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‘A Man Can Be Destroyed but Not Defeated’: Ernest Hemingway’s Near-Death Experience and Declining Health

Sebastian Dieguez

Laboratory of Cognitive Neuroscience, Ecole Polytechnique Fédérale de Lausanne, Lausanne, Switzerland

Abstract

Ernest Hemingway is one of the most popular and widely acclaimed American writers of the 20th century. His works and life epitomize the image of the hyper-masculine hero, facing the cruelties of life with ‘grace under pressure’. Most of his writings have a quasi-autobiographical quality, which allowed many commentators to draw comparisons between his personality and his art. Here, we examine the psychological and physical burdens that hindered Hemingway’s life and contributed to his suicide. We first take a look at his early years, and review his psychopathology as an adult. A number of authors have postulated specific diagnoses to explain Hemingway’s behavior: borderline personality disorder, bipolar disorder, major depression, multiple head trauma, and alcoholism. The presence of hemochromatosis, an inherited metabolic disorder, has also been suggested. We describe the circumstances of his suicide at 61 as the outcome of accumulated physical deterioration, emotional distress and cognitive decline. Special attention is paid to the war wound he suffered in 1918, which seemed to involve a peculiar altered state of consciousness sometimes called ‘near-death experience’. The out-of-body experience, paradoxical analgesia and conviction that dying is ‘the easiest thing’ seemed to influence his future work. The constant presence of danger, death, and violence in his works, as well as the emphasis on the typical Hemingway ‘code hero’, can all be traced to particular psychological and neurological disorders, as well as his early brush with death.

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A man can be destroyed but not defeated
Ernest Hemingway
The Old Man and the Sea (1952)

Ernest Miller Hemingway was born on July 21, 1899, in Oak Park (Illinois). He is one of the most popular American writers of the 20th century. When released in 1952, ‘The Old Man and the Sea’ sold 5,300,000 copies in 2 days. The novel earned him the Pulitzer Prize in 1953, and the Nobel Prize the following year. He is also celebrated for his short stories, a genre in which he excelled, his works as a journalist, a movie on the Spanish Civil War, his poetry and the prolific correspondence he left [Gurko, 1952].

Hemingway was a larger-than-life figure, not only a celebrated author, but also a real celebrity: ‘His name was a synonym for an approach to life characterized by action, courage, physical prowess, stamina, violence, independence, and above all “grace under pressure” (...) He was, in short, the heroic model of an age’ [Yalom and Yalom, 1971, p 485]. He was indeed ‘a man living life to the hilt – deriving maximum value from experience – while achieving lasting work’ [Brucoli, 1986, p x], who filled his life and works with overtly masculine themes such as war, bravery, hunting, fishing, safari, sports, drinking, bullfights, and of course women. His constant bragging, machismo, and sense of competition became legendary¹. A charitable view might be that: ‘while aggrandizing himself, he aggrandized the practice of reading and writing’ [Brucoli, 1986, p xii]. However, we will see that psychologically inclined critics perceived his overt behavior more like a defense to ward off his inner demons. His overt behavior and immense success, indeed, stand in sharp contrast to his very sad ending, when crippled by health and mental problems he committed suicide. This act might have been surprising to the general public and his readers, but it ultimately revealed the very deep insults that kept growing throughout his life inside his body and mind.

What made him such a famous author? Hemingway brought a revolution in style and was a keen observer of the contemporary world and human nature. At odds with most of his preceding and contemporary writers, he perceived the value of economy in writing. He was perhaps the first American author to write as a journalist, opting for grade school-like grammar, simple words and short descriptions. This might seem like a self-defeating approach for a novelist, but it nevertheless left its mark. There is even a joke about 20th century American writers that says that they can all be categorized in two groups: those trying to write like Hemingway and those trying not to. Through its deliberate simplicity, use of short declarative sentences, and urge to eliminate the superfluous,

¹ Competition was everywhere in Hemingway’s life, including the unlikely arena of literature: ‘I started out very quiet and I beat Mr. Turgenev. Then I trained very hard and I beat Mr. De Maupassant. I’ve fought two draws with Mr. Stendhal, and I think I had an edge in the last one. But nobody’s going to get me in the ring with Mr. Tolstoy unless I’m crazy or I keep getting better’ [Brucoli, 1986, p x].

Hemingway's style magnified the art of the dialogue and mastered the use of the understatement (e.g. in 'For Whom the Bell Tolls', we find this famous line: 'He was dead, and that was all'). For him, quite simply, 'the job of a writer is to tell what happened and how he feels about it' [Goldberg, 1997].

His style is encapsulated in what he called his 'iceberg theory', which he explained in 'Death in the Afternoon' (1932): 'If a writer of prose knows enough about what he is writing about he may omit things that he knows and the reader, if the writer is writing truly enough, will have a feeling of those things as strongly as though the writer had stated them. The dignity of movement of an iceberg is due to only one-eighth of it being above water' [Burhans, 1960, p 446]. The effect was to 'make people feel something more than they understood' [Young, 1975, p 39].

Hemingway knew how to tell a story and capture the imagination of millions of readers. The basic pattern of his stories is 'to expose a character to violence, to physical or psychological shock, or severe trial, and then to focus on the consequences' [Young, 1975, p 32].

It has been noted that all his male heroes are basically the same man [Gurko, 1952, p 373]. This is the 'code hero' (a term coined by Young [1966]), a character that exemplifies principles of honor, courage, and stamina in the face of adversity. There are rules for the Hemingway code hero: no self-analysis, no self-retreat, no sentimentality, no rationalizations or excuses, no apologies, no cowardice, no deceptive flourishes or fakery. The code hero is true only to himself, remains stoic in the face of adversity, and does not care about other's opinions. It is not enough for the Hemingway character to have integrity, virility and courage, he has to show and demonstrate it repeatedly, and of course under the toughest circumstances. He thus needs to pass through a number of tests in which he can display 'grace under pressure' (a phrase Hemingway seems to have coined himself [Parker, 1929]). Once the tests are passed, most of the time the hero dies [Gurko, 1952, p 374].

The writer himself seemed to have adopted this philosophy of life. His outlook was nonetheless quite pessimistic. As one critic wrote, for Hemingway 'life is one crisis after another. The naïveté which believes otherwise only produces disappointment, heartbreak, and, eventually, fruitless despair' [Gurko, 1952, p 373]. Vitality and action were his antidotes against the cruelties of life, which perhaps explains why Hemingway 'has sought out the death pattern wherever it appeared, on the battlefield, in the bullring, in the African jungle, in the individual consciousness, [as] only there could the full capacity of man's powers of survival be fully tested' [Gurko, 1952, p 375].

Of course, such a credo can quickly degenerate into ridicule and self-parody, as well as put oneself needlessly at risk and jeopardize one's valuable relationships. Indeed, the stakes Hemingway put for his heroes and himself were

exceedingly high, nothing short of an attempt at immortality, as if men were mortal, but heroes immortal [Bocaz, 1971, p 53]. There were numerous obstacles to his idealized view of life and literature. One of which he was deeply aware of was celebrity: 'fame came welcomingly early, burgeoned, blossomed and finally bloated into a demanding burden' [Monteiro, 1978, p 287]. Other problems, however, were much more worrisome. This chapter first examines the psychological and physical burdens that hindered Hemingway's life and ultimately lead to his suicide. Special attention is paid to a particular event he experienced while he was a young volunteer engaged in the World War I, in which he suffered a wound that nearly killed him and, apparently, involved a peculiar altered state of consciousness sometimes called a 'near-death experience'. We then discuss the effects these pathobiographical features might have had on his works.

Psychological and Psychiatric Assessment

We do not have a medical assessment of Hemingway. Although he was formally examined during his stay at the Mayo Clinic shortly before his suicide, his doctor, Howard P. Rome, held to his promise to keep his files secret [Yalom and Yalom, 1971; Craig, 1995]. We thus have to rely primarily on the information that has been gathered by biographers, accounts by friends and relatives, as well as interviews, his vast correspondence and of course his published works (below we will return on the extent to which Hemingway's writings should be considered autobiographical or not).

Psychology

Hemingway's early years seem relevant to understand the emergence of such a complex individual (for a summary of psychological approaches to Hemingway, see table 1). At age three, baby Ernest reportedly claimed "fraid of nothing!", which aptly introduces the basic psyche of the man to come. His father was a medical doctor who imposed a very strict education on his children, and whose mood was highly unstable. Dr. Clarence Hemingway frequently displayed angry outbursts, sometimes beating his son, interspersed with profound depressive episodes, and often needed 'rest cures' away from his family [Martin, 2006]. In 1928, deeply depressed by financial problems, burdened by diabetes and angina, he committed suicide with a collectible Civil War pistol. Hemingway's mother was also described as being inconsistent. Although we might never know exactly why the writer came to hate her so much, we know that Grace Hemingway was very controlling and dominated her more passive husband. For unclear reasons, Hemingway would eventually blame her for his

Table 1. Psychological portrait of Hemingway, derived from various sources, as outlined by Craig [1995, pp 1076–1077]

Hypothesis	Description
Neurosis emanating from parental dynamics	Father had mood disorders and was strict and violent Mother was dominant and sent mixed messages about gender identity and self-worth Confusing identification processes
Latent homosexuality	Excessive displays of masculinity (overcompensation) Scornful attitude towards homosexuals
Castration anxiety and unresolved oedipal conflict	Projective behaviors through hunting, fighting and interest for bullfight Defensive attitude towards women
Weak self-image	Public and idealized self-images were to be constantly and strenuously strived for and defended Need for power

father's suicide. Grace had an unstable mood and health, and suffered from headaches and insomnia. Most intriguingly, she went to some lengths to raise her son, and present him publicly, as a girl. Grace seemed to find some comfort in seeing Ernest as the twin of Marcelline, his sister. Both were dressed alike, but at the same time the mother encouraged her boy to display masculinity in sports, hunting and fishing. As one can imagine, much has been made of this anecdote from psychodynamic perspectives. Regardless of the alleged profound consequences for Hemingway's gender identity, he seemed to react with a combative attitude, crying out loud in his heart: 'Damn it, I'm *male*' [Young, 1975, p 44]. His youth was marked by feelings of anger and guilt, a taste for displaying courage, and an interest for violent imagery, firearms, and death. It seems plausible that the 'quest for masculinity' so emblematic of Hemingway's life and work had something to do with these early years [Martin, 2006, p 356]. His parents, it should be said, never encouraged or even accepted their son's writing [Fuchs, 1965, pp 433–434]. In fact, all they could make of it was that it was 'filth'.

Hemingway's psychological profile as an adult has been described by Hardy and Cull [1988] and summarized by Craig [1995, pp 1074–1076]. The writer emerges as a competitive and ambitious man of fierce independence, who frequently lied, exaggerated, and behaved childishly and egocentrically on many occasions. He required constant adulation and was prompt to destroy relationships

when he found himself on egalitarian grounds or dominated by others. He often acted out of impulses to display his panache and could go to quite some lengths to make a point to an annoying interlocutor. The same authors have noted feelings of inadequacy and self-dissatisfaction, unstable masculine identity, tense relationships with his father (even after he committed suicide), hatred of his mother, need for extreme levels of stimulation, a deeply ingrained depression and suicidal tendencies present throughout his life. The key to understand Hemingway's behavior, it is concluded, is his need for overcompensating these flaws.

Hemingway's life and work interplay so closely that it has often been remarked that the author seemed to play one of his fictional characters in real life². Yalom and Yalom [1971, p 487] argued that most of Hemingway's persona was in fact an 'image' he carefully built through the years to hide his deeper angst, and they questioned his authenticity by wondering 'whether a man firmly convinced of his identity would channel such a considerable proportion of his life energy into a search for masculine fulfillment' and highlighted his 'need to assert again and again a brute virility'.

Certainly his need for action and danger were signs of a deeper personality trait. Perhaps Hemingway was anhedonic, and needed an inordinate amount of stimulation to experience pleasure. He had difficulties in being alone and constantly sought to fill his life with excitement and travels [Yalom and Yalom, 1971, p 487; Brian, 1988], to the point of complaining after the 2nd World War 'of the emptiness and meaninglessness of his life without war'.

Hemingway's ego appeared disproportionately big, and he was extremely sensitive to any critique, bearing extraordinary grudges against everyone who dared question his talent and courage. As his idealized self-image and general expectations were clearly unrealistic, he inevitably 'fell short of his idealized goals' [Yalom and Yalom, 1971, p 490]. It has been argued that this discrepancy lead to disappointments, and ultimately to self-hatred and self-destructive tendencies.

² Critic Edmund Wilson was among the first to see clearly through Hemingway, already in the 1930s: 'And now, in proportion as the characters in his stories run out of fortitude and bravado, he passes into a phase where he is occupied with building up his public personality. He has already now become a legend (...); he is the Hemingway of the handsome photographs (...) with the ominous resemblance to Clark Gable (...). And unluckily – but for an American inevitably – the opportunity soon presents itself to exploit this personality for profit: he is soon turning out regular articles for well-paying and trashy magazines. (...) The most favorable thing one can say about it is that he made an extremely bad job of it, where a less authentic artist would probably have done somewhat better. The ordinary writer, when he projects himself, usually produces something which, though unlikely, is sympathetic; but Hemingway has created a Hemingway who is not only incredible but obnoxious. He is certainly his own worst-invented character' [Wilson, 1939].

Not surprisingly, a number of authors have written about Hemingway's alleged Oedipal issues, and speculated about repressed factors such as the 'death instinct', a fear of castration and impotence, guilt over his father's suicide, and even latent homosexuality [Drinnon, 1965; Young, 1966; Yalom and Yalom, 1971; Brenner, 1983; Meyers, 1984]³. Prominent features dealt with from these perspectives were his treatment of women, father-son relationships, brotherly comradeship, as well as symbolic interpretations of his passion for bullfighting and hunting, and of course his war wound (see below), which very closely spared his genitalia, and might have lead to repeated inclusions of amputation and physical damage in his works⁴. More generally, Hemingway seemed to have been a fierce individualist and feared or repudiated everything that threatened to empower or surpass him (most notably women, psychiatrists, other authors and literary critics), and thereby revealed his deeper sense of insecurity. His father might have been a prime example for him, having committed suicide after a lifetime of being controlled by his wife. A fear of being rejected and abandoned might also have developed after the failure of his first love story on the Italian front with nurse Agnes von Kurowsky, which was a terrible blow to his self-esteem.

Most of Hemingway's behaviors have been interpreted in the light of defense mechanisms (i.e. denial, projection and sublimation) against an underlying depression and hypothesized fear of castration and feelings of guilt. He confronted reality by denying danger and self-limitations, and was hostile to individuals who displayed his own most inward weaknesses and feminine parts (all 'cowards', i.e. anyone who did not live to his idealized expectations, especially his father because he committed suicide). Drinking, hunting, fishing, sports and fighting have been seen as means to channel his aggressiveness and violence, allowing him to externalize his self-destructive thoughts. Quite perceptively, he famously said to Ava Gardner in 1954: 'Even though I am not a believer in the Analysis, I spend a hell of a lot of time killing animals and fish so I won't kill myself' [Hotchner, 1966, p 139]. These attempts at 'self-medica-

tion', however, amounted only to 'frenetic attempts to perpetuate the image he created, interlocked to form only a partially effective dam against an inexorable tide of anguish' [Yalom and Yalom, 1971, p 493].

Psychiatry

Hemingway suffered from numerous and well-documented mood swings. Biographer Carlos Baker [1969] was the first to use the diagnosis 'manic-depressive', now called bipolar disorder [see also Martin 2006, p 352; Beegel, 1998, p 380; Brian, 1988; Hardy and Cull, 1988; Jamison, 1996, pp 228–230; for disagreement see Meyers, 1987, p 544]. Manic episodes consisted in excessive energy and exhilaration, as well as grandiosity. Part of it, of course, may not necessarily be pathological but merely Hemingway playing his own character, as when he said that he had 'bedded every girl he wanted and some that he had not wanted' [Yalom and Yalom, 1971, p 487]. During these times, Hemingway was able to write and drink copiously during entire nights. He claimed to have written the short stories 'The Killers', 'Today Is Friday' and 'Ten Indians' (all published in 1927) in a single day: 'I had so much juice I thought maybe I was going crazy and I had about six other stories to write' [Oldsey, 1963, p 191]. He was also well known for his sudden spending sprees and his tendencies to fight⁵. Martin [2006] documented Hemingway's multiple references to suicide and mood swings in his correspondence. To his friend John Dos Passos, the writer confessed sometimes experiencing a 'gigantic bloody emptiness and nothingness'. He explicitly mentioned suicide in 1936, 25 years before he acted it out, in a letter to Archibald MacLeish: 'Me I like life very much. So much it will be a big disgust when have to shoot myself' [Baker, 1981, p 453; Martin, 2006, p 358]. Decreased libido frequently came in conversations and letters, as well as insomnia, and later on episodes of anorexia (Hemingway's weight varied widely across his life). These elements all lead to a diagnosis of major depression [Martin, 2006, p 354; Brian, 1988]. Such periods he called his 'black-ass moods' [Yalom and Yalom, 1971, p 493], and were likely worsened by the intake of reserpine [Little and Sharda, 2008], a treatment he was given for hypertension (likewise he took secobarbital, another depressant, to fight insomnia).

³ Hemingway had his own ideas about psychoanalysts, which he described as 'those inner-searching Viennese eyes peering out from under the shaggy brows of old Dr. Hemingstein, that masterful deducer' [Meyers, 1987, p 545]. His distrust of psychological, and especially psychoanalytical, approaches loomed large. For instance, he dismissed Philip Young's influential work as 'the trauma theory of literature' [Young, 1975, p 44].

⁴ This 'obsession' with amputation [Hovey, 1965, pp 462–464] might of course have originated in his war experience and the numerous dead and maimed soldiers he witnessed, but also in the fact that Hemingway's father, in his later years, was undermined by diabetes and feared the loss of a leg. Incidentally, when his brother Leicester shot himself in 1982; he was also suffering from depression and diabetes and likewise feared the amputation of one leg.

⁵ Anecdotes are plenty. When challenged by Max Eastman with the famous line 'Come out from behind that false hair on your chest, Ernest. We all know you', he slapped him in the face with a book, and upon hearing of Eastman's later bragging of having thrown him over the desk, he offered the following statement: 'If Mr. Eastman takes his prowess seriously – if he has not, as it seems, gone in for fiction – then let him waive all medical rights and legal claims to damages, and I'll put USD 1,000 for any charity he favors or for himself. Then we'll go into a room (...) Well, the best man unlocks the door' [in Brucoli, 1986, p 16].

The family history of mood disorders in the Hemingways is staggering, with 'a long history of affective disturbance, substance-related disorders, and suicide that preceded Ernest's birth, claimed at least three of the six siblings in his generation, and has continued on through two further generations' [Martin, 2006, p 353; see the Hemingway genogram in Jamison, 1996, p 229]. His father probably suffered from bipolar disorder. Maternal and paternal uncles also presented mood disorders. His sister Ursula and brother Leicester both committed suicide. His sister Marcelline was depression-prone, and conditions surrounding her death led some to suspect suicide (she also suffered from diabetes, like Ernest and Leicester, as well as their father). Hemingway's son Gregory, a doctor, was diagnosed with bipolar disorder, indulged in substance abuse and underwent sexual reassignment surgery after a lifetime of gender identity disorder (he lost his medical license and was arrested several times because of disordered conduct). Hemingway's grand-daughter, the daughter of his elder son Jack, also had multiple disorders, notably seizures, depression, eating disorders and alcoholism. She committed suicide in 1996. It seems reasonable to conclude that '[g]iven the family history, it seems likely that [Hemingway] had inherited a genetic predisposition for mood disorders' [Martin, 2006, p 354].

It is no secret that Hemingway was not always an easy person. He went through four marriages and his friendships were hardly stable. He was known for his tempers, sudden dismissal of previous acquaintances, and low threshold for irritation. Given the features of Hemingway's personality and relationships, Martin [2006, p 357] postulated the presence of a borderline personality disorder: 'In addition to the issues of identity disturbance and splitting, (...) difficulties with recurrent suicidal ideation, anger, impulsivity, affective instability, and unstable interpersonal relationships that characterize borderline personality traits seem identifiable in Hemingway's life story' [see also Brian, 1988]. Narcissism and self-absorption also seem a driving feature of his personality, affecting his relationships. He was often needlessly aggressive towards strangers and even his friends, often targeting their wives, who almost universally disliked him.

Although these observations are based on reasonable assessments of the available material, they cannot of course be considered definite diagnoses. What is more, as noted by Craig [1995, p 1073], the interactions or mutual exclusiveness of borderline personality disorder, major depression, and bipolar disorder are a matter of debate, as it is not clear whether these diagnoses exclude each other or represent variants along the same continuum [e.g. Gunderson and Phillips, 1991; Young, 2009].

Uncontroversial, however, was his well-known alcoholism. Hemingway drank in marked quantities since adolescence, sometimes supplementing any other nourishment for sustained amounts of time [Yalom and Yalom, 1971, p

492]⁶. He eventually suffered from hepatic damage and was advised to stop drinking numerous times by physicians and friends, to no avail. From his war wound in 1918 onwards, almost each time Hemingway was hospitalized bottles of liquor were found in his room and even right under his bed. This is not to say that Hemingway was not worried by this state of affairs, especially in later years. He was nevertheless never able to sustain any significant period of sobriety. This dependence, of course, badly interacted with his already labile mood and could very well have led to brain damage, favoring the emergence of psychosis in his very last years [Martin, 2006].

In addition to these dismaying conditions and proclivities, Hemingway got involved in many situations where he suffered severe blows to the head. He was a lifelong risk-taker, avidly seeking danger in wars, bull races, hunting, boxing, and careless driving. During these activities, he clearly was reckless, often to the dismay of his comrades. He had many close encounters with death. In 1944, he was involved in a car accident in which he sustained a severe concussion. Three months later he had a motorcycle accident in France. On January 26, 1954, the Washington Post ran the enviable headline 'Hemingways survive two plane crackups'. This aspect of the writer's career is so central that Meyers [1987, pp 573–575] provided a detailed timeline dedicated to Hemingway's accidents and illnesses throughout his life in an appendix to his biography. To summarize, Hemingway went through several 'crashes resulting in brain concussions, hemorrhages, multiple fractures, severe cuts, and burns, and a lifetime of minor accidents, many associated with hunting, fishing, boxing, and skiing' [Yalom and Yalom, 1971, p 490]⁷.

As a result of his head blows, scalp lacerations, and skull fractures, Hemingway experienced headaches, temporary deafness, tinnitus, diplopia, slowed speech and memory difficulties [Martin, 2006, p 355]. Internal organs

⁶ Anecdotes on his legendary drinking also abound. His close friend the Major General Charles T. Lanham recounts that when working on 'The Old Man and the Sea', Hemingway had the habit of swimming every morning in his pool until at 11 a.m., at which point 'his majordomo would come out of the house with what appeared to be a half-gallon pitcher of martinis', and the writer would then say 'what the hell, Buck, it's noon in Miami' [Yalom and Yalom, 1971, p 492].

⁷ Although his temperament, risk-taking proneness and alcohol intake obviously contributed to his numerous accidents, an interesting alternative suggestion has been made: many of Hemingway's innumerable accidents might actually have been due to his poor sight. It seems that Hemingway was too proud to wear his glasses (just as he constantly struggled to hide his receding hairline), leading to many mishaps and involuntary blows to the head [Martin, 2006, p 357]. Nevertheless, this refreshingly cautious interpretation does not detract from the fact that Hemingway put himself in danger in many situations, all the more so by obstinately refusing to wear his glasses.

were also severely damaged by these events, further contributing to worsening his mood, and possibly precipitating psychosis and cognitive decline.

Hemochromatosis

A specific condition has been proposed as an overarching explanation for several of Hemingway's symptoms. This disease is hemochromatosis, sometimes also called 'bronze diabetes' or 'iron storage disease', an 'inherited metabolic disorder present from birth and causing an increased absorption of iron in the gut [as well as other organs]' [Beegel, 1998, p 375]. The evidence pointing to such an underlying disease – like most symptoms this article discusses – is mostly biographical. Hemochromatosis is rarely diagnosed before the patient is 50 or 60, as its symptoms tend to gradually increase in number and severity from the mid-30s onwards. The disease is an inherited condition of the autosomal recessive type, and its presentation varies greatly from patient to patient, depending of factors such as diet and alcohol intake. A diagnosis is normally based on the following triad: diabetes mellitus, cirrhosis of the liver, and abnormal skin pigmentation. Hemingway very likely had the first two, and the third one is difficult to assess due to his permanent tanning, as he was a man of the outdoors. There is also some evidence that his diabetes was inherited. Of course, cirrhosis of the liver is most often caused by alcoholism, but as Beegel [1998, p 377] explains: 'alcohol actually stimulates the body's absorption of iron, and because some alcoholic beverages (...) are rich in iron, a heavy drinker with hemochromatosis runs a far greater risk of developing cirrhosis of the liver than a non-drinker with iron storage disease'⁸. Male patients can also suffer from hypogonadism, due to iron-induced damage to the pituitary gland and ensuing hormonal disturbances. There are some indications that Hemingway suffered occasionally from impotence [Meyers, 1987, p 540], a symptom of hypogonadism, and this suggestion is further reinforced by the fact that Hemingway took pills of methyltestosterone in the 50s (which tellingly can induce depression, anxiety and insomnia, as well as hepatitis, all disorders from which Hemingway suffered at about the same period). Hemochromatosis, especially in the later stages, also has effects on behavior and brain functions, including memory loss, agitation, confusion, apathy and psychotic symptoms. The disease was never diagnosed as such in Hemingway, but was discussed by doctors during his stay at the Mayo Clinic in 1960 (they were however reluctant to perform the risky liver biopsy for confirmation). The writer himself became interested in medical textbooks about the liver, indicating that he had some idea

about the usual outcome of hemochromatosis (i.e. extremely painful terminal cancer of the liver).

The case for hemochromatosis is interesting but would obviously be more convincing if an official diagnosis had been made, in Hemingway himself or any of his relatives (no autopsy was performed after his suicide). The condition seems rare but probably remains underdiagnosed, as its features are often mistaken for primary ailments instead of symptoms of an underlying cause. As Beegel [1998] points out, the tragic irony of this state of affairs is that hemochromatosis, if detected early, can easily be controlled by regularly induced bleedings (this simple procedure allows avoiding the accumulation of excess iron). Moreover, an appropriate diet can also be recommended, as well as avoidance of alcohol. It is questionable, however, that such an early diagnosis and treatment in Hemingway would have 'enriched American literature' [Beegel, 1998, p 384].

In the light of recent developments, the hypothesis of an underlying hemochromatosis in Hemingway would also indicate the possibility of progressive cognitive impairment. Diabetes not only is a well-known risk factor for Alzheimer's disease (AD) and cerebrovascular disease, but also seems associated with mild cognitive impairment, a transitional stage between a normal cognition and AD [Luchsinger et al., 2007]. Moreover, the gene associated with hereditary hemochromatosis seems to be an additional risk factor for individuals predisposed to develop AD [Moalem et al., 2000], and there is some indication that AD might be associated with excess iron intake (as well as other neurological disorders such as restless leg syndrome) [Haba-Rubio et al., 2005].

Suicide

From 1954 onwards, Hemingway suffered a great deal from his accumulated injuries and ailments. His entire body was covered by scars, and he had problems in the head, heart, liver, back and circulatory system. The decline worsened markedly in the year 1959 [Meyers, 1987]. He could no longer fight or hide his depression and suicidal impulses. Writing became an ordeal, and almost all creative insight dried up. He developed psychotic delusions, mostly of the paranoid genre [Meyers, 1987, pp 540–544]. Most notably, he became convinced that some of his friends, the FBI, the IRS and the Immigration Bureau plotted against him. Ideas of reference were frequent, with an exaggerated tendency to interpret mundane events as directed at him. He also had delusions of poverty, despite his comfortable way of life. At about the same time, discouraged by the insults of life and aging, he presented signs of hypochondriasis: 'he magnified the significance of minor ailments and grew increasingly preoccupied with major ailments to the extent that his conscious thoughts, like the pages of his letters and the walls of his bathrooms, were plastered with meticulously kept charts of daily fluctuations in weight, blood pressure, blood

⁸ Another argument against the primary influence of alcohol on Hemingway's ultimate demise is the fact that his father was a strict abstainer and nevertheless presented very similar medical and behavioral problems shortly before his own suicide [Beegel, 1998, p 382].

sugar, and cholesterol' [Yalom and Yalom, 1971, p 493]. The etiology of these delusions is probably the long association of bipolar illness, alcoholism and multiple head trauma [Martin, 2006, p 359]⁹.

He was in such a poor shape that he accepted hospitalization on November 30, 1959, at the Mayo Clinic, in Rochester, Minnesota. There he underwent several courses of electro-convulsive therapy (ECT). Reserpine was discontinued as its depressant properties were recognized by then. However, according to Little and Sharda [2008], although 'his relapse and ultimate suicide occurred many months after the physiological effects of reserpine had abated (...), the protracted course of his depression and its damaging effects on his marriage, financial situation, and confidence in his ability to work might have been repairable at an earlier stage if reserpine had been discontinued sooner'. Of the ECT sessions, Hemingway wrote to his friend A.E. Hotchner: 'What is the sense of ruining my head and erasing my memory, which is my capital, and putting me out of business? It was a brilliant cure, but we lost the patient' [Meyers, 1987, p 550]. It is well established that ECT induces memory loss [Squire, 1977], but this is also the case for longstanding alcohol abuse, depression and head trauma. Nevertheless, it seems obvious that these sessions had a deleterious effect and might even have precipitated Hemingway's suicide [Meyers, 1987, pp 546–552].

The writer stayed 7 weeks at the clinic and was discharged after some (apparent) improvement. For some time, he could even write and was able to complete the memoir of his Paris years, 'A Moveable Feast' (published posthumously in 1964). However, what followed was a sad testimony of the depth of his despair. He relapsed into depression and became unable to write altogether. One day in April 1961, he was caught by his wife while loading a shotgun and had to be hospitalized again. Having asked to shortly return home to pick some items, he tried again to kill himself and had to be disarmed in extremis by hospital staff who were asked to look after him. He was then hospitalized again, but on his way to the Mayo Clinic, was seen walking dangerously towards a plane's spinning propellers. This gruesome attempt failed again as the pilot cut the engine. Having made 3 suicide attempts in 4 days, Hemingway was rehospitalized for 2 months. He underwent further sessions of ECT and returned home on June 26, 1961. There he still seemed to be delusional, as he claimed to see FBI agents monitoring him at a restaurant. Soon afterward, on Sunday, July 2, 1961, at 7 a.m., Hemingway shot

himself in the head. There is no doubt that he was extremely determined to take his own life. Shortly before his irreversible act he told Hotchner 'If I can't exist on my own terms, then existence is impossible (...) That is how I've lived, and that is how I *must* live – or not live' [Meyers, 1987, p 552].

Hardy and Cull [1988; Craig, 1995, p 1075] argued that the suicide was the 'result of draining vitality, proliferating health problems, increasing age, a declining ability to write creatively, and a diminishing sense of virility (...) combined with an increasing sense of despair'. Likewise, Meyers [1987, pp 558–559] wrote: 'the simple explanation is that he had a terrible combination of physical and mental illness that was caused by his neglect (even destruction) of his own health and that he had lost his memory during medical treatment at the Mayo. He suffered from weight loss, skin disease, alcoholism, failing eyesight, diabetes, suspected hemochromatosis, hepatitis, nephritis, hypertension and impotence. His body was in ruins, he dreaded a decline into invalidism and a lingering death'. Martin [2006] focused rather on the psychiatric side, pointing to the debilitating cognitive and affective effects of bipolar disorder, major depression, alcohol dependence, traumatic brain injury, and probable borderline personality disorder [for a cognitive model of suicide applicable to Hemingway, see Baumeister, 1990]. Finally, Beegel [1998, p 381], who defended the case for the hemochromatosis hypothesis, advanced the provocative idea that 'the belief, real or mistaken, that he was terminally ill may have contributed to Hemingway's suicide' (for a summary of Hemingway's ailments see table 2).

War Wound and 'Near-Death Experience'

We now turn to a specific event in Hemingway's life that several scholars have seen as a key element in determining his adult life and the contents of his works, namely the war wound he sustained during the World War I. At 18, Hemingway volunteered as an ambulance driver for the Red Cross on the Italian front. He came to Italy in June 1918, and then joined his unit in Schio, in the Dolomites. Having asked to get closer to combat zone, he was dispatched to the river Piave, where the Italians were busy stopping the advance of the Austrian soldiers. His duty there was to relieve the combatants by distributing chocolate, cigarettes and postcards. On July 8, 1918, at midnight, according to a Red Cross report, 'Hemingway was wounded by the explosion of a shell which landed about three feet from him, killing a soldier who stood between him and the point of explosion, and wounding others' [Meyers, 1987, p 30]. Hemingway recovered from the explosion and picked up a wounded soldier near him on his shoulders. But while trying to reach cover, he was hit again in the legs, this time by a machine gun. Incredibly, Hemingway would again stand on his feet and

⁹ A cautionary note is in order here, as it turns out that Hemingway was right about being shadowed by the FBI. The reasons are not entirely clear, but his affinities with the Castro regime and his acquaintances from the Loyalist Resistance of the Spanish Civil War might explain part of the authorities' interest in the writer. As Meyers [1987, p 543] put it: 'The FBI file on Hemingway proves that even paranoids have real enemies'. Likewise, his concerns about his finances and his health were far from entirely imaginary.

Table 2. Psychiatric and medical factors contributing to Hemingway's affective and cognitive decline, and leading to suicide

Diagnoses	Description
Bipolar disorder	Probably inherited, widespread in family
Major depression episodes	Signs present at least since adolescence Depression worsened by reserpine and secobarbital intake (aimed at treating hypertension and insomnia) ECT treatment (inducing memory problems)
Alcoholism	Chronic since adolescence Liver failure, organic brain damage, withdrawal symptoms
PTSD	'War neurosis' Urge to revisit the traumatic event 'Near-death experience'
Multiple head trauma and accidents	Risk-taking Recklessness Poor sight?
Character problems Borderline personality disorder	Narcissism, aggressiveness, competitiveness, uncertain identity, difficult interpersonal relationships, need for adulation, depressive mood, need for excitement, fragile sense of self-worth, irritability, impulsivity, risk-taking and self-harm, suicidal Father's suicide. Anger towards mother and guilt
Insomnia	Associated with depression and alcohol intake, at least since 1926
Hemochromatosis	Diabetes Cirrhosis Dermatological disorders Cognitive, affective and behavioral disorders Hypogonadism, impotence
Psychosis	Delusion of persecution Delusion of poverty Hypochondriasis

bring to safety the wounded Italian soldier (who died soon after). For this act of bravery, he was awarded the Silver Medal (Medaglia d'Argento al Valore). The official citation stated: 'Gravely wounded by numerous pieces of shrapnel from an enemy shell, with an admirable spirit of brotherhood, before taking care of

himself, he rendered generous assistance to the Italian soldiers more seriously wounded by the same explosion and did not allow himself to be carried elsewhere until after they had been evacuated' [Meyers, 1987, p 31].

He then spent 3 months in rehabilitation at the American Red Cross Hospital in Milan. There, he fell in love with an American nurse called Agnes von Kurowsky, who ultimately rejected him, adding an indelible psychological wound to his physical injuries. From the hospital, he sent a first letter to his parents on July 21, 1918. He then sent more details about the accident, on August 18, 1918, explaining that the '227 wounds (...) didn't hurt a bit at the time', which allowed him to walk '150 yards with a load' (the wounded Italian soldier), much to the amazement of his Captain [Baker, 1981, p 14].

Hemingway went on to say that it was only after he was carried on a stretcher to a distant station that his wounds began to hurt, 'like 227 little devils were driving nails into the raw' [Baker, 1981, p 15].

As the first American wounded in Italy, this event received some publicity in the New World, and Hemingway was invited to give talks. Speaking to a high school audience in 1919, he recounted the same event with some additions. We thus learn that for a moment Hemingway thought he was dead and 'moving somewhere in a sort of red din', but then felt himself 'pulling back to earth' and 'woke up' immediately afterwards [Brucoli, 1986, p 4]. He also explained that he was actually, at this time, left for dead by the other soldiers, indicating that he seemed to be outwardly unconscious for some time.

A 'Near-Death Experience'?

This last account casually insinuates that something strange seemed to happen to Hemingway during the accident. He 'felt [himself] pulling back to earth' and then 'woke up'. Does this mean that at some point he felt himself 'out of earth', or flying 'in the air'? This possibility, strange as it seems, is quite likely. It has been defended most notably by Vardamis and Owens [1999], who argued that Hemingway underwent a so-called 'near-death experience' (NDE), broadly defined as a dissociated state of consciousness during a life-threatening danger. This concept has received (and still does) foremost attention in the occult literature and in parapsychological circles, as its most dramatic reports seem indicative, on the face of it, of a postmortem journey to an afterworld¹⁰. When introduced in 1975 to the general public, the NDE was described as a largely hypothetical

¹⁰ Although the term was coined in a popular book fostering paranormal interpretations of the phenomenon [Moody, 1975], it must be noted that the term 'expérience de mort imminente' appeared much earlier under the pen of Victor Egger [1896a], a French philosopher who aptly predicted that these experiences would inevitably yield transcendental interpretations.

altered state of consciousness triggered by the proximity to death and comprising a number of dramatic features, including the experience of peace and calmness in the face of extreme distress, the feeling of occupying a disembodied and elevated perspective from which one sees one's surroundings as if 'from above' (including one's own body: out-of-body experience or OBE), the feeling of being propelled into a dark tunnel, the perception of a beautiful light, encounters with 'spirits' and 'divine agencies', a sudden and involuntary recall of one's entire life, and so forth [for reviews see Blanke and Dieguez, 2009; Holden et al., 2009].

To reinforce the hypothesis that Hemingway underwent such an experience, we reproduce two war NDEs reported in the literature (see below for Hemingway's own fictional accounts). Both individuals found themselves in bombardment zone, just like Hemingway [see also Vardamis and Owens, 1999, p 208]:

'A landing craft commander (...) was nearly killed when an enemy ammunition stockpile blew up beside him [and felt] "as if I were sitting on a cloud looking down upon the whole scene, past, present, and future. Tremendous explosions were occurring all around me but faded and became a minor part of the whole experience"' [Noyes and Kletti, 1976, p 23].

'Instantly I was enveloped in a cloud of beautiful purple light and a mighty roaring sound (...) and then I was floating, as if in a flying dream, and watching my body, some dozen feet below, lifting off the sand and flopping back, face downwards. I only saw my own body (...) And then I was gliding horizontally in a tunnel (...) and at the end a circle of bright, pale primrose light. I was enjoying the sensation of weightless, painless flight but I remember saying to myself: "If this is death, it's rather dull". But I had a feeling it would be more interesting when I reached the light. (...) I became aware that I was being "sucked" back through the tunnel and then into a body that felt rather unpleasantly "heavy" (...) I seemed to have lost all sense of fear, but my back felt wet and slimy so I looked over my shoulder to investigate the cause. My back was a red mass of blood and raw flesh' [Fenwick and Fenwick, 1997, pp 43–44].

Although the NDE literature puts much emphasis on the similarities between these subjective experiences, there is as yet no workable definition of what exactly NDEs are supposed to be [Dieguez, 2008], and as these two accounts illustrate, there are ample variations from one report to the other (including the circumstances in which they occur, which sometimes are not life-threatening at all). More operational attempts have been made through the use of standardized questionnaires [Greyson, 1999], but these in turn, because they focus on very specific types of experiences, necessarily miss elements that might not fit one's idea of a 'prototypical' NDE. Therefore, claims that a 'typical NDE', or even a 'core NDE', exists, mostly beg the question. After all, the majority of experiences near death are unremarkable, as they merely involve unconsciousness or confusion. What is known, however, is that most elements comprising the general idea of an 'NDE' can be induced by a number of different circumstances (mystical states, mental disorder, substance abuse, epilepsy, stroke, deep or surface electrical stimulation of the brain, syncope, etc. [see reviews in Augustine, 2007; Blanke and Dieguez, 2009]), pointing to a variety of biological mechanisms.

Be that as it may, the most notable features to be found in Hemingway's account are the feeling of disembodiment (OBE), the conviction of being dead or about to die, the absence of pain, and the realization that death is nothing to be frightened of. The context in which the experience occurred and these features make it a classic case of 'depersonalization in response to life-threatening danger' [Noyes and Kletti, 1976]. Nevertheless, according to the scientific standards that were subsequently developed (and which are commonly used in current NDE research), Hemingway's accident would not unequivocally count as an 'NDE' *stricto sensu* for all researchers in the field.

Regardless of the definition of NDE one chooses to espouse, the phenomenon is still poorly understood. The problem, obviously, lies in the difficulties of studying *in situ* life-threatening events and the ethical obstacles in reproducing them experimentally (other ethical problems reside in the appropriateness of conducting parapsychologically oriented research in dying patients [Dieguez, 2009]). Nevertheless, a good amount of data, though most of it preliminary or somewhat contentious, is available on the topic. For instance, we know that OBEs are transcultural phenomena and that they seem related to some objective psychological and neural correlates [reviews in Murray, 2009]. Most recently, the OBE has been conceptualized as part of the more general category of autoscopic phenomena, namely experiences where a perception or a sensation of oneself in external space occurs, and related to a continuum of vestibular disturbances [Blanke et al., 2004; Lopez et al., 2008; Cheyne and Girard, 2009].

The description of transient analgesia, positive emotions, and paradoxical increase in mental quickness and physical strength during an extremely fearful or dangerous situation, has also been reported in the older [Heim, 1892; Egger, 1896a, b] and modern literature [Noyes and Kletti, 1976; Prince, 1982; Hood, 2007]. A classic example is Livingstone's account of having nearly died when a lion attacked him [McDermott, 1980] (see Appendix). These features strongly point to a sudden release of endorphins as a response to danger, inducing a 'limbic lobe syndrome' [Carr, 1981].

Pathological Influences on Hemingway's Works

Psychology and Psychiatry

In what follows, we examine attempts to link Hemingway's life, psychology and health to the contents of his works, most notably from the psychiatric side. We leave the effects of the 'NDE' for the following section.

Although the legitimacy of conducting retrospective pathobiographical analyses of works of art can be questioned, it seems reasonable to argue, as

Martin [2006, p 352] does, that in Hemingway's case at least this is 'an important task given the manner in which psychiatric disease affected the writer's life and informed his work, his writings being both products shaped in part by his painful internal mental states and defenses against them'. More simply, it has been said that 'no scholarly discussion of the author can ignore the man when attempting to analyze his literary creativity' [Craig, 1995, p 1059]. Such an approach is especially warranted for Hemingway as 'his material is psychologically, if not factually, personal: Hemingway's loves, needs, desires, conflicts, values, and fantasies swarm nakedly across the written page' [Yalom and Yalom, 1971, p 487]. Denying this in the case of Hemingway would take us back to the concept of 'the death of the author' [Barthes, 1984/1968], the contentious idea that works of literature have a life of their own, the 'author' being a mere 'scriptor' and his work becoming the sole property of the reader. In fact, Hemingway himself once wrote to a friend: 'good writing needs ideas derived from seeing life in arrangement, the design in life as it exists, not the trying to see life according to an idea' [Fuchs, 1965, p 437]. It thus seems inescapable that he would use his suffering and anxieties in his literature. Nevertheless, Evans [1961, p 606] warned that Hemingway's writings are 'more than a slightly fictionalized diary' and although it is incontrovertible that they represent 'to a large extent personalized fiction (...) the critic is dangerously myopic who sees in them only, or chiefly, the biographical element'¹¹.

It is indeed well known that Hemingway *fictionalized* his own life in his stories. An amusing example of Hemingway's embellished projections on his characters is composer Virgil Thomson's anecdote according to which 'while Hemingway in his Parisian years never bought anybody a drink, he paid them off in "The Sun Also Rises" (1926). He bought all his friends drinks in that book' [Monteiro, 1978, p 287]. More dramatically, in 'A Farewell to Arms' (1929), contrary to Hemingway's own experience, the nurse falls in love with the soldier, and dies in childbirth, which indicates the presence of 'fantasies of wish fulfillment and revenge' [Martin, 2006, p 359] in his works.

¹¹ To be entirely fair, the extent to which one should trust Hemingway's writings and claims as reliably autobiographical has also been challenged by the author himself: 'It is not un-natural that the best writers are liars. A major part of their trade is to lie or invent and they will lie when drunk, or to themselves, or to strangers. They often lie unconsciously and then remember their lies with deep remorse. If they knew all other writers were liars too it would cheer them up' [Brucoli, 1986, p ix]. In an interview, when asked whether he sometimes wrote about situations of which he had no personal knowledge, he answered: 'That is a strange question. By personal knowledge do you mean carnal knowledge? In that case the answer is positive. A writer, if he is any good, does not describe. He invents or makes out of knowledge personal and impersonal and sometimes he seems to have unexplained knowledge which could come from forgotten racial or family experience' [Brucoli, 1986, p 109].

We have described the Hemingway 'code hero' in the introduction, and in many respects this character is always Hemingway's idealized self, sometimes even too close to him to make a difference. Young [1966], who popularized the Hemingway theme of the 'code hero' (and summarized it as the tendency to pursue an unreachable ideal), described how Hemingway fully realized that what is important is the 'code' itself, not the goals it purports to attain, which often remain out of reach. This tendency is part of Hemingway's 'tragic vision of man' [Bruhans, 1960], and he seems to have projected it on his main characters and internalized it in developing his personal mythology. Like him, his heroes are psychologically and physically wounded, and strive to overcome even in the face of absurdity. Like him, his literary surrogates could drink all day long without being drunk. Like him, they have a tragic vision of life, mixing the utmost pessimism to generous vitality and heroism. Like him, they downplay their problems and carry on about their mission. Like him, they go to great lengths to test their limits, engaging in foreign wars, hunting in Africa, and boxing in or out of the ring. And like him, they are wary of women but ultimately cannot do without them. As a whole, his psychological buildup seemed to have been a force behind his creativity. Traits such as narcissism, competitiveness, courage, fierce independence, ambition, vanity, and grandiosity would eventually all coalesce to produce one of the most important and original writers of the 20th century.

It is well known that bipolar disorder can be associated with creative proclivities [Jamison, 1996]. Hemingway's spectacular writing output, sometimes completing several short stories in a matter of days and longer novels in a few weeks, was associated with a particular frame of mind that eluded him in darker periods of depression. He called these outbursts of energy 'juice'. Likewise, these periods prompted him to boast and display elements of grandiosity (see footnote 1). These feelings of self-worth, however, soon disappeared in moments of gloom. It is unfortunately impossible to provide a precise timetable comparing Hemingway's mood swings and his literary output, but we have seen that as depression and mental decline overtook him, his writing abilities declined.

Death, violence and suicide are themes prominent in all his works, from his earliest novels onwards. The suicide of his father was a major blow to Hemingway, and this event likely accounts for the widespread presence of weak fathers in his writings [Brenner, 1983]. This fascination with suicide, in retrospect, was a warning sign of the tragic ending. As Martin [2006, p 358] put it, 'The trouble is that Hemingway felt the need to discuss suicide in his letters to his friends at all'. This author even suggests that Hemingway's entire life, with its adventurous and risk-taking leanings, was akin to a continuous suicide attempt: 'he gave fate plenty of opportunity to do first what he eventually did himself' [Martin, 2006, p 358]. Therefore, the continuous presence of violence,

injuries, killing and death in his stories can be interpreted as a function of an inner drive to project, control or simulate his own self-destructive tendencies. The fact that most of his characters, and their relatives, end up dying, likewise, is a strong hint that Hemingway saw no value in happy endings in real life either¹².

The majority of studies trying to link Hemingway's life and works are based on psychodynamic perspectives. Kubie, for instance, identified major themes of Hemingway's works as reflecting the fear of, fight against, and triumph over the fear of genital injury and violent death, and more generally fear of sex. Hemingway's insistence on masculinity, of course, was thought to combat the threat of passive homosexuality [Meyers, 1984]. The heroes of two major novels, Jack Barnes (*The Sun Also Rises*, 1926) and Lt. Henry (A Farewell to Arms, 1929), have been genitally wounded, and Nick Adams, in a number of short stories, is a typical wounded and rejected hero. Homosexuality and homophobia have also been perceived as recurrent underlying themes in Hemingway's writings, mostly because of the insistence on male comradeship. A collection of short stories was even named 'Men Without Women' (1927), making the topic of sexual identity an easy target for some critics [Drinnon, 1965; Brenner, 1983; Brian 1988].

A conclusion of Beegel's [1998, p 384] paper on Hemingway's hemochromatosis is that '[i]f his suicide was indeed precipitated by advanced iron storage disease, the unwary may find themselves unwittingly psychologizing an organic brain syndrome. (...) [T]he prevalence of a lack of passion, impotence, androgyny, and masculine overcompensation as themes in Hemingway's work, as well as his now celebrated "sexual confusion", may be more symptomatic of iron storage disease than of an overbearing mother'. Hemingway himself was indeed wary of the pitfalls of psychologizing, which in 'Death in the Afternoon' (1932) he called 'unavoidable mysticism', 'pseudo-scientific jargon' and 'pretty phallic images drawn in the manner of sentimental valentines' [Beegel, 1998, p 385]. Indeed, as Craig [1995, p 1066] pointed out, psychoanalytical approaches not only fail to explain how Hemingway's preoccupation with death, his alleged oedipal complex, and so forth, made him any different from all males, but also tend to ignore 'the role of [his] debilitating illness and physical disorders towards the end of his life, the role of medical treatment in the eventual outcome [i.e. reserpine], or the shock therapy that reinforced his delusions, the mental illness that plagued him at the moment of his death', to which we can add the brain damage induced by alcoholism and multiple head trauma.

Would an early diagnosis and treatment of hemochromatosis have 'enriched American literature', as Beegel [1998, p 384] suggests? This question can be answered by asking other similar questions: would Hemingway have been a better writer had he been treated for depression and bipolar disorder as soon as the first signs of his mood disorders appeared? Would American literature have been enriched had Hemingway been a fervent teetotaler? What if he had been more cautious, and avoided getting involved in wars and accidents? As one can see, the risk of retrospective diagnosis [Karenberg and Moog, 2004] is the temptation to rewrite history. The foremost characteristic of Hemingway, it seems uncontroversial to say, was his force of will [Donaldson, 1977]: 'Hemingway achieved what he did because he not only believed that he could do it but that he had the clear, hard will to carry it through. Indeed, so often over the years had will triumphed over the odds that only belatedly, and with stunning impact, did he recognize that some extreme situations could not be surmounted by that will. The clear and present signs of irreversible ageing and the unstoppable spread of disease, after his decades of overcoming physical injury of seemingly every form short of amputation, were not responsible to the will' [Monteiro, 1978, p 286]. Without physical and psychological obstacles, one's will cannot be put into practice and one cannot find out his true identity. Hemingway's life and stories never were about anything else.

'Near-Death Experience' and Art

Just like Hemingway's suicide does not need to be excessively 'psychologized', as he had plenty of physical problems, his 'NDE' certainly is devoid of any transcendental element, and does not warrant the kind of New Age interpretations the phenomenon generally receives from the media or most researchers in this field. In fact, Hemingway dealt with it as the down-to-earth man that he was, and never lapsed into the comforting spiritual overtones in which so many contemporary NDErs seem to indulge.

This is not to say that the accident did not have a profound effect on his life and works. This was his first real encounter with extreme danger and death; it served as a template for all his adventures to come. This early 'test' might help understand his fascination with danger and his need to display bravery in countless situations. Likewise, many scholars have speculated about the literary importance of Hemingway's war wound. Meyers [2006, p 30] merely says that it was 'a major turning point of his life', but others have drawn more specific conclusions. Most notably, Philip Young (the foremost biographer to have highlighted the importance of this event) wrote: 'The wounds in Italy are (...) climactic and central in the lives of Hemingway and all his personal protagonists' [Young, 1975, p 44]. The incident would

¹² Hemingway was utterly dismayed by the happy ending of the Hollywood adaptation of 'The Snows of Kilimanjaro'.

have resulted not only in a 'castration anxiety', but also in so-called 'war (or traumatic) neurosis', which nowadays would be called post-traumatic stress disorder (PTSD; see footnote 3)¹³. Summarizing Young's thesis, Craig [1995, p 1062] wrote: 'Since 1924, Hemingway had been writing out the story of a hero that was based on Hemingway himself. It was the wound, the behavioral code, and the emotional adjustment required from these two issues that were at the heart of Hemingway's significant work'. The writer revisited this event and the very place in which it happened many times in his life and work, repetition being the hallmark not only of PTSD, but also of therapies against psychological trauma. He travelled back to the site of his injury, wrote about it in letters, talked about it to students and fictionalized it in a number of novels and stories¹⁴. In the words of Craig [1995, p 1063]: 'Hemingway's wound (...) was so traumatic that, through his subsequent works, he was continuously trying to work through the emotional trauma associated with his near death, returning to the scene of the injury by invoking the wound in his major works.' This 'repetition compulsion' has been highlighted as the key to understand the widespread theme of death in Hemingway's works [Oldsey, 1963, p 190]. According to Yalom and Yalom [1971, p 490], 'Hemingway speculated that the wound haunted him so because it punctured the myth of his personal immortality (...) [which was] no small loss, for an important premise of Hemingway's assumptive world was that he was markedly different from others: he boasted that he had an unusually indestructible body, an extra thickness of skull, and was not subject to the typical limitations of man'.

However, none of these authors has really discussed the particular phenomenological features of Hemingway's war experience. Without the OBE, perhaps Hemingway would not have focused so much on the events he suffered in 1918. An OBE is a highly memorable event, usually experiencers can recall it in vivid details and confer great significance to it, even long after it happened. Only Vardamis and Owens [1999] have paid close attention to Hemingway's NDE. Drawing on NDE research, they aimed at comparing two of Hemingway's works ('A Farewell to Arms' (1929) and 'The Snows of Kilimanjaro' (1936)) to the contents of contemporary NDEs. Although they acknowledge the highly speculative nature of their claims, they point out that even if it turned out that Hemingway never had an NDE, he was somehow able

to accurately describe in his work certain key details of the phenomenon that would be popularized only 50 years later in Moody's book 'Life After Life' [1975]¹⁵.

In 'A Farewell to Arms' (1929), the novel that launched his international success, Hemingway's own war wound is told through the words of the main character, Lt. Frederic Henry, who also felt himself rushing out of his body and floating in the air, all the while thinking he was dead, and then sliding back into his body and breathing again. The narrator also describes the state of shock of recovering and finding himself alive and injured.

The similarity of these fictional events to Hemingway's personal account in his letter to his parents from 1918 is striking, indicating that Hemingway had his own literary style well developed at only 19.

There are nevertheless dissimilarities between the fictional and the personal account. While the letter to his parents was meant to be reassuring and almost cheerful, as well as a rather objective description of the event, Frederic Henry's account does not hide the sense of angst and depersonalization that the event probably induced in the then young adventurer. With great perceptiveness, Daiches [1941, p 182] remarked that Hemingway did not write another novel for 8 years after 'A Farewell to Arms', as '[h]e was trying to find a world of intense living that would satisfy his personal tradition, and the novel was too rigid a form to be used for the recording of such a search'. The reason is that in 'A Farewell to Arms', '[v]ividness and intensity gave life meaning, and when these qualities departed, the meaning went out of life itself'.

The novel was written 10 years after the accident and, unlike the personal account, unambiguously reports the OBE. Although Lt. Henry is not Hemingway himself, the author later claimed that the fictionalized description was an accurate description of his own experience [Vardamis and Owens, 1999, p 209]. Moreover, in a short story anticipating 'A Farewell to Arms', the character Nick Adams, a wounded soldier, reports: 'I had been living for a long time with the knowledge that if I ever shut my eyes in the dark and let myself go, my soul would go out of my body. I had been that way (...) ever since I had been

¹³ It is perhaps no surprise that Hemingway tried to block the publication of Young's work in the 1950s, just as he did for Kubie's paper in the 1940s (only published in Meyers [1984]).

¹⁴ Most notably in 'A Farewell to Arms' (1929), 'Now I Lay Me' (1927), 'In Another Country' (1927), and 'A Way You'll Never Be' (1933).

¹⁵ NDEs and OBEs can be found as literary ploys in a large array of literature, e.g. in Tolstoy's 'The Death of Ivan Ilych' [Haussamen, 2000], Wells' 'The Stolen Body', Kipling's 'At the End of the Passage'; London's 'The Star Rover'; Garland's 'The Coma'; Egan's 'Axiomatic'; Katz's 'Death Dreams'; Bishop's 'The Apparition'; Matheson's 'What Dreams May Come'; Shapiro's 'Simon's Soul'; and Werber's 'Les Thanatonautes'. Cinema also exploited the topic: Lado's 'La Corta Notte Delle Bambole di Vetro'; Schumacher's 'Flatliners', and Weir's 'Fearless'. Of course, the associated themes of the double and doppelgangers have also been much exploited in literature, e.g. by Oscar Wilde, Guy de Maupassant, Edgar Allan Poe, Fyodor Dostoevsky, José Saramago, etc.

blown up at night and felt it go out of me and then come back' (Now I Lay Me, 1927).

More controversially, Vardamis and Owens [1999] also interpret 'The Snows of Kilimanjaro' (1936) as further evidence that Hemingway had an NDE and that it deeply influenced his writing¹⁶. However, 'The Snows of Kilimanjaro' is arguably the short story that yielded the most contradicting interpretations among critics [Evans, 1961]. It is a tale about wasted talent and remorse, the main character Harry, a writer, having 'destroyed his talent himself' because he let worldly pleasures turn him away from literature ever since he married a wealthy and controlling woman. As he is slowly dying from a gangrened leg in a remote African plain, Harry sees his past life in feverish flashes of memory. These memories are 'all scenes of action, contrasting by their very violence with the slow rot of which he is now dying, and they are connected with the vitality which has deserted him' [Evans, 1961, p 602]¹⁷. Harry, in the company of his wife, is thus waiting for a plane to get him out of his misery. Death is approaching, as symbolized by vultures, a flickering candle and a feeling of oppression over his chest. However, 'suddenly it was all right and the weight went from his chest'. The next morning, the expected plane comes to rescue him. At this moment, the narration takes a strange turn: the plane flies over 'a pink sifting cloud', then through darkness and a storm, before reaching what appears to be the final destination, the Kilimanjaro, 'unbelievably white in the sun'.

What actually happened, unbeknownst to the reader until the conclusion of the story, is that this flight never took place. Harry simply died as he was losing his breath, precisely at the moment when 'suddenly it was all right'. Hemingway thus offered the reader a metaphoric and counter-intuitive final journey.

As one can imagine, the story has been interpreted in many different ways. For instance, it 'can be read as a writer's parable, a search for perfection in style and performance, with Kilimanjaro's peak a symbol of perfection' [Oldsey, 1963, p 188]. More generally, Hemingway seems to have depicted the quest for immortality, absolution, purity, permanence and idealism through artistic creation by highlighting the contrast between a wasted life and a glorious death, but also more pragmatically the deleterious nature of worldly pleasures and the

dangers of women for the creative artist [Evans, 1961]. The success of the story itself represents Hemingway's return on the literary scene after some difficulties, as well as the beginning of a new life as he divorced from his wife and the bourgeois carelessness in which he indulged with her. Of course, the story is full of symbols, the most prominent being the peak of Kilimanjaro itself¹⁸.

Vardamis and Owens [1999, p 211], however, interpret this allegorical account quite literally: 'In this story Hemingway describes the passage from life to death, not by delving into the realm of pure fantasy, but by utilizing real events and characters. The journey he describes corresponds to this aspect of the typical Near-Death Experience'. Through a convoluted web of associations, they argue that Harry's pilot in the story, Compton, is a representation of a dead person Hemingway once knew in real life, the pilot Denys Finch Hatton. This, they claim, shows that Hemingway 'anticipates the typical Near-Death Experience in which the "deceased" is guided into the afterlife by a friend who has already taken that path' [p 213]. They further argue that 'Harry's experience (...) bears close resemblance to factual accounts of Near-Death Experiences, which often include a life-review, a spectral guide, an out-of-body experience, a journey through rushing wind, from darkness to brilliant light, and, finally, a sensation of ineffable peace' [p 215]. Even if the OBE element does not seem present at all in this story, Vardamis and Owens manage to find one in the final scene, where Harry's wife, upon finding her husband dead in the morning 'represents Harry (Hemingway) detached from his body and looking down upon his own corpse' [p 215].

The final imaginary flight, nevertheless, is hard not to interpret in a religious or mythical perspective. For instance, one critic wrote: 'What Hemingway provides in a lay form of art is the mythic function of purity, of grace, of absolution – long a part of man's religious hopes. (...) In his imagined airplane flight he goes through death (...) and rebirth (...) to absolution to the House of God'. The same author then discusses the 'ascent of the soul, with the body left behind in the darkness of death' as an archetype of human mythology, and concludes that 'Hemingway was working out of an impulse toward purification and transference that has appealed to man so often as to have become an archetypal pattern' [Oldsey, 1963, pp 188–189; about the motif of flight and

¹⁶ This story has also been interpreted as a 'disguised representation of sleep paralysis' [Schneck, 1962].

¹⁷ At the time of writing this story, Hemingway was, just like his character, in a period of slowed creativity, being married to a rich woman he did not love anymore and deeply anxious about having turned his back to his ideals of independence and his literary ambitions. Like Harry, Hemingway also had a bad journey in Africa, having suffered from severe dysentery and having been flown over the Kilimanjaro to reach a hospital. That was 2 years before he wrote the story.

¹⁸ Here's what Hemingway answered to an interviewer asking him about his 'symbols': 'I suppose there are symbols since critics keep finding them. If you do not mind I dislike talking about them. It is hard enough to write books and stories without being asked to explain as well. Also it deprives the explainers of work. If five or six explainers can keep going why should I interfere with them? Read anything I write for the pleasure of reading it. Whatever else you find will be the measure of what you brought to the reading' [Brucoli, 1986, p 120].

the ascending soul as a universal archetype, see Eliade, 1956; Pilch, 2005; Rock and Krippner, 2008].

The story has an overwhelming dream-like or hallucinatory character, as evidenced not only by its contents, but also by the writing itself, which uses loose associations and introduces some clever literary ploys such as italicizing the 'hallucinated' passages (except the 'final journey', which is written in plain text to enhance the illusion of reality). Bluefarb [1971, p 6] remarked that 'these scenes (...) [are] similar to the random thoughts of a patient under the influence of a hypnotic or sedational drug'. Varied drugs have indeed long been known to induce effects similar to 'NDEs' [De Quincey, 1971/1821; Sollier, 1896; Jansen, 1997]. Although Hemingway did *not* report a so-called 'panoramic life review' in the accounts we have of his accident, he nevertheless exploited the method of flashbacks on yet another occasion. In 'Across the River and Into the Trees' (1950), the main character, Colonel Richard Cantwell, proceeds to a 'voluntary life review' as he prepares to die, examining the main events of his life and the rightness of his past actions. This literary ploy reflects the constant sense of judgment that Hemingway applied to his own deeds, and does not seem to be associated to the typically *involuntary* 'life review' of NDEs [Egger, 1896a, b; Stevenson and Cook, 1995].

There are more obvious places to look for similarities with 'NDEs' in 'The Snows of Kilimanjaro' than in an allegorical 'flight' and a dubious 'panoramic life-review'. Indeed, the story begins with these words: 'The marvelous thing is that it's painless. That's how you know how it starts'. This sentence is strikingly reminiscent of a letter Hemingway sent to his parents on October 18, 1918, shortly after his 'NDE', where he explains that dying is 'quite the easiest thing [he] ever did', with slightly exalted overtones of his feelings of immortality [Baker, 1981, pp 18–19].

The absence of pain and realization that dying is an easy thing, as well as the personal conviction of being about to die¹⁹ (or even already dead), are all processes sometimes reported by people who survive a life-threatening event [Sollier, 1896; Noyes and Kletti, 1976]. In this light, it is hard not to associate Hemingway's experience to the theme of 'grace under pressure'. Indeed, this is a motto that Hemingway marshaled from his early to his latest works. More than any mystical or transcendental epiphany, as is so often claimed in modern

¹⁹ In an intriguing short story, Hemingway exploits such mistaken belief that one is about to die. In 'A Day's Wait' (1933), a young boy believes for an entire day and night that he is going to die because he misreads his temperature as 102° Celsius instead of Fahrenheit. In light of this story, it seems ironic that Hemingway himself would live up to read his own obituary in the newspapers on two occasions, once after a car accident and once after his two successive plane crashes.

writings on 'NDEs' (as far as we know, Hemingway did not find God nor a belief in the afterlife after his war injury), what the writer found instead after his war experience was his inimitable style as a storyteller and the insight to create his own mythological creature, the 'code hero'. The sudden reversal from fear and pain to peace and tranquility not only allows this hero to perform otherwise unimaginable skills, but more generally instils a feeling that one has full control over his own destiny. Anthropologist Raymond Prince [1982] called this situation the 'omnipotence maneuver', a term that would aptly fit both Hemingway and his heroes. It may be the case that the 'omnipotence maneuver' he experienced during the war remained deeply ingrained for the rest of his life and career. What few external observers could realize, however, is the tremendous pain and suffering that this 'maneuver' was designed to hide. The writer's final collapse indeed revealed the amount of energy needed to maintain the façade of self-worth that accompanied Hemingway throughout his adult life.

It is thus incontrovertible that Hemingway's war wound, if not his 'NDE', occupied a central part of his work and his outlook on life. In this respect, Hemingway seems comparable to other subjects who survived a life-threatening event, and who sometimes report a new outlook on life, feelings of immortality and invincibility, a sense of personal importance and a loss of the fear of death [Noyes, 1980]. Nevertheless, both the 'NDE' and the PTSD approach, though probably correctly underlying major themes of Hemingway's works (including some explicit references to war and wounds), should be more accurately perceived as additional factors to a preexisting personality pattern [Craig, 1995, p 1064]. Such a preexisting temperament might underlie both the selected literary topics *and* the very near-death experience. After all, it was certainly no happenstance that Hemingway would find himself on a battlefield in the first place. What is more, no single experience can produce good literature simply because it happened. For Hemingway, 'it is not the trauma but the use to which he put it which counts; he harnessed it and transformed it into art' [Young, 1966, p 71, quoted in Craig, 1995, p 1064].

Conclusion: Writing as Therapy?

We conclude by addressing the question of whether, considering the overall pathological picture we have drawn here, Hemingway developed his passion for writing as a form of self-medication. He himself answered in the positive. When asked to name his analyst, he once replied: 'Portable Corona No. 3' [Meyers, 1987, p 545]. In a short story, Nick Adams, Hemingway's favorite alter-ego, said: 'If he wrote it he could get rid of it (...) He had gotten rid of many things by writing them' [Young, 1975, p 39].

Critics also shared this opinion: 'Hemingway's writing can be seen as an adaptive defensive strategy for dealing with painful moods and suicidal impulses. (...) [He] may have told certain stories in order to ease the aches that life started in him' [Martin, 2006, p 359; Craig, 1995, p 1067]. For instance, we have seen how 'A Farewell to Arms' (1929) represents an almost explicit attempt to come to terms with his war wound and lost love on the Italian front (the episode is likewise revisited in 'A Moveable Feast' (1964) and 'Across the River and Into the Trees' (1950), and alternate endings to his failed love affair can be found in 'A Very Short Story' (1925), in 'The Snows of Kilimanjaro' (1936), and in 'The Sun Also Rises' (1926)). As Martin [2006, p 359] put it, 'twists of fantasy may have served as a defensive role for the author'. Actually, nearly all of Hemingway's alter egos in his writings are injured in some way (including Santiago in 'The Old Man and the Sea', who suffers from 'the cruelest injury of all – old age' [Yalom and Yalom, 1971, p 491]). In the end, however, the accumulation of repetitive traumatic brain injuries associated with mood disorder and alcohol abuse, ultimately leading to psychotic illness, 'would also have worked to rob him of one of his most adaptive defenses, his ability to write' [Martin, 2006, p 360].

Nevertheless, one can ask whether this constant revisiting and twisting of his own life really was of any therapeutic value. Hemingway aimed to control his own life, and in this sense, his creativity allowed him to successfully fix the failings of his real life. On the other hand, such behavior might be perceived as a form of denial, just like his reckless behavior in the face of danger. Such a strategy can only work so far. It is interesting to note that the only thing that Hemingway's characters did not reflect of his own life is his final suicide. Besides two hints at fathers' suicides (one in 'Hommage to Switzerland' (1933) and the other in the last of the Nick Adams short stories, 'Fathers and Sons' (1933)), none of his main characters commit suicide in his fiction. Yet, as we have seen, suicide was a constant feature of his adult life. In 'To Have and Have Not' (1937), Hemingway already wrote that all suicide methods have in common to 'end insomnia, terminate remorse, cure cancer, avoid bankruptcy, and blast an exit from intolerable positions by the pressure of a finger'. In the short story 'A Clean, Well-Lighted Place' (1926), we learn that an old man has recently attempted suicide, as a young bartender bluntly tells him 'You should have killed yourself last week...' However, we immediately learn that the old man is deaf. It took Hemingway 35 years after writing this story to finally hear the message in its cruelest intensity.

Despite the negative picture drawn here, it has to be highlighted that Hemingway displayed tremendous courage and resilience throughout his life, and it is no mystery that he became an example to follow for many American youths in his time, as well as a human and literary source of admiration for gen-

erations to come. In light of the psychological and physical burden he suffered, it might seem extraordinary that Hemingway managed at all to create such a number of acclaimed works. The fact is that despite all his flaws, Hemingway was a hard worker and knew the importance of discipline. With each new project, he embarked in what he called a 'training' period (inspired by boxing), where he would get into good physical shape, abstain from alcohol until noon and write steadily the entire morning [Yalom and Yalom, 1971, p 492]. And as Craig [1995, p 1079] notes, Hemingway was much of the time a very likable person, 'noted for his quick wit, perceptive observational powers, his enthusiasm, his magnanimous personality, his charm, confidence, generosity, and sentimentality as well as for his ambition and heroism'.

Like the protagonist of 'The Snows of Kilimanjaro' (1936), Hemingway sought immortality, or at least 'permanence in art form' [Oldsey, 1963, p 192]. He was certainly able to find it through his artistic legacy, as he seemed to be well aware when he wrote in 'Green Hills of Africa' (1935): 'A country, finally, erodes and the dust blows away, the people all die and none of them were of any importance permanently, except those who practiced the arts...'.

Acknowledgements

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Appendix: Livingstone's Account of His 'Near-Death Experience'

'I heard a shout. Starting and looking half round, I saw the lion just in the act of springing upon me. I was on a little height; he caught my shoulder as he sprang and we both came to the ground below together. Growling horribly close to my ear, he shook me as a terrier does a rat. The shock produced a stupor similar to that which seems to be felt by a mouse after the first shake of a cat. It caused a sort of dreaminess in which there was no sense of pain nor feeling of terror, though quite conscious of all that was happening. It was like what patients partially under the influence of chloroform describe, who see all the operation but feel not the knife. This singular condition was not the result of any mental process. The shake annihilated fear, and allowed no sense of horror in looking round at the beast. The peculiar state is probably produced in all animals killed by carnivora; and if so, is a merciful provision by our benevolent Creator for lessening the pain of death' (from Livingstone D: *Adventures and Discoveries in the Interior of Africa*. Philadelphia, Hubbard Bros, 1872, p 15, quoted in [McDermott, 1980]).

Sebastian Dieguez
Laboratory of Cognitive Neuroscience, Brain-Mind Institute, Station 19
Ecole Polytechnique Fédérale de Lausanne
CH-1015 Lausanne (Switzerland)
Tel. +41 21 6931681, Fax +41 21 6931770, E-Mail sebastian.dieguez@epfl.ch

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'The Adventure': Charles-Ferdinand Ramuz's Extraordinary Stroke Diary¹

J. Bogousslavsky

Center for Brain and Nervous System Disorders, and Neurorehabilitation Services,
Genolier Swiss Medical Network, Clinique Valmont, Montreux, Switzerland

Abstract

The famous Swiss writer Charles-Ferdinand Ramuz suffered a stroke at 65 years, which he called 'the adventure' or 'the accident'. He developed language disturbances suggesting crossed aphasia in a right hander with left hemiparesis. This uncommon pattern allowed him to continue to write his diary and to report his disturbances, with a unique depth and precision, especially for cognitive-emotional changes. Language and motor dysfunction recovered within a few weeks, but Ramuz complained of persisting emotional flattening alternating with irritability, fatigue, depression, anxiety, and concentration difficulty, which gave him the feeling to have become another person and to be inhabited by a stranger, whom he compared with devils. Ramuz fought several months to resume his literary activity, having the impression to have lost inspiration and creativity. However, the novels he wrote less than 6 months after stroke show no stylistic changes and have been found to be of the same quality as his previous production. Ramuz even 'used' his stroke experience in his work, in particular in a novel depicting an old man who has a stroke and dies of it. Ramuz's diary, with his own daily description of stroke features and consequences during acute and recovery phases, is a unique document in a writer of his importance, and provides invaluable information on subjective emotional and cognitive experience of stroke.

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Stroke is an extraordinary, traumatizing event, as reported by the patients themselves. For that reason, it is of particular interest to examine how artists and writers may have experienced a stroke, which often led to significant changes in their creative production [1]. Unfortunately, there have been only few writers who have written on their stroke. Charles Baudelaire developed aphasia, and could only reply 'crénom' ('damn') to verbal solicitations, while Valéry

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