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## The Uses of Symptoms of Mental Health in the Long 20<sup>th</sup> Century

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‘To link madness and writing is to perpetuate one of the greatest commonplaces of our modernity’ (Cape 2010: 7). Such statement is especially relevant when one considers the madness of the creative mind (Downie 2005: 49), the social implications of psychiatric treatment (Wall 2018), or more generally the understanding of the madness of literary creation (Felman 1978) and the very quality of language and the linguistic inventions of those regarded as mad (Ferrer 1990; Lecerclé 1996). One also immediately sees this theme as also having a long history, readily connecting it with medieval studies of melancholia and lunacy or, in an Anglophone context, with the Shakespearean explorations of irrationality<sup>1</sup>. In recent years, the collective work by Charley Baker *et al.* (2010) has mapped out the state of such a topic in the 20<sup>th</sup> and 21<sup>st</sup> centuries. They have renewed the interest in the question of mental illness in the contemporary era by carefully analysing the categories of medical treatment and the evolution of their fictionalisation.

One of the reasons for literature’s interest in madness might be found in the symptom of psychic disorder itself, which can be conceived as something else than a ‘cyphered message’ (Zizek 1992: 175), through which, in orthodox Freudian theory, ‘the subject gets back... the truth about his desire, the truth that he was not able to confront’. (Zizek 1992: 175) The symptom can be defined outside its analogy to a physical symptom, which is as a sign to be interpreted in relation to some organic dysfunction and causing pain the doctor seeks to assuage. In Lacanian, contemporary psychoanalytic theory, the symptom is a subjective solution that enables each and everyone to knot together different aspects of their life into a whole that holds; a scaffolding (Moment of Being) it is the very essence of their subjective response to the world, the very cause of their discomfort with their being, inherently unsatisfactory, and that which can be manipulated or at least manoeuvred from in therapy and through writing (Lacan 2005).

The question I want to raise in this work is **how, thanks to the Modernist forays into the workings of the mind and the body, literature produces, instead of simply reproducing, symptoms**, how the symptoms produced are decoded or made decipherable in a way that medicine leaves out (outside strict causality), but also **how the represented illness defies cure and care and resists the attempts currently made to erase symptoms through biomedicine, instead of working from and around them**. The book will not seek to establish what would inevitably be a long list of symptoms – such as what can be found in the *Diagnostic Statistical Manual of Mental Disorders* (DSM-V) for example – or to chronicle the evolution of symptomatology as shown in fiction in the long 20th century (the phrase ‘long 20th century’ is intended to indicate that I will be looking at works produced between 1925 and the 2020s). I would like to resist such temptation for a taxonomical approach and side with Bonikowski when he says that we should not play ‘a game of symptom or diagnosis spotting’ (Bonikowski 2013: 6). What this book will explore instead is the discrepancy between the way doctors deal with symptoms – for now, suffice it to say that from a medical point of view symptoms are the signs of an illness which patients want to control if not get rid of, and which biomedical science endeavours to erase – and the way literature uses and produces symptoms, especially linguistic ones, to invent characters and account for the experience of symptoms and their significance at the subjective level. **The definition of**

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<sup>1</sup> See in particular H. Suhamy’s concern that such a common theme be reduced to a simple equation of madness to freedom (Suhamy 1989: 9). The theme has long been commented upon by critics. See for example the issue “Shakespeare et la folie”. *Revue philosophique de la France et de l'étranger*. (123) 1937, p. 128.

**symptoms as a sure sign of an illness that must be cured is what literature disputes**, as can be seen in the representation of psychic disorders in the long 20<sup>th</sup> century. Or I could rephrase this by saying that Septimus is a paradigmatic example of the dangers there are in wanting to cure someone like him.

The idea for this book is based on the premise that *Mrs Dalloway* sets an example in which the author goes beyond the logical explanation of psychological symptoms. I hope to show that there is a way of looking at Septimus's symptoms without hoping to make him fit into the nosography of shell-shock, to restore his own singularity. (say a few words about how the repressive hypothesis and influence of social discourse has been much worked upon by critics including Abel ☺ but less has been said about Septimus's delirium and the way his own truth is not listened to)

**The notion of symptoms has rarely been central to studies of literature and madness, often as a result of a lack of clarity as to what symptoms mean and how they are used in therapy, as well as the ongoing, raging debates there exist in the field of mental health care.** Very often, critics and readers have endorsed or resisted diagnostic categorisation; some have followed in the footsteps of dominant medical discourses – currently neurological and biomedical; others have criticised the medical biases and prejudices that diagnoses and methods of treatment reflected; in other words, literary critics have contended with notions of normality, commonality and statistical representations while affirming that subjects were being subjected, reified and stigmatised by psychiatric and 'mental health' discourses. Literary critics in the medical humanities field have accepted the authority of the symptom as a sure sign of illness and a reliable symbol/ sign to be interpreted. However, to use Pett's words, I do not intend, 'in celebrating the principles and practices of the humanities, and particularly those of literary studies,' to suggest that 'both literature and literary studies [are] more sophisticated and more capacious in their approach to representing and interpreting illness' than they really are. (Pett 2019: 56) I do not intend to be a clinician where I analyse literature, but rather to try and see what it is writers teach clinicians and how they 'always precede' the theoretical framework elaborated to account for the function of symptoms (Lacan 2001: 192-93).

This book will look at British, mostly English, literature of the 20<sup>th</sup> century, and is based on two hypotheses: first, that the mad person characterised by delirium, lack of coherence and an enigmatic response to the world, like Septimus Smith in *Mrs Dalloway*, has more or less disappeared over the course of the 20th century as a literary trope, a development that mirrors that of biomedical psychiatry<sup>2</sup>; secondly, that there has been **little consideration for the impact of 'mental health' symptoms and diagnoses in and on literary representations of madness** and psychic disorders. The evolution of symptomatology towards contemporary 'discreet disease categories,' to use a phrase by Micale, has more or less been treated as an insignificant oddity bearing no relation to the question of madness. I want to see how these discreet symptoms enable us to confirm both the functions they play in the subjective response to life and the way they invite us to redefine the medical binary of health/illness. With the expression 'discreet disease categories', Micale suggests that the nosography in 'mental health' treatment gradually discarded the notion of symptom clusters with the improvement of biomedicine and now observes other formations which resist the effect of biomedical treatment (Micale 1993: 503). This echoes the works currently carried out by the Freudian School and NLS analysts, Leguil, Maleval, Miller and Laurent on the new spectrum of psychosis and what they call 'generalised' madness.

What happens, indeed, if the symptom is regarded not as that which should be disposed of but as the subjective response to a world that subjects can never fully grasp

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<sup>2</sup> The use of specific neuroleptics has enabled most medicated patients to have fewer symptoms of incoherent delirium.

because of their existence through and in language? The reason for this inability to grasp what their existence means lies in the fact that there is no essence of a subject's sense of being (no meaning or definition of who the subject is). Moreover, subjects only exist in language and therefore can only be situated in their relation to the law of language and the symbolic place they come to occupy (Lacan 1975). Bearing this in mind, what would be the effect of considering that the symptom is there to ensure that subjects understand how humble and frail they are in relation to language and as one of the ways of accessing a world that supersedes language itself? – These are many questions that matter for the understanding of literature. The fact that the emergence of 'mental health' care coincided with a global, artistic movement now called Modernism invites us to think about the way in which the history of medical treatment in the 20<sup>th</sup> century – ranging from the advent of cognitive psychology and its scientific apparatus to an understanding of the multiple fractures within the fields of psychiatry and psychoanalysis – helps understand new figures of madness in literature, and contributes to producing new symptoms that are not metaphors (Sontag 1978; 1989).

Modernism emerged at about the same time as Freudian psychoanalysis did and the aim of this book is to also show that to a certain extent, Woolf preceded Freud in her exploration of the symptom and contributed to fashioning another approach that is now more common, especially in writers from the 1990s-onwards: namely in the writings of the end of the century, the notions of discreet symptoms have become prevalent, very often seen in secondary characters who, like Septimus, haunts the narrative so much that their understanding becomes crucial. In order to explore these questions, the following novels will be studied: Virginia Woolf's *Mrs Dalloway* (1925), Patrick McGrath's *Asylum* (1996), Pat Barker's *Regeneration* Trilogy (1991-95), Doris Lessing's *The Fifth Child* (1988), Alan Hollinghurst's *The Line of Beauty* (2004), Rachel Cusk's *Trilogy* (2014-2018) and Ali Smith's *Seasonal Quartet* (2018-21). The corpus has been selected for the following reasons: first, the novels chosen are all somehow connected to Woolf and the Modernist era, in ways that I shall explore, so that a history of the evolution of the uses of symptoms can be delineated through a careful analysis of the novels. Woolf's *Mrs Dalloway* resonates with all these novels either in their themes (World War I and post-traumatic stress disorder), or in the presence of secondary characters whose madness or disorders affect the story and the structure of the works, or their voices: Cusk and Smith apart, but only as I argue because of appearances, what manifests in these novels is the absence of the characters' voices, their mutism or their silencing following the pattern of Septimus; the modernist or neo-modernist aspects of these works is constantly re-affirmed because of the novelists' primary concern with subjectivity, an exploration of the unsaid and its effect on the subject's apprehension of life. I argue that their connection lies in an exploration of their characters' solutions in order to make do without the capacity to articulate their experience – these novels explore the symptom of psychic disorder as a way of considering the limits of literature and the failure of language that is ever so central to *Mrs Dalloway*.

Secondly, these novels have never been discussed together and some of them have never featured in studies of psychic disorder and symptom analysis. I think it is fruitful to track down symptoms in overt manifestations of psychic disorders (section 1) as well as in discreet ones (sections 2 and 3), which is arguably the modality of psychic disorders of our contemporary era (Gaspard 2010: 357-371). Lastly, most, if not all, of these texts form part of a cycle in their author's writing, either by being overtly part of a trilogy, having a sequel, or by being themselves connected to a certain period of production. It is as if none of these novels stood on their own, as if their authors were fully aware that symptoms are not written out, or off, without consequences. This is the sign that **symptoms persist, because they are not simply a 'cyphered message', but the singular skein of meanings which structure one's being into a functioning entity in the world.**

My argument is divided into three sections. The first section focuses on the patient-doctor relationship; the second one on what happens when medical care is not represented and how symptoms are revealed through the trace they leave on the subject's body; the third will be interested in a modality of contemporary symptoms, namely the new forms of introspection and stream-of-consciousness invented by Ali Smith and Rachel Cusk in response to contemporary forms of social disconnection.

## **I. Doctors' misdiagnoses: Symptoms, Meaning and Function**

This first section is dedicated to three novels which reflect the relationship between patients and doctors in the formation of psychological symptoms. It looks at the symptom as a narrative tool subverting medical and psychiatric treatment. Taking the examples of *Mrs Dalloway* and its modernist aesthetics (chapter 1), in which the symptom is silenced and unheard in its function, I will consider more contemporary novels that continue to explore the production of meanings linked to the characters' symptoms. Following in the footsteps of the template set by Woolf, I will analyse Patrick McGrath's *Asylum*, which enables me to point to the fundamental role played by interpretation in the life of the symptom, notably in its being located in sexuality and the body (chapter 2); and secondly, through Pat Barker's *Regeneration Trilogy*, which owes so much to Woolf and develops her idea that failed medical treatment is in fact conducive to successful symptom formations (chapter 3).

### **a. Symptomatic Silence in *Mrs Dalloway***

The first chapter is dedicated to *Mrs Dalloway*, a 1925 novel in which Septimus Warren Smith features as perhaps one of the last 'delirious' patients in British fiction. For the doctors who treat Septimus, he is pathologically silent and unable to act; yet, Septimus keeps speaking to himself and his wife tries to ensure that he does not, by interrupting him constantly. Woolf chooses to make us listen to him. I argue that this is the symptom that needs focusing on: Septimus's silence is a very singular, subjective response to a world that he feels estranged from. The chapter delves into the repressive causality that bars access to an interpretation of the symptom that would be more structural than meaningful. By showing how the symptom is not, as Freudian interpretation argued at the time, solely to be interpreted, but can also be read as a meaningless formation evocative of a peculiar response to the world (Lacan), then the discourse of psychiatry is not only defeated and satirized, it is presented as requiring a reform – which is exactly what Richard Dalloway and Sir Bradshaw want to do, although they remain unaware of this.

### **b. The Absence of Meaning vs Psychiatric Interpretative Method in *Asylum* by Patrick McGrath**

Another landmark in the history of British writing about psychiatry is McGrath's novels, which have surprisingly led to very little critical interest in recent years. I show that the psychiatrist depicted in *Asylum* is a mock detective because his approach to psychiatric symptoms is to try and make them signify something so that they make sense from the point of view of causality. His authority derives from his method in which the meaning of the patients' symptoms is forced upon the subject's story. In his treatment of Stella, Dr. Cleave's method fails because he wants her silence to be the sign of her concealing something. The text instead reveals that it is impossible for her to articulate her own story in a dialectical fashion, making her incapable of appropriating the story the psychiatrist elaborates on her behalf. In this novel which starts off as a story of unfaithfulness, and ends up as a tragedy, the relationship between patient and doctor identified in *Mrs Dalloway* is revisited: silence, forceful interpretation, repressive hypothesis, all these elements are renegotiated by the author. McGrath's text shows an evolution: the repressive hypothesis of the Freudian

unconscious, even if the story is set in the 1950s, no longer holds in the 1990s, and the author's choice of various stories superimposing proves an efficient strategy in order to better camouflage the absence of his main protagonist's story, ironically called Stella.

### **c. From Physical Symptoms to Subjective Creations in Pat Barker's *Regeneration* trilogy**

Pat Barker's *Trilogy* evidently replays some of the themes contained in *Mrs Dalloway*, if only because both novels focus on the trauma of World War I. After showing how the Freudian influence plays a role in the psychiatrist's handling of his patients' symptoms, notably by offering an interpretative model that the patients laugh at, I argue that Prior, the only entirely fictional character, provides Rivers with a new way of approaching the symptom his patient suffers from. This new method results in great improvement: not only is Prior stripped of the symptom that most impeded him at first – mutism – but he also becomes a diarist, a way for him to find his voice well beyond the reductive speech acts that he is capable to produce when in hospital. Behavioural therapy might have been happy enough to have enabled him to speak again but without questioning the subject's place in discourse and in relation to others, therapy would have rendered Prior's use of language inefficient. Prior in fact becomes more in control of his symptoms when the logic of his choice of sexual partners is more apparent and he can form relationships he could only look at with irony before.

## **II. The Symptom and the Body: Discreet Signs of Psychological Troubles**

In the second section, I focus on symptomatic readings of dysfunctional relationships, in relation but not restricted to sexuality and I look at novels in which the characters are not seen in the therapeutic scene, as if the symptom was now meant to be erased via medication and no longer thought or spoken about. I start with Doris Lessing's *The Fifth Child* (chapter 4), which relates the way a woman tries to live with her disabled child and how their relationship becomes symptomatic of her mortifying identification with motherhood. Then, I analyse Alan Hollinghurst's *The Line of Beauty* (chapter 5), in which the psychic disorders of the family's daughter are treated as an inconsequential nuisance while cocaine and AIDS subvert and distort all relationships.

### **a. The Body as Dangerous *jouissance* in *The Fifth Child* by Doris Lessing**

Doris Lessing's *The Fifth Child* explores the question of disability and the subjective experience of it for a mother whose son, for lack of medical help, remains an enigma. The fifth child of a couple immediately possesses the qualities of a misfit, without ever being clearly diagnosed. Quite rapidly, this last child is the agent of a split in the family's happiness which had, so far, outlived all the expectations. The novel interestingly approaches the body as a source of both pleasure and pain, strength and weakness, and a psychic rather than physical reality for the woman and mother, Harriet. When Harriet gives birth to her fifth child, her family is already marked by opprobrium – why have so many kids when contraceptives exist? – and excess, but the fifth child will inevitably come to stand for the punishment they must face for indulging in the excessive pleasure of begetting and parenting. What my chapter does is explore the partnership between mother and son not as pathological but on the contrary, as the condition for each of them to survive and perhaps even for Harriet to exist. By locating her son's symptom at the place where she fails to be a mother, Harriet ensures that even more than her other children, Ben should be regarded as the epitome of the *jouissance* she craves for: an unbridled body marked by no self-consciousness.

### **b. Homosexuality, AIDS and Psychological Resistance in *The Line of Beauty* by Alan Hollinghurst**

It should come as a surprise to see this Booker-Prize winning novel listed in a book on literature and madness. If the novel seems interested in illness, it is only insofar as it focuses on AIDS, the illness that kills two of Nick Guest's lovers while Nick goes through the 1980s discovering the life of the well-off from his unacknowledged position of marginality. AIDS is the illness that brings about a certain vision of the body and creates a sense of unease and realism to the text. However, one character shouldn't be neglected: Catherine, the Feddens' daughter, whom Nick befriends straightaway and with whom she is partnered. Catherine is manic-depressive, as the diagnosis would have gone back in the 1980s, and she is known to self-harm. This secondary character enables the author to analyse the behavioural symptoms that set her as a pathological figure who can structurally be placed alongside the dysfunction and troubles experienced by some gay men in the novel and illuminate them. Hollinghurst finds in Catherine a way of rending the veil of literary propriety and the traditional template of the comedy of manners – with which Woolf also had to grapple – in order to question how a subject can be overwhelmed when they are assigned to an identification that is so strict it is mortifying.

### **III. Voices, Contemporary Symptoms and Social Cohesion**

In the last section, the book will turn to voices, silences and body-free modes of expression in contemporary refashionings of the Modernist stream-of-consciousness technique by studying Rachel Cusk's *Trilogy* (chapter 6) and Ali Smith's *Seasonal Quartet* (chapter 7). This will enable me to conclude by analysing new modes of enjoyment (*jouissance*) and new symptoms in which the story one tells matters less than the core of enigmatic, opaque behaviour these new symptoms are able to produce.

#### **a. Voices and the Return of Silence in Cusk's Trilogy**

With Cusk's trilogy we return to silence as a symptom: 'Without wishing to sound melodramatic, it was creative death after *Aftermath*. That was the end. I was heading into total silence – an interesting place to find yourself when you are quite developed as an artist.' (Kellaway 2014) This is how Cusk describes her own rebirth into literature in an interview following the publication of *Outline* (2014), a novel which is now part of a trilogy with *Transit* (2016) and *Kudos* (2018). *Aftermath*, an autobiographical essay on the end of her marriage, had been published two years before and in what has now become customary in her career, it had caused more outrage than praise. Like *A Life's Work* (2001) before, and *The Last Supper* (2009), *Aftermath* was misunderstood by critics and readers alike, who got confused as to what the work was trying to achieve: its innovative format, intermingling fiction with essayistic reflections, was regarded as a stylistic flaw that made her point all the more unclear and debatable. Yet, what Cusk describes also inscribes her in a Modernist stance that foregrounds the crisis and failure of meaning and communication that writing tries to stitch up. Inevitably, Woolf scholars will find in Cusk's reflection a reminder of Woolf's similar anxiety about and drive towards silence – the much-quoted sentence of Woolf's first novel ("I want to write a novel about silence, the things people don't say. But the difficulty is immense." (VO, 232)) is bound to sound very similar to what Cusk faced after her digression into non-fiction. It is therefore very paradoxical that she should have come out of this artistic depression with three novels replete with chatter, small talk and every possible mode of endless conversation and uninterrupted monologues. Could this entanglement of silence and excessive talk be a symptom of her neo-Modernist endeavour (Latham 2016) to articulate meaning against contemporary forms of social disconnection?

#### **b. Voices and Symptomatic Forms of Social Disconnection in Ali Smith's *Seasonal Quartet***

The last chapter and conclusion of the book will look at another symptom of subjects seeking forms of attachment in contemporary Britain. Ali Smith's *Seasonal Quartet* was written during and in the wake of the campaign for Brexit and in it she conveys her analysis of the more profound fractures within society this political agenda led to, enhanced or was the consequence of. The novels were published very recently, thus they enable us to momentarily close this exploration by closing a century of literary productions that began with the publication of *Mrs Dalloway*. They also enable us to raise questions about new ways of writing the psyche in an age that would like to reduce subjects to consumers, critical thinkers to gullible and non-ideological persons, communitarians to dangers, etc. Pitting people against one another because of age, sex, class and aspirations, Ali Smith allows them to create their own response in a language characterized by lack of cohesion, lack of correction and stability, a language that is therefore and perhaps like all social productions mad.