

Disease and Community in Chuck Palahniuk's Early Novels

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“Philosophy is perfectly right,” wrote Kierkegaard, “in saying that life must be understood backward. But then one forgets the other clause — that it must be lived forward” (12). This advice seems to be taken seriously by the American writer Chuck Palahniuk, whose reason to write is that “life never works except in retrospect . . . since you can't control life, at least you can control your version” (*Stranger Than Fiction* 205). For him, writing becomes a way of looking back in order to live a more authentic life, to “stop living as a reaction to circumstances and start living as a force for what you say should be” (215). The presence of such typically existentialist concerns in a best-selling author is certainly a matter of philosophical interest.

The focus of this short, introductory article lies on the first novels by Palahniuk—in particular, on *Fight Club* (1996), *Survivor* (1999), and *Choke* (2001). These three works can be read almost like a single text, sharing a contemporary setting, first-person narratives, a sharp post-modernist style, and a number of common themes that are central also to existentialism, if we are to understand it as a radical doctrine of individual freedom and responsibility. According to David E. Cooper, existentialist ethics claims that (a) moral values are ‘created’ rather than ‘discovered’, (b) moral responsibility is more extensive than usually assumed, and (c) moral life should not be a matter of following rules. I would like to argue that these claims are specially visible in some crisis or climax occurring in the novels in connection with their treatment of disease and community, or—to be more precise—in their narrator's movement *from* disease *to* community.

“A QUICKIE EXISTENTIAL CRISIS”

The characters in Palahniuk’s fiction usually have an unorthodox approach to life, but their main goal is quite straightforward—to find a way to live together with other people. In *Choke*, the narrator enacts his own death and resurrection every night, as does in some other way the narrator of *Fight Club*. *Survivor* is a wild parody of religion in America, but all its narrator wants is to be redeemed from his Christ-like role in order to be accepted back into human community. Eventually, the characters achieve this same reunion with their peers, but through the new “religious” forums of 12-step groups, writers’ workshops or support groups.

Those characters are not likeable or innocent. In *Postcards from the Future* (2003), a documentary filmed at Edinboro University Pennsylvania in a conference to discuss the work of Palahniuk, he said that he does not “typically like [his] characters.” What Erik Ronald Mortenson has written about *The Plague* can also be said about Palahniuk’s books—that they are “less about creating idiosyncratic characters than demonstrating the range of human response to the de-humanizing condition of disease and death” (37). Actually, his stories often emerge from an illness or some other personal issue that the narrator cannot resolve: insomnia, consumerism and male anxiety in *Fight Club*, several psychiatric disorders in *Survivor*, or sex addiction and senile dementia in *Choke*.

Palahniuk’s familiarity with existentialist thought is explicit in his non-fiction work. In *Stranger Than Fiction*, his 2004 collection of essays, he quotes from Kierkegaard and uses the Heideggerian concept of *Bestand*—resources available for manipulation by a world-configuring, nihilistic destiny—to illustrate his emphasis on storytelling as a contemporary form of religion (213, 31-2). Palahniuk sees as inevitable that people without access to natural or social resources will turn to the only *Bestand* that is left for

them—their life stories, their intellectual property. The problem, he notes, is that this might lead us to living only for the sake of the story that our experiences might make, thus creating a sort of self-slavery. In the first novel written by Palahniuk, *Invisible Monsters*, which was only published in 1999, after the success of the movie adaptation of *Fight Club*, the main character rebels against this kind of slavery: “I’m not straight, and I’m not gay,” she says. “I’m not bisexual. I want out of the labels. I don’t want my whole life crammed into a single word. A story. I want to find something else, unknowable, some place to be that’s not on the map. A real adventure” (261).

These novels take the reader to some extreme places in search of such real adventures, and the knowledge that they might afford. By writing, by “controlling the story of [our] past,” Palahniuk hopes we might learn the craft to accept full responsibility for our life: “We’ll develop our ability to imagine in finer and finer detail. We can more exactly focus on what we want to accomplish, to attain, to become” (*Stranger Than Fiction* 37). Because, as Jean-Paul Sartre pointed out in his lecture “Existentialism is a Humanism,” at the end of the day we become what we accomplish. Standard existentialist doctrine—you are nothing else but what you live.

In *Survivor*, the narrator learns the hard way that morality is not simply a matter of discovering some principles when “everything that he worked for in the world is lost. All his external rules and controls are gone . . . just dawning on him is the idea that now anything is possible. / Now he wants everything” (*Survivor* 167). Because he now wants everything, his newly acquired moral responsibility is much bigger than before, when he was “the hardworking salt of the earth” and all he wanted was “to go to Heaven”.

And that is when the narrator “had what the psychology textbooks would call a quickie existential crisis” (*Survivor* 159). Standard existentialist doctrine, again—everything is indeed permitted if God does not

exist, and thus the narrator is in consequence forlorn, without excuse. He can be anything, but his desire to be everything brings him to a state that Sartre described as anguish, abandonment and despair. Tyler Durden confronts the narrator of *Fight Club* with the certainty of death (67) and later on he will want “the whole world to hit bottom” (115). His crisis is also similar to the one suffered by the narrator of *Choke* when he affirms that “We live and we die and anything else is just delusion. . . . Just made-up subjective emotional crap. There is no soul. There is no God. There’s just decisions and disease and death.” (156)

DEATH AND DISEASE

All the novels take place in a contemporary context where disease and death have become increasingly “medicalized.” In the past century there has been an increasing institutionalization of medicine, and as a result terminally ill people are often excluded from participation in normal social life. This estrangement in the face of serious disease and mortality precipitates suffering, as there is a strong cultural tendency to disconnect death from public visibility and social consciousness (Moller 2000: 50).

Against this tendency to make death invisible, awareness of mortality is one of the engines behind *Fight Club*. “On a long enough time line, the survival rate for everyone will drop to zero” (7). Or, in other words, the moment the individual realizes his or her own being, he or she understands it as “being-towards-death,” to use an expression from Heidegger. “This is your life, and it’s ending one minute at a time,” the narrator says (19). Storytelling is an act of rebellion against this realization. “This isn’t really death,” Tyler Durden says. “We’ll be legend” (1). Other characters decide to ignore death: “If she was going to die, Marla didn’t want to know about it” (99). But there is no escaping this topic, although in the other

novels it appears in lighter tones: “In some other program RELEASED used to mean a client was set free. Now it means a client is dead. . . . Ashes to ashes. Dust to dust. This is how things get recycled” (*Survivor* 247).

Another narrative engine is the contemplation of disease. The narrator of *Fight Club* went to his first support group after he had gone to a doctor about his insomnia. “My doctor said, if I wanted to see real pain, I should . . . See the degenerative bone diseases. The organic brain dysfunctions. See the cancer patients getting by” (9). This is a place where everyone “smiles with that invisible gun to their head,” where awareness of death is public. As a result, after the support group he feels more alive than he had ever felt, “the little warm center that the life of the world crowded around” (12). Exposure to disease can work the other way, though. “After you find out all the things that can go wrong, your life becomes less about living and more about waiting. For cancer. For dementia.” After his second year in medical school, the narrator of *Choke* learns all this, “and there’s no going back. . . . A bruise means cirrhosis of the liver. . . . Everybody you see naked, you see as a patient” (105, 104). Our world is “a world of symbols” (151), and cultural over-interpretation leads to hypochondria. A nice example is found in *Fight Club*, when the narrator remembers a birthmark in his foot that, for a while, some doctors thought could be a sign of cancer. He is afraid of showing his feet in public: “My fear is that people will see my foot and I’ll start to die in their minds. The cancer I don’t have is everywhere now” (97).

Amongst other reasons, disease is everywhere because its standards vary according to social and cultural change. The narrator of *Survivor* mocks this when he says that, “According to the *Statistical Manual of Mental Disorders*, [he] should go into a store and shoplift. [He] should go work off some pent-up sexual energy.” (178) The textbook changes from edition to edition, establishing “the new definitions of what’s acceptable, what’s normal, what’s sane. . . . Edition to edition, the symptoms change.

Sane people are insane by a new standard” (88). And every new condition is “waiting for the *Diagnosis Statistical Manual* to give it a code of its own so treatment can be billed to medical insurance” (*Choke* 17).

Sane or insane, most people who live long enough in the Western world will end their lives in a health institution. Meanwhile, they will stay as visitors, or rather like the narrator of *Invisible Monsters*, who “spent a whole summer as property of La Paloma Memorial Hospital” (202). There they become *Bestand* for health-care professionals, are classified, placed in a safe environment (*Choke* 55), and subjected to a daily routine: “Every day in the hospital goes like this: Breakfast. Lunch. Dinner. Sister Katherine falls in between. On television is one network running nothing but infomercial” (*Invisible Monsters* 46).

In *Choke*, the narrator spends a lot of time in a private care center, visiting his senile mother, Ida Mancini (quite appropriately, in Spanish *Ida* means “insane female”). Ida is still in the first floor, the one “for people who forget names” (56). It is not a bad place; things can get worse, as Marla discovers in *Fight Club* when she visits the place “where you end up if you don’t have health insurance” (99). The narrator of *Choke* is trying to save Ida, even if at a high personal cost. But after all, as another character says, “We do it every day. Kill the unborn to save the elderly . . . every time we burn a gallon of gas or an acre of rain forest, aren’t we killing the future to preserve the present?” (124).

Moreover, in *Fight Club* it is the very present that is being lost, because mainstream Western culture has commodified life to the extent that generations “have been working in jobs they hate, just so they can buy what they don’t really need” (141). When Tyler Durden starts his “great revolution against the culture,” it is also a rebellion against the commodification of life and health, because “the things your used to own, now they own you” (34). It is a rebellion for autonomy, and not an easy one; Durden keeps referring to his colleagues in Project Mayhem as

“space monkeys” revealing them to still be slaves, like the first monkeys shot into space like test subjects. But the rebellion might be at least partially successful. The narrator of *Fight Club* begins as a regular consumer of narcotics (“I wanted little blue Amytal Sodium capsules, 200 milligram-sized. I wanted red-and-blue Tuinal bullet capsules, lipstick-red Seconals”), but eventually he rejects them, saying, “[n]ow sleeping is the last thing I want to do” (9, 172).

This commodification of health is shown at its most extreme in *Survivor*, when the agent asks the narrator to name any disease, because they “have a cure ready for it” (147). But what they really have is the copyright for its commercial name: “an inventory of almost fifteen thousand copyrighted names for products that are still in development . . . As soon as someone else develops the product they come to us, sometimes by choice, sometimes not” (146).

CHOICE AND COMMUNITY

As we have seen, the “quickie existential crisis” leads to a rebellion for higher levels of autonomy and choice. “Losing all hope was freedom” in *Fight Club* (12). The existentialist belief in freedom is based on a phenomenological description of our everyday lives. If the external rules are gone, we face an open range of possible courses of action and no received values force us to choose one course of action over the others. Rather, it is the other way around—for Sartre, to choose between this or that is to affirm the value of that which is chosen. Actually, even Ida Mancini—the spokesperson for Palahniuk’s reflections about “rebellion as a way to hide out” and “criticism as a fake participation” (*Choke* 111)—expresses her wish to have had “the courage not to fight and doubt everything” and wishes she could have said just once, “*This*. This is good enough. Just because I *choose* it” (207).

If one is not aware of making choices, a moment's reflection shows that one is always deciding his or her own life, just like the narrator of *Survivor* when he notes that "in the bathroom with [him] are razor blades. Here is iodine to drink. Here are sleeping pills to swallow. You have a choice. Live or die. / Every breath is a choice. / Every minute is a choice" (161). This permanent possibility of suicide as the warrant of freedom is similar to what Albert Camus presented in *The Myth of Sisyphus*. He opened his argument with the suggestion that once one chooses to live, all other decisions are secondary: "There is but one truly serious philosophical problem, and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy" (3).

Palahniuk's main characters, however, do not commit suicide; typically, they must go on living and taking responsibility for their choices. The possibility of suicide is there to relieve anxiety and to act as a catalyst for a more authentic life. Authenticity entails treating other people so as to encourage a sense of freedom on their part, although according to Cooper there is disagreement as to the primary forms such treatment should take: "Some have argued that we promote a sense of freedom through commitment to certain causes; others that this is best achieved through personal relationships." In this open debate, *Choke* seems to favor the second option. Although it might sound like a paradox, some addicts in this novel (Victor, Denny, Tracy) are looking for freedom through commitment to a cause—namely, their addiction—but this freedom is only realized by building something together.

The narrator of *Choke* is an addict and likes it, because while "everybody is waiting for some blind, random disaster or some sudden disease, the addict has the comfort of knowing what will most likely wait for him down the road. He's taken some control over his ultimate fate" (185-6). But addiction is not "something you just walk away from" (*Invisible Monsters* 285). Tracy, the addict who introduces the narrator into casual sex, does not

really want to know why she keeps being an addict, because she is educated enough to “deconstruct any fantasy” and talk herself out of any plan. “I just keep doing,” she says (*Choke* 257). However, this strategy fails in the case of Victor and Dennis—and at the end of the novel, the final image is one that favors personal relationships and community-building as the only feasible way to freedom.

As the narrator of *Survivor*, who is addicted to media attention, the narrator of *Fight Club* loves support groups because “if people thought you were dying, they gave you their full attention . . . they really saw you. Everything else . . . went out the window” (98). This does not happen in *Survivor*, at least not between the narrator and the caseworker, who “turns her clipboard around for me to read and hands it over for my signature at the bottom. This is to prove she was here. That we talked. We shared” (248). Unlike the commodified, fake attention portrayed in *Survivor*, people in support groups “listened instead of just waiting for their turn to speak. / And when they spoke, they weren’t telling you a story. When the two of you talked, you were building something, and afterward you were both different than before” (98).

According to this, the individual is most authentic when he most opens up to the other in dialogue, building something different together. As Vilhjálmur Árnason has argued, this is the “magic” of a good, authentic conversation: “we do not control it as individuals but are caught up in it and give in to its own movement, which is governed by the subject matter” (Árnason 237). As Fertility says in *Survivor*, one does not have to control everything, mainly because one cannot control everything (50), so we might as well give in and accept that “We just are” (*Fight Club* 198).

Palahniuk himself has seen as the central motive of all his books “a lonely person looking for some way to connect with other people.” (*Stranger Than Fiction* xv). The narrator of *Fight Club* is sleepless and lonely in his

apartment, slave to his nesting instinct. The narrator of *Invisible Monsters* is isolated because of her looks. In *Survivor*, the narrator is the only remaining member of a repressive cult. In *Choke*, the narrator is a sex addict because “Just for these minutes, I don’t feel lonely” (20). These characters destroy their lovely nests and return to the outside world in search of some company, which they eventually find. And “After so long living alone, it feels good to say ‘we’” (*Choke* 264). Happy ending, after all.

Sartre stated that his trust in humanity was in people with whom he shared a commitment “to a definite, common cause.” His trust was in the unity of “a party or a group” over which he could have more or less control. This kind of small community “whose movements at every moment are known”, like a club or a cult, is very close to the sort of solutions to existential crisis that can be found in Palahniuk’s fiction. Because if we cannot gather together in the face of anything other than violence, sex, trance, and horror, at least we can commiserate.

That is, as Palahniuk concisely expresses it in *Survivor*, we can at least “all [be] miserable together” (278).

That is, human community as a support group.

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