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## **Intimacy and its violation: on the experience of illness in contemporary women's poetry**

### **Intymność i jej naruszenie. O doświadczeniu maladycznym we współczesnej poezji kobiet**

**Słowa kluczowe:** perspektywa antropologizująca, doświadczenie maladyczne, współczesna poezja kobiet, tożsamość, „intymność kliniczna”

**Keywords:** anthropological perspective, illness experience, contemporary Polish poetry of women, identity, „clinical intimacy”

#### **Abstract**

This article discusses selected aspects of the problem of self-perception by a sick individual, specific to the poetry of Polish women of the last few decades. The aim of the analysis is to show that the body is central to the illness experience and that a new type of intimacy appears in connection with its ailment. This is a „clinical intimacy”, the specificity of which is defined by a confrontation with suffering, the proliferation of the feeling of isolation, the intensity of emotions related to making the body public, its discovery and exposure in a hospital setting. The issue of „gender expropriation” in a marginal situation is also important, as is the scar, wound, physical violation of the body boundary, read as the „punctum” of the patient's body. The interpretation emphasises the individualization of artistic representations of the aforementioned aspects of „clinical intimacy”. The anthropological research perspective adopted in the sketch allows for the diagnosis of the subject matter in the context of the process of shaping subjective identity.

The approaches that literary studies take to analysing the forms in which Polish contemporary women's poetry expresses the experience of illness often focus on the role of subjects' own experiences, pointing to the autobiographical determinants (Grądział-Wójcik 2020: 327–368). Discussing the issues related to the appearance of a dysfunction, researchers analyse e.g. the importance of hospital spaces

(Grądział-Wójcik 2020: 327–368), and focus on the physical and mental condition of an ill person, detailing both its individual and universal aspects. Studies that adopt the anthropologising perspective concentrate on the problems of identity shaping; they highlight the way in which it is determined by the “state of suspension”, and define it as liminal. By emphasising the self-experience that is focused on transformation and by distinguishing the category of “in-between”, the studies precisely define the situation of exclusion and loss of balance, the sense of shock and freezing, pointing out that more attention is paid to one’s presence in the current moment. One of the key issues in thus formulated analysis is the expression of the sense of conspicuousness of one’s own body; the studies concentrate on the subject’s desire to avoid suffering, helplessness, destabilisation, or the sense of being lost. The discussions include also interpretations of separate projects that focus on distancing oneself from the body, removing limitations, isolating oneself from the persistence of pain, and non-identification with this feeling. The analysis of the matters related to disease involves also explanations of selected metaphors chosen by the poets to express the sense of isolation from the world of the healthy, the fragility of one’s own body and imprisonment in the flesh (Morzyńska-Wrzosek 2019: 233–250; Morzyńska-Wrzosek 2020: 175–192). The researchers describe different activities undertaken as compensation, among which an important one is to develop mechanisms that enable a person to perceive their body as not-theirs; the studies also note that the purpose of engaging in such activities is to gain control – however illusory it may be – over the hypersensitive body and to save oneself from progressive absence. At the same time the devices used to confirm the materiality of one’s own body and to exceed its limits are overshadowed by the realisation that the mind and the body are united and that the end is inevitable (see Morzyńska-Wrzosek 2019).

A continuation and expansion of this research is the characterisation of a specific dimension of experiencing oneself by an ill person that is present in the poetry of contemporary women’s poets. This dimension involves articulating the multiple aspects of intimacy shaped by a weak, suffering body that is falling apart, diagnosed and treated; a body that evokes experiencing oneself during a specific violation and loss of protective covers, both physical and psychological. This broad spectrum of experiences related to crossing the boundaries of privacy can be described as “clinical intimacy”.

### **“Clinical intimacy” – initial findings**

The issues related to the existence of an “I” in and through the body can be more precisely described by the word “intimacy”. In Polish dictionaries,

“intimacy” [*intymność*] is defined as closeness and familiarity, or as a descriptor expressing the love-related/erotic character of something.<sup>1</sup> The definitions focus on developing relations with another person, crossing distances, building a community, overcoming strangeness, becoming familiar with the unknown, striving for closeness. Also the colloquial meaning refers to situations, human behaviours or a specific type of communication which are characterised by involvement and desire for reciprocation, and which are most often associated with the sphere of eroticism and sex. In their analyses of the complex aspects of intimacy, dictionary definitions and books from different science disciplines (i.a. philosophy, sociology, psychology, medicine and anthropology) emphasise that intimacy pertains to the emotional and corporeal sphere, and that it is related to what is not in the open, to what is hidden from unwanted presence or interference. The studies also point to the relations between what is private and what is public or belongs to a group, analysing their mutual relations and the influence they have on the notions and knowledge of the individual and the world. The characteristics of the scope of intimacy, the principles of expressing it, and the specificity of feelings point to cultural transformations with their dynamics and the impact they have on identity building and shaping social practices (see Luhmann 2003; Wojciszke 2003; Giddens 2006; Wiatr 2010; Bieńko 2013; Musiał 2015).

Intimacy means closeness and rapprochement; it is characteristic of the way in which a subject experiences himself/herself and the others. It requires openness and permission as well as respect and protection. The source of intimacy (influencing the process of intimacy constitution) is the body, with its abilities and limitations that define one’s presence in the world and situate an individual in a particular space (Brach-Czaina 1999: 129–160). Reflections on illness, which focus on a body that is fragile and threatened as it faces a dramatic change that implies final and unavoidable things (Szubert 2014: 86–95), distinctly transform the traditionally understood intimacy. It is a process conditioned by the symptoms that appear, by focus on physiology that remains a mystery, by the sense of self that is determined by pain with the resulting tiredness and the unavailability of previous activities. This type of intimacy defines the subject’s relations with themselves and with Others; it also pertains both to the body and to emotions. An illness imposes limitations; it requires breaking contacts with the world that used to be available; it necessitates subjecting oneself to treatment and to direct contacts with doctors and other medical personnel as well as other ill people; it focuses attention on the hospital stay and different specialised procedures the patient

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<sup>1</sup> *Intymność*, <https://sjp.pl/intymno%C5%9B%C4%87> [Accessed on 03.08.2020].

undergoes, which clearly defines the sense of oneself in the body and in relation to it. This implies the existence of intimacy that can be called “clinical”, determined by the sense of the inevitable and the intensity of emotions related to one’s body becoming public, to stripping it, to the necessity of uncovering what usually is protected and what – due to a weakness or infirmity – is revealed in a non-private hospital space (at a doctor’s office, inside the operation theatre or in a common space shared by many patients). Intimacy of this kind is related not to care, the desire to coexist or the hope for reciprocation and fulfilment, but to the feeling of damaged autonomy, of being naked and exposed to looks, touches and penetrations. It can evoke the need to distance oneself from the biological dimension of existence, to alleviate tensions caused by the illness, to deal with new dependencies that are often difficult to accept, and to adapt to the sense of danger. Such intimacy can urge to directly confront the weakness of the body and the necessity to subject oneself to others’ eyes, actions and observation; it can also lead to intense feeling of loss and progressive destruction.

Different versions of such “clinical intimacy” can be found in the women’s poetry of the last decades. The authors, who represent different generations, include e.g. Joanna Pollakówna, Dorota Chróścielewska, Anna Augustyniak and Aneta Kamińska. Their poems depict experiencing oneself through an ailing body, clearly confirming that such situations are determined by typical hospital conditions. What comes to the fore is the necessity to stay in a place that implies separation from the outside world, invalidates the linearity of time, and creates intense experience of suspension. Such experience of self – which is characterised by weakening of the organic parts, helplessness and loss – is further defined by reactions and emotions stemming from attempts to understand oneself under pressure of the situation, to express one’s feelings and deal with them. The discussed poetry expresses a variety of mechanisms of adjusting to hospital conditions, events related to the situation, and meetings that have impact on the sense of intimacy.

### **Expressing intimacy breaches**

Experiencing oneself in and in relation to the body (also one that is lying in a hospital ward) is suggestively described by Joanna Pollakówna. Her poetry is “taciturn” (Smolka 1997: 68–76; Sołtys-Lewandowska 2020: 783–795), disciplined, emotionally undemonstrative, searching for co-presence, focused on meditation, pain and death; starting from the volume *Lato szpitalne* ([*A Hospital*

*Summer*], 1975) it presents the “microcosm of a suffering body” (Legeżyńska 2009: 74). A significant feature of her poetic presentation is the awareness of deep loss, powerlessness and alienation as well as the conviction that this is not a situation that will be resolved quickly. An illness as well as the resulting feelings of incapacitation, helplessness and anxiety compel the subject to reformulate her relations with herself and the world (mainly the world of nature). They also direct the subject’s attention to transcendence, to a dialogue with the supernatural “You”, to “the faith enduring despite the experienced pain, doubt and despair” (Borkowska 2000: 13). In the poems from the mentioned volume, described by Jerzy Kwiatkowski as a “medical chart hanging over the hospital bed” (Kwiatkowski 1975: 125), the poet focuses on experiencing herself and highlights the sense of limitation, abandoning her former activities, and lack of hope for improvement. She expresses bodily pains, which make the subject sensitive to her finity, bring anxiety, and limit the opportunities to actively participate in all forms of life. The dysfunction also sharpens the perception of transience, makes tomorrow uncertain, and sensitizes her to time measured by routine hospital procedures and pain with its destructive power and intensity. The poet notes gradual loss of hope for health improvement and relief from pain (e.g. “Z tym czasem jest jak z przemilczeniem. / Jest i panoszy się rozległy / i materialny [...]” [“That time is like things left unsaid / It is there prevailing and widespread / and material [...]”] (Pollakówna 2012: 227), “duszną parą uchodzi / kropelka nadziei” [“a drop of hope leaves / like suffocating steam”] (Pollakówna 2012: 218)).

Being ill and suffering, which is marked with a conviction directly expressed in one of the poems as “Przecież to wiesz / – nie ma pocieszeń” [“You must know it / – there are no consolations”] (Pollakówna 2012: 213), determines a specific type of intimacy. It is focused on a crippled, fragile body that invokes a feeling of being locked in and demands a confrontation with the inevitable. Her poetic portrayal of a psycho-physical condition marked by the permanence of pain is far from shocking with drastic description or revealing the details of a hospital stay. One of the examples illustrating Pollakówna’s tendency to sublimate the issues related to experiencing oneself in chronic pain is the text *Lato szpitalne* [*A Hospital Summer*]:

Biała noc mojej ściany,  
lato, módl się za nami.  
Biała noc w sufitowym stepie,  
lato, lato, gdzie trwonisz sierpień?  
Jak panna głupia frymarchyzsz  
miesiącami i za sobą palisz

White night of my wall,  
o summer, pray for us.  
White night in the ceiling steppe,  
summer, summer, where are you squandering August?  
Like a foolish virgin you barter away  
months and burn behind you

jaworowe mosty	sycamore bridges <sup>2</sup>
kładki jesionowe	ashwood footbridges
ludziom jaworowym,	of sycamore people
ołów kładziesz w nogi,	you put lead in their legs,
soczyste kubły nieba	bucketfuls of heaven
wylewasz,	you pour on them,
dusisz betonem.	suffocate them with concrete
	(Pollakówna 2012: 207)

The indirectly expressed intimacy of experiencing herself and her ailment in the scenery of a hospital is constructed through a suggestive image of summer.<sup>3</sup> Its presentation is defined by elimination of all attributes associated with this season and negation of its dimension associated with fecundity, opulence and multitude of beings. The description does not capture the plenty and lushness; it does not focus on actual nature shown at its peak in the sun. Neither does it encourage acceptance, reflection on bonds with nature, or the willingness to be a part of the cosmic order. The summer panorama is not saturated with intoxicating smells or visual effects that are connected with the appearance of the attributes belonging to the night, the sky and the moon, which would draw attention to experiencing the current moment with its moods, thus enhancing the aesthetic impression. On the contrary, the power of nature described in the poem is defined by fading, ubiquitous loss, wasted abundance, and invalidated intensity of growth, which is shifted into non-existence. Thus directed, the dynamics of changes that have been observed in nature is complemented by the evocation of a hospital space, which serves here as a contrast due to its immobility, sterility and limitation (“White night of my wall”, “White night in the ceiling steppe”). This juxtaposition suggests the difference between these two dimensions – nature and hospital – as well as separation of the worlds of the healthy and the ill: what is outside the area defined by the hospitalisation process is unavailable for the patients. This contrast is supplemented further by the emphasis put on yet another property of summer, i.e. hostility. Summer’s threatening character is clearly depicted in the final part of the poem: “you put lead in their legs” and “suffocate them with concrete”. These words not only suggest that the person’s own activities have been suspended and (s)he is unable to experience the world; they also focus on the strong sense of

<sup>2</sup> The Polish phrase “*jaworowi ludzie*” references a nursery song (also a children’s game) about building wooden bridges for the governor; some of the riders crossing the bridge will be allowed to pass while others will have to pay the toll or are stopped [Translator’s note].

<sup>3</sup> Poetic shades of illness and its physiology as well as the process of distancing oneself from it are discussed e.g. by Wojciech Kudyba (see Kudyba 2016: 15–22).

direct danger regarding a basic human activity as the previous dynamic of the body is now much slower or no longer achievable.

The presentation of a summer from the perspective of a patient treated in a hospital ward among other ill people can be read as a poetic example of metaphorical representation of experiencing oneself in the situation of disrupted intimacy. The metaphoric images hide the subject's focus on a physical ailment, the resulting limitation, the sense of imprisonment in the illness and in the hospital space, and the accompanying feeling of suffocation and stagnation. A description of a tiring summer with no respite – its presence is known mainly through atrophy, destruction and constant loss (“barter away”, “burn”) – projects the conviction that it is impossible to eliminate suffering, find fresh energy or recover. This poetic device can be considered as one of the variations of protecting the intimacy violated during hospitalisation. Owing to it, the intensity of self-experience during a disruption of the body's normal functioning remains potential or conditional – it is not expressed directly. However, thus constructed poetic sublimation of “clinical intimacy” – which is caused by an intrusion of privacy due to experiencing a bodily disability in a hospital – does not remove the intensity of experiencing it, nor does it invalidate the experience of a dysfunctional body. On the contrary, it confirms the strength of the experience. It is also a way to become accustomed to it: sublimation of intimacy and the unwillingness to express it directly can be read as an activation of a defence mechanism that allows the subject to ease the feeling of being trapped by her own body and its pains. This does not eliminate the feeling of being stripped and the sense of violated privacy; it is rather a sign that the subject wants the situation to be temporarily handled, yet remains aware that the body, tense with suffering, will not escape its destiny, that its present state foreshadows the inevitable.

A similar portrayal of experiencing oneself during illness – in the face of violated intimacy – can be found in the volume *Góra, dolina* [*High road, low road*<sup>4</sup>] by Dorota Chróściewska. The author records the hospital conditions from the point of view of a patient, emphasising the alienness of the surroundings and the exclusion caused by a bodily dysfunction; she shows experiencing oneself in a situation defined by the sense of suspension (e.g. “Jesteś daleko od żywych i daleko od zmarłych” [“You are far from the living and far from the dead”] (Chróściewska 1983: 13)). In contrast to Joanna Pollakówna's poem analysed above,

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<sup>4</sup> The title, literally meaning “Through the mountain, through the valley”, references a folk song where two separated lovers have to take different roads and blossom as different plants (the girl as a rose, the boy as wild viburnum), and will be connected only in death [Translator's note].



in Chróścielewska's texts hospital paraphernalia are present and the scenery is described more clearly (Grądział-Wójcik 2020: 337) (e.g. "Nocą się tutaj nie śpi / Kto usnie ten umiera" ["One doesn't sleep here at night / Those who fall asleep die"], "Trwa noc szpitalna wieczysta / Trwa noc polarna bez końca" ["A hospital night goes on eternal / A polar night goes on endless"]) (Chróścielewska 1983: 16)). However, the poet shows restraint in describing the condition of the lyrical "I", determined by the suffering and loneliness she is experiencing ("Na szklanej górze bólu więc zupełnie sama" ["On a glass mountain of pain thus all alone"]) (Chróścielewska 1983: 16)) as she is threatened with non-existence and marked with pain and the necessity to subject herself to a medical therapy. Presenting the weakness and dysfunction of the body as well as the feeling of being genuinely threatened, Chróścielewska speaks about the sense of intimacy in hospital conditions by reaching for equivalent metaphors, constructed by introducing elements that represent e.g. nature or biblical references.

Była tak blisko Pachniała jej suknia  
Była daleko Nie widziałam twarzy  
choć wychylałam się z moich bandaży  
aż się naszyjnik rubinów rozsypał

She was so close The smell of her dress  
She was far I did not see the face  
Though I leaned out of my bandages  
until a string of rubies came unknotted

Nie była blisko Nie była daleko  
kiedy się przed nią zaszyłam w dąbrowę  
Biegły w szalone niebo fioletowe  
wszystkich drzew moje korony cierniowe

She was not close She was not far  
when I hid in the oak woods from her  
Into mad sky purple treetops ran  
of all trees my crowns of thorn

[...]

Nie było zimy ni lata ni wiosny  
ani jesieni Więc nie miałam czasu  
dlatego poszłam do mojego lasu  
sprawdzić czy choćby zielem nie wyrosnę

There was no winter nor summer nor spring  
nor autumn Thus I had no time  
so I went to my woods  
to check if I can grow as herbs at least

(Chróścielewska 1983: 15)

Discreetly presenting the experience of self during an illness, the poem does not focus on speculating as to its reasons nor turns to the past to search for the first signs of the ailment. The suffering body and helplessness in the face of everyday challenges are not presented directly; the fact that the current moment is dominated by physical weakness is only suggested ("Though I leaned out of my bandages"). By showing the subject's sensitivity in the situation of intensified experience of her body's impermanence, fragility and need for medical care, the author indicates quiescence and the sense of loneliness, which are shaped by



specific perception of time (a projection of non-traditional rules for time-keeping), by highlighting the suspension of time and its uniformisation caused by the subject's situation, by the necessary exclusion from normal life to undergo a hospital treatment. The temporal dimension is determined by her bodily dysfunction, by the inevitable erosion of the physical fitness she used to have, by the growing feeling of impotence and helplessness. The experience of this dimension clearly pinpoints the sense of exclusion, felt all the more acutely in hospital during the necessary treatment.

In the quoted poem *\*\*\*Była tak blisko Pachniała jej suknia... [\*\*\*She was so close The smell of her dress...]*, the experience of self during hospitalisation focuses on perceiving the unfriendly reality in the nearest surroundings, on the subject's intense awareness of her own fragility and limitations as well as on the anxiety arising from the latter. And while the experience of oneself is dominated by suffering and the inability to join the community of the healthy, this does not imply that an ailing body is perceived as alien, nor does it inspire to seek the ways to avoid identifying with it. This perception of self – constructed from the feeling of impermanence and a sequence of sensations related to loss of balance – includes also fear of death. The poetic representation sublimates it, as it is projected by the awakening of the sense of smell. The olfactory experience is not defined by seeking aesthetic pleasure or by attempts to recognise or classify the stimuli. Though inconspicuous, the smell draws attention to what is present and real (Gołaszewska 1997: 124–128); while it is almost intangible and not fully identifiable (“A ja w rubinach Ja w sukni gazowej / I chyba moje tak pachniały szaty” [“And I in rubies, in a gauze dress / Maybe it was my robes that smelled so”]), it can be perceived only through a direct contact as it requires closeness<sup>5</sup> (“Była tak blisko Pachniała jej suknia” [“She was so close The smell of her dress”]). Thus represented in the hospital space, the sensory stimulus – associated with the foreboding of danger and the end – reveals that the subject experiencing herself is particularly alert but also distressed. With regard to the sense of danger, the stimulus suggests not so much dread but a mystery – or the awareness that a mystery exists. Nor does the stimulus activate the desire to control but rather the endeavour to find respite, a place where the subject can feel safe (“poszłam do mojego lasu / sprawdzić czy choćby zielem nie wyrosnę” [“I went to my woods / to check if I can grow as herbs at least”]), and protect herself (“zaszyłam się w dąbrowę” [“I hid in the oak woods”]).

<sup>5</sup> As Georg Simmel notes, the sense of smell is naturally focused on shorter distance than sight and hearing, and even if we no longer use it as a source of objective cognition (as natural peoples do), we subjectively react even stronger to the sensations it provides (Simmel 2006: 202).

The poignancy of suffering and uncertainty and the clarity of such experiences is assuaged by evoking in the poetic description certain elements from the world of nature and accentuating their harmony and vitality. Finding metaphors to express the “clinical intimacy” with all the related soreness, anxiety and inertia felt by the subject (“choć wychylałam się z moich bandaży / aż się naszyjnik rubinów rozsypał”) [“Though I leaned out of my bandages / until a string of rubies came unknotted”] can be read as a search for compensation. Considering the disability, fragility, awareness of one’s own helplessness, and the intimacy breaches occurring during a hospital stay, it can be perceived as protecting one’s own distinctiveness and decision-making power of the lyrical “I”.

“pulling out of the guts”: the weakness of an unprotected body

In turn, in the texts of Anna Augustyniak, a poet from a younger generation (b. 1976), the issues related to self-reflection influenced by painful experiences and unavailability of privacy in a hospital space are characterised more directly:

kałuża krwi jakież szepty znaczące	a pool of blood, some significant whispers
szpitalna sala pełna zimnego metalu	a hospital room full of cold metal
i dziwny strach na wróble w białej koszuli nocnej	and a strange scarecrow in a white nightshirt
pod prześcieradłem agonia tak oczywista	agony under the sheet so obvious
wręcz niewątpliwa teoretycznie przewidywalna	downright undoubtable theoretically foreseeable
dreńcząca na setki tysięcy sposobów	torturing in a hundred thousand ways
wyciąganie z trzewi wyciąganie z głowy	pulling out of the guts pulling out of the head

(Augustyniak 2017: 26)

The experience of oneself presented in the above poem focuses on several important aspects of intimacy in a hospital setting: it reveals exhaustion, the subject’s focus on the wound, and the intensity of the hurt. These elements stem from a loss related both to the physical and the psychological sphere, accompanied by (indirectly expressed) pain and intensified sense of danger. It is related to the act of breaching the boundaries of one’s body, which in experiencing oneself means invalidation of the body’s integrity. Subjecting oneself to necessary medical procedures, exposing one’s weakened flesh to looks and touches that do not build familiarity or project desirable closeness but are perceived as invasive though allowed – all this points to the specific situation of the protagonist. In a hospital she becomes a patient,<sup>6</sup> an object of routine surgeries. Her body being uncovered

<sup>6</sup> On the transformation that results from confrontation with an illness, from the necessity to surrender to the suffering body and to emotions and tensions caused by its infirmity, see e.g. Pietrych 2009; Szubert 2011; Boruszkowska 2016; Ładoń 2019.

and penetrated by what is foreign does not bring relief or improve her vital signs but confirms destruction. This implies the complexity of the emotional state of the emotional I, formed by intertwining of loneliness, violation of intimacy, and a loss that leaves a permanent mark, destroys her hopes for closeness and makes her feel an acute absence.<sup>7</sup>

A confrontation with a difficult experience is predicted by the radical change, by a loss that while “so obvious / downright undoubtable theoretically foreseeable”, it is still overwhelming, leaving no choice, destroying all that has been organised and settled before (Skarga 2004: 89–onwards). This experience is accompanied by the realisation that large spheres of the subject’s existence are being degraded; that she will have to face them (“pulling out of the head”) and develop rules to deal with the sense of guilt and emptiness caused by the premature death of a close person (Ładoń 2018: 328). A sign of this inevitable loss is a “pool of blood”, confirmed by the “agony under the sheet”, which point to a traumatic experience of childbirth, one that is far from the affirmation of femininity and the mystery of birth. “Pulling out of the guts” does not guarantee that a new life will appear; it does not mean a hope of motherhood but focuses rather on female physiology undergoing a brutal interference. Penetration of the body, the loss of a still-born child,<sup>8</sup> and suffering cannot find any suitable cover; the intimate experience of simultaneous birthing pains and death is violated both by the presence of others with their “significant whispers” and by the character of an operating room, its unfriendly sterility and hygienic cleanliness.<sup>9</sup> In this hospital space, the only mentioned cover to hide the drama of body mutilation and the painful loss of an unborn child is some thin fabric. However, neither the “white nightshirt” nor the “sheet” guarantee any intimacy during such an extreme, life-changing experience. Unable to offer protection against what is undesirable and foreign, these fabrics actually reveal the superfluous presence of such elements, confirming the subject’s sense of alienation and violation of privacy. Instead of protecting the weaknesses of the body and the oppressed “I”, the textiles draw attention to the subject’s intensified

<sup>7</sup> Loss as a dramatic experience that requires a radical change of priorities and redefining individual identity is analysed by Barbara Skarga (see Skarga 2004: 89–onwards).

<sup>8</sup> In her self-referential texts, Sylvia Plath found similarities to different phenomena and details related to female body and physiology. In her poem “Stillborn” she compares her poems to newborn babies. Agnieszka Gawron refers to this term describing the question of unfulfilled motherhood in the works of Justyna Bargielska, particularly in *Obsoletki* and *Male lisy* (Gawron 2016: 193–218).

<sup>9</sup> Following Foucault’s classification, a hospital room so described can be considered as an example of heterotopia, for non-places evoke the sense of the other and the unfamiliar, while time-keeping and everyday rhythm become distinctly distorted (Foucault 2005: 119–125; see also Filipowicz 2013: 269–onwards).

focus on herself. This self-experience is accompanied by the realisation that she functions in a non-familiar environment that offers no sense of security, and by the conviction that it is impossible to resonate with this place,<sup>10</sup> and that it is necessary to endure the suffering, tiredness, abandonment and the feeling of being lost.

### “Putting an end to gender”: dying without intimacy

In her poem *wydmuszka* [*blown egg*], Anna Augustyniak returns to suffering and its intensification that eliminates any interest in what is not a hurting body, to helplessness and entirely distorted relations with the environment. The poet suggestively speaks about being beset by what is somatic, about escalation of suffering that leads to being “ousted from one’s gender”, about “clinical intimacy”, about dying in a hospital and dramatic lack of hope:

w medycynie paliatywnej	in palliative medicine
w plastrach i pastylkach wlewach	in plasters tablets infusions
do żył w nodze	into leg veins
liche armie w otchłań wiodą	paltry armies lead into abyss
zamiast z bólem skończyć kończą z płcią	put an end not to pain but to gender
człowiekiem z ciała obdzieranym	to a man being flayed
na całe gardło kto słyszał wrzeszczeć	screaming himself hoarse who does that
umieranie to osobisty wstyd	dying is a personal shame
	(Augustyniak 2017: 60)

In this poetic image, a human body loses its individuality; the pain has crossed a threshold beyond which the intensity of experience brings changes at the level of consciousness, disintegrating one’s identity.<sup>11</sup> This is an ongoing process that clearly is intensifying as the suffering is all-consuming – it takes over, leaving no space even for ordinary activities such as eating or easy breathing unassisted by medical devices. The awareness of existing here-and-now is pushed away by the loss of those natural human functions and by pain that ruthlessly forces the patient to concentrate on its rhythm where intervals between attacks keep shortening. It is impossible to accept the body that is growing weaker, to try and understand the process of dying, or to seek solace. What is left is futile fight for any moment free from pain and from cramps

<sup>10</sup> This aspect of experiencing oneself during an illness is described e.g. by Tadeusz Sławek (Sławek 2019: 96).

<sup>11</sup> On identity-disintegrating pain, see Magdalena Rembowska-Płuciennik (Rembowska-Płuciennik 2004: 262–onwards).

affecting both the body and the mind. As suffering exhausts the psychosomatic reserves of a patient, precludes any thought of hope or acceptance of the end, and leaves no strength for a rebellion, it drastically restricts the experience of oneself, introduces the state of non-consciousness, and reduces an individual existence to painful dying.

A body is wasted, exhausted and helpless; its suffering cannot be alleviated by any specialist procedures or analgesics. The pain intensity that exceeds the possibilities of contemporary medicine and the limitation of the scope of experiences to exhaustion and humiliation – all this puts the patient on the edge of non-presence. This slow fall into the nonexistence of death is not determined by the density of the somatic matter but by its suppression and invalidation by suffering. A body as presented by Anna Augustyniak is fragile, hollowed-out, wasted and helpless. The drama of leaving is played among hospital equipment and medical rituals that cross one barrier of shame after another and violate the subject's intimacy. This is also confirmed by the unceremoniously formulated expectation that a dying person should be passive; even when experiencing unimaginable suffering, the patient should face it in a way that is unnoticeable for others nearby ("screaming oneself hoarse who does that / dying is a personal shame"). In the text the suffering, mind-numbing pain and heavily medicated body of an individual is juxtaposed with the presence of another person admonishing that in a shared space it is necessary to behave appropriately; this contrast expresses isolation, the drama of dying, its anonymity and the oppressiveness of a medical institution.<sup>12</sup> Disciplining and admonishing that for the greater good the patient should make as little trouble as possible (Ariès 1993: 265) and should die "tactfully" means not only having inappropriate, belittling and unrealistic expectations towards an ill person but also an infringement of their right to a dignified death, stripping the process of dying of compassion and care that should accompany it.

### **Wound/scar as a "punctum" of a sick body**

The reflection on illness presented in contemporary women's poetry accentuates the complex situation of the subject experiencing ailment-related limitations; it also redefines the sense of privacy. These notions are developed by

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<sup>12</sup> Describing death in modern times, Philippe Ariès emphasises that it has become institutionalised and became an inappropriate, shameful act. Hospitals strive to minimise the patients' pain but also to keep them unaware of their actual state. Ariès analyses examples of patients' depersonalisation (Ariès 1993: 227–283; cf. Foucault 1999). On medicalisation of death in the contemporary world see also Antonina Ostrowska (Ostrowska 1997: 144–189) and Anna E. Kubiak (Kubiak 2014: 49–60).

a multi-aspect representation of a wound, which emphasises the question of intimacy violations regarding the physical and psychological sphere, marking the existence of a boundary as well as its perception and elimination. A body is subjected to a medical intervention that involves breaching its boundaries, which invalidates the integrity of matter. If a body is opened, it is a sign of its weakness and mutilation; it evokes tension, anxiety and the feeling of being threatened – but also tenderness for oneself and for what is lost, absent and lamented. A wound or a scar – as traces marking the body – require attention: like a Barthesian *punctum* they stand out against the background of the whole, break the external continuity and are sensitive places (Barthes 2008: 49–52), details that stand out or specific points focusing the attention on here-and-now. As they are a sign that a body was damaged and opened, they intensify the subject’s sense of presence but also refer to what is beyond the present and what is unbearable.<sup>13</sup>

Wounds and/or scars are expressively included in the poetry of such authors as Aneta Kamińska and Anna Augustyniak. Actualising the brutal violation of somatic unity, both poets avoid succumbing to the fascination that usually accompanies the cognition of what is normally hidden and unreachable – as for them the incision and its trace are painful places. Each touch or a closer contact carries a risk of reliving the mutilation again and again, reminds about the time when they had to undergo an outside intervention, makes them relive the absence and carries no promise that the sense of loss will fade.

A wound/scar which disturbs cohesion and disintegrates the boundary between the inside and the outside, confirming that a body is material and fragile, is presented in a poem *16.35 mCi* by Aneta Kamińska in the following words: “przyjęta zapięta zaszyta / pokątnie” [“admitted, strapped, sewn up / furtively [lit. illegally in a hidden corner]”] (Kamińska 2007: 40). The description of the effect of the surgical intervention accentuates the end of one of the recovery stages: as the wound closes and heals, the patient’s body can undergo further planned medical procedures; it also allows the subject to regain interest in what is happening around them. The surgery and the following therapy have a strong impact on the sense of self, constantly modifying it and introducing a perspective defined by the necessity of subjecting oneself not only to the acts of breaching the intimate boundaries of one’s body, but also to revealing its inside with the help of modern technologies. What makes it clear that the treatment uses specialist equipment is

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<sup>13</sup> *Punctum*, which – as envisioned by Roland Barthes – focuses attention on a selected visible element and simultaneously evokes what is beyond the field of vision, is discussed by Sebastian Porzuczek (Porzuczek 2020: 148–onwards).

the reference to “lekarze nuklearni” [“nuclear doctors”] and the strange/mysterious title *16.35 mCi*, which means units of radiation used in nuclear medicine – during a scintigraphy scan, as the patient is administered radiopharmaceuticals that emit radiation, the doctors can look into the body (Grądział-Wójcik 2020: 366–367). Recuperation and being subjected to different medical procedures are accompanied by a reality transformation. Sounds and images reach the patient, yet their perception is not based on locating and understanding. Instead, the subject’s experience is focused on registering the damage to the body’s intimacy, the sense of vertigo and being lost in the surroundings, fragmentary cognition of the world, as well as acceptance of one’s weakened state and passivity.

Anna Augustyniak assigns another meaning to a wound/scar. In her work an incision does not only pertain to the boundaries of the body and is not a mere trace of temporary physical weakening, of a surgery whose objective determines the beginning of the healing process. Damage to the skin acquires a symbolical dimension as it refers to a disrupted sense of continuation in experiencing oneself. A wound/scar confirms that the integrity and the material form of the body has been compromised; however, it is also a sign of a painful caesura in the patient’s existence, a division into before and after the incision – before and after giving birth to a stillborn child. It is a trace confirming that a dramatic event has happened, bringing pain, and reminding of a premature, undeserved absence of someone very near and dear. A wound/scar represents a loss and compounded, impossible-to-mitigate suffering. In the lyrical representations from the volume *Dzięki bogu [Thank god]*, the intensity of such a state is further highlighted by the unequivocal statement that a wound does not stop at the skin, that the latter does not fulfil its elementary function of covering and protecting. The inside is torn and destroyed, “wyrzeczane wyskrobane do cna usunięte” [“cut and scraped and completely removed”] (Augustyniak 2017: 27). An intense experience of incompleteness, of being hollowed out, of the impossibility of returning to the state of mutilation/loss take a direct form in a text titled *niebyt [non-existence]*:

ranę mam nie do zagojenia	I have a wound that cannot heal
nie do zaorania ślady szycia na okrętkę	traces of overhand stitches can't be ploughed over
jestem w środku pusta	I'm empty inside

(Augustyniak 2017: 27)

The scope of experiencing the physical and psychological weakness – evoked by the necessity to subject the inside of one’s body to doctor’s penetration and by the loss of a child is mapped out by drastic images spotlighting a body being dragged and desecrated by carrion eaters:



<p>w oczach miałam rozcięte zwłoki i ogień który strawił małą duszkę mówili zostanie ledwie blizna a wyprawiają mi się niebiańskie pogrzeby padlinożerne sępy ścierniki i marabuty włóczą pomiędzy światami ciało to ciało było we mnie do ostatniej minuty</p>	<p>I saw in my head a corpse cut open and fire that consumed a tiny soul it will be just a scar they said and now I'm having heavenly funerals carrion-eating vultures and marabous are dragging a body between the worlds that body was in me until the last minute</p> <p style="text-align: right;">(Augustyniak 2017: 25)</p>
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This suggestive representation of experiencing oneself as marked by a freshly inflicted wound and pain is built on apocalyptic associations (cf. Ładoń 2018: 328); it also emerges from a very dynamic description of destruction, of tearing apart the helpless body of a child who shortly before was still in a safe place. What makes this poetic description more precise is the emphasis on the reality of destruction as well as the presence of other persons who, however, cannot participate in the experiences of the lyrical “I”. The patient is entirely alone in her suffering, unable to find a commonality of experience. The scale of the sense of loss is defined also by the focus being solely the death of the child. At the moment, this excludes the possibility of alleviating the sense of emptiness and absence. As the patient is overcome by the emotions accompanying the trauma, there is no space for the need to protect the subject’s intimacy. Its breach is marginalised in experiencing oneself; what is most important is to express the loss, the brutal necessity of experiencing motherhood and death intertwined with each other – as these dramatic states are the most significant.

Talking about a wound/scar and presenting a specific reveal of emotions and a body’s intimacy, Anna Augustyniak deals with the ruthless fragility of existence. In the face of a loss and an un-healed wound in all its intensity, the subject’s understanding of herself does not focus on finding the old order or restoring the physical and mental balance; instead, this understanding is reduced to suffering, regret and despair. A wound described as an incision that does not want to scar is a confirmation that one of the dimensions of experiencing trauma and loss – the one that points to hope and transformation (Sławek 2019: 107) – is still beyond the subject’s reach, and that the death of a loved one and the feeling of emptiness and pain are overshadowing other aspects of experiencing oneself.

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The analysed poetic images of specific illness-related experiences represent multiple aspects of intimacy violation. It is defined by crossing the threshold of

a hospital – a boundary separating the world of the healthy from the world of the ill. This is a total boundary: crossing it changes the status of an individual. In a hospital the subject's cognition is defined by focusing on dealing with the dysfunction, experiencing the related emotions, corporeal sensations, and pain-alleviating procedures. A somatic ailment and suffering leads to exclusion, isolation and abandonment of the subject's former life, and it often forces the patient to take a horizontal position,<sup>14</sup> to strip during examinations or in the operating room, and to stay in a shared space where one cannot hide from the medical personnel and other patients; thus it results in a distinct redefinition of one's understanding of intimacy. "Clinical intimacy" is characterised by breach, by consciously subjecting oneself to invasive acts that in other conditions would be considered unacceptable and could be classified as physical or psychological abuse. This implies an attempt to understand oneself, which in the discussed poems does not involve rejection of an imperfect body nor is a temptation to marginalise or transcend the material form of being. Instead it involves careful observation of the limitations enforced by the illness, psychosomatic experience of long-term, progressive ailment and of a real threat. In this situation the authors register a variety of reactions that focus around the sense of impermanence and lack of fulfilment, the sense of functioning in a foreign, unknown environment that strengthens the feeling of loneliness. In this situation the poets also register a strong attachment to the here-and-now.

The selected poetic representations of violations of subjects' intimacy confirm that these situations are very individual in character. It can be noted that the presented confrontations with barely describable experience of oneself highlight the unwillingness to express the suffering directly. These issues, split in the poems into various images, are subjected to sublimation, which is constructed through

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<sup>14</sup> This is an aspect highlighted e.g. by Virginia Woolf, who wrote in her essay *On Being Ill* that "[if you are] lying recumbent, staring straight up, the sky is discovered to be something so different from this that really it is a little shocking" when a person is lying on their back and looking straight ahead, the sky can turn out to be shockingly different (Woolf 1925/1926). The perspective of a person lying supine changes also the perception of things other than those currently observed; it redefines all aspects of self-understanding, subordinates all the existence to an ailing that is more than somatic. Suffering, isolation, the necessity to listen to one's own body, careful tracing of all and any disease symptoms – all this leads to the conclusion that "we cease to be soldiers in the army of the upright; we become deserters" (Woolf 1925/1926). In turn, in her autobiographical monograph *Izabela Morska* emphasises exclusion and abandonment as she describes the condition of an ill person: "Ill people are rather immigrants in the land of the healthy [...]. What is more difficult than giving up plans, more traumatic than material losses is the loss of the right to one's own feelings" (Morska 2019: 230–231).

e.g. evoking the elements of the world of nature or stimulating sensual associations. Furthermore, the texts of younger poets contain descriptions of intimacy violations which do not avoid including drastic details, and which highlight the physiological dimension of experiencing oneself during an illness. The poems speak about “pulling out of the guts” or “putting an end to gender”, and make the painfulness of a wound/scar real, considering it as a *punctum* of an ailing, dysfunctional body.

As presented in the contemporary Polish women’s poetry, confrontation of a patient with redefined intimacy in a hospital environment means entering into the very centre of an experience that is disorienting and confusing. The poems express uncertainty, powerlessness and abandonment as well as the realisation that none of this can be separated from the subject’s existence (cf. Brach-Czaina 1999: 163).

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