar. But there were other things I was compelled to do, some unprecedented for me: I looped around the house in novel ways I didn't comprehend, but which presented as obligatory. I was careful, for instance, not to step on the exact places where I'd stepped just previously, my invisible footprints everywhere marking some ill-defined hazard. And going from my office to the living room required a mysterious detour through the kitchen – every room I went to required that I visited some other room before it; I walked around the dining table twice before opening the fridge.

These were innovations. I can't recall doing any of them before.

OCD is an odd folly, confounding standard psychiatric classification. It is classified as an anxiety disorder, but it has much in common with psychosis. The remarkable thing about OCD is that it is delusional while the delusions are seen through. I 'know' I don't have to greet insects, that the vague threat against which it is a prophylaxis is illusory and that the method used to combat it ersatz. OCD scrambles the usual sense of the relation between knowing and doing; it is a disabling, disenchanted conjuring trick, simultaneously performed, seen through, and believed.

I must get out of the house, and not just because I seem to be acting increasingly crazy. I've received a notification that my Uber driver, Craig, is five minutes away. I am moving more quickly now. I suddenly loop around the whole interior of the house, staying close to the walls, and drag the fingers of my right hand along the right wall of the hallway on my way to the front door. I then put my phone in my right hand and touch the left wall with my left hand to even out the wall-touch count. Then I switch again and touch the wall on the right with my right hand, and finally switch once more and touch the left wall.

[Two touches each.]

I take my suitcase outside and place it on the front path, breathing out bad thoughts as the bag touches the concrete. I enter the house again and turn around, facing outwards, towards the street. As I open the front door and step out for the second time, I try to imagine a pleasant thought – in this instance an enormous, friendly cat, a Maine Coon, which I envisage jumping onto my chest as I lie down on the couch; but the cat gets one of its claws stuck in my T-shirt and then it slips and falls: the skin and fur tear and its whole body slides clean off its skeleton onto the wooden floor. Stuck to my chest is a single furry paw and a cat skeleton covered in a thin film of residual bodily fluid.

[It's *Tom and Jerry* meets John Carpenter.
The thought didn't go as planned.]

I reassure myself that I don't *have* to leave the house with a positive thought – that this, *all of it*, is absurd, that I needn't worry. That it's just some mental game, a diversion.

I'm aware that I'm in danger of continually checking that the front door is locked, so I revert to a technique I've developed to counter this tendency: as I lock the screen door I say aloud, although quietly, *You Are Now Locking The Screen Door*. No matter. I walk back almost immediately to check that I've locked it. I again walk the short path and sit on the front fence, waiting for the driver.

I think about a selfie for reasons now unclear and note for the first time my 'look' – unhinged and misclad: white Lacoste sneakers over bright pink and black horizontal striped socks, pulled up to just under my knees; *short* red shorts; a tight polycotton blue and white striped T-shirt with the number 76 on it. I suddenly appear to myself like I'm dressed for some invented-for-commercial-TV bloodsport, devised by producers for the purposes of humiliating participants under floodlights. Why do I look like this? It appears very deliberate – grievous misjudgement, flawlessly executed. I take out a pen and notebook and see that the felt tip of my Artline has receded, pushed back through use almost entirely into the silver barrel, with very little tip still showing. I need to get another pen from inside, I think. I'll have to go back into the house.

At some level I know that my pen is fine, perfectly serviceable; I'm hiding in plain sight from myself using a kind of conscious bad faith (I think this at the time and note the incoherence of the idea): I just need to reset my exit, leave the house again, more successfully this time. Although it's good that I'll get a chance to reset my exit, it bothers me a little that I've already left twice, which will have me leaving again on an odd number.

So, I decide that I'll enter the house, making two steps inside, then step out the door, re-enter, get the pen, and then leave again: two faux exits (the first done while putting my suitcase outside, the second to come) and two real exits (one's where I lock the door). It's workable. For my real exit I choose a simpler image to leave with: a field of nondescript white flowers. I close my eyes, squinting, think of the flowers, and breathe out noisily as I step out the door. Success. Except I

And now, after all this, the ordeal of departure, the thought of general anaesthetic appeals. It's not a death wish – just a temporary death wish. I really wouldn't mind being switched off for a while.

now realise that I've forgotten to get the pen, my ostensible reason for letting myself back in. Sub-panic sets in: do I make a third entry and exit? The Uber driver is now at the end of the street. I'll make do with the pen I've got. 'The pen is fine,' I say to myself – and then repeat: 'the pen is fine. No need to act crazy.'

Leaving the house isn't usually so complicated – but today it is. It's interesting to me how these kinds of behaviour, usually far more muted, are suddenly fever-pitch in certain circumstances. As several of my mnemonically fixated therapists have often liked to note, 'under stress, we regress'. The kind of protracted and torturous rituals which consumed so much of my childhood aren't ones I tend to engage any more, at least not with such consistency and intensity. Thank God and psychiatry.

Thinking back to late primary and early high school, it's hard to imagine how I managed to do much else besides. And most of the time these behaviours look distant to me, rituals with little existential purchase, a dead religion. But on days like today my nervous system is a time machine; it's the 1980s again and life once more makes demands of me that I barely understand, let alone possess the energy to oppose. And now, after all this, the ordeal of departure, the thought of general anaesthetic appeals. It's not a death wish – just a temporary death wish. I really wouldn't mind being switched off for a while.

I was once a keen practitioner of temporary death. Many alcoholics and drug addicts are like this. Alcohol especially afforded me the opportunity to shut myself down, to switch off organs, one by one. The alcohol would start in my stomach, warm and sickly, and slowly radiate outwards. I'd keep drinking until I'd pass out – every night, for years. When I quit drinking, I had to get used to falling asleep again, that slow, odd transition into the unconscious, anathema to will. Sleep is a different kind of temporary death, a letting go rather than a diving off. And sometimes it doesn't come at all.

I remember once being shocked by a counsellor's question about why I thought it was necessary to *always party*, to give myself so utterly to hedonism, to indulge in the teenager's life almost into my middle age, when I should be, at most, eating chocolate and smoking the odd cigar. What shocked me about the question wasn't a defensive shock, but a phenomenological one: the idea that (for her, and thus for me) getting drunk was a kind of celebration, a species of partying. It was a barrier to historical recollection to even remember when drinking was this for me, when drugs were this.

Nobody in their right mind wants to be the unwitting star of *The Truman Show*, even if Truman is a billionaire winner of three Nobel Prizes.

Were they ever this? There were glimpses of it, but the closest I could come to it was thinking of the first couple of times I drank, and the sense here was something much more than 'party'. It felt like a revelation, a primordial return, an alchemical transformation of the personality, a finally-coming-home to myself. It was like what life was supposed to feel like, the direction to which all human desire tends. (So, in summary, something a bit better than a party.)

It was some years before I realised that this wasn't everyone's first experience of drinking – although it's not uncommon among alcoholics. For me, alcohol became a way of shutting down, blocking out the ambient sadness of life, the weight of time, what I took as the unbearable brightness of daylight. (And by 'brightness,' I'm invoking not so much a noon summer but the hectoring white of the interrogator's lamp.)

In one of my stays in a mental hospital I qualified for ECT – Electroconvulsive Therapy. Although a mainstay of horror films – and any art dedicated to nightmare evocations of mental health care – ECT has been quietly making a comeback for the treatment of severe depression. Although the ECT itself did little for me, I came to love the general anaesthetic which would switch me off for a while and give me some rest from the blandiose horrors of being myself, of dissolving in me the sense of entrapment inside my own skull.

I would be collected each morning in a wheelchair and rolled off to the 'clinic' for my 'dose.' The agony on the faces of the other patients is frozen as a sepia still in my brain. If they'd not previously qualified for this most radical of interventions, any survey of the reception area would have so qualified them.

[Maybe, looking at me, they thought identically.]

Less than an hour later I'd be wheeled back to my room, groggy, with a pained face from the involuntary clenching induced by the electric current given me by the astonishingly-named MECTA spECTrum 5000Q™. A few hours later I'd begin to pine for the anaesthetic again, the only real respite from a life I'd decided wasn't worth enduring but also deeply unethical to end; one's own death threatens to gift the living varieties and depths of pain as a kind of involuntary inheritance. As Emil Cioran put it in *De l'inconvénient d'être né* (1973) [*The Trouble With Being Born*], 'It's not worth killing yourself, since you always kill yourself too late' [Ce n'est pas la peine de se tuer, puisqu'on se tue toujours trop tard].

In his *Anarchy, State, and Utopia*, which appeared a year after Cioran's, American philosopher Robert Nozick devised a thought experiment to test (and supposedly refute) hedonism – the intuition that what human life is really about, its meaning and ultimate purpose, is the mere experience of happiness:

> Suppose there were an experience machine that would give you any experience that you desired. Superduper neuropsychologists could stimulate your brain so that you would think and feel you were writing a great novel, or making a friend, or reading an interesting book. All the time you would be floating in a tank, with electrodes attached to your brain. Should you plug into this machine for life, preprogramming your life's experiences?

Nozick's argument is what philosophers call 'intutionist'. It assumes that the reader – faced with this imaginary possibility – will shout 'No chance! I retract my position.' I, on the other hand, would have paid a handsome deposit and stood in a very long line for it. No longer. The force of Nozick's argument landed on me slowly. It's not that happiness is irrelevant, merely that there's a crucial distinction between feeling certain things and doing certain things. Moreover – and it's a distinction glossed over by Nozick – is that beautiful experiences based on illusions are not of the same substance as those which are based on how the world really is. Nobody in their right mind wants to be the unwitting star of *The Truman Show*, even if Truman is a billionaire winner of three Nobel Prizes.

[People *not* in their right mind, contrarily, are generally excluded from thought experiments.]

I am wheeled off on my bed towards the operating theatre, my eyes capturing the scene at that angle familiar to anyone who has watched medical dramas: live-eye stretcher-cam, serious nurses pushing the bed, medical emergency implied, walls going by me in a blur, the pale blue oxygen mask now over my mouth and nose just visible at the muddy edges of my visual field. The stretcher stops suddenly, and staff disperse.

[Cut. Scene break.]

The director is presumably talking to the actors. I am just an extra here, bio-furniture. Like those chosen to play dead in a film, I am to lie in place and not draw attention to myself.

[Action.]

I am now in what looks like a holding bay, adjacent to the theatre.

[Note: why do we name the place where the most real things happen – as well as pure make-believe – a 'theatre'?]

[Further to this: to 'act' means to *really* do something, as well to only *pretend* to do something. The same could be said for the word 'perform.' Why is this?]

The previous surgery is being wound up. I can hear the muted and odd sing-songy conversation of personnel in the other room and (now) two distinct kinds of beeping – one an intermittent alarm reminiscent of something that might ring out at Burger King when chips have swum too long in the deep-fryer, the other sound a kind of ascending 8-bit-computer-game arpeggio. I want to talk to the director: it sounds a bit too low tech and goofy for a modern operating theatre – more fitting to accompany Princess Peach leaping into a Laffer curve of spinning coins in Super Mario Galaxy. After multiple attempts to find a suitable vein for the cannula, and some graphic language from me elicited by virtue of the trainee anaesthetist's ham-fisted and unnecessarily rough efforts, they fit the tube. He asks if I have any questions: 'Yes,' I say. 'How old is anaesthesia as a medical discipline?' 'I don't know,' he says. 'Do you have any questions *about the procedure*?'

'No,' I say.

I am wheeled in and see what appears to be a startlingly large cast of personnel, all here for the operation. I assume nobody is just 'hanging out.' But why so many? The room seems packed with redundants, a scene smelling of disguised unemployment. I'm surprised there's anyone else left in the rest of the hospital to do anything else; what are they all doing here? As the stretcher is positioned, something silver on a tray table glints in the light, some neo-medieval blade.

I remind myself of how technology is rarely truly novel – that it is 'new' only ever by dreary historical accumulation, by assemblage. Even the newest cars on the market cannot avoid still employing wheels, late Neolithic *best practice*. Despite the microprocessors, the keyboards and screens, surgery's main implements, its business end, come to us out of the fog of deep time: saws, knives, axes, pincers, clamps, vices, needles and thread. In their basic design, most of these tools are older than the species that uses them, hand-me-down 'choppers', 'pounders' and 'scrapers' (to employ the beautifully visceral taxonomy of British paleoanthropologist Mary Leakey), already widely employed and well-refined by the arrival of *homo erectus*.

I suddenly wonder whether I'm going to die today on the operating table – not temporarily, but permanently. General anaesthesia is induced coma. I feel like I can't trust my nervous system not to like it, to become attached, to make some evaluation on my behalf about it and to assume its delegated authority to hang on to it, something borrowed and never returned: a coma for keeps. And death means … ?

I think for a moment about my Google search history, trying to remember my most compromising searches and come up empty-handed. Maybe I'm forgetting something. I feel the icy fluid entering through my cephalic vein and start counting breaths and my blinking, anxious that I go out on a good number. For some reason I start touching my feet together with the same goal. 'Are you okay?' the surgeon asks. I find the question unaccountably funny; I burst out laughing.

Then, as usual, there is nothing. I die again, although I know not for the last time. I hope though, when I do go, it's with a good thought – and on an even number. ▼

Chris Fleming has written widely on issues of culture, philosophy and religion, has worked as a French translator, and is the author or editor of five books, including *René Girard: Violence and Mimesis* (Polity, 2004) and *Modern Conspiracy: The Importance of Being Paranoid* (Bloomsbury, 2014). He is currently an Associate Professor at Western Sydney University.

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This essay was shortlisted in the *Island* Nonfiction Prize, which was supported by the Copyright Agency's Cultural Fund.

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