

Excerpt from  
*Three Bowls* by Michela Murgia

(*Tre ciotole*, Mondadori, 2023)

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The Inexpressible

“You have a new formation of cells in your kidney.”

The doctor spoke in such a mild tone that for a moment she thought the news was something to cheer about. With his white mask on, she was only able to see half the face of the composed, sixtyish man, and for the first few minutes of the visit she had believed it was the right half. Now she was no longer so sure. Sitting at his desk on the other side of the Plexiglas shield that offered them both additional protection from the ubiquitous virus, the doctor’s eyes avoided hers to the point that she could not tell for sure what color they were. Annoyed, she tried to make her face unreadable as well. A galvanic, midday light that only in Rome strikes with such force shone through the wide windows of Monteverde hospital. She was convinced it emanated from the secret embers of the Empire, the true one, still smoldering beneath the ruins of three civilizations too weak to completely extinguish them. Pervaded by that light, they smiled guardedly at each other, and the doctor, perhaps under the illusion that he had been understood, continued.

“In technical terms it is called neoplasia, meaning precisely ‘new cell formation.’”

The character block 암 burst in her mind like an intense flash – *am* –, and her smile lost its sheen. She did not know the etymology, but she knew what a neoplasm was even in Korean. Nervously she gathered the folds of her couture coat around her body in an instinctive gesture of protection. She had dressed with care for the visit, only first-rate designers, but soberly, not as for a gala occasion, but rather as if going to negotiate an important contract with a woman with three generations of wealth behind her, wanting to impress her by giving the impression that she did not need her, wanting to be respected. She had a wardrobe built for that purpose, a collection of well-cut, designer signature pieces, weapons for every war she could not afford to lose. Whatever this man in his white coat had to say to her, she wanted him to know from the start that she was not simply anybody, and so the neoplasm should not be routine even for him, since it had not developed in just a random body.

The oncologist, however, did not seem too impressed. Although he had her case folder in front of him, he made no move to open it. Instead, he picked up a notepad bearing the logo of a pharmaceutical giant in one corner, tore off a sheet and turned it over. With a pen he drew a tangled mass from which some wavy lines branched out, all converging in the same direction, an inch or so away. He went on speaking slowly, not taking his eyes off the paper, weighing his words with each pen stroke. She had the impression that this was not the first time he was drawing that illustration, and her aspirations of being a special patient unraveled. How many other bodies had those lines represented? How many lives that tangled mass?

“Like all nascent living things, your new formation needs resources, and it went looking for them in your left lung.” We call them metastases, but you have to imagine them as oil wells in Iraq.”

“We call them,” he had said. *We* who, she thought, imagining a standing panel of experts who somewhere in the Great Castle of Oncology established the nomenclature for tragedies occurring in the bodies of human beings around the world. The doctor’s pen stopped at the last line when it was even with the others and cauterized them all with a small asterisk. The gesture was almost physically painful to her, but she tried not to show it. For reasons that escaped her, she instinctively felt that she had to be the one to reassure him. A brief, nervous laugh seemed appropriate in response to his geopolitical

reference. A tasteful, blue cotton cuff peeked out from the doctor's white coat sleeve as she followed his hand, pale but firm, behind the Plexiglas. During the first part of the visit she had felt it warm in contact with her skin, so she thought it must still be that way on the pen, while she watched it trace the outline of a rudimentary sketch of her compromised internal organs on the paper.

"The first medication you will take is a daily one, two tablets morning and night, and its purpose is to dry up those wells: without resources it becomes weak... you understand."

The doctor took his eyes off the paper and this time looked directly at her. She understood.

"The second drug is an IV drip that you must have every twenty-one days, whose function is to stimulate your immune system to react against the cells of the new formation, preventing them from developing further."

"Is it chemo?"

"You won't lose your hair, if that's what you're concerned about."

No, that was not what worried her. The character block *암* and its sound – *am* – kept flashing in her head like the neon sign at a kebab shop.

"You will be undergoing biopharmaceutical immunotherapy. As I showed you, it is not directly aimed at the neoplasia. Its objective is to elicit your body's natural response. If the kidney doesn't cause us any problems, there's no reason for us to go bothering it."

*We* who, she thought again, this time imagining the two of them sharing the same neoplasm, locked in that room as the lines of the tangled mass sketched on the paper tried to make their way in, sprawling insidiously under the door and through the cracks in the doorframe to get to them and suck their resources. The image made her smile in spite of herself, though the effect must have been that of an animal baring its teeth to an adversary because the doctor did not smile back. She asked him the most obvious question, the dumb one.

"Where did I go wrong?"

She was a vegetarian. She did not smoke, excluding pot occasionally in company. She drank such choice wines that Mr. Bernabei would greet her cheerfully from the

doorway of the enoteca even when she did not go in. She had more than a few flaws, but none of them bodily, easily cured by self-restraint. The fault lay unseen somewhere else, if not in actions at least in thoughts, words and omissions. The doctor remained silent for a few seconds, caught off guard by that request for an opinion. When he set down his pen, she mistook the gesture for surrender.

“We are complex beings, you see... I don’t think we can describe the issue in terms of your mistakes. Sophisticated organisms are more prone to making mistakes. It’s the system that occasionally gets bollixed up; willpower has nothing to do with it.”

She closed her eyes. She did not want him to read on her face the need to blame herself or something, someone, some extreme behavior, junk food, a bad habit that had gone on too long, some unresolved trauma, the city’s traffic pollution, a nearby industry, an enemy’s curse, anything and everything but the unbearable hypothesis of an accidental statistic. Somehow, however, the doctor seemed to understand this.

“You told me you write novels, a wonderful job, but it’s extremely difficult. No species in nature can do it, only human beings. Do you know any languages other than Italian?”

“English, French, some Spanish more or less .... I’m studying Korean.”

“Would you rather not be able to do any of those things provided you never got sick? Single-celled organisms don’t develop neoplasias, but they don’t learn languages either. Amoebas don’t write novels.”

They looked at each other for what seemed to both of them a very long time, during which she was certain that, contrary to his reference to the opening of a game of Risk with its new settlements eager for Iraqi wells, the oncologist had found those specific words just for her. Until a few minutes earlier she had had a thousand questions. Questions about how long the battle she was about to face would go on. Whether she had any chance of winning it. How much time she had to fight. She wanted the details of the battle, the military plan. But the inadequacy of the military approach, the one she had always heard used to describe the situation in connection with a terminal illness, now silenced her. It was the doctor’s fault, of course. The words that man had used changed the symbolic scenario and forced her to move toward an objective that she was unfamiliar with: a pact of non-aggression. What should have been an adversary to be destroyed had

just been painted as an accomplice to her complexity, a disoriented part of her sophisticated body, a short-circuit in an evolving system, nothing more than a companion who went awry. She was not used to losing at words. Whatever battle she had imagined waging against the illness now sounded like a self-destructive strategy. She had neither the desire nor the strength to wage war on herself.

“I never saw it in that perspective, actually. I imagine that if the alternative was the life of an amoeba, I would not be interested in trading. So tell me: what do I have to do to correct this wayward system.” She hesitated for a moment, then added, “If it can be done.”

The doctor’s eyes brightened at that change of register and his body appeared more relaxed. He leaned back in his chair. He likely believed he had overcome the most problematic part of the discussion.

“I will prepare the prescription for your the medications and you can pick them up at the hospital pharmacy, but in the meantime you must sign this release by which you agree to begin treatment and confirm that you are aware of the risks of side effects.”

“Am I aware of them?”

“They are described in this information sheet, but I do not encourage you to read them: they go from a sneeze to death, ranging through a thousand afflictions, exactly like the leaflets for aspirin. They would send anyone into a panic. The probability of even one of these effects occurring is so remote that it makes no sense to frighten oneself in advance. Trust me, if something happens we will notice it right away and suspend treatment.”

“I wouldn’t have read it anyway. I trust you.”

It was a half-truth. She had peeked at the paper on the table and the term for the diagnosis was at the top, succinct and to the point, something that only ten years earlier would have been a quick death sentence. Stage 4 renal carcinoma.

*Am.* A flash.

*Am.* Another flash.

*Am.* Still another one.

As she signed the papers and he wrote out the prescription, the character kept flashing on and off in her head and she suddenly became aware of the fact that the doctor had never spoken the illness's name.

"My sister is outside, doctor, and I have other persons close to me. When they ask me what I have, what should I call it? I can't say what's on the paper."

They stared at each other. The doctor sighed, then relaxed his shoulders, resting against the seatback. Behind the transparent plastic barrier his body seemed to have no depth, flattened like photos pressed into clip frames. When he spoke, the illusion of two-dimensionality vanished.

"What name would you like to give it?"

It was a strange request, to christen a tumor. All the words she already knew resonated in her head. Cancer. Terminal illness. Malignancy. Carcinoma. The grim C word. She didn't like any of them and impulsively asked:

"In Korean the word is *am*. Do you think I could use that one?"

She had been so hasty in answering him that the very moment she finished asking the question she wanted to take it back. She felt childish for having to admit that she needed a word that had never been in the mouth of anyone she knew. Using a term that came from another part of the world placed a distance between herself and the diagnosis that seemed the only one she could bear at that moment. She expected the doctor to laugh, but instead he seemed to consider the proposal, thinking it over for a few seconds. Then he nodded earnestly, and handed her the prescriptions through the slot in the Plexiglas.

"Forgive me, I don't know anything about Korean, but in English *am* is the first person singular of the verb to be, so I think it's a fair enough word," he smiled. "You could reply with *I am*, as if you were saying 'what I have is something I am,' and it wouldn't be at all inaccurate."

A heavy silence followed, in which a mixture of emotion and embarrassment floated between their gazes. No longer able to endure the transparent plastic barrier, she stood up awkwardly, but the advantage of looking down at him was short-lived, because he did the same.

"Thank you then, doctor. I'll take the tablets as you told me, two a day."

“Morning and evening. Don’t skip them and don’t throw them away, a packet costs the national health service almost seven thousand euros. I’m telling you this because sometimes people do that, they pretend to take them and instead they toss them. Who knows why, people are weird.”

I’m weird too, doctor, she thought without saying so. Suspecting her of being wasteful in a situation where she was losing everything seemed surreal to her. As they shook hands she smiled at him behind the mask, pointlessly since he could not see her entire face either. If they were to meet outside the office with their faces visible, it was likely that they would not recognize one another. She pictured the scene at the supermarket.

“Am I mistaken or are you...?”

Yes, doctor. *I am.*

... After he left me, the first thing I did was to start eating whatever I wanted, whenever I was hungry. It didn't matter that I was never hungry. All I needed to know was that if I felt like having anchovies as soon as I got up, I could have them. If I chose to have lunch at five o'clock in the afternoon, I was free to do so. If dinner didn't interest me, I could skip it. You don't eat right, my mother's voice came back to me. It was true. Since there were no rules, I did not have to obey.

Now that I no longer had anyone to judge me, my liberation from meal rituals was total and delightful. There was one thing I hated more than fixed schedules, however, and that was plates. Soup plates, dinner plates, fruit plates, dessert plates, cheese plates, they were all intolerable to me. My parents had shattered entire sets on one another, with such frequency that when we picked up the pieces from the last fight we still found shards of the previous ones under the couch.

When I was around twenty, I thought I hated white plates because they were the ones whose broken bits I had grown up among, but when I bought colored dishes as an adult I realized that they bothered me even more. No bright hue could mask the violence that lay waiting in each of those fragile disks.

I couldn't stand the clatter they made either, knocking against one another when I washed them, especially the threatening sound of those with internal flaws that my mother never threw away until they broke on their own. Once one had cracked in two on the table with a dull clunk, owing to the temperature of the broth, plopping the tortellini on the tablecloth like tokens on a Monopoly square. "Why didn't you throw it away when it formed a crack?" my father had yelled. "You don't throw things away while they are still useable," she replied, pretending to be frugal though she knew perfectly well that in our cabinets there was no way plates would last.

I had tried to manage my abhorrence of dinnerware by working on the materials: I started with plastic plates, abandoned more for reasons of economy than pollution, and arrived at corn flour wraps, before realizing that they cost little less than the food they held. Back to ceramics, I transferred the challenge to shapes, buying rhomboidal, oval,



square plates, all kinds except circular. As for the clatter, however, there was nothing I could do. I would leave dirty dishes in the sink for days just not to hear the sound.

At some point he had realized that if he wanted them clean he had to wash them himself. The night we parted I broke the plates one by one, smashing them with the only hammer in the house, one with a small nail head easy to aim even on small surfaces: problem solved. Relentlessly I hammered the Art Nouveau soup bowls, the dinner plates with the concentric circles in various shades of orange, the fruit dishes with the gilded rims, every single piece of ceramic resembling a plate, until I smashed them all to smithereens. I even smashed the small saucers for the demitasse cups. In terms of waste collection, were they considered dry waste or masonry-originated?

The next day I went to the housewares store near my house and bought three blue and white ceramic bowls, the kind that imitated Japanese-style porcelain ware. I bumped them together gently as I picked them out and felt reassured: the sound in no way resembled that of a plate, it was briefer and more delicate, like that of a teacup. On the way to deconstructing the architecture of the table, I eliminated the tablecloth as well and did not for a moment think of replacing it with the American-style placemat. Instead, I bought a rectangular bamboo tray, wide enough to hold all three bowls. Then I was also ready to tackle the cutlery problem.

Forks and knives horrified me. The ease with which everyone stuck a miniature pitchfork in their mouth had disturbed me since I was a child. In my childhood, for the day of the dead, when the table was set for the departed in the belief that they would come back to eat that evening, only spoons were placed at the table so as not to leave the deceased any weapons.

That truth masquerading as tradition had stayed with me, and for that reason, until I discovered chopsticks, I used to eat with my hands and spoon as much as possible, not caring about the criticism. The day I purchased the bowls I also bought a supply of disposable chopsticks. With those new utensils I could finally confront the problem of food, starting with the biggest stumbling block: I no longer wanted pasta. It was no small *désamour*.