

Narrating the Clinical Self: Ageing, Medicilization, and the Body in Philip Roth's *Everyman*

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Abstract

Philip Roth's *Everyman* (2006) presents ageing as a gradual transformation of identity through illness, medical intervention, and bodily decline. The novel unfolds how repeated diagnoses, surgeries, and clinical encounters reshape the protagonist's understanding of self. The paper examines the construction of what may be called the clinical self, an identity increasingly defined by disease, medical surveillance, and the inevitability of mortality. The study employs Peter Conrad's theory of medicilization, Michel Foucault's concepts of the medical gaze and biopolitics, and Arthur W. Frank's theory of illness narratives to analyse Roth's representation of the ageing body. Through close textual analysis, the paper argues that the protagonist's life gradually shifts from personal experience to medical experience. Hospitals replace homes as familiar spaces, medical records become substitutes for personal history, and surgical procedures become milestones of existence. While modern medicine prolongs life, it fails to restore wholeness or eliminate the fear of death. Roth therefore critiques the limits of biomedical authority and exposes the emotional and existential consequences of medicalized ageing.

Keywords: ageing, medicalization, clinical self, surveillance, biopolitics

The theme of Ageing has an essential role in modern literature as it brings up the basic issues of identity, memory, vulnerability, and mortality. In contrast to the classic literary images of old age as a sign of wisdom or peaceful retirement, most modern novels define Ageing as a negotiation of the body, medicine and the self. Advances in medicine have increased the life span of the human being, but have also raised the reliance on the healthcare systems. Consequently, ageing has become more of a diagnosis, surgical intervention, physical examination and constant medical monitoring experience. Literature is one of the significant areas in which these medical experiences can be analyzed to determine the impact they have on individual identity beyond biological deterioration.

Philip Roth's *Everyman* (2006) is one of the most significant literary explorations of ageing in contemporary American fiction. Unlike many of Roth's earlier works, the novel does not focus primarily on politics, sexuality, or Jewish identity. Instead, it chronicles the ordinary experience of growing old. The unnamed protagonist of the novel spends much of his later life confronting illness, repeated surgeries, physical weakness, and the constant awareness of death. Roth constructs an ordinary individual whose ageing reflects a universal human condition. *Everyman* establishes death as the central reality of human existence. The novel begins not with birth or childhood but with the protagonist's funeral.

Illness is not introduced in the novel as something that is a rare occurrence but rather a constant state that defines normal life. The main character is taken to the hospital time and again, having surgeries, hospitalizations, and medical consultations. Every operation is a temporary promise of recovery, but when one is healed, another disease arises. Medicine does not restore permanent health, only extends his life. As a result, his identity slowly becomes a part of his

medical history. His thoughts are more and more dominated by hospitals, doctors, prescriptions, and surgery, instead of professional accomplishments and family interactions. In this way, Roth represents ageing as a biological and a cultural process, which is influenced by contemporary medical establishments.

Philip Roth introduces ageing as an ongoing process of medical treatment and not a mere biological phase. The subsequent life of the main character is characterized by frequent surgeries, regular check-ups, hospitalization, and constant stress over his body. These experiences slowly redefine his identity. He is no longer recognized on the basis of his occupation, family affiliations, and individual success. Rather, he is more and more familiarized by his diseases, surgeries, and health records. Roth therefore shows how ageing is subjected to a clinical experience.

Peter Conrad's concept of medicalization provides an important framework for understanding this transformation. Conrad argues that medicalization occurs when ordinary aspects of life become interpreted through medical categories rather than social or personal ones (Conrad 4). Old age, once understood as a natural stage of life, is increasingly viewed through diagnosis, treatment, and continuous surveillance. The ageing body becomes an object of professional management. Roth illustrates this process by showing that the protagonist's everyday life revolves around appointments, prescriptions, and surgical procedures rather than ordinary social activities.

The main character is constantly reminded of the chain of events that influenced his adulthood. His life is divided into medical episodes by heart surgery, carotid surgery, hernia repairs, and others. He recalls hospitals and recoveries instead of remembering birthdays or

family celebrations. Surgery is the temporal sign of life. His life story is slowly becoming a medical history. Indeed, as his daughter Nancy's eulogy reveals, the public summary of his life is purely clinical: "He had a quintuple bypass, a stent put in, a pacemaker, cataract surgery, and he'd had his prostate removed"(Roth 9). The protagonist himself later recognises this reduction as: "a storehouse for man-made contraptions designed to fend off collapse" (Roth 6).

This change is an indication of how Conrad saw that medicine was gradually taking over the meaning of later life. Ordinary language is substituted with medical language. Instead of defining himself by feelings or goals, the main character defines himself by failing organs, wasting muscles, broken arteries and surgical scars. His body is the main source of self-knowledge. He comes to see himself in starkly mechanical terms, as a collection of moving parts that were wearing out (Roth 98).

Roth repeatedly emphasizes the body's unpredictability. The protagonist recognizes that physical decline cannot be completely controlled despite advances in medical science. Reflecting on his condition, he observes that "old age isn't a battle; old age is a massacre"(Roth 156). This statement rejects the popular metaphor of ageing as a heroic struggle. A battle suggests the possibility of victory. A massacre suggests inevitable defeat. The sentence captures the novel's central insight that medicine may postpone death but cannot reverse biological decline.

The metaphor also challenges contemporary cultural narratives that celebrate successful ageing through discipline, exercise, and medical care. Roth does not deny the value of treatment. Instead, he questions the belief that medicine can ultimately conquer mortality. Every successful operation merely delays another medical crisis. Recovery becomes temporary rather than permanent.

This pattern can be explained by the concept of the restitution narrative by Arthur Frank “Yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again” (Frank 77). Frank states that contemporary medicine makes patients think that sickness is just a temporary disruption. This expectation is broken in *Everyman* on numerous occasions. Every surgery brings about hope, and every recovery is succeeded by another diagnosis. The protagonist does not go back to health after being sick, but rather goes to another illness.

The ineffectiveness of restitution radically alters his perception of life. Health is no longer the usual condition out of which illness momentarily leaves. Disease itself is made permanent. Survival is possible with medical intervention and without re-establishing bodily integrity. Roth thus introduces ageing as a disease that is treated by medicine and not cured.

The main character slowly comes to the understanding that hospitals are now more familiar than most of the places related to normal life. He recalls the hospital corridors that he was familiar with (Roth 18). This apparently innocent observation shows a radical change of identity. The hospital ceases to be a special institution to visit in case of an emergency. It enters into daily life. The protagonist himself confirms this transformation, for him the hospital had become a kind of second home to him, the one place where he felt his body was being taken seriously (Roth 74).

Hospitals in the novel function as spaces where individuality is reduced to clinical information. Patients wear identical gowns, follow institutional routines, and surrender control over their own bodies. Medical professionals determine schedules, treatments, and physical movement. Personal identity temporarily disappears beneath institutional procedures.

Michel Foucault's analysis of the medical gaze further deepens this discussion. In *The Birth of the Clinic*, Foucault argues that modern medicine transforms the patient into an object of clinical observation. The physician's authority depends upon examining, classifying, and interpreting the body through scientific knowledge. The patient's individuality becomes secondary to medical diagnosis. As Foucault explains, “the gaze is no longer reductive; it is rather that which establishes the individual in his irreducible quality” (Foucault 13). Yet this individuality is constructed through pathology rather than personal experience. In *Everyman*, the protagonist increasingly experiences himself through this clinical perspective. His body becomes a collection of failing organs requiring continual medical attention.

Roth depicts this change again and again. The main character finds himself more and more as a group of organs that need to be monitored. His heart, arteries, spine, internal systems are isolated medical issues. The body is disunited and dismembered into clinical types. Doctors talk about operations, chances and danger with scientific accuracy and the emotional side of the patient is relatively ignored.

This disintegration also has an effect on the self-perception of the main character. He starts keeping a constant check on his body to find out whether he has any other disease. All physical sensations have medical connotations.. The day to day life is structured around disease expectation. As he admits, he is always on the lookout for the next symptom, the next betrayal by his own flesh (Roth 85).

The body's visibility therefore increases as its reliability decreases. During youth, the body remains largely unnoticed because it functions efficiently. In old age, every movement demands attention. Pain interrupts routine activities. Fatigue limits independence. Breathing,

walking, and sleeping become conscious efforts rather than automatic processes. Roth repeatedly reminds Readers that ageing transforms the body from an invisible companion into a persistent object of awareness.

The consideration of surgical scars is one of the most remarkable aspects of the novel. The main character keeps on revisiting the traces of medical treatment. These scars are the symbols of survival and vulnerability. They attest to the effectiveness of contemporary medicine and at the same time show the recurrent failure of the body. Each scar documents another chapter in the history of deterioration of the body. The body takes note of medical history as opposed to emotional memories. The identity is literally tattooed on the skin with the help of surgery. Roth turns the ageing body into a text that is a witness to its decay. The protagonist himself reads his body in exactly this way as: “He emerged from the surgery with a long wound down the center of his chest and another extending from his groin to his right ankle” (Roth 24).

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The protagonist willingly submits to repeated examinations because survival depends upon them. He trusts physicians while simultaneously recognizing the limits of their knowledge. Every successful procedure postpones death without eliminating its certainty. Medicine therefore creates a paradox. It prolongs life by continually reminding patients that death remains unavoidable.

This contradiction gets more and more evident as the main character grows older. Rather than generating confidence, medical surveillance increases anxiety. Every test increases the chances of another abnormality being identified. Each test has a possibility of another diagnosis. The information is reassuring and scary.

Roth highlights this psychological burden all through the novel. The main character understands that fear is something that goes hand in hand with any medical visit. Potential bad news is inseparable with the treatment promise. The medical knowledge thus brings about emotional uncertainty and physical care.

His relationship with time also changes as he becomes more and more reliant on medicine. In his youth, time was counted in terms of work, family, travelling and personal aspirations. During old age, time is quantified by appointments, operations, recovery time and time between diagnoses. The personal calendar is substituted with the medical calendar. The protagonist marks this shift: He measures the passage of his life now not in years but in the intervals between operation (Roth 47). Moreover, his existence narrows to a cycle of crisis and waiting: He lives from one medical emergency to the next, waiting for the next disaster to strike (Roth 140).

This changed time experience proves that ageing is not just a physical deterioration. It is also a lived experience transformation. The future is even more uncertain since it is conditional on the following medical report. Hope gets hooked to lab findings as opposed to individual dreams.

Roth depicts this state when the protagonist confesses: “The terror of death was ever present, a companion more constant than any friend or lover” (Roth 42). Death is not found at the end of the novel only. It is present in all medical encounters. Every action reminds the protagonist that he is only going to be alive temporarily. Death is something that cannot be eliminated by medicine. It can only delay its coming.

As a result, the clinical self is born not due to the fact that the protagonist becomes a dehumanized person, but due to the fact that medicine slowly turns into the main paradigm according to which he interprets his life. His recollections, habits, anticipations, anxieties, and bonds are more and more based on physical frailty. The diagnostic language substitutes the language of possibility.

The novel is thus a moderate critique of medicalization. Medicine is depicted as a need, humane, and technologically marvelous. Meanwhile, Roth makes the readers remember that even all the medical knowledge will not help the body to avoid its eventual deterioration. The main character lives longer due to medication but becomes more and more determined by it. This conflict is at the core of the clinical self

Through the depiction of ageing in hospitals, surgeries, scars, diagnoses, and constant medical monitoring, *Everyman* shows that the later life is not only biologically defined by ageing

but also by the growing power of medical institutions. Roth eventually recommends that medicalization has the most significant impact not necessarily on longer life. It is the progressive re-making of personal identity by the language and practice of medicine.

Conclusion

Everyman by Philip Roth presents one of the most compelling literary depictions of ageing in modern American fiction, demonstrating how medical institutions and clinical surveillance gradually reshape identity into what this paper has termed the clinical self. As the protagonist's life becomes structured around diagnoses, prescriptions, and repeated surgeries, personal chronology is replaced by medical chronology, and bodily scars become the text on which his history is written. Drawing on Conrad's theory of medicalization, Foucault's concepts of the medical gaze and biopolitics, and Frank's critique of the restitution narrative, the novel reveals that medicine prolongs life but cannot restore wholeness or eliminate the fear of death, a paradox captured in the protagonist's recognition throughout the novel. Roth does not reject medical science but refuses the cultural fantasy of heroic ageing, insisting instead on the ordinary, inevitable reality of bodily decline and mortality.

By narrating ageing as a series of clinical encounters rather than a journey toward wisdom, *Everyman* contributes significantly to literary gerontology, showing that growing old involves not only biological change but also a profound redefinition of selfhood within healthcare systems. Literature, in Roth's hands, captures the emotional and existential dimensions of medicalized ageing that clinical discourse alone cannot convey, reminding readers that medicine may delay death but can never erase the existential fact of being human.

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