



THE UNIVERSITY *of* EDINBURGH

This thesis has been submitted in fulfilment of the requirements for a postgraduate degree (e. g. PhD, MPhil, DClinPsychol) at the University of Edinburgh. Please note the following terms and conditions of use:

- This work is protected by copyright and other intellectual property rights, which are retained by the thesis author, unless otherwise stated.
- A copy can be downloaded for personal non-commercial research or study, without prior permission or charge.
- This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the author.
- The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the author.
- When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given.

**Irritative Modernism and its Stoic Patients:
Free Indirect Narration of Illness in British Modernist Literature**

Leung Ho Yee Chloe

Ph.D. in English Literature
The University of Edinburgh

2022

ABSTRACT

'Illness' has been discussed in British literary modernism almost exclusively in the medical sense of the word. Especially concerning authors who battled with chronic illnesses, criticism tends to narrowly circumscribe the epistemology of illness by quoting biography and medical history while bypassing other implications that followed 'illness' in literary representations. Drawing on modernist *narrative techniques* in Virginia Woolf, E.M. Forster, D.H. Lawrence, and Jean Rhys, this thesis seeks to disentangle 'illness' from medicine and explores the affective residues of diagnostic practice. I postulate free indirect discourse (FID) as a narrative technique my chosen authors deploy to de-medicalise pain, illness, and disabilities since it reveals the slipperiness of formative elements in the diagnostic practice, including patient's autonomy, pain receptivity, subjective intentions, and identity. Divulging distinct depths of consciousness while leaving its intention inaccessible and attention irretrievable, FID irritates the expectation of a transparent pathogenesis as well as medical categorisation of bodyminds as either 'pathological' or 'normal'. Being attentive to the narrativization of pain (rather than its symptoms) will generate new knowledge and identification when we are *patient with* our irritations. I therefore argue that literary modernism, contra the instrumental role Rita Charon's *Narrative Medicine* (2006) assigned to literary studies, explicitly intervenes in pain, depressive moods, or other afflictions. This intent to reconfigure medical narratives of health, recovery, and suffering by involving literary modernism beyond symbolic registers is what Irritative Modernism aims to achieve.

My original contribution to the modernist field is the forwarding of a narratological approach to illness and disability that informs the minor narratives of pain and other irritations, including their lesser discussed – 'uglier' – aspects such as the uses, ethics, and even the relief or joy we may discover in these afflictions. My use of 'narrative' (with a focus on narrative techniques) also departs from its usual connotations, as I neither adopt its broad definition as simply 'stories we tell' nor its narrow definition as 'coherent organisation of experience'. Adopting an interdisciplinary approach, this study will draw on the narrative aspects in discussing illness across the critical medical humanities, disability studies, and Stoic philosophy. The convergence between these disciplines will inform how literary narrative has been shaping and can reshape the epistemology of pain and suffering. The broader implication of this study is that humanities and science are not necessarily in opposition to each other nor does one need to be the other's subordinate. While this thesis seeks to de-medicalise illness, my intention is to open up alternative ways to confront pain and other uncomfortable feelings rather than to antagonise medical-science. To implement changes in both medical practice and literary criticism, our conversation must transcend narrow disciplinary boundaries that disabled innovative thinking.

LAY SUMMARY

Much of what we know today is shaped by science and the empirical precision it promises. Especially when it comes to our body and health, we religiously seek medical advice from our local GP in the good faith that our pain will be soothed by a confident prescription. But while medical-science gives us invaluable tools to examine and diagnose our bodies, there are also many aspects influencing our wellbeing that are forgone when we are singularly focused on one way (the medical) of seeing. My thesis therefore seeks to address these blind spots that evidence-based medicine may not be able to discern. By looking into symptoms such as chronic pain, medically-unexplained syndromes, fatigue, or the placebo effect, I aim to explore our emotional responses or organic reaction to illness that elude medical evidence and may not be available for scientific scrutiny.

Specifically, I will focus on a narrative technique called ‘free indirect discourse’ that reveals a character’s psychological or interior portraits. I argue that my chosen authors deploy and revise this technique to problematise the knowability of minds, reliability of (patient’s) self-report, pain receptivity, or subjective intentions – elements that are formative in current diagnostic practice. Calling to attention how illness is being *narrativized* by various participants in clinical encounter rather than simply being an objective virus that is ‘there’, this approach subverts our expectation that our bodies can be neatly and medically categorised as either ‘ill or ‘normal’. I therefore suggest that literature, contra the preconception that it is irrelevant to the real world, has the potential to explicitly intervenes in pain, depressive moods, or other suffering. This intent to reconfigure medical narratives of health, recovery, and suffering by involving literary modernism beyond symbolic registers is what this study aims to achieve.

I will approach the re-narrativization of illness via the following research questions: Why do we think that someone is ill? How large a role the medical narrative plays in affecting our answer to the previous inquiry? How could modernist fiction solve the puzzle of our pain and ailments in ways that medical science is not already capable of? To what extent can (modernist) literature participate in the conversations surrounding illness and health? The broader implication of this study is that humanities and science are not necessarily in opposition to each other nor does one need to be the other’s subordinate. While this thesis de-medicalises illness at various points, my intention is to oppose reductive treatment of literature and literary approaches in medical conversations about pain and illness. To implement changes in both medical practice and literary criticism, our conversation must transcend narrow disciplinary boundaries that disabled innovative thinking.

ACKNOWLEDGEMENTS

This project would not be possible without the excellent mentorship of Dr Benjamin Bateman, whose close supervision has given me immense confidence to complete my writing. I would also like to thank the D.H. Lawrence Society of North America (DHLSNA) for awarding me the Virginia Hyde Award for the Best Conference Paper 2021, which was a recognition that meant a great deal to me. I am also indebted to Dr Evelyn Chan, who was the first person that encouraged me to pursue postgraduate studies in literature and who offered generous assistance to my application to this doctorate programme. As always, I am grateful to my family, my dear friends Amanda, Ophelia, Roy, Yanis, and many more, without whom I would not have the strength to plough through these difficult years – Thank you.

CONTENTS

Abstract	i
Acknowledgements	ii
Lay Summary	iii
Contents	iv-v

INTRODUCTION: Irritative Modernism..... 1

1. Modernist Recovery.....7
2. Attention Seeking with A Dose of Stoicism.....17
3. Not Being Stoic with Irritation.....23
4. A Literary Approach to Health and Illness.....32
5. Methodology and Chapter Overview.....37

CHAPTER ONE: “But of course Rachel’s illness is quite different”: Reconfiguring the ‘Medical’ and ‘Illness’ in Virginia Woolf’s *The Voyage Out* (1915).....45

1. The Framing of Consciousness with Free Indirect Discourse.....50
2. The Rhetoric of Illness.....65
3. Illness Metaphor and the Language of Pain.....78
4. Conclusion.....98

CHAPTER TWO: The Biopolitics of Forster’s Narrative Empire: Mass Debility in *A Passage to India* (1924).....100

1. The “ambiguity at the heart of Mr Forster’s novels”.....108
2. The “Madness” of Narrative Imperialism.....114
3. Stoic Discipline.....132
4. Performing Suffering and Pain.....147
5. Conclusion.....152

CHAPTER THREE: Narrative Dis-ease: Stream-of-Unconsciousness and the Corporeality of Disability Metaphors in D.H. Lawrence’s *Women in Love* (1920).....154

1. Lawrentian Consciousness and Stream-of-Unconsciousness.....162
2. Muted Narrative *Voices* and Blind Points of *View*.....168
3. Narrative Stuttering.....182
4. Lawrentian (E)motion.....188
5. Lawrence’s Vitalism.....203
6. Conclusion.....214

CHAPTER FOUR: Intoxicated with Medicine: Jean Rhys’s Stream of Intoxication in *Good Morning, Midnight* (1939).....215

1. Stream of Intoxication: Sasha’s Multiperson ‘I’.....223
2. De-pathologizing and Deforming Paranoia.....229
3. “Mad with happiness”: Intoxicated with Black Medicines.....234

4. No Joy Kill: The Promise of Unhappiness.....	247
5. Practicing Black Medicine in Cosmopolitan Europe.....	254
6. Death by Drowning/Drinking?.....	262
7. Conclusion.....	264

CONCLUSION: Wandering and Other Wonderings.....	267
--	------------

WORKS CITED.....	279
-------------------------	------------

INTRODUCTION

Irritative Modernism

With D.H. Lawrence's *The Lost Girl* in hand, I became no less lost and "irritable" than his heroine Alvina Houghton, whose thoughts seems to have wandered away from her consciousness (34):

And of course he'd adore her. That went without saying. She was as fussy as if someone had given her a lovely new pair of boots. She was really fussy and pleased with herself: and *quite* decided she'd take it all on. That was how it put itself to her: she would take it all on. (314, original emphasis)

Who is thinking these thoughts here? While the grammar of the passage indicates a third-person narrator, phrases such as "of course" and "quite" imply that Alvina's first-person subjectivity is infused with an external perspective. By confirming that Alvina is "really fussy and pleased with herself", this sentence also signals a shift in narrative voice, as if Alvina is emerging from the previously dim awareness to confirm the third-person ventriloquising of her mind. But the next sentence ("That was how it put itself to her") seems to return abruptly to a more remote rendition of her consciousness. Overcome by this narrative vertigo, I struggled to carve a convincing argument out of an intuitive hunch: Alvina seems to be hallucinating an inner voice or a split self who is helping her to articulate and unearth thoughts that are rooted in her subconscious. Although armed with the narrative theories of Wayne Booth, Gerard Genette, and Shlomith Rimmon-Kenan, no linguistic,

semantic, and grammatical accounts seem to be able to identify the hallucinating quality that seems so unmistakable. I grew irritable and began to think that I am focusing on the wrong things.

This disorientation narrates my irritation with writing about modernist consciousness. To be irritated is, as Sianne Ngai understands it, to be angered by “*the wrong things, more severely and for longer than is right*” (175, original emphasis). Engulfed in an obscure moodiness, irritation elides the familiar grammar of anger as it “sometimes involve emotions searching for appropriate objects” (178). As any persistent literary scholar would, I keep flipping through narrative textbooks in the hopes that they may articulate with theoretical rigour modernism’s free indirect delineation of consciousness. But my irritation swelled as I consumed pages after pages of narrative theories peppered with hieroglyphic acronyms and mathematical semantic units:

[Example] (13) describes how the man C (SP) saw the woman C (AD) and could sense her excitement about the diamonds....the emotions expressed by the exclamative are the emotions of the woman, who is thereby revealed to be C (SP) when we evaluate the second sentence as free indirect thought in <C,c>. (Eckart 51)

If, as Gerard Genette puts it, free indirect discourse constitutes a “mood” in prose, this mood is evidently an irritative one (161). The elusiveness of the technique, the tentativeness of thoughts, and the perspectives through which they are expressed perpetuate, as Ngai describes Nella Larsen’s use of free indirect discourse in *Quicksand* (1928), an “irritating play between interiors and exteriors” that blurs the boundaries between the characters’ thoughts and the narrator’s discourse (201). Irritation, in this sense, describes the genesis of

this thesis. Irritation also describes modernism's attraction towards tentative psychosomatic states that verge on (mental) illness but never fully comply with a diagnosis. Instantiating irritation's disorienting effect, modernist narration feeds the gnawing suspicion that something is not quite right with these figural minds and yet we hold no evidence for the causes of their/our irritation.

Free indirect discourse (henceforth FID), a narrative technique that shapes modernist prose, constitutes a cognitive disease in the practice of close reading. Evident in critics' ongoing quest for a unitary theory, FID's definition "constitutes a problem in itself" (Fludernik 72). Since Charles Bally's coining of the term in 1912, critics have been striving to 'diagnose' textual symptoms indicative of free indirectness, which seems to lack an 'aetiology' proper for its irritative third-person hallucination of the first-person. FID is generally understood in terms of how "the narrative discourse [...] move[s] freely back and forth between the author's voice and the character's voice without preserving a clear boundary between them" (Lodge 45). But if free indirect discourse is broadly defined as the amalgamated discourse of the narrator and the character, any close reading analysis would be tenuous, for when are we justified to attribute certain parts of the narration as utterances belonging to the narrator or the character? In performing close reading, we cannot avoid a binary language even when we register the impossibility of truncating the narration into two discourses. It seems that any attempt at analysing the exchanges between the narrator's and the character's discourse would fall inevitably short. FID, it can be said, bolsters a kind of narrative nervousness in reading.

Such narrative nervousness goes beyond mere metaphorical transpositions. As Ngai puts it, irritation is coupled with pathological nervousness, which "tend[s] to apply equally to psychic life and life at the level of the body" (184). Indeed, irritation itself is a medical symptom of a particular type of mental illness that plagued modernity and manifested in

modernist prose at large. In the early-twentieth century, ‘nervousness’ was synonymous with mental illnesses such as ‘neurasthenia’, ‘hysteria’, and manic ‘disorders’, all displaying symptoms of irritability, violent mood swings, and polarised energy (Cleghorn 130).

Although substantiated by medical authority, diagnoses of nervous illnesses were highly dubious since they lacked specific aetiology and were often made in service of political agendas¹. The affective economy of irritation thus carves out a rhetorical space to challenge medical narrations of nervousness writ large in modernist texts. Like many women in her time, Virginia Woolf, the first modernist that I will discuss in the chapters to follow, was diagnosed with “neurasthenia” – a “[n]ervous” and a peculiarly modern disease that is “exacerbated by the stresses of modern living” (Cleghorn 151). Woolf’s diagnosis was followed by a long period of prescribed bed rests and force-feeding that made her more ill – and, more specifically, irritable – than she was.

On top of her bed rests, her biographer Hermione Lee remarks that Woolf was treated with “chloral or digitalis” from 1919 to 1932 (336). When taken in large doses, these medicines “could produce a skin rash, and a stultifying, deadening, torpid effect on the personality” (Lee 336). Ironically, medicine quite literally irritates Woolf into physical rashes and emotional rashness. Woolf’s distrust of medical doctors is well-documented in her satire of Dr Holmes in *Mrs Dalloway* and Dr Rodriguez in *The Voyage Out*. To be sure, Woolf was not the only modernist to have spilled ink on their suspicion towards medical practice². Like Woolf, Charlotte Perkins Gilman famously wrote about the irritability of bed rests (which she

¹ As Dr Silas Weir Mitchell has it, female nervousness is often synonymous with hysteria. Hysteria¹, lacking a biological aetiology, has come to mean “anything a physician wanted it to mean; there was no defined classification, no confirmed diagnostic proof” (Cleghorn 130). Serving as the sign of an untameable madness, hysteria or female nervousness becomes an authoritative weapon that invalidates and disables women – especially suffragettes, who, once given the vote, the ‘whole of politics’ would be confused ‘by an injection of hysteria’” (Cleghorn 174). In the early twentieth century, irritations are medicalised as disorders and politicised for social control.

² Although most modernists do not reject science outright, they are sceptical of how scientific medicine “established new medicalised way of thinking about society and individual identity” (Cooter 103).

abandoned) in treating postpartum depression in “The Yellow Wallpaper” (1892). D.H. Lawrence was also reluctant to be medically defined as a tubercular, consumptive, or pneumonic patient despite the unmistakable ailments in his lungs³. Modernist depiction of medicine’s dehumanising practice and limiting diagnoses therefore urges us to turn away from medical science for more sympathetic ways to decipher the pain and cries that slice through the irritable grammar of their prose.

Ngai’s theorisation of irritation fosters an intersection between narration, feelings, illness, and diagnosis that is central to this thesis. Irritative Modernism seeks descriptions for wandering affects that do not belong to an emotional category or do not fit into a pathogenesis proper. More broadly, Irritative Modernism describes the nature of this study, in which I forward the claim of a literary and narrative approach to the concepts of ‘illness’, ‘disability’, ‘health’, and ‘wellbeing’. I am calling this approach ‘irritative’ since using literature – rather than medical science – to solve the puzzle of pain and illness irritates common sense and intuitions. Irritation sketches the impression that one might be attending to ‘the wrong things’ – literary studies – in configuring an epistemology of biological health. More pointedly, Irritative Modernism moves away from symbolic representations of illness to a preoccupation with *narrative techniques* and their *narrativization* of illness. My use of ‘narrative’ and the focus on narrative technique, as such, adopts neither its broad definition as simply ‘stories we tell’ nor its narrow definition as ‘coherent organisation of experience’.

³ In a letter to Henry Savage, Lawrence dismisses the medical language his doctors used to describe his illness even though he is cognizant of his conditions: “my lungs are crocky, but I’m not consumptive – the type, as they say. I am not really afraid of consumption, I don’t know why – I don’t think I shall ever die of *that*. I am quite certain that when I have been ill, it has been sheer distress and nerve strain which have let go on my lungs” (72-73). Lawrence rejects the medical policing of his lung ailments, which, for him, is caused by “sheer distress and nerve strain” rather than bacterial infections. Harnessing the affective implications of illness, “Lawrence’s characteristic ways of understanding illness” is thus “to believe that it originated in split loyalties and unanswered needs, not just in infection” (Worthen 24).

Moving away from the use of literary texts as instruments for medical therapy, this thesis argues that modernist use of free indirect discourse intervenes in pain, depressive moods, or other suffering – feelings that follow illness and disability. Implicit in this claim is the idea that language, body, pain, and illness are enveloped in a more intimate relationship than we may have conceived. I postulate FID as an irritating presence for medical model of illness and disability as it reveals that the formative elements of diagnostic practice, including patient's autonomy, pain receptivity, subjective intentions, and identity, tend to slide into convoluted meanings. Divulging distinct depths of consciousness while leaving its intention inaccessible, FID irritates the expectation of a transparent pathogenesis as well as medical categorisation of 'pathological' and 'normal'. Although this study is cognisant that literature and medicine should not be pitted against each other and that contemporary medicine is striving to incorporate humanistic approaches in its treatment of patients, being attentive to the narrativization of pain (rather than its medical symptoms) will spawn new knowledge and identification with the states of irritation that come and go with illness. While I seek to involve literary narratives beyond a symbolic or metaphorical intervention in illness, my approach will also wander through indirect pathways (via FID) to achieve its aims. This intent to destabilise and reconfigure medical narratives of health, recovery, and suffering is what Irritative Modernism aims to do.

Manifested as a somatic sensation, irritation foregrounds my approach to afflictions that are entangled with irritable feelings, violent moods, physical symptoms, the ugly, the diseased, and the disabled. While I have discussed how the ugliness of irritation overlaps with illness of the nerves, the very term 'ugly' is itself suggestive of disfigurement and stereotypes that are attached to the condition of disabled-ness. Although Ngai does not explicitly draw on disability studies, she mentions that minor feelings tend to "disabl[e]" the canonical status of literary works by dominating the text with flat emotions rather than grand

emotions like anger and love that we see in classical or epic narratives (11). It is my intention to expand on Ngai's implicit reference to disability in the main chapters on top of the expressions of ugly or 'minor' feelings in illness.

In juxtaposing illness and disability, I do not mean to undermine their differences but to draw attention to their entanglement. As Peter Fifield puts it, "I can be disabled by my illness, and made ill by my disability; paradoxically, my disability may not even be disabling as such" (16). Disability, therefore, "is stable and protected, constituting a sustained, meaningful and fully valid form of living" (15). Ugly feelings, Ngai suggests, occupy "a flatness or ongoingness entirely opposed to the 'suddenness' on which Aristotle's aesthetics of fear depends" (7), an ongoingness that runs parallel to the "chronic" temporality of disability (Fifield 15). If disability is calibrated by a chronicity that shapes identity, it dovetails with Woolf's delineation of illness as "the daily drama of the body" – as a way of living rather than a temporary condition ("On Being Ill", 33). The chronicity of modernist ailments is also a historical consequence of the war. When bodies and minds were wounded permanently, trauma became an integral part of memory and the war plotted lives in a way that forced modernism to configure pain, afflictions, and trauma as an incurable condition. Recognising that it was impossible to exorcise the ghosts of war, modernism is therefore not interested in diagnosing illnesses that may yield to any recovery that purports to truncate memory from trauma. Illness and disability, as Ngai's theorisation of ugly feelings has contextualised, clutch to an irritation that characterises the post-war psyche and modernist uses of FID at large. In the following, I will zoom into the narration of pain to explain how modernism may reform some of our preconceived and medicalised notions of illness and disabled-ness.

Modernist Recovery: Reworking Pain in *The Lost Girl*

As aforementioned, Irritative Modernism departs from a medical paradigm and seeks descriptions for wandering affects that fall between pathology and normality via a narratological approach. Put bluntly, I want to challenge our natural instincts to consult medical science when we feel ill and explore the ways in which modernist texts may delineate our afflictions in ways that a medical-scientific narrative might ignore. But in so doing, I do not claim that these modernist works will proffer cures or solutions to our maladies, nor do I intend to undermine medical science. I seek, rather, to expand descriptions for afflictions that elude medical documentations. With a modernist approach to illness that rebuffs and irritates common sense, I wish to pose the following questions: what psychosomatic states are lost in a medical ‘translation’ that boxes up our idiosyncratic afflictions into disease categories? Would we be able to recover these unrecognised or ugly feelings if we withhold medical translation of our discomfort? Does this recovery drive us closer to future comfort, if not cure? In this section, I will discuss what is lost and recovered in my ‘irritative’ approach to illness and disability.

Using D.H. Lawrence’s *The Lost Girl* as an exemplary, I want to locate my project in literary modernism and show how modernist narrative technique informs us of the pain and ugly feelings that have disappeared in medical language. In *The Lost Girl*, Alvina Houghton’s neuralgic pain belongs to what Anna Mollow has called “undocumented disability”, which catalogues impairments that are “not definitively measurable by mainstream Western medical technologies” (“Cripistemologies”, 185). Narrating painful consciousness with FID, Lawrence suggests that pain may not be succinctly described by medical diagnosis. In *The Lost Girl*, pain wanders off into the third-person as Alvina removes herself from the seat of subjectivity in order to mitigate pain. By so doing, pain is withdrawn from the body and is experienced impersonally through textual mediations. If irritation is characterised by disorientation, FID reveals that pain materialises in an onrush of narrative irritations in which

one becomes more aware of being narrated than the actual pain itself. The implication of this self-awareness is the possibility that one may recover relief, self-knowledge, and even joy in pain when we are conscious that the attention we pay to pain may not be straightforward. But rather than endorsing escapism or masochism, Lawrence shows that narrative removal allows one to co-exist with pain while registering and perhaps befriending its irritating presence. What modernism proposes, as such, is that an attentiveness towards the narrativization of pain may help us to manage pain and generate a new identification with it when medical treatment is not yet available or when it backslides.

In accord with the marginal status of ugly feelings, *The Lost Girl* is considered Lawrence's minor work even though it is the only novel of Lawrence's that won a literary prize (James Tait Black Prize in Fiction 1920). It relates the critical years in the life of young Alvina Houghton, who finds herself lost after her parents' death and her subsequent escapades to Italy with her eccentric lover Cicio. Awash in waves of ugly feelings, the novel is saturated with irritation, a mood that Lawrence evokes multiple times in describing Alvina, whose recklessness gets on the nerves of both herself and the people around her. For Miss Frost especially, Alvina's "half-derisive" nerves are "most irritating" and "painful" to deal with (38). Alvina's nervousness is later diagnosed as "neuralgia", a condition that is "characterised by severe, unremitting pain which is difficult to treat by surgical or other traditional methods" (Lawrence 375, Melzack and Wall 72). Neuralgic pain is also literally associated with physical feelings of irritation. As pain researchers Ronald Melzack and Patrick Wall contend, neuralgia "produces inflammations....at the skin at the termination of the nerve", which is "hyperaesthetic" and irritable to stimulation (72, 73).

But in *The Lost Girl* the diagnostic account of irritation is steeped in hesitations and metaphors, for it is "a kind of neuralgia in the very soul, never to be located in the human body, and yet physical" (375). How can pain be simultaneously physical and incorporeal?

Lawrence seems to be saying that Alvina's neuralgia cannot be anatomically located or medically explained despite its physical reality. Indeed, the diagnosis of "neuralgia" falters as Alvina traces pain to a yearning for the primitive past. Wishing that she could find her bearings in foreign lands, especially ones that are adjacent to the "ancient gods", Alvina's neuralgia becomes a physical manifestation of a ghostly "nostalgia": "The terror, the agony, the nostalgia of the heathen past was a constant torture to her mediumistic soul. She did not know what it was. But it was a kind of neuralgia in the very soul..." (372). As *nostalgia* materialises into *neuralgia*, Alvina's pain wanders away from the body and the medical. In this sense, pain is lost in medical translation and is recycled into a literary irritation that haunts Lawrence's FID.

In dislocating pain from its anatomical dwellings, however, I do not wish to underwrite the literal reality of pain. Rather, I follow Susannah B. Mintz in suggesting that pain is "not only one name" and that the "literary" nature of Alvina's pain does not undermine its reality (70). In *Hurt and Pain* (2013), Mintz argues that we should devote more attention to the relationship between language and pain:

If it is true that pain signals activate the emotional centres of the brain and stimulate not passive neural reception but active cognitive processing, then being able to call upon a robust descriptive lexicon and alternative expressions of how to make contact with selves-in-pain – whether our own or others – would seem essential to coping with what is legitimately terrible about being hurt. (8)

Indeed, Melzack's and Wall's (1965) ground-breaking work on "gate-control mechanism" has repudiated receptors theories since there are too many "mismatches between nociceptor

firing and pain” for a neurological reading of pain to be reliable (171). For this reason, Mintz suggests an alternative way to approach pain in which language directly affects how we may physically feel about our body in pain. Through literary ways of imagining and describing pain, we may invent other ways of being with pain that do not have to obey the hackneyed discourse of (physical) suffering. Rather, “its discomfort can be productively and not just desperately shattering” (14). Although pain is undeniably uncomfortable, its discomfort simultaneously becomes a rich source for spawning new knowledge and identity.

In *The Lost Girl*, Lawrence refashions the relationship between language and pain via FID. Alvina’s pain is ‘felt’ through a free indirect narration where she becomes hyper-attentive to the narration of pain rather than the pain itself. A curious sense of impersonality underpins Alvina’s painful consciousness, for there is a sense that Alvina is being externally surveilled despite the deployment of internal focalisation, in which the narration “almost never leave[s] the character’s point of view” (Genette 188). After they move to Italy, Alvina reflects on how she meanders between a hyper-conscious awareness and an unconsciousness of the “strange[ness]” Italy brings (343). Curiously, Alvina is at once narcotised by Cicio’s dominating presence (suggesting external intervention) and strangely sober of her own painful submission (suggesting internal focalisation):

It was his physical presence which cast a spell over her. She lived within his aura. And she submitted to him as if he had extended his dark nature over her. She knew nothing about him. She lived mindlessly within his presence, quivering within his influence, as if his blood beat in her. She *knew* she was subjected. One tiny corner of her knew, and watched. (343-344, original emphasis)

The extent of Alvina's self-awareness here is uncanny. On the one hand, the passage follows a syntax of a hypnotic mantra, repeating the pattern "She lived...She knew...She lived...she knew". But if her subjection is hypnotic and "mindles[s]", how then can she consciously "kn[o]w" and "wate[h]" it happen? Although Alvina is "bewitched" by Cicio, "her mind remained distinctly clear. She could criticise him, find fault with him, the things he did" (341). Alvina's 'drugged' consciousness is mirrored in Lawrence's use of FID here: her first-person consciousness is parsed into a third-person who is 'eavesdropping' her own subconscious thoughts. It is as though she is watching her thoughts *being narrated* in a concurrently drugged and hyper awareness (341). Through FID, Lawrence shows an individual in pain who is hyper-attentive to her 'narcoti[sed]' pain but who finds consolation in watching her own suffering (343).

By diverting attention to the narrativization of pain, Alvina's consciousness swells into a third-person subjectivity. Fredric Jameson calls this "the swollen third-person" in FID, which indicates the "subjective" or the "unidentified third person" (175). The third-person is swollen since "it is an unusual synthesis of third and first person which allows the latter's first-person thoughts to be represented in a way which avoids mimicry, dialectic, dramatic monologue and the like" (177). Whereas FID is generally understood as a narrative technique that enables readers' access to conscious minds, consciousness is instead swollen and irritated into disquieting intentions. Jameson's swollen third person elucidates that modernist narration of pain as indirect, accompanying, and benign rather than penetrative. As neuralgic inflammations materialise as a swollen narrative irritation, Alvina assumes a third-person persona to observe and control her pain.

However, Lawrence does not naively suggest that we may recover from pain through the narrative removal that Alvina practices. Far from sweeping pain under the carpet of consciousness, Alvina exemplifies how we may mediate pain with a third-person distance

that makes confrontation with it less taxing. As Leo Gurko judiciously notes, there is an “obscure awareness of her deeper self” in Alvina’s consciousness (603). When pain grows to be unbearable, it is through these obscure and indirect glimpses that Alvina is able to confront pain at the end of the novel. As she realises the painful reality that Cicio may not return from the war, an inner voice that is reminiscent of the swollen third-person’s emerges. Alvina’s inner voice becomes ‘swollen’ as her first-person thoughts become palimpsestic through their overlap with a third-person voice (presumably Cicio’s) that she imagines. Although Alvina is uncertain whether it is Cicio who speaks these words or if they come from her head, she can now *accept* them as her first-person voice, and this ambiguity allows her to register and feel the pain that follows from her recognition: “And she seemed to hear him moaning upstairs – ‘I can’t come back. I can’t come back’. She heard it. She heard it so distinctly, that she never knew whether it had been an actual utterance, or whether it was her inner ear which had heard the inner, unutterable sound (399). This “inner” and “unutterable sound” seems to dovetail with the novel’s narrative voice at large: like the swollen third-person, the voice articulates Alvina’s irritations and it is also a ‘voice’ that only Alvina can ‘hear’ with her ‘inner ear’. In recovering this voice, Alvina squares up to the pain of losing Cicio to the military. Convincing herself that Cicio will return, Alvina repeats her mantra “You’ll come back to me” in “an ecstasy of pain and relief” (400). This oxymoronic ecstasy epitomises the precarity of the recovery of Alvina’s narrative voice: Although pain comprises a part of her relief, pain is not subsumed under relief. For Alvina, pain and relief run parallel as she seeks relief in observing and narrativizing pain in a removed position. While her hyper-attentiveness to pain alienates Alvina from the body, such a strategy also recovers an “ecstasy” that affirms her love for Cicio, who, although manipulative, genuinely cares for Alvina.

If the impossible prospect of recovery suggests a pessimistic isolation of the individual in pain, Lawrence indicates how pain is potentially shared and enacted in Alvina's surrounding world. While Alvina "sat alone" in pain and darkness, the echoing voices Alvina overhears betoken how pain interacts with various affective components in her surrounding environment (399). The pain that Alvina experiences as a result of Cicio's departure is inextricable from the "cold" and "uninhabitable" atmosphere of their Italian home (374). The chilling temperature of the house necessitates sitting constantly near the fire, which produces "smoke that hurt her chest" (373). Alvina's chest pain, coupled with Cicio's imminent departure and the atmosphere of the house, perpetuates "some unnatural, doomed, unbearable presence in the room" that feeds back to her pain (400). In tandem with Lawrence, pain theorists draw recently on the notion of "enactivism" in cognitive science and suggest that pain is conceptualised "in terms of affordances", which refer to "the opportunities for behaviour that the environment offers the members of certain species that are able to recognise and respond to them" (Coninx and Sitwell 7833,7834). In other words, pain is understood not through "the neuron, the brain or other bodily tissues; it is the dynamic interplay of the brain-body-environment" (Sitwell 236)⁴.

If the pain we feel in the body, like the voices and coldness that follow Alvina's pain, is enacted on the environment, then pain, contra Elaine Scarry, becomes sharable, de-medicalised, and no longer isolating⁵. In the context of social management of pain, Sabrina Coninx and Peter Sitwell note that enactivist framework of pain allow medical professionals "to guide patients so that they can perceive possibilities for (meaningful) interactions with the

⁴ But, Shaun Gallagher remarks, "this is not to say that all the essential processes of social cognition are extra-neural. Mirror neurons may indeed make a contribution, not by simulating actions of others, repeating a small version of them inside one's head, but by being part of larger sensory-motor processes that respond to different interaction affordances" (12).

⁵ In *The Body in Pain* (1987), Elaine Scarry argues that pain is ineffable and that "pain comes unsharably into our midst as at once that which cannot be denied and that which cannot be confirmed" (4). I will examine Scarry's pain theory in Chapter One.

world where the body is no longer the intruding object of attention and the source of alienation or isolation” (20). Continuous with the recent “shift in pain management towards a ‘positive health’ approach”, the enactivist framework appreciates how health is achieved through a person’s ability to adapt” (Coninx and Sitwell 22). As Alvina adapts to her new affordances, pain is no longer felt as an intrusion but its “ecstasy” offers her an opportunity to “(re)engage in valued activities now and in the future” (Lawrence, *The Lost Girl*, 400; Coninx and Sitwell 23). Reanimating relief and ecstasy in pain, Lawrence recovers marginalised affects that have been lost in the medical language of pain.

At stake in Irritative Modernism, then, is that there is a central tension between a utopian possibility of shared illness or disability and the imperative to take seriously individual phenomenologies of being ill or disabled. Evident in the implicit desire to share pain in *The Lost Girl* and in paradigms such as enactivist theory, modernism entertains the idea that illness and disability are shared responsibilities that transcends embodied physical symptoms. On the other hand, and exemplified by figures such as Septimus Smith in *Mrs Dalloway*, modernist texts also tend to favour documentations of private experience of illness. Irritative Modernism does not seek to reconcile this tension but, instead, to pay attention to the irritations that these two contradicting frameworks evoke. In both sharing and individuating illness, irritation becomes both a condition of illness and a resistance to illness. On one hand, irritation is symptomatic of illness and a kind of nervousness that follows pain; but it is at the same time resistant to illness since, when we pay attention to our irritation (I am irritated that I am ill) and its causes (including external and environmental factors), we divert attention away from the illness itself. Irritative Modernism strives to recover the anaesthetised but haunting irritations that are lost in medical and scientific treatment of pain.

With pain’s irresolute character, it is no surprise that what exactly has been ‘lost’ in *The Lost Girl* remains a subject of contention for Lawrentians. These contentions over loss

bespeak a shared imperative to recover ways of getting better, albeit in distinct ways. As the ecstatic simultaneity of pain and relief shows, the kind of recovery that Lawrence espouses moves away from a desire to salvage ‘health’ and towards a willingness to be with that lost. While Jane Eldridge Miller reads the novel as “a narrative of sexual submission, which entails a loss of will and an annihilation of self for Alvina”, others, such as Gary A. Wiener and Richard A. Kaye side with John Worthen in arguing that “[w]hat is lost to Alvina in these passages is any sense that the world of people and relationships matters in the ordinary way” (Miller 58, Worthen 226). Like Alvina’s ‘lost’ self, this reading of ‘lost’ is simultaneously “both loss *and* of significant recovery: a recovery which abandons the world” (Worthen 227, original emphasis). Worthen draws our attention to what has been “*advantageously* lost” in a modernist reading of pain (227, original emphasis). “Becoming more literary about pain”, Susan Mintz contends, means “developing richer, more exact descriptive strategies to facilitate caretaking, whether from physicians or friends and family” (6). While medical translation may get lost in reading pain literarily, the focus on narrativization also prepares us to recover other strategies to cope with pain and its marginalised feelings – in Alvina’s case, the relief and ecstasy that accompany it.

Lawrence helps us to discern how pain may not comply with a medical scientific narrative which polices wandering affects by boxing them into disease categories in want of cure. Rather, Alvina’s neuralgia is relocated into narrative irritations in which her attentiveness to being narrativized transforms pain into an avenue for self-knowledge. If pain, now potentially consoling and ecstatic, dictates our desire for cure in the first place (pain makes us uncomfortable and we want to get rid of that discomfort), modernist rereading of pain calls into question why and how we want to recover. Reading pain with modernism thus recalibrates our reactions towards illness, disability, and other afflictions. As Lawrence demonstrates, modernist texts procure an *irresolute attentiveness* to the body in pain.

Whereas medicine places the patient under microscopic scrutiny in order to identify deeper aetiologies, literary modernism cultivates a hyper-attentiveness that scrutinises the narrativity of pain at the same time as it suggests alternative strategies to regulate those painful feelings which may or may not allow us to get better. But if this adumbrates too much future comfort following the mitigation of pain, Lawrence brings to the fore the discomfort in this self-scrutinising practice. As the “irritating play between interiors and exteriors” in *FID* illustrates, nervousness sticks to modernist narration (Ngai 201). Instead of urging us to ward off the irritation that these wandering affects bring, modernism urges us to register the ugly feelings that are recalcitrant to pathology and to befriend their uncomfortable presence when they refuse to go away.

Attention-Seeking with a Dose of Stoicism

As we have seen, Alvina’s attentiveness to pain is characterised by irresolution, since, when she pays attention to the narrativization of pain, she is *not* paying attention to the feeling of pain itself. Central to Irritative Modernism, where disoriented feelings are searching for appropriate objects and when the possibility of attending erroneously to the literary in the study of illness writ large, is a crisis of attention. In *FID*, disoriented intentions, feelings, and subjectivity are likewise perpetually seeking for the right kind of attention that would grant them meaning. British psychotherapist Adam Phillips’s notion of attention-seeking, deploying a psychoanalytic lens, is useful here to understand our tendency to misplace or displace attention when we are in pain. More broadly, attention-seeking animates the ways in which the wandering affects in Irritative Modernism desire irresolution more than any painkillers that would numb their vital energy.

The fact that modernism is intimate bedfellows with psychoanalysis is a well-explored topic⁶. Arising in the same historical moment, both literary modernism and psychoanalysis seek to describe the phenomenology of our unconscious life when grand narratives in our culture police desires that were identified as illegitimate and threatening. What psychoanalysis contributes to modernist reading of illness and disability is that it elucidates a fatal conflation between desire and cure that plagues our current diagnostic and therapeutic approaches. In *On Getting Better* (2021), Phillis contends that psychoanalysis, assuming that “we are largely unconscious”, discloses that we are wrongly paying attention to medical cures when we think about getting better (10). We only want to be “cured” of our “threatening” desires because we do not quite know what it is exactly that we want. The notion of cure, Phillips argues, while seeming to imply that we know what we want (to be free of illness and suffering), bespeaks an underlying fact that “[w]e may only know that we want to change, but not *how* we want to change” (11). In order to get better – or to “get better at talking about what it is to get better”, Phillips suggests that psychoanalysis invites us to “imagine what might be better than a cure” (xviii, 11). Psychoanalysis, according to Phillips, grants us a new vocabulary to articulate what wellness means when disentangled from medical notion of convalescence. Although I will not superimpose psychoanalysis on my chosen texts in the chapters that follow, Phillips’ psychoanalytic framework will alert us to the erroneously straightforward relationship between desire and cure which will shift the epistemology of illness, neurosis, and disability.

⁶ Lynsdey Stonebridge focuses on the shared “destructive elements” insinuated in modernist and psychoanalytic writing, where the function of both is to “make us see ‘the high authority of the self in its quarrel with society and culture’” (1). Echoing Stonebridge, Laura Salisbury contends that psychoanalysis gives “literary critics some tools for thinking through the anxieties of influence, the unstable lines of power in the citation of authority, the inconsistencies of memory and the defences of both conformity and rebellion that saturate evocations of the modernist mind” (741). Whereas Stonebridge draws attention to “the high authority of the self” and Salisbury focuses on the anxiety resulting from this “citation of authority”, British psychoanalyst Adam Phillips dethrones the self from the seat of authority by expanding the notion of the unconscious as “interpersonal” (Levenkron 283).

Hypnotised by the “therapeutic evangelism” put forward by modern medicine (Phillips, *Getting Better*, 16), we tend to “displace our wants, to relocate them to make them more acceptable” and coherent to medical narratives (Phillips, *Cure*, 241-242). But for Phillips, the problematic logic between desire and cure is that “one cannot know the consequences of one’s wanting because one can’t know the future except as an assumed replication of the past” (241). In other words, our perceived ‘desires’ are always limited by old ways of knowing that only rehearse failed trials of getting better and do not drive us to a more satisfying destination. In tandem with the swollen third person in FID, desire here is postulated as an inaccessible intention which is then irritated into inattention. Phillips thus suggests that “[t]he aim, in at least one version of psychoanalysis, is not cure but the *making conscious*; the so-called cure may be a mysterious after-effect, or irrelevant” (277, emphasis added). In making conscious our displaced desires for a good life, it may mean “being able to risk feeling more alive, to risk taking risks, to risk learning and not learning from experience” (Phillips, *Getting Better*, xiii).

Inheriting the line of thinking from psychoanalysts such as Sigmund Freud, D.W. Winnicott, and Marion Milner, Phillips suggests that psychoanalysis, using techniques such as free association, is “a new kind of treatment based – for both the doctor and the patient – on inattention; a treatment founded on the idea of not, in the traditional way, concentrating” (94-95). Psychoanalysis, via the unconscious, “make[s] us wonder what our attention may be seeking and avoiding”, since “all our unconscious attention leading us to something we don’t quite know how to pay attention to” (15,19). Narrative irritation, viewed in Phillips’s taxonomy, is emblematic of this bewilderment of (not) paying attention. In Lawrence’s FID, Alvina’s conscious thoughts are hyper-attended to but, at the same time, painful feelings are also unattended when parsed by a third-person narration. How, if not being consciously

attentive, should we pay attention to our interests? How might our disoriented irritations seek attention when it seems to have arrived at an impasse?

In the chapters that follow, I propose Stoic philosophy as a technique that may help us to transcend the psychoanalytic impasse and understand the wandering attention we find in FID. Stoicism instructs us how to pay attention to our unconscious and the disorienting pain that irritates us though, as I will show, with varying degree of success. The Stoics were a circle of ancient Greek and later Roman philosophers who congregated in Agora Athens to discuss philosophical topics ranging across physics, logic, and ethics. My discussion of philosophical *Stoicism*, therefore, is distinct from *stoicism* in the common parlance. As Stoicism has developed various branches since its founder Zeno, I will not refer to Stoicism as a coherent philosophy. I will instead focus on the works of three main Stoics, namely, Epictetus, Seneca, and Roman emperor Marcus Aurelius (121 – 181AD).

Notorious for their indifferent attitude towards the passions, Stoicism has suffered a bad press for its radical asceticism and seems an odd addition for a project that largely engages with feelings. But the impression that Stoicism is ascetic and that it is indifferent to our emotional life is gravely misunderstood. Evident in their dialogues, letters, and diaries, the Stoics offer extensive strategies in how we should manage and co-exist with our emotional upheavals via metaphorical meditations about illness. Roman Stoic philosopher Lucius Annaeus Seneca (4 BC – 65 AD), anticipating Ngai, imagines anger as an irritable inflammation of the body and soul. While anger sometimes motivates us to act judiciously, Seneca contends that we should not “suppose that anger adds something to greatness of spirit. For that’s not greatness; it’s a swelling, just as when bodies are stretched taunt by an abundance of unhealthy fluid. The disease is not an example of growth, but of destructive excess” (1.20.1). As Seneca’s metaphor exemplifies, the Stoics frequently deploy “medical analogy” to philosophise the diseases of the soul (Nussbaum, *Therapy of Desire*, 21).

Seneca's medical description of anger aligns with Ngai's depiction of irritation, which is symptomatic of an ongoing, leaky, and excessive swelling. If anything, Stoicism is intensely attentive to emotions evident in their rigorous government of our emotional life. It is for this reason that I understand Stoicism broadly as a practical philosophy of the emotions, for Stoicism cultivates the strength to endure, confront, and overcome our emotional weakness through reason.

My engagement with Stoicism is original in the sense that, despite its favouring of medical analogy, current work in the field of medicine and modernism has underplayed the pertinence of Stoicism. For those that do, critics such as Thomas J. Papadimos (2004), William E. Stempsey (2004), Taryn S. Taylor et al. (2019), and James A. Dunson III (2020) posit Stoic thought as an adjunct to medical ethics⁷. Even more rarely is Stoicism deployed in studies of literary modernism. Whereas James Matthew Wilson (2011) has delineated T.S. Eliot's critical engagement with Stoicism, Wilson (as does Rose Sneyd's study [2018] of Matthew Arnold's Stoic pessimism) focuses on tracing the Christian liaisons and morality of Stoicism in modernist thoughts and eschews the literary quality in Stoic writing. Addressing the omission of Stoicism's literary energy (its use of medical analogy) in literary modernism, this study aims to locate Stoicism in the terrain of modernism's narratology, particularly its attentiveness to the ugly feelings that accompany illness.

Although Stoicism functions in this project to transcend the impasse we experience in paying attention, it is worth noting that the Stoics' intricate attention to the unconscious movements of emotions often runs the risk of generating an anxious and irritative vigilance that reproduces those ugly feelings they seek to extirpate. Take fear, for instance; we may

⁷ Although Stempsey aptly argues that Stoicism grants the patient autonomy in suffering – “an opportunity to make a choice about seeking relief”, he ultimately concludes that such an autonomy should be allowed only when it comes with an obedience towards the physician (466). The “wise patient”, Stempsey notes, “accepts what will be” only “with the counsel of a wise physician” (470).

tremble when we fear. Once we assent to the physical symptom of trembling, the Stoics argue, we allow the emotion of fear to take place. As such, we must observe these minute movements and avoid being taken over by them. Seneca elaborates further on this irritative anxiety to scrutinise our emotions: “The matter requires careful monitoring, because the thing you’re trying to encourage and the one you’re trying to repress are both fuelled by similar things” (2.21.2). This kind of “careful monitoring” can easily manifest in excessive self-scrutiny when taken to the extreme. Similarly in psychoanalysis, Phillips notes, the notion of the unconscious exiles the psychoanalyst into perpetual truth-seeking when Freud “keeps alive the idea of there being truth in the unconscious, while telling us that it is impossible to recognize it. There is truth in the unconscious, but not for us” (*Getting Better*, 85). Although the Stoics’ psychoanalytic doctoring of emotions sometimes replicates the violent upheavals that they tried to repress, Stoicism’s attention to our unconscious life at least offers us a chance of seeing otherwise – it reorients our attention towards desires and objects that we may have been inadvertently running from. In the chapters that follow, I will delineate how modernist use of FID, reproducing a similar self-scrutiny, modifies the classical Stoic strategy in confronting the ugly feelings revolving around illness and disability.

Stoicism also marks the incipient moment of this project as I was fascinated by its rhetoric and the rarely treaded terrain of its literary and medical energies. But my orientation has since strayed from this original attention. Rather than using Stoicism as a philosophical ointment that I will apply on the texts, my study will treat Stoicism as a background rhetorical device to understand how FID simultaneously pays attention to and is distracted from conscious thoughts. Stoicism will offer strategies and metaphors to understand FID’s paradox of attention which I outlined at the beginning of this Introduction, where I wondered what it means when Alvina wanders away from her subjective thoughts. But aside from serving as a narrative rhetoric, Stoicism will also inform modernist ways of living in my

chosen texts, in which the characters practice Stoicism with varying efficacies. As such, the attention I paid to Stoicism is not always straightforward and it sometimes wanders away to other regions of thought.

Not Being Stoic with Irritation: Problems in Current Diagnostic System

Freud's articulation of illness finds resonance in Stoic thoughts. In *Introductory Lectures on Psychoanalysis* (1922), Freud posits illness as "essentially a practical conception" that is configured in terms of an economy of energy (300). Such a claim dovetails with the Stoic ways in which we perceive and make use of that change in our state of being. Considered through a Freudian lens, we may argue that different people occupy different types of illness or neurosis, if there should be any talk of illness at all – theoretically, "you can very well see that we are all ill, ie. neurotic; for the conditions required for symptom-formation are demonstrable also in normal persons" ("Art and Neurosis", 181-182). Undergirding the notion of the universality of illness is the argument that each of our bodies possess idiosyncratic energies and we all have innumerable perceptions on the ways that our energy is deployed. Freud's claim helps us to discern that the uncompromising differences of our bodies have been repressed by the current diagnostic system into over-generalising and heavily-medicalised terms 'illness' and 'disability', which, as Phillips clarifies, are concepts that we have been paying the wrong attention to. To retrieve the subsumed differences of our bodies from these ideologically-loaded terms, this section will critique some problems in our current diagnostic system that excessively polices these differences and why literary modernism may be suited to retrieve them.

Undertaking Phillips's and the Stoics' 'prescription' to risk unscripted ways of knowing, I call into question the physical conditions or mental states that fall in between

what is considered 'pathological' and 'normal' in the chapters that follow. How intense, for instance, do symptoms have to be in order to be identified as an illness or a disability? Does illness or disability still exist when we fail to report our pain and symptoms, especially for those who are less or not receptive to pain stimuli? As Melzack and Wall argue, there are individuals who are insensitive to pain. Their insensitivity, Melzack and Wall contend, "could not be attributed to abnormal nerve activity or cerebrospinal endorphins ('the body's own opiates')" (6). What, then, is the role of pain in ontologising illness and disability? To be sure, each of us has had the experience of mood swings. But how intense or prolonged one's symptoms have to be in order for one to be understood as 'ill' or 'disabled'? Is it even a matter of intensity?

Indeed, studies in psychiatric diagnosis reveal that the current diagnostic system is fraught with problems that fail to accurately diagnose (mental) illness and (cognitive) disability. Psychiatric diagnosis refers to the current dominant index that clinical medicine uses to categorise patients into labels such as bipolar disorder, schizophrenia, obsessive-compulsive disorder, multi-personality disorder, etc. As Lucy Johnstone suggests, psychiatric diagnosis is criticized for "lack of reliability and validity, excluding social contexts, causing stigma" (30). The DSM-5 definitions for diagnosing bipolar I disorder, for instance, although offering guidelines for reading these symptoms, falls short of precision, assuming that is what clinical diagnosis aims at. It is suggested that

The essential feature of a manic episode is a distinct period during which there is an abnormally, persistently elevated, expansive, or irritable mood and persistently increased activity or energy that is present for most of the day, nearly every day, for a period of at least 1 week (or any duration if hospitalisation is necessary), accompanied

by at least three additional symptoms from Criterion B [including inflated self-esteem, decreased need for sleep, and the pressure to keep talking]. If the mood is irritable rather than elevated or expansive, at least four Criterion B symptoms must be present. (127)

But descriptions such as “persistently”, “elevated”, “expansive”, “irritable”, and “most of the day” is highly subject to interpretation. One may feel the mounting up of irritation or elevation but one may also control these feelings with various degree of success in different moments within the duration of the week. As I will discuss in Chapter Four, Jean Rhys’s intoxicated heroine often engages in self-medications in reproducing a self-control that ultimately lapses into drug addictions. What happens when one manages to control one’s behaviour around others but ‘loses control’, as it were, only when one is alone with no accountability? If everyone understands ‘elevation’ or ‘irritation’ differently and if self-control cannot be measured, then how may we invest confidence in medical diagnosis? Or, why do we still need a diagnosis if they are understood to be an approximation? Focusing on narration, language, and metaphor, Irritative Modernism aims to compose more nuanced descriptions for these nebulous terminologies at the same time as it allows feelings, symptoms, or pain to remain ambiguous.

“[T]he lack of a proper classification system”, Johnstone argues, “raises very fundamental questions about whether psychiatry really is a legitimate branch of medicine, and specifically, whether these particular forms of human suffering are best understood as disease processes” (31). While Johnstone’s claim is made based on the problems of psychiatric diagnosis, it is my contention that a similar suspicion can be applied to the medical diagnosis of other illnesses, including physical ones. As I have argued, pain, our body’s warning signal regarding potential physical malfunctions, is arbitrarily and

individually experienced. If pain is what brings us to the physician who will then diagnose us, the ontology of illness and disability becomes extremely arbitrary. Building upon Johnstone, this thesis will challenge the need for identifying what we consider as ‘illness’ and ‘disability’ as disease processes. For this reason, the texts that I examine all feature characters who may not be properly diagnosed with illness or disability: Rachel Vinrace’s obscure fever in *The Voyage Out*; Aziz’s ‘Oriental’ disease in *A Passage to India*; Rupert Birkin’s deliberate stuttering in *Women in Love*; and Sasha Jensen’s high-functioning depression in *Good Morning Midnight*. These cases that fall in between health and illness will make the case that any talk of ‘reliable’ or ‘valid’ diagnosis must be received with suspicion.

Johnstone’s study on the current flaws of psychiatric diagnosis suggests that the crux of the problem lies in finding a satisfactory answer that would ‘make sense’ of a felt abnormality. Because of the failure of psychiatric diagnosis, Johnson notes that a method called “psychological formulation” is emerging as an alternative for a more interactive diagnosing process (31). By “thinking together with the client or service user”, formulation “can be defined as the process of co-constructing a hypothesis or ‘best guess’ about the origins of a person’s difficulties in the context of their relationships, social circumstances, life events, and the sense that they have made of them” (32). Johnstone argues that, “in contrast to psychiatric diagnosis, psychological formulation approaches all expressions of distress with the assumption that ‘at some level it all makes sense’” (32). To put it bluntly, “[t]he meta-message of a formulation is, ‘You are having a normal response to an abnormal situation. Anyone else who had been through the same experiences might well end up feeling the same. You too can recover’” (33-34). But what if we stick to the sense of irritation – the discomfort of not making sense? If “the most important is the emphasis on personal meaning” in the quest for a precise diagnosis, that “the core principle that distress and madness are, ultimately, understandable human responses to unbearable situations”, it seems

that by eradicating the need to make sense of them, we eradicate the many problems that come with the wild goose chase for “reliability” and “validity” (Johnstone 42). Within medical parlance, phenomenon such as “Medically Unexplained Symptoms” (MUS), referring to “persistent bodily complaints for which adequate examination (including investigation) does not reveal sufficiently explanatory structural or other specified pathology”, is indicative of an intolerance of ambiguity and an obsession to explain⁸ (Chew-Graham et al. 106-107). In response to Johnstone, Irritative Modernism encourages us to confront discomfort by resisting a naturalised impulse to rationalise or explain away symptoms but, instead, to *interpret* symptoms and to allow them to remain irresolute.

To arrive at scientific resolution, patients’ symptoms are scrutinised in medical examinations that often sideline the lived reality of illness. Criticising the DSM, Darian Leader contends that when physicians focus on “external symptoms”, “the individual’s own experience was devalued: what mattered was what symptoms they had *rather than how they processed these symptoms, what they made of them, how they bestowed meaning – or not – on their experience*” (31, original emphasis). In what follows, I will look into how the meaning of illness is ascribed through metaphors that go beyond physical symptoms. Implicit in this claim is that medical cure misplaces our attention to symptoms and aetiologies that neither relieve the chronic pain of living nor facilitate self-understanding, and that there is an imperative to reorient our attention towards the immediate but all-too-apparent rashes that irritate us. My metaphorical reading does not dematerialise the experience of being ill or disabled but it illustrates how illness and disability are, more than we might think, shaped by

⁸ Michael J. Scott et al. argue that MUS “can no longer be accepted as a viable diagnostic term”, since it perpetuates a “‘one-size-fits-all’ treatment approach of the so-called ‘cognitive-behavioural model’” (7,3). This generalised therapeutic strategy explains why “many MUS patients feel disbelieved and unsupported in seeking medical care” (5).

peripheral affects that stick to the surface of clinical encounters⁹. As the Stoics' medical analogies make clear, metaphors often have to be interpreted literally in illness (Seneca conceives anger as literal disease of the soul). Metaphors thus embody the transposition of attention from the medical to the everyday in reading illness and disability. My aim is to place these marginal affects surrounding illness and disability at the forefront, showing how non-scientific approaches may contribute more directly to discussions of illness and disability.

In their seminal work *Narrative Prosthesis* (2000), David Mitchell and Sharon Snyder argue how disability “has been used throughout history as a crutch upon which literary narratives lean for their representational power, disruptive potentiality, and analytical insight” (49). Evident in canonical works such as *Moby Dick* (1851) and *The Hunchback of Notre Dame* (1831) and in film and performative arts such as *The English Patient* (1996) and *Richard III* (1912), people with disability have either been villainised or portrayed as antidotes to moral values or ideologies in literature. My approach to illness and disability thus moves away from this metaphorical tendency to read anecdotally in literary representations. Rather, I draw on the rhetorical power that illness and disability have in challenging their own ontologies, diagnostic approaches, aetiologies, ‘normality’, and ‘health’. But while I follow Susan Sontag in refraining from ascribing hidden symbols and metaphors to illness and disability, I will approach the metaphor of illness (and disability) with reference to Thomas Szasz’s contention that (mental) illness is a metaphorical disease¹⁰. For Szasz, *the reality of illness* resides in metaphor, where the term ‘illness’ becomes a rhetorical surrogate

⁹ Although I follow Susan Sontag and Thomas Szasz in understanding illness and disability as metaphors, I do not forgo their lived reality and see them as instrumental when I claim that they undertake a metaphorical role in modernist narration.

¹⁰ In *Illness as Metaphor* (1978), Sontag argues that “the most truthful way of regarding illness – and the healthiest way of being ill – is one most purified of, most resistant to, metaphoric thinking” (3).

for psychosomatic conditions that deviate from our default state and that which we could not account for.

Convinced that the reality of illness is often naturalised in the labour of living, Szasz has raised eyebrows in the medical field when he makes the questionable claim that ‘mental illness’ as a concept is theoretically invalid. For Szasz, “physicians are trained to treat bodily ills – not economic, moral, racial, religious, or political ‘ills’” and “not envy and rage, fear and folly, poverty and stupidity, and all the other miseries that beset man” (4). For this reason, mental illness, falling in to the latter categories, do not exist as a disease per se¹¹. Although Szasz judiciously identifies the metaphorical nature of mental illnesses, I do not take up the problematic aspects implicit in his claim. Szasz argues that “[i]f a person does not suffer from an abnormal biological condition, we do not usually consider him to be ill” (3). Philip Thomas and Patrick Bracken have justly repudiated Szasz’s simplistic approach that lapses into a “body-mind dualism” (14). While Szasz “correctly [...] points out that the concept of mental illness is a metaphor, he fails to acknowledge that diseases, physical illnesses and the body all possess metaphorical significance and meaning in our lives” (15). Following Thomas and Bracken, the following chapters will continue to investigate the metaphors of physical and mental illnesses and disabilities that modify their literal and bodily manifestations in phenomena such as fever (Rachel Vinrace in *The Voyage Out*), nervous breakdowns (Adela Quested in *A Passage to India*), chronic pain (Rupert Birkin in *Women in Love*), and alcoholism (Sasha Jensen in *Good Morning, Midnight*).

¹¹ Even if we would like to believe that mental illnesses and disabilities could be attributed to physical causes, it is often difficult to specify the aetiologies of symptoms that follow mental disorders: “The logical difficulty of isolating psychiatric labels for particular critical scrutiny is highlighted by inflammatory conditions, such as rheumatoid arthritis, psoriasis, irritable bowel syndrome and asthma” (Pilgrim 540). Especially for irritable symptoms, Pilgrim contends that these symptoms “do not follow neat genetic patterns” and “have weak aetiological specificity” (540). Convoluting physical symptoms often irritate the scientific logic that seeks to connect mental illness with physical causes.

I would also go further than Szasz and argue that physical illness and disability are, like mental illness, metaphorical diseases. As I will argue in the following chapters, diagnoses and treatments of physical or psychosomatic illness and disability depend on economic, moral, racial, religious, or political ‘ills’ as much as mental illness (Szasz 4). Taking seriously the realistic aspects of illness and disability metaphors will better interpret the all-too-biological symptoms that stubbornly latch on to empirical and scientific evidences. FID, by parsing the first-person into the third-person, elucidates that perhaps there are no pathological cells that can be put under the microscope. The narrative rashes in Alvina’s swollen third-person shows that no first-person reports are available to witness the presumed subjectivity of pain. What FID enforces is a strategy that urges us to pay attention to irritations and disoriented feelings that have been repressed by disease categories.

A Literary Approach to Health and Illness

Reorienting our attention from medical towards literary approaches to illness and disability, this thesis more specifically posits modernist narration as a methodology that explicitly examines our bodies (most notably, their reactions to pain) rather than an instrument for medical cure. This intervention is explicit (although texts do not literally ‘touch’ our bodies) since FID suggests that the relationship between language and body is not metaphorical in the simplistic sense. As Alvina’s irresolute attentiveness to the narrativization of pain elucidates, FID and Stoicism facilitate a strategy to rework pain in such a way that does not underwrite its reality but that shifts our attitude towards the felt reality of pain instead. Modernist narratives, as Lawrence’s subversion of a medical approach to pain indicates, do not so much represent the experience of illness as configure a rhetoric for confronting illness and disability, where literary narrativizations of wellbeing interact

with our behaviour in lived reality. Although medical empiricism may shadow our experimental spirits or our risky commitment to irritation, I want to exploit the irresolution of free indirect narrativization of illness as a critique of how knowledge comes to be legitimised.

Focusing on narrative techniques, I seek to examine what types of narratives these modernist works authorise in diagnosing an individual as ‘ill’, ‘mad’, or ‘disabled’. I am interested in personages who fall between pathology and normality where they reproduce symptoms of physical or psychological ‘disorders’ but which symptoms cannot be accurately diagnosed. To put it differently, I will discuss characters who exhibit an ‘off-ness’ that we may not be able to attribute to a cause. Focusing on modernist use of FID, the following chapters will show how free indirectness parses subjectivity and intentional thoughts in pain and suffering in ways that dramatize this liminality. This project therefore contributes to Angela Woods’s vision to forward literature in the conversation surrounding health, illness, and disability: the ways in which literature, drawing on interdisciplinary perspectives, could engage “more explicitly [with] ontological questions” such as “aetiology, pathogenesis, intervention, and cure” instead of “leaving such questions largely to the domains of life sciences and biomedicine” (3). Rather than serving as a moral or philosophical prosthesis for medical science, I intend to involve literature *beyond a symbolic register* in the conversations around illness and disability.

It is for the above reason that I anchor the theoretical tenor of this project on the grounds of the critical medical humanities (CMH) and the health humanities, which aims at generating creative and literary approaches to health and wellbeing. CMH is an emerging field that seeks to “wide[n] [...] the sites and the scales of ‘the medical’ beyond the primal scene of the clinical encounter” (Viney et al. 2). Rather than configuring its research as “*useful* to biomedicine” (Fitzgerald and Callard 35), Jane Macnaughton and Havi Carel contend that they move away from “an exclusively instrumental approach” and seek to

investigate “a clinical culture that itself remains unexamined” (296). CMH is continuous with but also critical of the work of the medical humanities, which is “a humanistic problem-based approach to medicine aiming at influencing its nature and practice” (Chiapperino and Boniolo 377)¹². The medical humanities seeks to “enable practitioners to plunge into the numerous perspectives within the humanities (literature, history, philosophy, sociology, etc.) that can foster a deeper understanding of what medicine is and attempts to” (Chiapperino and Boniolo 378). By so doing, it strives to “improve the quality of the humane relationship among doctors, clinical professionals and patients” (Chiapperino and Boniolo 378).

In tandem with CMH, health humanities is a parallel field that “seeks to enjoin the medical humanities as well as fields such as arts and health, expressive therapies, community arts, and social prescribing to work more collaboratively to advance creative public health” (Crawford 1). Whereas CMH focuses on the critique of current practices of medical humanities, health humanities is devoted to the co-writing of a “creative public health” (Crawford 3). One of its objectives is to address the limitations of *applying* the arts in clinical settings. Instead of sustaining the “predominating concern with training health professionals

¹² Despite the progress that the medical humanities have made, especially in taking seriously the patient’s narrative in conducting medical diagnosis, critics are beginning to discern the limits of such an approach, which CMH and health humanities seek to address. As Sarah Atkinson et al. put it succinctly: “While the medical humanities has done a lot to challenge dominant medical perspectives, it seldom if ever ventures beyond a neoliberal, humanist notion of the individual body-subject and associated conceptualisations of responsibility, rights, and risk management to really explore alternative ‘collective’ and ‘relational’ approaches to ‘flourishing’” (77). CMH, as a result, focuses on “the participatory ethos of arts and health” and how they interact with “social or collective dimensions and determinants of health to foster personal and community well-being, explicitly conceptualising these as inextricably interwoven” (77). William Viney et al. give a more detailed agenda of the CMH as follows: “(i) a widening of the sites and scales of ‘the medical’ beyond the primal scene of the clinical encounter; (ii) greater attention not simply to the context and experience of health and illness, but to their constitution at multiple levels; (iii) closer engagement with critical theory, queer and disability studies, activist politics and other allied fields; (iv) recognition that the arts, humanities and social sciences are best viewed not as in service or in opposition to the clinical and life sciences, but as productively entangled with a ‘biomedical culture’; and, following on from this, (v) robust commitment to new forms of interdisciplinary and cross-sector collaboration” (2). Releasing illness and disability from the confines of medical and clinical encounters, CMH draws attention to some of the problems that clinical medicine, even when the physician is well-trained in both medicine and reading, cannot answer. Since illness and disability often involve socio-political and affective entanglements outside of the medical, there is an imperative to turn to the humanities, sociology, politics, the arts, and other related disciplines for a more comprehensive approach that ventures beyond the limits of scientific precision.

through the arts and humanities, and a privileging of a medical, biomedical, or scientific frame or lens above that of the expertise of the public, non-medical, or non-science contributions”, Paul Crawford contends that health humanities “challenges mechanistic or reductive routes to ‘injecting’ the arts and humanities as a kind of treatment” (3). Irritative Modernism builds upon these two exciting transdisciplinary fields and explores how literary modernism both proffers a critique of medical epistemology and forwards a narrative intervention on how we construe wellbeing, health, sickness, and disabled-ness.

It is important to note that Irritative Modernism does not therefore configure medicine as a hard science, in which its practices are characterised simply as ‘cold’, ‘objective’, or ‘empiricist’. Robert Arnott et al. note that contemporary medical practice acknowledges that patients “have detailed knowledge of their own experiences” as the same time as doctors “have detailed scientific knowledge of disease processes” (105). As such, “intersubjective” knowledge is emphasised in the formulation of medical knowledge in current medical practice (Arnott et al. 105). With this in mind, Irritative Modernism participates in CMH’s agenda to eliminate the antagonistic relationship between the arts and the sciences and to “ask instead what the biomedical sciences might have to tell us about empathy, or how the arts and humanities might speak of affective distance, and even a lack of care” (Atkinson 5). In other words, Irritative Modernism aims at reconfiguring how both literature and medicine are currently defined and making explicit modernism’s entanglement with contemporary ideas of illness.

As Sarah Atkinson et al. have argued, the medical humanities fail to transcend a “neoliberal” imagination of the self in the recovery of the patient’s voice and subjectivity (77). In other words, it fails to think outside of a market paradigm which has influenced our concepts of self now parochially understood via “responsibility, rights, and risk management” (Atkinson et al. 77). Following current studies in CMH and health humanities, I will put

disability studies in conversation with these creative ways of thinking about health to examine the nature of the patient's autonomy that is still inviting contention. If narrative medicine emerged to reanimate the patient's voice and autonomy, disability studies informs us that this 'autonomy' remained to be ill-defined. Lennard J. Davis contends that "disability scholars and activists [...] believe that autonomous identity is tempered by recognition that we are all interdependent, that the model of the free and autonomous individual is a bit of a myth, and that the demand that we all be 'normal' is a burdensome and limiting ideal" ("Life, Death, and Biocultural Literacy"). As I have shown in Lawrence's free indirect narration of pain, no first-person report of pain is available and the presumed subjectivity of pain is often parsed by a third-person narrator. My deployment of disability studies, with a focus on narrative techniques, will continue to investigate the authorship and ownership of our consciousness as well as its ethical implications, which have been reiterated but not thoroughly examined in CMH and health humanities.

My original contribution to the modernist field is thus the forwarding of a narratological approach to illness and disability that revives the minor narratives of pain and suffering, including their lesser discussed – "uglier" – aspects such as the uses, ethics, and even the relief or joy we may discover in these afflictions. While critics such as Rosemarie Garland-Thompson (2012), Elizabeth Povinelli (2011), and Veena Das (2015) have suggested that the peculiar phenomenon of pain and suffering should be considered beyond clinical contexts, none have yet explored how narrative *technique* can offer a direct intervention in how we conceptualise pain and suffering. As my reading of Lawrence's *The Lost Girl* prefigures, pain opens up an avenue for modernist narration to intervene in illness. FID actively participates in Alvina's "physical" feelings of neuralgia by reworking pain as a concern of narrativization (375). But rather than trivialising or numbing pain, FID sanctions a literary cohabitation with pain when it is inscribed into the everyday.

Building upon the notion of creative public health, my narratological approach to illness and disability digresses from Jane Macnaughton's, Havi Carel's, and Angela Wood's anti-narrative track. Macnaughton and Carel argue that there is "a need for phenomenological, non-narrative accounts and practices" in a critical approach to narrating illness (295). Zeroing in particular cases of (self-inflicted) breathlessness, Macnaughton and Carel poignantly identify that our "cultural narratives" play a deterministic role in how our medical culture comes to diagnose lung ailments concerning breathlessness as pathological (295). In a slightly different way, Woods also outlines the limitations of narrative in forging the intersection between medicine and the humanities. Woods's problem with narrativity lies in its valorisation of a coherent and subjective account of the self. Hence, the pitfalls of using patients' narrative to assist clinical diagnosis, Woods suggests, lie in how it over-relies on the "primarily linguistic expression of the mater-trope of subjective experience" (3). In other words, the overdependence on first-person reports circumscribes the function of narrative in the clinical context.

While I agree with Woods that such an emphasis on subjectivity will hamper self-understanding, I take issue with Woods's, Macnaughton's, and Carel's narrow definition of "narrativity", which is understood as a coherent and organised system through which stories are disseminated (Woods 2). As I will argue, FID precisely problematises this coherent subjectivity with its amalgamation of first and third person discourses. Confounding intentionality and conscious thoughts, FID further corresponds to Macnaughton's and Carel's repudiation of the cultural narratives concerning display of symptoms and pain reception. As such, my narrative approach to illness and disability, though focusing on narrativity, is continuous with current work that fosters intersectional approaches to medicine. Scrutinising the *technical* aspect of 'narrative', I take an alternative route from current studies in medical narrative by harnessing rather than problematising the ambiguity of subjective content.

It is for the above reason that I will move away from approaches of “narrative medicine” proposed by Rita Charon. While Charon’s advocacy of narrative medicine is seminal in the sense that it installs literature into medical practices, its approaches continue to confirm literature’s marginal position in the discussion. In the “Close Reading” chapter of *Narrative Medicine* (2006), Charon draws on symptomatic parallels between clinical practice and reading while positing literary studies as an instrumental and subordinate discipline whose significance lies in its mere transferability. Practitioners of narrative medicine are, Charon emphasises, “not committed to the project of teaching medical students and health care professionals the complexities of literary theory or even the criticism of particular works” (109). Instead, they “want to equip them with the skills to open up the stories of their patients to nuanced understanding and appreciation” (109). Literature is, to put it bluntly, not to be studied ‘seriously’. Technical details about literary devices are inconsequential since what is at stake is how the skill of reading are made transferable in the clinical setting, where physicians become better ‘readers’ of their patients. Charon continues:

I am not trying to train literary scholars, and I am not trying to train doctors or nurses or medical students to provide psychological care to troubled patients. Instead, I am trying to strengthen those cognitive and imaginative abilities that are required for one person to take in and appreciate the representation – and therefore the reality – of another. (113)

Although narrative medicine has reinforced the imperative of cultivating a medical ethics that encourages physicians to be attentive to the patient’s narrative, it reduces literary studies to a set of ‘useful’ skills that medical science could borrow at the same time as it continues to

trivialise “the complexities of literary theory or even the criticism of particular works” (109). Literariness is, to use Ngai’s phrase, an ugly irritation that narrative medicine must endure in order to exploit its function.

Literary narratives are rarely, if ever, to be taken as ‘serious’ manuals for medical intervention. As we have seen, narrative medicine covertly *invalidates* the complexities of literary studies as minor and ugly excesses that we really should not be bothered by if it were to be made useful to medicine. While we often speak of the ‘therapeutic’ power of reading in managing anxiety, or the ways in which literature may shelter our wounded psyche by offering escapism and solace, literature continues to serve as an instrument to arrive at a medical conception of ‘health’ and a ‘weak’ strategy that could at best momentarily banish our suffering. In contrast with the Aristotelian tradition, Ngai observes that ugly feelings are “explicitly *amoral* and *noncathartic*, offering no satisfaction of virtue, however oblique, nor any therapeutic or purifying release” (6). Ugly feelings, as such, are not mobilised to therapize, to heal, nor to diagnose. Differing from narrative medicine, they assuredly refuse to politicise these feelings by making them ‘useful’. But while they may remain ‘useless’ in problem-solving and policy intervention, they could nonetheless be informative as they formulate a meta-response to the political condition that we may find ourselves too entrenched in for critique. By configuring modernism and literary approaches to illness and disability as ‘irritative’, these ‘ugly feelings’ elucidate how literary approaches are not blunt theoretical instruments but avenues that receive and shelter other possibilities of being ill or well that may appear rash, atrocious, or irresponsible – but only according to medical-scientific paradigms.

This study acknowledges that Narrative Medicine is only one strand of the medical humanities. In forwarding the narratological aspects in illness, Irritative Modernism inherits the line of thinking from current works in the field which are taking a more literary approach.

For instance, Laura Salisbury studies aphasia (the loss of language) with reference to Virginia Woolf's essay "On Being Ill" (1927). In "Aphasic Modernism" (2016), Salisbury argues that Woolf's idiosyncratic delineation of illness shapes illness "as a tool that might help craft a new language", which goes "beyond and behind" aesthetic or technical articulations of words to convey "vigorous[ness]" rather than "ideas" (451,450). Salisbury's and others' works¹³ are indicative of how CMH is not limited to the practices of Narrative Medicine. Instead, it anticipates the "waves" of changes, including the incorporation of narratological elements, that are "yet to come" (Atkinson 1).

Methodology and Chapter Overview

The 'Stoic patients' whom I will examine draws on Stoicism's tendency to make ill individuals who demonstrates inappropriate passions, even though their philosophy remains fatally attracted to the therapizing of these ugly feelings. It is not a coincidence that the word 'patient' shares an etymological root with 'passion' – *passio*, which means 'to suffer'.

According to the Stoics, individuals who demonstrate 'excessive' passions suffer pathologically under the grip of their ungovernable feelings and desires. My chosen texts will show how they revise this Stoic doctrine by retrieving affects from medical language while drawing on its therapeutic techniques that help individuals to shift their attitude towards pain and suffering.

¹³¹³ In Ellen L. O'Brien's "The Medical Plot Thickens': Bad Medicine and Good Health in the Contagious Diseases Acts Repeal Campaign" (2021), contends that Victorian "melodramatic" discourse in J.J. Garth Wilkinson's works has much to contribute to our understanding of the "prostitute body" (69). In Catherine Dhavernas's 'Rethinking the Narrative in Narrative Medicine: The Post-War French Literature' (2021) draws on post-war French literature to offer insights on how modern health care system.

I have intentionally chosen familiar and well-studied texts in the British modernist canon to pinpoint our parochial and medicalised reading of illness and disability despite the recent work in CMH and the health humanities. Disregarding the critical rigour invested in how these texts and their authors have wrestled with pain, criticism tends to underplay the affective implications that are part and parcel of illness and disability. For the same reason, I have also selected texts that do not most explicitly engage with illness and disability to show that the affects involved in being ill and disabled often travel and leak through the cracks of 'normal' life in the form of phlegm, blood, and other irritable discharges.

The first chapter zeroes in a fatal fever that Woolf's young heroine Rachel Vinrace contracts in South America to expand the connotations of 'illness' in *The Voyage Out* (1915). Although Woolf, along with James Joyce, Henry James, and others were celebrated as masters of interiority, her debut novel *The Voyage Out* deploys FID in order to withhold access to her protagonists' consciousness and generate an interpretive chaos for the text's attitude towards *both* the patient and the doctor. I propose that Woolf's indirect and at times unsympathetic portrayal of Rachel works against the grain of her oeuvre, where she more explicitly reiterates her deep scepticism towards medical diagnosis. I compare the narrative withholding of Rachel's consciousness with that of Septimus Smith's in *Mrs Dalloway*, where the latter invites a more sympathetic treatment on the patient. I argue that Woolf polices access to her protagonists' consciousness to defamiliarize the assumptions implicated in the notions of 'illness', 'health', 'pain', and 'normality'. Engaging with a historical perspective of the 'normal' in disability studies, this chapter will discuss the problems of medical determinism and diagnosis, a system that has suffered a backlash against its definition of the 'normal' and the 'healthy'. I will incorporate Greek Stoic Epictetus' and Roman Stoic Seneca's work, who based their teachings through (literary) rhetoric and

medical analogies, to exemplify the reciprocity between the rhetoric of narrative and medical ethics.

With E.M. Forster's *A Passage to India* (1924), the second chapter will respond to the following question: *how* successful is FID in forging doctor-patient, interracial, and reader-text relationships? Whereas Woolf's FID maintains an impersonal narration, an explicitly judgmental narrator emerges in Forster's FID thereby heightening FID's performance of reliability. If Woolf's FID refuses or defers the diagnosis of illness, Forster's FID overplays the performative moment in both diagnosis and representation of consciousness. The narrator's overly-dramatized persona reveals the insecurities in navigating the split identities/voices that we have explored in Woolf's FID. Referencing Epictetus's *Discourses* to address the ethics of performing our designated roles in society, I will discuss how Aziz manages his often-conflicting roles as a doctor, a poet, and a colonial subject. Drawing on what Ivan Illich calls the "performance of suffering", I investigate how Forster's protagonists become "pain fashion setters", who "work' pain in such a way as to enhance their own significance and marketability, and whose displays are aped by others craving the same attention" (Aho and Aho 108). In other words, Forster's characters are devoted to the fashioning of a creative public health in which its protagonists strive to configure sustainable ways to be with pain. Although the final parting between Aziz and Fielding may indicate a pessimistic conclusion, Forster grants that an openness to the possibility of being irritated by "Oriental" "malady" and uncomfortable encounters will galvanise debilitated subjects who are otherwise colonised by the excruciating procession of slow death (Forster 263).

If illness and disability stand for a personal and a social metaphor in Woolf and Forster respectively, Chapter Three will examine how these metaphors begin to transcend their metaphoricity in D.H. Lawrence's *Women in Love* (1920). In Lawrence's FID, consciousness oversteps cognition and becomes physiological. Through what I termed

‘stream-of-unconsciousness’, I argue that Lawrence’s narration builds upon what Sami Schalk calls “bodymind”, in which body and mind dissolve and *leak* into various *streams* of unconscious thoughts during consciousness representation. But because of its porousness, Lawrence’s stream-of-unconsciousness is sometimes allied with dissolution of the bodymind in such a way that his narration becomes a dis-ease. To clarify what I mean by his narrative dis-ease, I look into the narrative constructions of *perspective* and *voice* and how Lawrence defamiliarizes *seeing* and *speaking*. As Lawrence’s narrative perspective and voice operate through narrative blind spots and muted discourses, *WL* reworks how we think about body, mind, and the narration of disability as it configures blindness and muteness as alternative rather than limited ways of seeing and speaking. Drawing on the oscillations between literal and metaphorical meanings of dis-ease/disease, I discuss how disease, when it leans on its metaphorical kinship with dis-ease, can become a nourishing irritation that unlocks new connotations of ‘health’. The significance of irritating metaphorical and literal meanings of disease and disability lies in how it allows modernism to directly modify semantic and psychosomatic connotations of ‘dis-ease’ as a different, perhaps uneasy, way to feel well.

The fourth and final chapter is a response to the above thought-experiment conducted upon the broadened connotations of illness and disability. Considered as a work of late-modernism, Jean Rhys’s *Good Morning, Midnight* (1934) forwards the line of inquiry of the above pioneers of modernism and explores the repercussions of these precarious narrative truths. Examining Rhys’s first-person – or as I will argue, ‘multiperson’ – narrative, this chapter will explore the extent to which our epistemological climate is tolerant of bodyminds that are noncompliant with the fiction of normality. Rhys presents an intoxicated self-narration of Sasha Jansen, which defamiliarizes our expectations of what it means to be drunk, drugged, or ‘mad’. I argue that Sasha parodies clinical treatment of paranoid and depression with drugs and alcohol. Rather than harnessing Sasha’s self-narration as a case

study in depression, I frame Sasha's "psycho[sis]" as a political rather than a pathological phenomenon (Gilson 648). Recognising the political nature of Sasha's symptoms will help us to expand the terrain of Rhys studies, which tendentiously leans on psychoanalytic or autobiographical readings that conjure away the *textuality* (both in the sense of its substantiality and in the sense of the narrative text) of Sasha's bodymind. But while Rhys's intoxicated consciousness is intimately braided with political reading of illness and disability, Rhys also delineates the difficulties in embracing an impersonal politics of affect. I will conclude by suggesting how Sasha navigates her different selves through a textual suicide that critically celebrates depression.

There is no evidence that my chosen authors have read or engaged with Stoic philosophy and, for this reason, I am not positing them as Stoics per se but to show the Stoical tendency their writing demonstrates. Indeed, the word 'stoic' or 'stoicism' appear intermittently in the works of my chosen authors. In *Mrs Dalloway*, Woolf associates stoicism with a post-war "courage and endurance" that "a perfectly upright and stoical being" shall possess (7). Woolf's deployment of stoicism here is tinged with irony. Septimus Smith, the war veteran who suffers from what we would now call Post-Traumatic Syndrome Disorder (PTSD), demonstrates his repeated failure to live up to this stoic ideal. However, Woolf posits this failure as an occasion where Septimus may salvage his humanity in spite of his 'madness'. Isolated from the healthy, Septimus finds that "there was a luxury in it [being ill], an isolation full of sublimity; a freedom which the attached can never know" (81). Woolf's characterisation of the un-stoic Septimus finds parallel in E.M. Forster, who, as Christopher Isherwood describes, possessed a strength that differ from stiff stoic tenacity. Isherwood observes that Forster is "saner than anyone else I know...He's strong because he doesn't try to be a stiff-lipped stoic like the rest of us, and so he'll never crack" (qtd. in

Moffat 6). While Forster, unlike Septimus, did not suffer from PTSD, he similarly possessed a courage to confront his vulnerability as any good Stoic does.

Like Woolf, D.H. Lawrence also uses “stoicism” to depict The Lost Generation in *Lady Chatterley’s Lover*. Connie Chatterley, a healthy, upper-middle-class young woman, is armed with “the stoicism of the young” (13). Stoicism also features in the characterisation of Clifford Chatterley, who is made a paraplegic by the war. Chafed by the war, “[a]ll that remain was a stubborn stoicism” in Clifford (62). Unlike Septimus, who strives for meaning and transcendence with his illness, Clifford surrenders to his weakness and revels in the “pleasure” of “nothingness” that this kind of stoicism brings (62). As time stretches, his paralysis has made him complacent and there is a “satisfaction” that is attached to its inertia (62). For Jean Rhys, although there are no explicit references to stoicism in her work, her female protagonists’ discomfiting degree of passivity and their uncanny tolerance of pain are ostensibly suggestive of a kind of military stoicism that irritates oneself into anxious self-scrutiny. In *Quartet* (1928), for instance, Marsha Z. Cummins suggests that Julia upholds a “passive stoicism” that threatens to break in moments of “rebelliousness and rage” (365). These implicit references to stoicism suggest that the modernists’ use of stoicism is rhetorical rather than philosophical. Woolf and Lawrence, perhaps more obvious than Forster and Rhys, show how their engagement with stoicism is entangled with the narration of an irritated and often illegible mind that finds expressions in illness and disability.

While I am not disabled nor have I been severely ill, issues surrounding disability and illness are of particular interest to me since conditions of pain, fatigue, and debilitation demonstrate, as these modernist works will show, the human character in its most candid form. Often irritated by the upheavals of the body, disability and illness limn the human desire for interpretation and knowledge, which is intrinsic to an epistemological quest that characterises modernism at large. Having established that point, however, it is not my

intention to treat disability and illness as tools that serve a good critical argument. As the following chapters will show, I recognise disability and illness as what they are while contemplating alternative ways of approaching the irritations that agitate and excite our apprehensions of them.

CHAPTER ONE

“But of course Rachel’s illness is quite different”: Reconfiguring the ‘Medical’ and ‘Illness’ in Virginia Woolf’s *The Voyage Out* (1915)

“Neurasthenia” was a term that Virginia Woolf’s doctors used to account for her mood swings “between intense nervous irritability and paralysing melancholy” following her

mother's death in 1895 (Leaska 5). Since her diagnosis, Woolf's "queer, difficult nervous system" continues to irritate her writing routine (*AWD*, 80). Irritation struck when she was composing *Jacob's Room* in 1921, where she experienced "an intolerable fit of the fidgets": "Here I am chained to my rock; forced to do nothing; doomed to let every worry, spite, irritation and obsession scratch and claw and come again. This is a day that I may not walk and must not work" (*AWD*, 37). More than a reaction to the physical rashes and fever that afflict her, Woolf's irritation was perhaps triggered by the menacing "medical male" who doctored her with strict regimens that forbade her to write¹⁴ (*Diary 4*, 283). Whereas Woolf's irritation with medicine has been well-researched, this chapter will pivot instead on how Woolf's narrative technique rewrites the epistemology of illness in such a way that it undermines the vote of confidence we gave to the familiar, medical way of knowing what it means to be 'healthy' or 'normal'.

Closely knitted with the nineteenth-century historical context, Woolf's novels are peppered with scathing criticism on how scientific advance, melded with a eugenicist mission to improve the human race, has dehumanised medical practice. While the common applications of the stethoscope, bacteriology, and surgical techniques has enabled physicians to conduct more accurate and internal examinations of their patients, Woolf is sensitive to how this kind of scrutiny may demean patients as nothing more than erroneous combinations of cells and molecules needing medical corrections. Most ostensibly in *Mrs Dalloway*, the doctor figure is antagonised as amateurish, insensitive, and unkind. Dr Holmes's tyrannical prescription of "health" and "proportion" coerces Septimus into the edges of madness and exiles him into the abyss of death (87). This dehumanisation of the patient is one reason why

¹⁴ Against the medical advice she received, Woolf notes in her diary that writing keeps her away from "unreason" (*Diary 1*, 298).

the narrator in “On Being Ill” demands that we should turn to “novel[s] devoted to influenza” that reanimate the patient’s side of the medical narrative (33).

Woolf’s incentive to give voice to the patient anticipates the rise of the medical humanities in the late 1980s. Reacting against the apotheosis of science in therapeutic practice, Arthur Kleinman’s *The Illness Narratives* (1988) has galvanised awareness concerning the other-side of the medical narrative – the “story the patient tells” (49). Kleinman and other advocates of medical humanities assert the ethical imperative to revitalise the patient’s voice in clinical diagnoses. However, and as Woolf was aware, such narrative approach to medicine is fraught with difficulties. As the narrator in “On Being Ill” laments, there is a “poverty of language” in wording pain¹⁵. Even when we give weight to the patient’s narrative, the patient’s experiences remain too elusive for language to accommodate. As I will show in this chapter, Woolf’s work overplays pain’s ineffability, which then yields to its over-representation whenever patients communicate symptoms to their doctors. While the medical humanities has attempted to redress the balance in the doctor-patient relationship, it takes on a passive role in alleviating the patient’s pain.

In the past decade, the Critical Medical Humanities (CMH) has emerged to ameliorate the theory and praxis of mainstream medical humanities. These critics seek to expand this conversation from the narrow field of medicine to other aspects such as the political, social, cultural, and ethical. As William Viney et al. sum up succinctly, CMH is “a widening of the sites and the scales of ‘the medical’ beyond the primal scene of the clinical encounter” (2). Rather than configuring its research as “*useful* to biomedicine” (Fitzgerald and Callard 35), Jane Macnaughton and Havi Carel contend that they move away from “an exclusively

¹⁵ “There is nothing ready made for him. He is forced to coin words himself, and, taking his pain in one hand, and a lump of pure sound in the other (as perhaps the inhabitants of Babel did in the beginning) so to crush them together that a brand new word in the end drops out” (Woolf, *Collected Essays*, 34).

instrumental approach” and seek to investigate “a clinical culture that itself remains unexamined” (296). One way of enforcing this project, Brian Hurwitz and Victoria Bates suggest, is to “deploy narrative contextually in ways attuned to the needs of individuals” (8). To involve narrative with medicine is “to recognise that people who are ill or think themselves ill locate concerns and symptoms – often disjointedly – in interpersonal and social networks of meaning that are in different stages of formation” (Hurwitz and Bates 8). That is, the narrative aspect in CMH does not only concern *what* the patient says, but also *why* they say what they say. This chapter will follow Hurwitz’s and Bates’s inquiry in contemplating the role of Woolf’s modernism in its weaving together of political, social, interpersonal, and bioscientific networks in the context of illness.

To reappraise ‘the medical’ with new narrative approaches, Sarah Atkinson et al. have also discussed how we should “loo[k] beyond the classics of the Western canon to engage with forms of creative practice that may unsettle and disrupt the ways in which particular bodies and subjects are defined as healthy or not” (77). Beyond the Western canon, Stoicism serves as an ethical framework that will address both Woolf and CMH’s concern to reconfigure well-being. Due to their forbearance of “negative” qualities, Western scholarship often misconstrues the Stoics as staunch ascetics. (McLynn xiii). Specifically, the Stoics are notorious for their “indifferent” attitude towards external goods (the Stoics called them “preferred indifferents”), including money, power, and health – goods that most people would prefer (Epictetus 2.5.1-6). Since these preferred indifferents hinder the attainment of a good life, the Stoics admonish that we should extirpate these desires. The ideal good life, the Stoics contend, is characterised by a stable flourishing (*eudaimonia*), a tranquillity that would be impeded by our frustrated desires for external goods. Interestingly, while the Stoics categorise health as one of the preferred indifferents, they often compare the good life to a

‘healthy’ lifestyle with medical analogies. The Stoics’ metaphorical deployment of ‘health’ will be illuminative to Woolf’s narrative reconstruction of ‘the medical’.

Carrying this conversation beyond “the primal scene of the clinical encounter”, this chapter will also engage with how disability studies informs the socio-political and the narrative aspect of “the medical” (Viney et al. 2). Contemporary with the medical humanities, disability studies emerged as a discipline around the 1970s to 1980s. In Lennard J. Davis’ seminal work *Enforcing Normalcy* (1995), Davis argues that the study of disability is primarily a study of a socially and historically-contrived norm. “[O]ur construction of the normal world”, Davis contends, is “based on a radical repression of disability” and, more broadly, the idea of deviance (22). The idea of “norm” and “deviance” emerged during 1840 to 1860 in the field of statistics. The norm “pins down that majority of the population that falls under the arch of the standard bell-shaped curve” (Davis 29). The discourse of normality thus enforces “the majority of the population must or should somehow be part of the norm” (29). Such a concept is later migrated from political science to medicine, as physicians utilised the bell curve to “illustrate the natural history of health and disease” (Davis 29). The application of normative statistics has since then naturalised in the medical practice. Now implicitly politicised, the term “disabled”, Davis contends, becomes inescapably “political” for “suddenly there is a disabler and a disabled” (10).

In literary representations, disability critics David Mitchell’s and Sharon Snyder’s *Narrative Prosthesis* (2000) draws attention to how literature has been deploying disability as rhetorical and narrative prosthetics. Disability is, more often than not, usurped as a kind of “cripspiration” – inspirational porn – for people without disabilities in such a way that sidelines the material reality of the disabled body (McRuer, *Crip Times*, 86). While I side with Mitchell and Snyder in repudiating how disability is treated as a “narrative device” rather than a lived reality, I will focus on the *narrativization* of disability and illness in Woolf

(51). Rather than examining how disability and illness are symbolically represented, I will discuss how Woolf's *narrative techniques*, including free indirect discourse and stream-of-consciousness, configure a rhetoric of illness and disability that indicates the limits of medical explications of painful feelings. Such a rhetoric will resonate with on-going effort to invest as well as to question the "sensitivity to narrative-based interventions and their limitations" (Viney et al. 2).

While scholarship on Woolf and medicine abound, the reciprocity between medical ethics and her modernist literary aesthetics has been garnering less attention than it deserves. Criticism on this topic is replete with how Woolf's illness feeds her genius¹⁶, or how her depression perpetuates the melancholic aesthetic of her prose¹⁷. I am, however, more interested in the very system that generates the positive-negative dichotomy in narratives about illness. I will move away from the well-worn discussion of *Mrs Dalloway* and examine Woolf's debut novel, *The Voyage Out* (1915). *Voyage* is an (anti-)*bildungsroman* tracing the young Rachel Vinrace's expedition to South America and her fatal voyage of self-discovery. Although the novel is often dismissed as pre-modernist and juvenile, canny readers will not overlook how the novel prefigures some of her more 'mature' representations of consciousness. The novel's complex treatment of illness, in addition, has also eluded mainstream criticism. Scrutinising its narrative technique, this chapter argues that the discussion of 'illness' in the novel outstrips the medical sense of the word.

There are three steps to my argument: Firstly, I will examine how the novel's free indirect discourse (FID) discredits both the patient's and the doctor's narrative by arguing that there is no first-person subjectivity readily available to authenticate any 'illness

¹⁶ See Kimberly Engdahl Coates's "Phantoms, Fancy (and) Symptoms: Virginia Woolf and the Art of Being Ill" and Thomas C. Caramango's *The Flight of the Mind: Virginia Woolf's Art and Manic-Depressive Illness*.

¹⁷ See Seyedeh Sara Ahou Ghalandari's and Leila Baradaran Jamili's "Mental Illness and Manic-Depressive Illness in Virginia Woolf's Mrs. Dalloway" and Nancy Topping Bazin's "Virginia Woolf's Quest for Equilibrium".

narrative'. The interpretive and diagnostic irritation FID spawns is made obvious under a comparative reading with *Mrs Dalloway* and *Melymbrosia* (manuscript of *Voyage*), where Woolf more confidently confers sympathy to the patient. The second section will discuss why the novel's FID deliberately denies access to the characters' consciousness such that a definitive diagnosis of Rachel's illness is rendered impossible. Drawing from disability studies, I argue that *Voyage* interrogates how we tend to uphold the status quo of normality via medical epistemology in the context of therapy and healing. If medicine cannot fully explain the variegated connotations of Rachel's 'illness', the third section suggests three possibilities of how 'illness' could be narrativized outside of the medical narrative. Focusing on the metaphor and language of pain, I explore how 'illness' becomes a code word of our thwarted desire to communicate incomprehensible phenomenon in social and clinical contexts. I conclude by considering how Woolf's novel adopts a rigorous hermeneutic ambiguity that promulgates epistemic generosity in configuring approaches to therapeutic practice.

The Framing of Consciousness with Free Indirect Discourse

"How are you going to judge people merely by their minds?" (Voyage, 209)

Before turning to Woolf's rhetoric of illness, I wish to first explain how Woolf's FID problematises the modernist inward turn and calibrates the dissonant depths of its figural minds. Irritating the boundary of the inner and outer, Woolf's narration calls into question the reliability of any "illness narrative" that is based on "the story the patient tells" – that is, first-person reports (Kleinman 49). In a similar vein, this irritating play between internal and

external also destabilise the story the doctor tells as well. Though determined to emancipate from an Edwardian tradition that trivialises the inner life, Woolf is sceptical of any presentation of interior consciousness that purports to penetrate the individual psyche. In “Mr Bennett and Mrs Brown” (1924), Woolf classifies novelists such as H.G. Wells, John Galsworthy, and Arnold Bennett as the “Edwardians”. The Edwardians, Woolf sneers, are obsessed with “the window”, “factories”, “Utopias”, and “the decoration and upholstery of [Mrs Brown’s] carriage”, but “never” direct attention “at her [Mrs Brown], never at life, never at human nature” (*Selected Essays*, 48). Woolf thus singularises herself, along with other modernist writers such as E.M. Forster, D.H. Lawrence, James Joyce, and T.S. Eliot as “Georgians”, who, unlike the Edwardians, advanced against the currents of the deeper and darker water of consciousness (38). Emblematised by narrative strategies such as stream-of-consciousness, internal monologue, and free indirect discourse, British modernism is hinged upon a sustained interest in embodying the intricate alleys of human consciousness. If, however, modernism’s preoccupation with interior consciousness represents the “deep plunges of modern inside views” of the individual’s psyche, then one must be cautious in identifying Woolf’s endorsement of this style, for Woolf’s narrative is thoroughly suspicious of an inner self that “never embraces or creates what is outside of itself” (Booth 324; “Modern Fiction”, 10). In other words, Woolf’s interest in inner consciousness is self-corrective of the risk of a solipsistic and modernist ‘inward turn’¹⁸.

Woolf’s psychological claustrophobia thus suggests that her representation of consciousness is paradoxically intimidated by its own endeavour to salvage the inner life. Robert Humphrey has identified the “unsound evaluations” of criticism on Woolf’s work (most notably in *Mrs Dalloway* and *To the Lighthouse*), which tendentiously forces her

¹⁸ Erich Kahler, in *The Inward Turn of Narrative*, uses the term to refer to the modernist generation’s psychological narratives pioneered by Joyce.

novels into a “categorical niche” that is stream-of-consciousness (7). Humphrey argues that “the techniques by which the subjects are controlled and the characters are presented are palpably different from one novel to the next” (6). He goes as far as to assert that there can be no stream-of-consciousness. For Woolf, Humphrey adds, the common link in her novels can at best be called a shared attention to “inner awareness” (7). Indeed, Woolf’s preoccupation with inner awareness is much more slippery than conventional criticism would have it.

Flirting with the limits of presentation, Woolf’s novels are thus irreducible to an innocent proffering of consciousness. More pointedly, Woolf’s stream-of-consciousness can thus be said to be framed by free indirect discourse (FID). FID adopts a third-person perspective while the character’s tone and state of mind are infiltrated with the impersonal narration¹⁹. In Dorrit Cohn’s seminal work *Transparent Minds* (1978) the nuanced delineation of the various types of narrative modes will be helpful in understanding Woolf’s (and my other chosen authors’) careful depiction of psychological interiority. Cohn contends that third-person representation of consciousness can be distinguished by psycho-narration, quoted monologue, and narrated monologue. These terms are renamed from their more well-known labels, namely: Omniscient narration (psycho-narration), interior monologue (quoted monologue), and free indirect speech (narrated monologue). Cohn explains that her revision of terminology recovers the cogency of narrative stylistics the linguistic approach overlooks²⁰. Cohn adds nuances to free indirect speech as she situates narrated monologue in

¹⁹ Within FID, a plethora of definitions delineating the depths of consciousness are put forth by critics from various disciplinary backgrounds. For instance, structuralist critics such as Gerard Genette and Wayne Booth adopt the linguistic-based analysis, investigating how grammatical and syntactical structures inform narrative motivations. Their approach is contrasted with contemporary critics such as Alan Palmer and Uri Margolin, who follow the cognitive turn in narratology. Cognitive narratologists such as Palmer and Margolin move away from “text analysis to cognition” in “directly” questioning the mind’s functions in narrative fiction (Fludernik and Olson 5). Dorrit Cohn’s work *Transparent Minds* straddles between these two approaches, forging an analysis that is “more literary than linguistic in its attention to stylistic, contextual, and psychological aspects”¹⁹ (Cohn 11). With Woolf’s skilful manoeuvrings of consciousness (pre-verbal and pre-linguistic) from various vantage points (or sometimes the lack thereof), I am going to adopt Cohn’s position and terminologies in discussing Woolf’s FID.

²⁰ For psycho-narration/omniscient narration, Cohn argues against the generality of “omniscience”, for it is arguable that “anything can be described omnisciently” (11). “Omniscient narration” glosses over the “ironic, or

between psycho-narration and quoted monologue: “[narrated monologue] maintains the third-person reference and the tense of narration, but like the quoted monologue it reproduces verbatim the character’s own mental language” (Cohn 14). In other words, narrated monologue/FID encompasses both the indirectness of psycho-narration and the privilege to peek ‘inside’ the character’s mind in quoted monologue. Narrated monologue/FID can therefore resemble either a more indirect vantage point (psycho-narration) or a more intimate one with the character (quoted monologue). These sub-divisions of consciousness reveal that FID has strategically facilitated consciousness through varying degrees of intimacy and vantage points. In this sense, third-person representation of consciousness is always manipulated by an implied narration that *ventriloquizes* rather than simply *revealing* figural minds. In what follows, I will show how Woolf’s FID skilfully seduces the reader to identify the narrative as a presentation of interiority while also bluntly pronouncing, with the third-person stance, that no one is privy to a direct access to consciousness. In *Voyage*, the implication is that what ails the patient will not be understood simply by ‘listening’ to a first-person ‘illness narrative’ that may not exist in the first place.

The meta-structure of consciousness entails interpretive chaos for Woolf’s deployment of FID in *Voyage* and it engenders an alternative reading for the novel’s critique of medical doctors, who are consistently satirised in both Woolf’s fiction and non-fiction writing. In *Mrs Dalloway*, Dr Holmes’ and Dr Bradshaw’s tyrannical prescription of “health” and “proportion” forces Septimus into paranoia: “Once you fall, Septimus repeated to himself,

lyric, reductive or expansive, sub- or super-verbal formations” that are implied in the nuance of this style (and frequently in Woolf’s style) (12). Cohn therefore prefers “psycho-narration”, a term that encompasses the complexities within the omniscient perspective. Secondly, Cohn replaces “interior monologue” with “quoted monologue” to specify the third-person rendering of interiority (13). Quoted/interior monologue does not initiate from the “interior” of the character since it is always a “thought-quotation” (13). Framed by the third-person narration, the monologist is “always more or less subordinated to the narrator” (Cohn 66). Thirdly, Cohn reinvents free indirect speech as narrated monologue to accentuate the inconspicuous control of the narrator. The “character’s mental discourse” under narrated monologue is always “in the guise of the narrator’s discourse” (14).

human nature is on you. Holmes and Bradshaw are on you. They scour the desert. They fly screaming into the wilderness” (86-87). As Septimus’s suicide evinces, the medical panopticon would eventually murder its subject of care with their methodical injection of paranoia. Woolf similarly antagonises her doctors in a letter to her friend Violet Dickinson, Woolf writes: “O melancholy creature why do you see specialists? I wish to god you wouldn’t. What you want, probably, is air and good and good society [...] [A]ll I can say is, why do you see doctors? They are a profoundly untrustworthy race; either they lie, or they mistake” (*Letters I*, 306). Against these tendencies, a cautious reading of *Voyage*’s use of FID will reveal the ambiguity of this avowed antagonization of doctors.

In *Voyage*, the caricature of Dr Rodriguez, “whose right of the title of doctor was not above suspicion”, echoes Woolf’s incredulity towards medical doctors to a certain extent (339). Woolf’s subsequent use of FID further buttresses the irony intended for Rodriguez. As D.A. Miller argues, FID’s third-person perspective generally implies a simultaneous “detachment” and “intima[cy]” between the character and the narration (59). The infusion of Dr. Rodriguez’s consciousness (intimacy) with the third-person narration (detachment) is indicative of how the narrative distrusts the doctor’s naïve optimism:

By Friday [...] it was a real illness that required a good deal of organisation, and engrossed the attention of five people, but there was no need to be anxious. Instead of lasting five days it was going to last ten days [...] Rodriguez appeared to think that they were treating the illness with undue anxiety. (355)

While the third-person voice reveals that Rachel is deteriorating, the latter part of the sentence continues with disinterestedness towards the “real illness” that the former part

intimates. A vigilant observation of the word “anxiety” discloses that Dr. Rodriguez’s consciousness is bleeding through the narrative. Further down the line, the word “anxiety” is invoked again in Rodriguez’s direct speech: “‘There is no reason for anxiety, I tell you – none’ Rodriguez replied...” (359). Under FID, the contradiction between the third-person voice and its adaptation of Rodriguez’s vocabulary engenders a narrative irony that “always accompanies free indirect style”: FID “gives a virtuoso performance of the narration’s persistent detachment from the character, no matter how intimate the one becomes with the other” (Miller 59). As such, the narrative’s performance of Rodriguez’s personality hyperbolises his naivety as a caricatured perspective that begs readers’ criticism: One cannot take the statement that “there is no need to be anxious” without a grain of salt. In addition to his “optimis[m]”, Rodriguez also “appear[s] to be more interested in the furniture and in Helen’s embroidery than anything else” (355). Rodriguez’s greater investment in the room’s furniture further vindicates the novel’s appeal against the “medical male” whom Woolf despises (*Diary 4*, 283).

However, the novel’s irony towards Rodriguez recoils in other narrative moments. As Cohn notes, Woolf’s fiction is populated with “narrated monologue” (102). Indeed, the FID rendered to Rodriguez here can be identified as a narrated monologue that leans towards psycho-narration – “the narrator’s discourse about a character’s consciousness” (Cohn 14). Under narrated monologue, “a sentence rendering a character’s opinion” could appear dangerously close to “ordinary narrative passages” or a “fictional fact” as it is “[c]loaked in the grammar of narration” (106). For this reason, narrated monologue is largely dependent on its “reader’s intelligence” to pick up the clues that the text has facilitated (107). In the above passage, the function of irony relies solely on the competent reader’s sensitivity to Rodriguez’s colloquialism. This ironic narrated monologue thus opens up the text into an

interpretive ambiguity, a narration that conceals but also makes blunt Woolf's critique of Rodriguez.

Additionally, if the above ironic portrayal of Rodriguez is focalised from Terence's (Rachel's fiancée) vantage point, it is also plausible that the unfavourable image of Rodriguez is merely a result of language barrier. It is worth mentioning that Rodriguez speaks French, a language that Terence is foreign to: "The interview was conducted laboriously upon both sides in French" (355). As such, the passage's obscured focalisation carefully weakens the irony accorded to Rodriguez. Notably, the passage only indicates that the paragraph preceding the description of Rodriguez contains a mixed narrated monologue of Terence's and St. John Hirst's consciousness. While the narrator indicates how "[Terence] became so profoundly wretched that he could not endure to sit with her", the depiction of consciousness abruptly shifts to St. John, who "heard all that Terence had to say about delirium" and "was very patient with Terence" (354-355). FID's congruence of narrative focalisation thus debar an orthodox and stable interpretation of Rodriguez despite the antipathetic irony that undergirds his characterisation. Although interpretations of all types of fiction are arguably free (especially in light of reader-response theory), the alternating vantage points that interlaced FID are especially averse to hermeneutic homogeneity. This deliberateness of FID to overwhelm the reading experience sets the tone for the novel's nebulous attitude towards a medical account of Rachel's illness.

If the novel criticises Rodriguez's atrocious treatment of Rachel, it is counter-intuitive that FID renders Rachel's/the patient's consciousness inaccessible, which excuses Rodriguez's unprofessionalism. Although Rodriguez appears unqualified and amateurish, the incomprehensibility of Rachel's consciousness almost justifies Rodriguez's lack of success. Consider, for instance, the following passage in which Rachel is caught in a 'hallucinating'

episode:

She opened [her eyes] completely when [Terence] kissed her. But she only saw an old woman slicing a man's head off with a knife. 'There it falls!' she murmured. She then turned to Terence and asked him anxiously some question about a man with mules, which he could not understand. (360-361)

As discussed, FID's third-person perspective already signifies an ironic distance towards figural minds, insinuating that there is no direct access to their consciousness. In addition to this, the hieroglyph of the "little deformed women" Rachel sees in the sickroom also seems to be excusing Rodriguez's dismissal of her illness as nothing "serious[]" (353,360). Unable to sleep, Rachel perceives a "woman playing cards" who hovers as a "shadow on the ceiling" (352). Desperate to shake off this "terrible stationary", Rachel "shut her eyes" but only to find herself in the company of "little deformed women sitting in the archway playing cards" (353). Whenever Rachel opens her eyes, "she only saw an old woman slicing a man's head off with a knife" (360-361). At various stages of illness, hieroglyphic images of disability and disfigurement continue to aggravate her fever, which "pierce[s] her forehead with a little stab of pain" (349). Not only do the disability metaphors make it difficult to read Rachel's consciousness, the association of pain with disfigurement and disability also belies a more insidious ableist ideology that makes our sympathy towards Rachel's pain less likely²¹.

²¹ Rachel's sighting of the deformed women is ableist in the sense that she associates pain with people with disability or disfigurement. In pain's first ripples, Rachel is overcome by a headache that "pierce[s] her forehead with a little stab of pain" (349). This pain is then materialised by grotesque disability images, where "little deformed women" play cards and threaten to stab her with their knife in the sickroom (353). Woolf also attributes the aetiology of Rachel's fever to her irritation with the disabled Mrs. Paley, who is "crippled" and "deaf" (119). At a tea party, Rachel is disturbed by a communicative error triggered by Mrs. Paley's deafness (273). While Miss Allen has been trying to tell Mrs. Paley that "people are so like their boots" repeatedly for four times, "Mrs. Paley did not hear" and "did not understand" (273). Finding this "unbearable", Rachel

But if Rachel's sighting of the deformed women renders her consciousness inaccessible, Woolf also dissociates Rachel's subjectivity from the narrative voice through FID, meaning that what is inaccessible is not Rachel's mind but the intention of the narration. According to Cohn, the above passage can be classified as "consonant psycho-narration" (Cohn 31). There are, Cohn argues, two modes of psycho-narration: consonant and dissonant. While both present "a narrator's discourse about the character's consciousness", the narrator's mimicry of the character's mind in the former is more subtle (Cohn 14). Whereas in a dissonant psycho-narration, a "prominent narrator" permeates the text while maintaining a distance with the character²², the narrative in consonant psycho-narration "yields to the figural thoughts and feelings even as it reports them" (Cohn 26, 31). Rachel's descriptions of the deformed women belong to the consonant mode, which presents a blurring between the narrator's and the character's discourses. In sentences such as "In order to get rid of this terrible stationary sight Rachel again shut her eyes...where there were little deformed women sitting in the archway playing cards", we cannot readily identify a separate identity of a narrator, who "remains effaced and who readily fuses with the consciousness he narrates" (*Voyage*, 353, Cohn 26). Under this ambiguous alliance, consonant psycho-narration implies an "unresolved discussion of its author's attitude" towards the character (Cohn 32). Even though Rachel's hieroglyphs may drive us away from comprehension, Woolf's use of consonant psycho-narration dissociates Rachel's intention from psychological interiority. Following the collapse of Rachel's psychological realism, free indirect access of

harbours an intense "rage" against Mrs. Paley, who is "blocking up the passage", and the resulting dumbness of the situation (274). Rachel's anger against Mrs. Paley's deafness and stupidity foreshadows her fever to come: "Meanwhile the steady beat of her own pulse represented the hot current of feeling that ran down beneath; beating; struggling, fretting" (274).

²² Cohn quotes a passage from Thomas Mann's *Death in Venice* to illustrate dissonant psycho-narration: "Too late, he thought at this moment. Too late! But was it too late? This step he failed to take, it might quite possibly have led to goodness, levity, gaiety..." (Cohn 27). Cohn notes that the first "too late" indicates the narrator's imitation of Aschenbach's speech, which is represented in the second "Too late!". "The narrator". Cohn argues, "distances himself from Aschenbach immediately, by questioning the directly quoted exclamation 'too late', and by then interpreting the failed action as a symptom of abnormal behavior" (28).

consciousness renders the so-called illness narrative meaningless. The subsidence of Rachel's intentions implies that we may need to seek other ways to pay attention to the patient aside from improving clinical listening.

The above close reading has resulted in two competing perspectives that deny access to Rachel's consciousness while destabilising both irony and sympathy: On the one hand, Rachel's ableist 'hallucinations' resist accessibility and sympathy, excusing to a certain extent the doctor's inability to extract a narrative from the patient's side. On the other hand, despite the ableism underlying Rachel's attitude, the consonant psycho-narration also signifies the narrator's intervention on Rachel's thoughts, thereby implying a certain degree of narrative authority and complicity with Rachel's bigoted view on the deformed women. Hence, Woolf's FID engenders a hermeneutic hiatus that withholds the text's judgment towards illness narratives, implying the absence of a purely authentic first-person consciousness.

Compared to the portrayal of Septimus Smith in *Mrs Dalloway*, this hesitation to encourage readerly sympathy towards Rachel is jarring. In *Voyage*, Rachel's mind is depicted through a combination of narrated monologue and consonant psycho-narration. In *Mrs Dalloway*, on the other hand, dissonant psycho-narration is featured much more heavily in the characterisation of Septimus. As Cohn puts it, the obvious presence of the narrator in dissonant psycho-narration heralds "the clearest signs of authorial orientation in the descriptions of inner events" (29). Unlike the text's withholding of judgment in narrated monologue and consonant psycho-narration, dissonant psycho-narration implies a narrator's attitude towards the character. Almost didactically, it offers a "moral guidance for the reader of novels" (Cohn 29). In Woolf's frequent use of dissonant psycho-narration to illustrate Septimus' and his doctors' consciousness, the novel implores that sympathy should be accorded to the former while criticism to the latter. In the following passage, for instance,

Septimus' consciousness is represented with an unwonted mixture of consonant and dissonant psycho-narration as well as narrated monologue. These perspectives all contribute to a sympathetic identification with Septimus:

he became engaged one evening when the panic was on him – that *he could not feel*.

For now that it was all over, truce signed, and the dead buried, he had, especially in the evening, these sudden thunder claps of fear. *He could not feel* [...] but something failed him; *he could not feel*. Still, scissors rapping, girls laughing, hats being made protected him; he was assured of safety; he had a refuge. But he could not sit there all night. There were moments of waking in the early morning. The bed was falling; he was falling. Oh for the scissors and the lamplight and the buckram shapes! (76, emphasis added)

This passage primarily adopts consonant psycho-narration with the exception of the last sentence, which is a dissonant psycho-narration. However, the use of consonant psycho-narration here is unusual. The repetitions of the phrase “he could not feel” creates an ambivalent distance between the narrator and Septimus. Although consonant psycho-narration suggests a closer proximity between the two, the fact that Septimus “could not feel” implies that the narrator is a lot more present compared to standard consonant psycho-narration. In general, Cohn notes, “psycho-narration offers readers, in a narrator’s knowing words, what a character ‘knows’, without knowing how to put it into words (32). For Septimus, the enduring repetitions signify his impoverished expressions to even remotely approximate his thoughts – all that he has is simply the phrase “he could not feel”, a phrase only the narrator ventriloquises. Although there are other instances in the novel that indicate

how Septimus can feel intensely such that the statement “he could not feel” should not be taken as a straightforward statement, we should recognise that this inability to feel is one level of Septimus’s sense of himself at this time²³.

If Septimus indeed cannot contextualise his feelings, the narrator here is speaking for him much more so than any other ordinary consonant psycho-narration. As such, the text’s consonant psycho-narration enables a more opaque access to the patient’s consciousness. Sympathy is further encouraged by the dissonant psycho-narration in the last sentence as the narrator imitates Septimus’ speech pattern. Interestingly, the narrator’s “empatheti[c]” identification towards its character is compared to a psychiatrist’s notes in Cohn: In dissonant psycho-narration, “a dominant narrator presents the inner life in a manner as far removed from the psychic experience itself as a psychiatrist’s diagnostic notes [...] from his patient’s free association” (26). The clinical lens dissonant psycho-narration adopts results in a diagnostic reading that *Voyage* consciously resists.

Similarly, and through dissonant psycho-narration, a more decidedly scathing criticism is made of doctors in *Mrs Dalloway* compared to *Voyage*:

Dr. Holmes came again. Large, fresh-coloured, handsome, flicking his boots, looking in the glass, he brushed it all aside – headaches, sleeplessness, fears, dreams – nerve symptoms and nothing more, he said [...] Some hobby, said Dr. Holmes, *for did he not owe his own excellent health (and he worked as hard as any man in London) to the fact that he could always switch off from his patients on to old furniture? And what a very pretty comb, if he might say so, Mrs. Warren Smith was wearing!* (80, emphasis added)

²³ For instance, Septimus recognises the “horror” he feels after the “violent explosion” occurred in Bond Street (12). He is also terrified by the realisation that he might be “blocking the way” as he becomes the obstacle for the world to move on from the trauma of war (12).

The passage here recalls the descriptions of Rodriguez, who is likewise dismissive, overly confident, and possesses a stronger interest in the family décor than in the patient. However, Woolf here introduces dissonant psycho-narration, as the italicised sentences indicate. A more decided judgment against Dr. Holmes' vices thus emerges from the novel. As Evelyn T. Chan argues, "the cessation" of the "merging fluidity" across narrative distances implies that the way "the novel treats the doctors [...] mirrors the way the doctors treat patients" (32). Compared to *Voyage*, the depiction of both the patient and the doctor in *Mrs Dalloway* intimates a more guided and diagnostic interpretation of the characters' consciousness. Despite *Mrs Dalloway*'s motivation to criticise an often-inhibiting medical diagnosis, the novel ironically demands a similarly inhibiting diagnosis of its characters, which I argue that *Voyage* consciously jettisons.

Woolf's staging of hermeneutic undecidability in *Voyage* is made obvious by comparing the three editions of the novel. Such a comparison delineates how Woolf deliberately and incrementally polices the text's revelation of the patient's interiority. Before *Voyage* was published in England in 1915, Woolf kept a longer and an unpublished version of the novel titled *Melymbrosia* (1912), which is later reassembled posthumously by Louise Desalvo in the 1980s. The third version of the novel, with the same title *The Voyage Out*, was published in America in 1920. Contrasting the alterations in these three editions of the novel, it is clear that Woolf grew increasingly masterful and sceptical of the representation of consciousness. In *Melymbrosia*, Woolf details a relatively unconcealed description of her characters' consciousness. In Chapter twenty-nine (Chapter XXV of *Voyage*), the passages illustrating the pain Rachel suffers are either trimmed or replaced by indirect discourses in *Voyage*. At the early symptoms of Rachel's illness, the identification and detailed descriptions of pain are rewritten in ellipses in *Voyage*. Whereas in *Melymbrosia*, Rachel

identifies “the sharp pain” that she is suffering from, Woolf accentuates the elusiveness of Rachel’s sensations in *Voyage*. Although Rachel in *Voyage* reiterates that she must “attend to these sights [her hallucinations] and grasp their meaning” and that “she must endeavour to grasp”, Woolf in this later edition emphasises on the futility of Rachel’s endeavour: “But just as the crisis was about to happen, something invariably slipped in her brain, so that the whole effort had to begin again” (362-363). In *Voyage*, illness cannot be directly felt and narrated.

Woolf also substitutes the vivid metaphors in *Melymbrosia* with a more constructed version of Rachel’s consciousness in the bedroom scene where Rachel’s hallucinations reach their climax. In *Melymbrosia*, Rachel notes that:

...for long spaces of time she would merely lie on the top of the wave conscious of her body floating and of her mind flitting about the room like a moth [...] Every now and then after seeing nothing but black a face would become perfectly distinct, and when this happened she was tormented by a desire to know all about that person, and for a time she had seen each face she remembered that she ought to fight for something. This feeling came to her with great distinctness on the evening of the tenth day, when a large face appeared above her, with eyes that stared into hers and a dark moustache. (529)

A “great distinctness” singularises Rachel’s hallucinations here, a distinctness populated with images such as “the wave”, “a moth”, and in the distinct form of a man with “a dark moustache”. In *Voyage*, however, these images are rewritten with convoluted descriptions in the form of consonant psycho-narration:

...for long spaces of time she would merely lie conscious of her body floating on the top of the bed and her mind driven to some remote corner of her body, or escaped and gone flitting round the room. All sights were something of an effort, but the sight of Terence was the greatest effort, because he forced her to join mind to body in the desire to remember something. *She did not wish to remember; it troubled her when people tried to disturb her loneliness; she wished to be alone. She wished for nothing else in the world.* (369, emphasis added)

Here, psycho-narration replaces the consistent use of narrated monologue in the italicised sentences. With the heightened performance that the narrator in psycho-narration stages, Rachel's consciousness in *Voyage* shows the novel's progressive monitoring of the characters' interiority and its awareness of the absence of an 'original' interiority. Woolf's multiple revisions of the novel thus reveal her cynicism about whether interior psychological portraits can encapsulate our/the patient's consciousness at all.

In the 1920 edition of the novel, Woolf eventually deleted the entirety of the above passage (Haule 315). Looking retrospectively at her work, Woolf seemed to have come to the conclusion that even the distance and control inherent in FID reveal too much of the character's consciousness. If, like *Mrs Dalloway*, *Voyage* condemns the violence medical doctors have imposed on the patient, it is only counter-intuitive that Woolf should generate such a perfunctory sketch of the patient. At the same time, the ambiguous narration in FID also precludes the reader from reading too readily into its irony towards the doctors, hence justifying its detached treatment of the patient. Indicated by the scales of consciousness inhabiting Woolf's FID, *Voyage* maintains an ambiguity about a definitive reading of both Rachel's and Rodriguez's consciousness that dislodges both sides of the illness narrative.

The Rhetoric of Illness

What then, could such a ‘cruel’ and ambivalent representation of both the patient and the doctors signify? How does the denied access to the patient’s consciousness cohere with Woolf’s denunciation of medical doctors? Whereas the atrocity attributed to doctors is consistent with Woolf’s criticism across her work, a similar exploitation of the patient’s narrative is perhaps unsympathetic and may be at odds with Woolf’s medical philosophy. In the following, I will examine why Woolf hesitates to endorse the patient’s narrative in the novel. Moving away from reading productivity or ‘genius-ness’ into Woolf’s portrayal of illness, I argue that *Voyage* does not so much explore the positive or negative connotations of illness as it does to conceptualise illness as a rhetorical strategy²⁴ (Coates 9). Such a strategy does not invert the hierarchy between health and illness nor does it instrumentalize illness, but it subverts narrative and ideological assumptions through redirecting our attention towards the metaphorical implications in our medicalised perception of ‘illness’. In other words, Woolf’s illness rhetoric irritates the system of how concepts such as ‘reliability’, ‘illness’, and ‘health’ acquire their connotations in the first place. Anticipating disability studies, Woolf’s deployment of illness seeks to expose ‘disabled’ or ‘ill’ bodies as “an ideology of thinking about the body” that is naturalised by the society’s construction of a “normal” world (Davis, *Enforcing Normalcy*, 2). Rather than asking ‘what is wrong with this patient?’ then, disability studies probes the question: ‘Why do we think that this person is disabled or ill?’. Above all, disability studies aims at “institut[ing] alternative ways of thinking about the abnormal” (Davis, *Enforcing Normalcy*, 49).

Following this line of inquiry, Mitchell and Synder, in *Narrative Prosthesis*, ponder on Woolf’s counter-intuitive portrayal of disabled individuals in *A Room of One’s Own*

²⁴ In “Phantoms, Fancy (and) Symptoms: Virginia Woolf and the Art of Being Ill”, Coates ascribes Woolf’s creative genius to her illness, which “generates a heightened state of awareness that cannot be learned” (9).

(1929). Quoting the passage in which Woolf “complains that society rates women’s abilities even below those of crippled men in the great ladder of existence”, Mitchell and Synder wonder: “How might we interpret her squabbles over the invalid pronouncements of men with disabilities on women’s writing?” (33). In other words, can a misandrist and often self-discriminating representation of illness and disability function to check the medical profession that she distrusts? If Woolf wishes to alleviate the cultural oppression of the ill or disabled bodies, her deployment of illness in *Voyage* must venture beyond an inversive politics that would only perpetuate the system of oppression – she would have to break through and examine the system that reproduces the implicitly political notions of ‘illness’ and ‘normality’. With its nuanced depiction of consciousness, I contend that *Voyage* is devoted to a self-reflexive portrayal of illness that resists either a ‘positive’ or ‘negative’ representation of the patient²⁵. Alternatively, Woolf’s FID demands a non-medical hermeneutics of the patient, a narrative that encourages its readers to scrutinise the ideologies implicit in how we habitually talk about illness.

A study of Woolf’s “On Being Ill” will elucidate why Woolf refuses to participate in a celebratory but self-oppressive recovery discourse. Criticism on Woolf and illness has favoured the positive role of illness on her creativity. However, such a framework remains incarcerated in a narrative of recovery, a discourse that perpetuates the ostracization of ill bodies as deviant and socially unacceptable. Janine Utell, for instance, has argued for the restorative function of writing about her illness in managing Woolf’s symptoms: “writing can

²⁵ The “negative” portrayal of the disabled or ill person is a recurring motive in Woolf’s work. As in *A Room of One’s Own*, the “little deformed women” in *Voyage* are portrayed as a menacing and haunting presence in Rachel’s mind (353). Further, the novel also presents an unforgiving image of Rachel the patient as an ungrateful person, who is insensitive to the attentive care she received. Despite the energy Terence has invested in to care for her – the ways in which he “went in to sit with Rachel” “[t]wice every day”, Rachel “did not wish to remember” and simply “wished to be alone” (369). Similarly, the female “dwarf” in her essay “Street Haunting: A London Adventure” has almost conformed the pedestrians into disability as she “called into being an atmosphere which, as we followed her out into the street, seemed actually to create the humped, the twisted, the deformed” (*Selected Essays*, 179).

be restorative for a subject grappling with how she has been othered within the context of her most intimate relationships and everyday life (27). Utell adds that for Woolf, “[t]he nature of the everyday is thus changed as illness becomes the everyday” (29). While Woolf has expressed how the therapy of writing “make[s] [her] whole” in “A Sketch of the Past”, she is equally hesitant to designate too much positivity in how her illness feeds creativity (72). In normalizing illness as the “everyday”, one remains complicit in the discourse of recovery, a discourse that can “silence and exclude, by privileging and valuing certain kinds of reasoning and knowledge” (Woods et al. 13). Under the recovery discourse, bodies that ‘fail’ to recover are implicitly discriminated against or ignored.

Although both “On Being Ill” and *Voyage* have dedicated passages that detail the idiosyncratic vision illness generates, Woolf is simultaneously self-conscious about the danger of an overly-romanticising perspective of illness. The following passage in “On Being Ill” is reminiscent of the scene in *Voyage*, where Rachel revels in her slanted vision endowed by illness. But here, the narrator consciously polices her tendency to romanticise this vision:

This then has been going on all the time without our knowing it! – this incessant making up of shapes and casting them down, this buffeting of clouds together, and drawing vast trains of ships and waggons from North to South, this incessant ringing up and down of curtains of light and shade [...] – this endless activity, with the waste of Heaven knows how many million horse power of energy, has been left to work its will year in year out.
(37)

While the narrator appreciates the candid beauty of the vision, she also acknowledges that illness is “divinely heartless” (37). Such a “frozen” and “stiff” perspective, Woolf’s narrator

laments, “has nothing to do with human pleasure or profit” (38). Instead of dwelling on the beauty of the vision, the narrator suggests that we should focus on the “truth” that illness confesses: “There is, let us confess it (and illness is the great confessional) a childish outspokenness in illness; things are blurted out, which the cautious respectability of health conceals” (36). In particular, illness elucidates the “make-believe” of normal people “in health” to sustain a “genial pretence” of everyday life²⁶ (36). In other words, illness bespeaks truths that refer not so much to the beauty of the slanted vision as to an ill operation of the “law” of “the normal” (43).

In *Enforcing Normalcy*, Davis poignantly identifies the pathology of normality as a desire to narrativize and police ‘strange’ behaviour and bodies. The notion of “normal”, Davis argues, is “heavily medicalised” (2). As discussed in the introduction of this chapter, medicine has borrowed the ‘norm’ from political science to measure the human body. Enthroned as the authoritative taxonomy of health, Davis contends that the discourse of normality (and by extension, a “normal” recovery narrative arch) “failed to understand dialectically its own position in the economy of power and control, and it failed to historicise its own assumptions and agency” (2). In other words, the very categorisation of “normal bodies” and “disabled/ill bodies” entails a power dynamic that the medical narrative masquerades. Normality reveals how our culture deems disability/illness as a deviant or a strange phenomenon – in Mitchell’s and Synder’s words – “an unknown or unnatural device that begs an explanation” (53). Habitually, we single out bodies that do not comply with the norm and demands a diagnosis/explanation for it. “The very need of a story” for disability,

²⁶ Woolf takes the notion of “sympathy” as an example of this daily pretence. She argues that sympathy is both impossible and undesirable: “That illusion of a world so shaped that it echoes every grown, of human beings so tied together by common needs and fears...” (36). For Woolf, each of us possesses an idiosyncratic “virgin forest” that no soul, perhaps including our own, has ever treaded (36). It is thus apt to conclude that: “Always to have sympathy, always to be accompanied, always to be understood would be intolerable. But in health the genial pretence must be kept up and the effort renewed – to communicate, to civilise, to share, to cultivate the desert, educate the native, to work by day together and by night to sport” (36).

Mitchell and Synder continue, originated from the ways in which our culture seeks to “comprehend that which has stepped out of line” (53). The fact that illness exists as a narrative moment flaunts the imposition of normalcy, which stigmatises bodies that do not satisfy its standards as ‘strange’.

In *Voyage*, Woolf refuses to confirm this stigma of strangeness by containing Rachel’s illness in any recognisable narrative, thereby irritating the epistemology of illness, health, and pain. Even before her diagnosis, Rachel is haunted by a sense of strangeness that, rather than having it explained away by medical symptoms or any specific reason, she knows she must hold on to. This “unspeakable queerness” first strikes Rachel as she is sitting on her armchair in a morning:

It was all very real, very big, very impersonal, and after a moment or two she began to raise her first finger and to let it fall on the arm of her chair so as to bring back to herself some consciousness of her own existence. She was next overcome by *the unspeakable queerness* of the fact that she should be sitting in an arm-chair, in the morning, in the middle of the world. Who were the people moving in the house – moving things from one place to another? And life, what was that? It was only a light passing over the surface and vanishing, as in time she would vanish, though the furniture in the room would remain. Her dissolution became so complete that she could not raise her finger anymore, and sat perfectly still, listening and looking always at the same spot. *It became stranger and stranger*. She was overcome with awe that things should exist at all... (127-128, emphasis added)

The eccentric sensation is associated with how Rachel is suddenly arrested by an acute “consciousness of her own existence”. Her surroundings are estranged, for she does not know how to navigate this new-found consciousness about the ‘normal’ world. This strangeness returns as Rachel observes the people around her just before her illness sets off:

For the methods by which she had reached her present position, seemed to her *very strange*, and *the strangest thing* about them was that she had not known where they were leading her. That was *the strange thing*, that one did not know where one was going, or what one wanted, and followed blindly, suffering so much in secret, always unprepared and amazed and knowing nothing...(335, emphasis added)

Rachel ponders on how the people around her – her aunt, the Dalloways, and her father – found “satisfaction and meaning” in the “pattern” of life, and how such meaning is denied to her. Paradoxically, strangeness offers Rachel a clarity upon life about which a complacent mind knows “nothing” about. While this strangeness is unsettling, Woolf suggests that the alternative of “follow[ing] [the norm] blindly” and “suffering so much in secret” is the greater of two evils. As Rachel clutches to the enigma this strangeness invokes, it is suggested that her illness cannot be narrativized by medical epistemologies and the discourse of normality.

Anticipating Davis’ interrogation of normality through ‘problematic’ behaviour and bodies, Woolf therefore quarantines Rachel from a prescribed narrative of recovery. As Davis puts it, “the ‘problem’” is not the person with disabilities; the problem is the way that normalcy is constructed to create the ‘problem’ of the disabled person” (24). For, even if disability or illness is ‘cured’, such a narrative could be reconfigured as the new norm. This

impetus of seeking cure would only bolster the policing of other bodies that fall outside of the normative recovery narrative. Rather than, as Utell contends, arguing that illness has become Woolf's "everyday", it would be more precise to conclude that *illness permeates the discourse of the everyday* – the ways in which its ideology indicates a society's allergic reaction to deviant bodies and thoughts.

This notion of the "everyday" is helpful in contemplating how the narrative form of Woolf's writing mirrors her parody of the norm. Published four years after *Voyage*, "Modern Fiction" (1919) articulates a latent impetus of Woolf's debut novel – "the ordinary" or "mundane". The notion of ordinary reacts against the Edwardians' proclivity to venerate plots at the expense of the mundane yet nevertheless exquisite moments in everyday life. In the context of fictional form, Woolf seems to have replaced the norm (portrayal of exceptional individuals and events) with the deviant (portrayal of the insignificant) by identifying her aesthetics with the latter. But at the same time, Woolf does not normalise the ordinary, for Woolf's notion of the ordinary is paradoxically premised on the extraordinariness it evinces. Woolf writes in "Modern Fiction":

Examine for a moment an ordinary mind on an ordinary day. The mind receives a myriad impressions—trivial, fantastic, evanescent, or engraved with the sharpness of steel. From all sides they come, an incessant shower of innumerable atoms; and as they fall, as they shape themselves into the life of Monday or Tuesday. (*Selected Essays*, 9)

Rather than naturalising the (extra)ordinary as the new norm, Woolf implores further investigations on the "fantastic" within the "normality" of everyday life.

Though most obviously emblematised in the one-day novel *Mrs Dalloway*, Woolf's formal defamiliarization of norms about fiction writing is already prefigured in *Voyage*. Contemporary reviews of Woolf's novel, with reviewers still adapting to the unfamiliarity of modernist experimentalism, ostracised the novel in a manner analogous to the social dismissal of deviant bodies. *The Morning Post* has commented on the "bewildering" quality of the novel, in which events are too "disconnected" (Majumdar 51). Likewise, *Athenaeum* has also observed that the novel is "too loosely put together" because of its use of "a great deal of superfluous material" (Majumdar 59). Dedicating its focus to the "myriad impressions" and the "innumerable atoms" that befall everyday life, *Voyage* moves away from the previous generation's tendency to generalise human psychology, the reluctance to "look inside", and the stagnation of realism. *Voyage*, instead, weaves webs of dissonant consciousness that spread across the everyday: for instance, the wandering thoughts that transpire through Mr and Mrs Ambrose's night-time stroll, Rachel's nuanced contemplations of the strangeness of the self, and Terence's internal comprehension exercise of happiness. Woolf's motivation to problematise the status quo of the normal is implicit in the narrative form of the novel.

The FID used in the narrative of illness similarly withdraws from the discourse of normality and medicalised concept of pain. Specifically, Rachel's pain is dislocated and re-narrativized in medically-healthy bodies such as Terence's and Helen's. Whereas Rachel revels in the implications of her visions, Terence notes that everything around him "appeared sinister and full of hostility", where "the nurse and the doctor and the terrible force of the illness itself they seemed to be in conspiracy against him" (366). His pain is further vivified through consonant psycho-narration: "he seemed to be able to see suffering, as if it were a fire, curling up over the edges of all action, eating away the lives of men and women" (367). Terence has, indeed, "suffered on [Rachel's] account" (368). As we have seen in consonant

psycho-narration, however, the text's attitude towards the narrative statement is unresolved. As the text pathologizes Terence's grief, it concurrently denies its own judgment, suggesting that it is an understandable reaction under the circumstances: Terence "remembered how Helen had said that whenever anything happened to you this was how people behaved" (372). Woolf, therefore, simultaneously suggests how normal/healthy bodies are prone to pathologies without reinstating the orthodoxy of such a perspective.

In addition to Terence, the symptoms of Rachel's illness are also oddly transferred to Helen. As Terence reassures Helen that Rachel has improved, Helen began to cry "with scarcely any attempt at movement of her features, and without any attempt to stop herself, as if she did not know that she was crying" (368). Observing Helen's pain, Terence is "dismayed" by the sight: "had everything given away? Were there no limits to the power of this illness?" (368). It is as though Terence is diagnosing Rachel's 'symptoms' when he examines Helen's body language. Under narrated monologue, the novel's judgment of Terence's anxiety here is ambiguous. On the one hand, it invites readers to read into Terence's "recognisable thought sequence" which is usually stamped by anxiety (Cohn 106). Although the irony in narrated monologue is largely legitimised by the reader's intelligence, Cohn also notes that "we understand these [narrative] statements as the author means us to", since the text is mediated by the narrator (106). In this reading, criticism is more readily directed at Terence's jitters as the narrator's and Terence's thoughts become recognisably distinct (Cohn 106). If, on the other hand, readers fail to take stock of the narration's adaptation of Terence's grammar, then the text withholds irony – Terence's anxiety is justified by the fact of Rachel's deteriorating health. Thus, symptoms are dislocated not so much *in* Terence and Helen as they are reoriented towards narrativized and textual spaces that linger on the thresholds of consciousness.

In the novel's discussion of illness, then, FID generates an interpretive/diagnostic chaos that defamiliarizes without diagnosing the normal as strange. Resisting any 'last words' in the interpretive experience, the undecidability of FID *crips* any narrative that explains and implicitly domesticates deviant bodies. In Robert McRuer's *Crip Times* (2018), he argues that the condition of being crippled – or what he terms “crip” – “has the capacity to encompass forms of embodiment or states of mind that are arguably in excess of the able-minded or able-bodied/disabled binary” (20). Indeed, *Voyage* makes references to crippled individuals (most notably the deaf cripple Mrs. Paley) on six occasions²⁷. Fueled by the energy of crip, Woolf suggests that the novel is populated with queer and other surplus meanings (I will return to the novel's queerness at a greater length in the last section)²⁸. The semantic excess of the crip metaphor sheds light on the ubiquity and variable forms that disability or illness could undertake.

The metaphoricity of Woolf's illness rhetoric is illuminated by and in many ways foreshadowed by Stoic interpretation of illness. In *Letters to a Stoic*, Seneca's writing is replete with metaphors about illness, disease, and health. Most crucially, Seneca explains the failure to adhere to one of the main theses of Stoicism with a medical analogy: The inability to exercise our reason is compared to “the disease of the soul” (204). Seneca also deems philosophy as the calibration of health in another letter: “Without philosophy the mind is

²⁷ Pondering on the kiss Richard Dalloway imposed on her, Rachel expresses how this new knowledge regarding the relationship between men and women has “crippled” her (80); another reference to cripples occurs during one of their journey's transitions: Rachel observes that “the passage was blocked [...] where the women walked barefoot, their heads balancing baskets, and cripples hastily displayed mutilated members” (91); at Santa Marina, Rachel again takes note of “an old cripple” who “was twanging his guitar strings” (99); but the most notably reference to cripples in the novel would have to be the depiction of one of their travelling companions Mrs. Paley, who is “well over seventy and crippled in the legs” (119). Her deafness and crippled legs trigger an onset of irritation and miscommunication at a tea party that arguably aggravated Rachel's fever with “a hot current of feeling” (273); Terence also compared St. John Hirst to “an old cripple of eighty” (212).

²⁸ In Chapter one of McRuer's *Crip Times*, he argues that queerness is not reducible to austere representations of bodies, representations that aims at domesticating individual differences: Drawing on Kevin Floyd's *The Reification of Desire: Toward a Queer Marxism*, McRuer argues that “what we might understand as an excessive and ‘pornographic’ crip sociality explicitly opposed to an austerity of representation that would tame, domesticate, or contain disability” (58).

sickly, and the body, too, though it may be very powerful, is strong only as that of a madman or a lunatic is strong. This, then, is the sort of health you should primarily cultivate” (*Letters*,33)²⁹. This analogy between philosophical practice and health/illness is more rigorously pursued in *On Anger*, where its tripartite structure resembles a medical taxonomy: book one and the first half of book two delineate the symptoms of and the need to extirpate the passion of anger, while the second half of book two and book three are dedicated to the therapy of anger³⁰. For Seneca, “swelling” metaphorizes how anger is detrimental to our well-being (*On Anger*, 1.20.1).

Like Seneca, Epictetus compares “[a] philosopher’s school” to “a doctor’s surgery” (*Discourses*, 3.23.30). The Stoic practitioner, Epictetus describes, is not in possession of “good health” when he/she seeks the philosopher. The causes of these philosophical inquiries are compared to various illnesses: “one of you had a dislocated shoulder, another an abscess, another a headache” (3.23.30). The metaphors accorded to illness and health here are startling to readers of Stoic philosophy, given that the Stoics regard health as one of the “preferred indifferent” elements in life. However, Epictetus suggests that a reason for the Stoics’ preference for (illness) metaphor is to test our “preconceptions”. In *Discourses*, Epictetus defines “preconception” as an ethical compass that each of us naturally possesses. Often, we are led astray by culturally-shaped beliefs disguised as facts – ‘facts’ that we rarely reflect upon if they are true to each of us. We must, Epictetus remarks, diligently examine our preconceptions by adjusting them according to circumstances:

²⁹ A similar metaphor is used in Letter VII: “Just as the sick man, who has been weak for a long time, is in such a condition that he cannot be taken out of the house without suffering a relapse, so we ourselves are affected when our souls are recovering from a lingering disease” (10).

³⁰ In the first book, Seneca argues that perceiving anger as “useful” is as ironic as “put[ting] health in disease’s debt” (1.12.6). We should not, Seneca admonishes, suppose that “anger adds something to greatness of spirit”, for “that’s not greatness; it’s a swelling, just as when bodies are stretched taunt by an abundance of unhealthy fluid. The disease is not an example of growth, but of destructive excess” (1.20.1).

Did none of us talk about being ‘healthy’ or ‘diseased’ before Hippocrates came along? Or were we merely uttering empty sounds when doing so? The fact is that we have a certain preconception of what it means to be ‘healthy’ too, but aren’t able to apply it properly (2.17.8-9)

Here, Epictetus suggests that we all possess a natural conception of what a healthy life means and that the emergence of medicine merely organises and develops the knowledge human beings naturally possess or accumulated over history. To prevent these culturally-contingent beliefs such as ‘health’ from becoming dated dogmas, Epictetus advises that we should always test their validity and adjust accordingly to the situation at hand. Hence, although the Stoics conceive ‘health’ as a preferred indifferent, they deploy metaphors about health and illness as a pedagogical tool rather than a propaganda for medical health. Seneca and Epictetus have re-established health as a rhetorical strategy and exemplified how metaphors of illness transcend the medical. This strategy is central in reading *Voyage*, for metaphor informs how bioscientific knowledge may not suffice in accounting for the afflictions that are attached to Rachel’s illness.

Like the Stoics, Woolf deploys illness as a rhetoric rather than as a representational or thematic device. As we have seen, Woolf challenges the connotations of ‘healthy’ by overplaying pathological symptoms of medically-healthy bodies such as Terence and Helen, and by interrogating how the medical discourse has been (unconsciously) shaping our figuration of illness. Mitchell and Synder lament that although narratives have been paying more attention to this problem by using the disabled individual as “a symbolic figure”, these narratives “rarely take up disability as an experience of social or political dimension” (48). If, however, literary narratives tend to under-develop this politics of disability and illness, Woolf’s novel almost over-develops this in her delineation of illness to deflect socio-political

oppressions. For instance, the novel's refusal to fashion a name for Rachel's illness suggests that the implications of illness are not limited to the medical sense of the word. In *Melymbrosia*, it is implied that Terence is more informed about the specificity of Rachel's illness than the narrative allows its readers: "He vaguely expected that it would go as suddenly as it came, and the stories which were told him in abundance of illnesses like hers conveyed little in him. 'But of course Rachel's illness is quite different'" (527). The claim that Rachel's illness is "quite different" suggests that Terence may possess extra intelligence about the details of the illness that are denied to readers.

Tellingly, this excerpt is deleted in *Voyage*. Rachel's illness is only cryptically referred to by Terence as "serious illness of this kind" and "illness like this" (360, 361). For Woolf, perhaps this implication of Terence's knowledge still reveals too much underlying certainty about Rachel's diagnosis. But the editing of the above passage at least shows that Woolf is consciously detaining the surplus meaning of illness in the novel. After Rachel's death, Woolf gives a more specific diagnosis of her illness, albeit a perfunctory one. Contemplating their loss, Rachel has, Susan remarks, died of "the fever" (385). Arthur regrets that they should not have gone to the tropical forest, since one "can't expect an Englishwoman to stand roughing it as the natives do who've been acclimatised" (384). But Susan's and Arthur's "diagnosis" reveals more about their eugenicist attitude towards South American primitiveness than they do about Rachel's condition.

Aside from Rachel, illness is also decontextualized from the medical to metaphorize St. John Hirst's emotional unavailability. Hirst is characterised by his "curiously impersonal manner" that bars him from forming intimate relationships with people (166). As Hirst observes the relentless party-goers, he is disgusted by their superficiality: "'It makes me sick,' he declared. 'The whole thing makes me sick...Consider the minds of those people –

their feelings. Don't you agree?" (165). Sickness here functions as a symptom of an intolerance of insubstantial social interactions. Later, Hirst's illness is teasingly diagnosed as a symptom of his thwarted attempts at interpersonal relationships. Susan contemplates that: "Even Mr Hirst, whom she had disliked when she first met him, really wasn't disagreeable; and, poor man, he always looked so ill; perhaps he was in love; perhaps he had been in love with Rachel – she really shouldn't wonder..." (345). In both instances, illness becomes a proxy for Hirst's emotional unavailability and his disagreeable personality. Disentangling illness from the medical, Woolf's novel depicts nebulous consciousness and metaphorical surplus meanings for illness that are, because of the narrative irritations perpetuated by FID, swollen – irreducible to 'positive' or 'negative' representations. To shatter an incarcerating and normative framework in narrativizing illness, *Voyage* is exemplary of an illness rhetoric that interrogates the medical system of diagnosis, a rhetoric that resists discursive explanation of deviance.

Illness Metaphor and the Language of Pain

"these illnesses are in my case – how shall I express it? – partly mystical" (AWD, 150)

This chapter has so far discussed why the ambiguity in FID forgoes medical diagnosis, which checks the status quo of a 'normal' and medical treatment of illness. In *Voyage*, the dislocation of pain and the metaphor of illness testify to the idea that Rachel's 'illness' lies beyond the medical. In this section, I will specifically look at the manifestation of pain, elucidating how the expanded connotation of illness metaphorizes other ugly feelings that Woolf's protagonists refuse to or are unable to confront. I will refer to the expanded

connotation of illness as ‘illness metaphor’, meaning that illness deflects the discursive failure in describing, understanding, and communicating pain. I argue that Woolf’s novel approaches these failures in three perspectives: medical, Stoic, and queer. Looking into the metaphorical language of pain as well as how consciousness represents pain in illness, I follow up from my discussion in the Introduction to show how pain gives us space to reconfigure why we may or may not want to get better in the medical sense. I suggest that these three models yield varying aetiologies for Rachel’s illness, indicating that Woolf’s novel defies solitary and discursive knowledge that claims to explain away ‘deviant’ human behaviour.

To clarify what I mean by illness metaphor, I refer to Susan Sontag’s use of the word in *Illness as a Metaphor* (1978). With the examples of tuberculosis and cancer, Sontag suggests that we use metaphors to substitute for explanation about afflictions that we do not yet understand. In the case of cancer, we metaphorize it as the “obscen[e]” and an illness that carries “ill-omen” (9). Sontag predicts that “by the time we can identify a cause or cure for cancer, “perhaps nobody will want any longer to compare anything awful to cancer”, as “the interest of the metaphor is precisely that it refers to a disease so overlaid with mystification” (87). Illness, to this extent, becomes a metaphorical proxy for explaining phenomena that irritate us.

Expanding upon Sontag’s deployment of metaphor, I locate ‘pain’ as the mysterious content that undermines medical interpretation in Woolf’s novel. As Woolf notes in her diary, her illness is always haunted by a mysterious aura that sensualises pain: “these illnesses are in my case – how shall I express it? – partly mystical. Something happens in my mind. It refuses to go registering impressions. It shuts itself up. It becomes a chrysalis. I lie quite torpid, often with acute physical pain – as last year; only discomfort this. Then something springs” (*AWD*, 150). In *Voyage*, Rachel’s first symptom of her “painful” headache is measured by an

inexplicable “strange[ness]” akin to Woolf’s “mystical” pain (348). As Rachel listens to Terence’s reading of Milton, she notices how “it was painful to listen to [the words]” since “they sounded strange” (348). This sense of strangeness pervades: “Owing to the heat and the dancing air the garden too looked strange – the trees were either too near or too far, and her head most certainly ached” (348). It is in failing to account for strangeness that Rachel subsequently ascribes it to and verbalises it as pain: “My head aches...” (348). This metaphorical verbalisation of pain is inextricably bound up with how illness is brought into a state of affair, for it is when we observe that there is pain or discomfort in our bodies that we visit the doctors, who subsequently diagnose us with an illness. In referring to illness metaphor, then, I do not seek to configure a simple analogy that undermines the literal reality of illness. Rather, I draw on the phenomenon of pain and Sontag’s illness metaphor in approaching how the reality of illness sometimes lies in the feeling of incomprehension or miscomprehension.

The Stoics’ medical analogies will be helpful here to elucidate how we may read illness and disability metaphorically without trivialising their reality. Specifically, Stoic medical analogies are to be understood *literally* such that they are not simply proxies for moral suffering. As Nussbaum contends, the Stoic practitioner “wants philosophy to be a part of her health, not just an agent of cure. As she sees it, the two aspects of her interest in philosophy are complementary. For the way she hopes to improve her life is by the control provided by understanding and reasoning” (321). In this sense, Stoicism’s “medical function” is “that of *toning up* the soul – developing its muscles, assisting it to use its own capabilities more effectively” (317-318). This toning up is literal since by engaging with “cognitive therapy”, the Stoics contend that it is “sufficient for the removal of human diseases” (335). The cognitive nature of emotion means that Stoic tonics *literally* heal our afflictions and our response to them by facilitating this cognitive communication with the body. By locating “the

passions as sick conditions of the personality, their underlying dispositional bases as forms of chronic illness, the Stoics like to point out that, after all, passions are felt, more often than not, as violent pains and upheavals of the organism” (Nussbaum 392). Stoicism’s medical analogies draw attention to how the literal reality of illness often manifests in feelings, affects, and emotions that are configured as physical sites of pain. Illness metaphors, read literally, become a narrative substitute for phenomena, people, or objects that we yearn to explain yet do not comprehend.

In this sense, my use of illness metaphor corresponds to Des Fitzgerald’s and Felicity Callard’s account of “a new metaphor” in CMH (41). In “Entangling the Medical Humanities”, Fitzgerald and Callard contend that metaphors help to delineate the “sets of as yet undetermined material-semiotic configurations and alignments (bodily, pathological, cultural, human, and so on)” that correspond to and entwine with medical bioscience (41). Fitzgerald and Callard continue: “Thus the issue is not that illness and healing are multi-faceted phenomena that cannot be understood from a clinical perspective only [...] The issue is that what gets enacted, positioned and understood as moments of suffering, sickness, care, and so on are always in the process of being cut from particular sets of relations” (42). These sets of relations, I suggest, unfold in the metaphorical expression and representation of pain in Woolf’s novel.

In the Introduction, I argued that pain manifests as a disoriented attention where one is more aware of being narrated than the pain itself. In *Voyage*, pain continues to serve as an unattended proxy for miscommunication. As Woolf notes in “On Being Ill”, linguistic descriptions fail to domesticate pain: “English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver and the headache” (34). This impossibility to word pain, Sara Ahmed argues, engenders a desire to over-represent pain: “I may not be able to describe ‘adequately’ the feelings of pain, and yet I may evoke my pain, again and again,

as something that I have” (*The Cultural Politics of Emotion*, 22). Such overcompensating description of pain is particularly attracted to metaphorical language, in which one concept is explained and regenerated through another, ad infinitum. As Elaine Scarry argues, the language of pain often occupies a metaphorical “as-if” structure where two “problematic” metaphors are at work: “The first specifies an external agent of the pain, a weapon that is pictured as producing the pain; and the second specifies bodily damage that is pictured as accompanying the pain” (15). These two metaphors are deployed in the descriptions of Rachel’s headache, a sensation that is imagined to operate firstly by a knife, and secondly, by the bodily damage of being stabbed: “She shut her eyes, and the pulse in her head beat so strongly that each thump seemed to tread upon a nerve, piercing her forehead with a little stab of pain” (349). The metaphorical language pain activates suggests how pain and illness substitute for indescribable phenomena that thrives on its over-representation³¹.

This repetitive obsession to ontologise pain through metaphors, Scarry suggests, is one way in which human beings assert certainty especially when confronted with crises:

It will gradually become apparent that at particular moments when there is within a society a crisis of belief – that is, when some central idea or ideology or cultural construct has ceased to elicit a population’s belief either because it is manifestly fictitious or because it has for some reason been divested of ordinary forms of substantiation – the sheer material factualness of the human body will be borrowed to lend that cultural construct the aura of ‘realness’ and ‘certainty’. (14)

³¹ Although Scarry’s contention that pain has to do with “first-person authority” has been repudiated by later pain theorists, her work is helpful in thinking about pain’s arbitrary nature. Building upon Scarry, Javier Moscoso suggests that “[t]here is no emotional reality *out there* that can be reinterpreted in accordance with cultural location or historical moment” (35). Instead, there is a “narrative unburdening” throughout history that liberates pain from first-person reports (160).

Since “pain comes unsharably into our midst as at once that which cannot be denied and that which cannot be confirmed”, it stands for an unassailable certainty that anchors our existence especially under upheavals (4). Although Scarry’s contention that pain is unsharable has been repudiated most notably by the enactivist framework (pain is enacted and shared in our surrounding environment), Scarry helps us to discern that pain, far from being an ontological feeling that is ‘there’ in the first place, becomes a phenomenon that we repeatedly and metaphorically call into existence for the need to establish certainty. The ‘reality’ of pain then, is not justified by its often-misunderstood ontology, but in how we relentlessly hail it into an on-going event. In the self-asserting act that is manifested in our metaphorical explanations of pain, we proliferate surfaces for physical sensations that are themselves *neutral changes* in the first place.

To be sure, pain exists – but it only exists as a neutral change of the body. As Ahmed puts it, there is in pain, simply a sense of “intensification and a departure from what is lived as ordinary” (*The Cultural Politics of Emotion*, 27). Covertly, the discourse of normality shapes our experience of pain: Pain becomes ‘painful’ when we categorise certain bodily behaviour as ‘normal’ and others as ‘abnormal’. These upheavals in our body only become ‘painful’ when we decide that they are ‘abnormal’ feelings, when we become conscious of them, and when we explain them repeatedly with metaphors, expressions that can never adequately justify our feelings. To put it bluntly, what is ‘painful’ in pain is the unbearable sensation of miscommunication. If ‘pain’, and subsequently illness, metaphorizes the thwarted attempts at asserting certainty and at communication, then what is deemed as an ‘illness’ must transcend the clinical context, for it depends upon linguistic unfolding and abstracted sensations encrypted by metaphors. In *Voyage*, Woolf does not exhort any singular definition of illness. As discussed in the previous sections, FID leaves the medical model

unstable as it discredits both the doctor's and the patient's narratives. In the following, I will offer, alongside the medical perspective, two more possibilities of reading illness in the novel, namely, a Stoic and a queer approach. Focusing on Chapter XXV (which is dedicated to Rachel's illness), Woolf's novel indicates that these three frameworks all proffer idiosyncratic yet plausible accounts of what illness might mean beyond the medical.

While I have suggested that Woolf's depiction of illness transcends the medical, the interpersonal interactions within the medical experience will themselves elucidate a non-scientific interpretation of pain. Approaching Chapter XXV with illness metaphor in the medical setting, Woolf's novel presents pain through language and as a self-fulfilling prophecy that craves approval from the assumed certainty of medical science. We have seen how FID destabilises Rachel's illness by eschewing 'what really happened' to Rachel. We have also seen how Rachel's headache metaphorizes an unexplainable strangeness. By verbally communicating her pain to Terence, *Voyage* illustrates how pain constitutes a linguistic infection, more so than neurological firings, that travels to the doctors, who in turn, reaffirm the patient's initial reading of the signal of pain³². Rachel's metaphor of pain "infects" Terence, whose first reaction is to "repea[t]" her language: "Your head aches?" (348). Terence is subsequently overwhelmed by "a sense of dismay" that is "almost physically painful" (348). This pain continues to proliferate through metaphors: "all round him he seemed to hear the shiver of broken glass which, as it fell to earth, left him sitting in the open air" (348-349). Terence's second reaction is to communicate his shattering pain to

³² In claiming that Rachel's pain manifests as linguistic infection more so than neurological firings, I do not intend to repudiate neuro-scientific research to pain. As anaesthesiologist Abdul-Ghaaliq Lalkhen argues, scientific study on pain supports the idea that painful feelings cannot be reduced to biological reactions. From a scientific point of view, neurological reactions of pain is entwined with psychological factors: "the release of adrenaline as a response to stress can cause an increase in muscle tension and the increase in muscle tension reduces blood flow (and therefore oxygen supply) to the muscle, which then releases bradykinin in response to being starved of oxygen; the bradykinin then activates more harm-sensing receptors" (16). But even today, Lalkhen remarks, "the emotional component of the experience of pain is neglected in preference to being able to study receptors and pathways and abnormal structures" (24). Building upon Lalkhen, I intend to spotlight the role emotions play in the experience of pain.

others as he “fetched Helen” and “asked her to tell them what they had better do” (349). Soon after, the anxiety of pain and illness is spread around the family who then call on Dr. Rodriguez and later Dr. Lesage. In managing the sensation that Rachel is “not quite certain” of, such an uncertainty becomes contagious through language (348).

As Scarry notes, “[b]ecause the person in pain is ordinarily so bereft of the resources of speech, it is not surprising that the language for pain should sometimes be brought into being by those who are not themselves in pain but who speak *on behalf of* those who are” (6). In summoning the doctors, Rachel and her family are essentially seeking an affirmation from the doctor of their own pseudo-diagnosis – that Rachel is “ill”. With Rodriguez, although Terence is “determined that Helen was exaggerating” and “that Rachel was not very ill”, implicit in his anxiety is his desire that Rodriguez would affirm his anxiety: “he wanted a third person to confirm him in his belief” that Rachel is ill (359).

When Rodriguez fails the task, claiming that “[t]here is no reason for anxiety”, Terence immediately demonised Rodriguez: “His confidence in the man vanished as he looked at him and saw his insignificance, his dirty appearance, his shiftiness, and his unintelligent, hairy face. It was strange that he had never seen this before” (359). James Aho and Kevin Aho explain this conflicting psychology to trust and distrust the doctor through the pun of the word “dis-ease”: “Illness can be viewed as a clumsy, often misunderstood [...] protolanguage’ by which I convey my ‘dis-ease’ with the world” (61). Struck by his “dis-ease” of anxiety (a term that I will return to in Chapter Three), Rodriguez’s diagnosis is both *an ease* and *a disease* for Terence. As Aho and Aho put it, “the disease is not so much what I have, but what I do. It is a ‘surrogate truth’” (62). For Terence, this ‘truth’ stands for his belief that Rachel is unfortunately ill, a certainty that he is not ready to relinquish despite his hopes for Rachel’s recovery. Medical diagnosis thus functions as the self-fulfilling prophecy with which Terence, through the contagion of metaphorical language, seeks to satisfy his

self-inflicted 'dis-ease' he contracted from Rachel's verbalisation of pain. With Rodriguez, however, this prophecy fails.

When Rodriguez's unprofessional demeanour fails to assure them of Rachel's condition, the family brings in a French doctor Dr. Lesage. Yet, like Rodriguez, Lesage's diagnosis and instructions have meant nothing, for the diagnosis has already been made on the part of the family: "Coming down stairs he gave his directions emphatically, but it never occurred to him to give an opinion either because of the presence of Rodriguez who was now obsequious as well as malicious, or because he took it for granted that they knew already what was to be known" (364). In another visit, Lesage, noticing Terence's "certai[n]" belief that Rachel is not dying, compromises his verdict "[t]o Terence's demand" (369). As Rachel's hallucinations heighten, Terence waits for Lesage "with the same certainty at the back of his mind that he would in time force them all to admit that they were in the wrong" (369). As a result, Lesage addresses Terence: "'She seems to be better?' he replied, looking at him in an odd way, 'She has a chance of life.'" (369-370). However, such optimism falls short of alleviating Terence's pain. If anything, Lesage's words of reassurance render Terence's pain even more visible: "A fortnight ago she had been perfectly well. What could fourteen days have done to bring her from that state to this? To realise what they meant by saying that he had a chance of life was beyond him" (370). As such, regardless of the doctor's verdict, the diagnosis would be rendered meaningless if it does not match Terence's expectations. On the one hand, Terence wishes the doctors would deny Rachel's illness. On the other, he also wishes them to justify and to be complicit in his anxiety. This frustrated encounter between doctor and patients (both Terence and Rachel) explains the 'pain' in Rachel's illness, a mode of suffering that is disseminated across the family and especially in Terence.

Reading illness metaphor with the doctor-patient interaction, *Voyage* suggests that pain and illness might not need a scientific explanation even in the medical context. From Rachel's very decision to explain her 'pain', she traumatises herself along with Terence by subordinating themselves as victims of metaphors, generating expressions that are necessarily frustrated and thus 'painful'. Pain is further proliferated by the involvement of doctors, who either re-traumatise them by affirming their pain or inflict further pain by failing to comply with their implicit desire of self-assertion. It can be said that pain and illness bespeak a disoriented desire for self-certainty, a certainty most effectively authorised by medical diagnosis.

To destabilise the orthodoxy of the above perspective of illness metaphor, Woolf's novel also suggests the possibility of a Stoic reading of pain and illness. Whereas illness metaphor in the medical context reveals how metaphorical language ontologises pain, a Stoic approach instructs us how to pay attention to the preconceptions that we are unconscious of and explores how consciousness ontologises pain and illness. In effect, a Stoic reading suggests that pain and illness are proxies for the poor ethical judgment we accord towards our feelings. Pain, the Stoics argue, stems from our unreflective verdict about specific somatic sensations that we deem 'negative'. As I noted earlier, Seneca likens the ill exercise of reason as "the disease of the soul" (*Letters*, 204). In the context of pain and suffering, the Stoics contend that pain is founded upon a judgment which we often unconsciously assent to. Epictetus explains the process of assent in *Discourses*:

Mental 'impressions', through which a person's mind is struck by the initial aspect of some circumstance impinging on the mind, are not voluntary or a matter of choice, but force themselves upon one's awareness by a kind of power of their own. But the 'assents'

through which those same impressions are cognized are voluntary and happen by one's own choice. That is why, when some terrifying sounds occur either from the sky or from the collapse of a building or as the sudden herald of some danger, even the wise person's mind necessarily responds and is contracted and grows pale for a little while, not because he opines that something evil is at hand, but by certain rapid and unplanned movements antecedent to the office of intellect and reason. Shortly, however, the wise person in the situation 'withholds assent' from those terrifying mental impressions; he spurns and rejects them and does not think that there is anything in them which he should fear. ("Fragment 9", Qtd. in Graver 85)

Here, Epictetus argues that we should distinguish between immediate impressions and cognitive judgment about events. While the impressions that may signal "danger" are inevitable, we should train our mind to perceive them outside the orthodox equation: 'pain' is 'evil'.

Using the technique of withholding assent, Epictetus reshapes the narrative of 'pain', showing how narrativization directly and literally changes our relationship to the body and illness. Radically, he suggests that enduring pain is an opportunity to demonstrate excellent character: "Faced with pain, you will discover the power of endurance. If you are insulted, you will discover patience. In time, you will grow to be confident that there is not a single impression that you will not have the moral means to tolerate" (*Enchiridion*, 10). Rather than judging that "dispreferred indifferents" (qualities that we do not prefer and tend to interpret as negative) such as pain and insults as negative experiences themselves, Epictetus advises that the appropriate option is to transform pain into "endurance" and insults into "patience".

To combat pain, Epictetus thus suggests that we should re-examine sensations or experiences that we habitually deem negative.

Ameliorating Epictetus's radicalism, Marcus Aurelius clarifies that in reshaping our judgment, we "should not try to deny the perception of [pain]" (*Meditations*, 5.26). Marcus notes that we should train our minds to compartmentalise what we experience in our flesh and our perception of them: "The directing and sovereign part of your soul must stay immune to any current in the flesh, either smooth or troubled, and keep its independence: it must define its own sphere and confine those affections to the parts they affect" (5.26). Like Epictetus, Marcus contends that we "must not [...] add any judgment of good or bad" into the sensations that seem to bother us initially. Unlike Epictetus, Marcus more directly confronts the "troubled" "currents in the flesh", which are "affections" that we should store in the less conscious regions of our minds³³.

Taking Epictetus's and Marcus's advice to its extreme conclusion, Seneca goes further to suggest that there is no difference between pain and joy once we have trained ourselves to become immune to the attacks of pain: "'What then,' you say; 'is there no difference between joy and unyielding endurance of pain?' None at all, as regards the virtues themselves; very great, however, in the circumstances in which either of these two virtues is displayed." (*Letters*, 14). For Seneca, the capacity to withhold negative judgment about painful encounter is a virtue as great as joy. Whereas these three Stoics take a slightly different approach to pain, all of them bring to the fore the notion that the exercise of

³³ Both Epictetus's and Marcus's attitudes are present in anaesthesiologist Abdul-Ghaaliq Lalkhen's scientific study of pain. Lalkhen, quoting Marcus's dictum that everything we hear is an opinion not a fact and everything we see is a perspective not the truth", acknowledges the perils of practicing scientific hubris and contends that in managing pain: "[w]hat is more feasible and important at this stage is attempting to help the sufferer alter their behavioural alarm" (58,65). Since not all types of pain can be alleviated by drugs (for instance, lower back pain), Lalkhen suggests that we should recognise how "these abnormal sensations are not dangerous" and to learn how to "successfully live with persistent pain" (65).

appropriate judgement is to decide what and when we should be conscious of or less conscious of. In compartmentalising or transforming dispreferred indifferents into moral strengths, the Stoics contend that we should cultivate an attentiveness towards our judgment of pain, which is neither positive nor negative in nature. In other words, the Stoics configure *pain as a state of consciousness*. It is only when we allow certain sensations to penetrate our consciousness in a negative capacity that they become ‘painful’.

Following the Stoics, illness in *Voyage* intensifies when Rachel exercises unreflective judgments about pain. Although Rachel restrains herself from immediately verbalising her pain when she observes that something ‘strange’ is happening, she does not hesitate to determine the sensation as an ‘ache’. Listening to Terence’s reading of Milton, Rachel

decided that she would wait until he came to the end of a stanza, and if by that time she had turned her head this way and that, and it ached in every position undoubtedly, she would say very calmly that her head ached [...]

But her head ached; it ached whichever way she turned it. (348)

Judgment is made upon when she should verbalise the pain, but not on the sensation itself. As we have seen, Rachel repeatedly uses the word “ache” to metaphorize the inexplicable strangeness. This aching subsequently gathers medical attention and becomes a fever. As she lies in her sickbed, pain is ascribed to Rachel’s consciousness. It is when Rachel “was conscious of what went on round her” that “she had come to the surface of the dark, sticky pool”, where she becomes “conscious of some pain” (368-369). Rachel’s pain therefore stems from an ill judgment that proliferates into a fatal illness.

Ill judgment is similarly observed in Terence's unreflective assent to suffering. Terence's reaction to Rachel's deterioration is narrated through consonant psycho-narration, in which the narrator's discourse filters the character's consciousness. For this reason, Terence is less conscious of why he should possess such feelings. Realising that "there was nothing they could do", the narrator informs us that "[t]he mist of unreality had deepened and deepened until it had produced a feeling of numbness all over his body. *Was it his body? Were those really his own hands?*" (372, emphasis added). The italicised parts indicate a consonant psycho-narration of Terence's thoughts. Unlike the Stoics who vigilantly observe pain, Terence allows its numbing reality to cloud his judgment. Crucially, Terence's pain is depicted through a narrated monologue, where he becomes more conscious of painfulness as his consciousness entwines with the narrator's. Terence "saw nothing clearly", [s]ave for a physical pain when his heart beat, and the fact that his fingers were icy cold" (370). Compared to his judgment towards Rachel's deterioration, Terence here is more conscious about his pain, which is brought into existence by not exercising the proper judgment. From a Stoic perspective, both Rachel and Terence are made invalid by their ill management of conscious thoughts.

Unlike Rachel and Terence, Helen exemplifies Stoic qualities that exempt her from pain and illness. In *Voyage*, the word "stoical" is used twice to describe Helen. In the novel's opening, Helen and her husband are walking "arm-in-arm" in a narrow pavement which resulted in numerous "[a]ngry glances" (1). It is the "enchantment" of Helen's "stoical gaze" that allows her to put herself "beyond the reach of malice and unpopularity" (1). Later, Helen again prescribes a "stoical expression" for her fluctuating emotions (235). Under the influence of "the irrational state of her niece's mind", Helen "anticipate[s]" a "sorrow" that could be hers: "[Unfortunate events are] happening to somebody: why shouldn't it happen to me?" (235). She then puts on a "stoical expression" to combat her needless imagination of

tragedy's proximity. Helen's tactful Stoicism echoes the undesirability of indulging in "excessive" sorrow that Seneca admonishes against (*Letters*, 148). While the Stoics pathologize excessive passions, Seneca also acknowledges that these passions are inevitable. The task is thus to control the impetus of our passion, in which "[o]ne must always take one's time" in examining this "disease of the soul" (*On Anger*, 2.22.2). For too often, Seneca notes, "we agree too quickly with what people say. We do not put to the test those things which cause our fear; we do not examine into them; we blench and retreat just like soldiers who are forced to abandon their camp because of a dust-cloud raised by stampeding cattle" (*Letters*, 27). Rather than passing over our passions – no matter how malignant they are, one should confront their causes as preventative measures before extirpating them for good. Seneca suggests that by allowing 'negative' passions such as anger to unfold, we will be better prepared for the situation at hand as well as the next attack.

In this sense, Helen's self-consciousness about the motivations and subtle nuances of her emotions is markedly Stoic:

However sincere these views may have been, they were undoubtedly called forth by the irrational state of her niece's mind. It was so fluctuating, and went so quickly from joy to despair, that it seemed necessary to confront it with some stable opinion which naturally became dark as well as stable. (235)

While she insists on her "sincer[ity]", she is nevertheless conscious that this "quic[k]" oscillation from "joy to despair" should be salvaged with reason. Helen's Stoicism is later manifested in her response to Rachel's pain: "Mrs. Ambrose was not discomposed, but advised that she should go to bed, and added that she must expect her head to ache if she sat

up to all hours and went out in the heat, but a few hours in bed would cure it completely” (349). Unlike Rachel and Terence, Helen reflects upon the nature of “headache” and decides that it is a logical consequence of Rachel’s over-exposure to the sun. Even when Helen is infected with Rachel’s language of pain, she refuses to fall prey to ill judgment. Helen accepts that Rachel is ill but also manages her perception towards it: Helen “roused herself and wiped her tears away; it is silly to behave like that, she said; very silly, she repeated, when there could be no doubt that Rachel was better” (368). The use of “she said” here within the narrated monologue and the shift to present tense signify a shift in the representation of consciousness. The narrative here transitions into a quoted monologue. As Cohn suggests, quoted monologue “maximise[s] the disparity” between the narrator’s thought and that of his protagonists especially when “accompanied by explicit quotation signals” such as “she said” (67, 76). The quoted monologue that narrates Helen’s repetitions of “it is silly to behave like that” thus suggests that she is more conscious of her self-control than the ways in which she “cried with scarcely any attempt at movement of her features”. With narrated monologue, the latter narration indicates that Helen’s mind is irrevocably melded with the narration. That is to say, Helen is less conscious of her crying than her conscious control of her suffering. Unlike Terence, then, Helen’s responses to pain are Stoical, thus protecting her from the pain and suffering that plague Rachel and Terence.

Both the medical and the Stoic approaches to illness metaphor indicate that Rachel’s illness can be interpreted both as a symptom of an underlying desire to assert certainty or a poor exercise of judgment. Alternatively, Woolf also suggests that Rachel’s illness can be understood with a queer perspective, where Rachel’s illness metaphorizes an inability to accommodate her queer desires. The queer potential of the novel has been extensively discussed by critics such as Patricia Juliana Smith, Mitchell A. Leaska, Pamela Caughie, and Emma Sutton. In “Lesbian Panic in *The Voyage Out*”, Smith discusses “the variety of

homoerotic possibilities Rachel Vinrace encounters in her abbreviated process of maturation” (128). Focusing on Rachel’s homoerotic encounters with Evelyn, Miss Allen, and Helen, Smith argues that Woolf’s novel portrays its protagonists’ queer sexualities “by means of tacit allusion and indirect discourse” (131). While Smith has mentioned in passing how Rachel’s lesbian encounter transits “from the pastoral to the pathological”, I suggest that this relationship between pain, illness, and queerness is central in reading Rachel as a “non-narratable character” who resists any explanatory narrative (138, 144).

As Michel Foucault’s notion of “*scientia sexualis*” elucidates, medicine and sexuality became entangled in the late nineteenth-century, where non-heteronormative sexualities are pathologized as a medical disease (*The History of Sexuality 1*, 53). The advent of medical science witnessed the emergence of the study of a “systematic” and “scientific” field known as “sexology”, a discipline “dedicated to studying, theorising, and sometimes ‘treating’ sexual desires and bodies” (Bauer 2). Discriminating tendencies that deviate from heteronormativity, sexologists “created a typology of ‘perverse’ sexualities” such as “homosexual, masochist, fetishist, transvestite, and sadist” (Moddelmog 269). In modernity, then, illness and queerness thus became inseparable, if not interchangeable.

In the novel’s queer subtext, Rachel’s pain is ascribed to a compulsive heteronormative scripting of her homoerotic desires. As the doctor visits medicalise the bedridden Rachel, she is unable to distinguish Helen’s and Terence’s caress and company:

She was drowsy and intolerably hot, and as he seemed shy and obsequious she scarcely troubled to answer him, although. She understood that he was a doctor. At another point the door opened and Terence came in very gently, smiling too steadily, as she realised, for it to be natural. He sat down and talked to her, stroking her hands until it became

irksome to her to lie any more in the same position and she turned around, and when she looked up again Helen was beside her and Terence had gone. (350)

The passage reverberates with another passage that Mitchell A. Leaska refers to as “the strangest” excerpt in Woolf’s novels, featuring a sexual interplay between Rachel, Helen, and Terence. As the three enjoy an excursion on a boat, Rachel notices that something queer is taking place:

Through the waving stems she saw a figure, large and shapeless against the sky. Helen was upon her. Rolled this way and that, now seeing only forests of green, and now the high blue heaven, she was speechless and almost without sense. At last she lay still, all the grasses shaken round her and before her by her panting. Over her loomed two great heads, the heads of a man and woman, of Terence and Helen.

Both were flushed, both laughing, and the lips were moving; they came together and kissed in the air above her. (302)

Afterwards, Rachel “[r]ais[es] herself” and “realise[s] Helen’s soft body, the strong and hospitable arms, and happiness swelling and breaking in one vast wave” (302). For Smith, “the orgasmic images” in this scene “connote that what Rachel ‘realises’ is nothing less than the intent of Helen’s homoerotic desire” (134). It is thus not difficult now to see how the scene in Rachel’s sickbed corresponds to the scene here. Although it is Helen she envisions and it is Helen who lies “beside” and “upon” her, Rachel can be said to be denying her lesbian desire for Helen. In both scenes, she displaces her desire onto Terence, who kisses

Helen “in the air above her”. This dislocated intimacy is re-enacted after Terence’s visit to Rachel: as Helen cries, Terence “took her in his arms” and Helen “kissed him without saying anything” (368). Returning to the queer moment in Rachel’s sickbed, Rachel’s pain escalates after the scene with Helen and Terence, where she feels “completely cut off” from the outside world and “isolated alone with her body” (351). Pain is manifested as Rachel’s re-narrativization of her homoeroticism with heteronormative language.

Rachel’s queer encounters with Helen heightens in the sickroom. Specifically, pain materialises in the recurring images of Helen’s body pressing against Rachel’s, images that Rachel dismisses with metaphorical language. During one sleepless night, Helen and Nurse McInnis merge into an imagined figure of an elderly woman who put Rachel to bed. The scene is rife with sexual overtones, depicting the double figure of Helen-Nurse as a sexual predator:

‘You must try and lie still,’ she proceeded [...] She stood looking down upon Rachel for an enormous length of time.

‘And the quieter you lie the sooner you will be well,’ she repeated.

Rachel kept her eyes fixed upon the peaked shadow on the ceiling, and all her energy was concentrated upon the desire that this shadow should move. But the shadow and the woman seemed to be eternally fixed upon her. (352)

As Rachel recovers from “this terrible stationary sight”, she notes that “the little old women became Helen and Nurse McInnis after a time, standing in the window together whispering, whispering incessantly” (353). About a week into her illness, Helen’s body, embodying

Rachel's same-sex desire, incrementally pressures Rachel into physical pain. Rachel notes that "the faces – Helen's face, the nurse's, Terence's, the doctor's, - which occasionally forced themselves very close to her, were worrying" (362). However, Helen's face disturbed Rachel the most: "on the fourth afternoon she was suddenly unable to keep Helen's face distinct from the sights themselves; her lips widened as she bent down over the bed, and she began to gabble unintelligibly like the rest" (363). Rachel then struggles to "grasp" the meaning of this "crisis" (363). Failing to do so, Rachel notes that "the heat" has become "suffocating", who falls again into a recurring metaphor of pain" – "a deep pool of sticky water, which eventually closed over her head" (363). Helen's suffocating presence continues to pressure Rachel, who is "conscious of some pain":

it sometimes took an hour for Helen to raise her arm, pausing long between each jerky moment, and pour out medicine. Helen's form stooping upon her like the ceiling falling [...] All sights were something of an effort, but the sight of Terence was the greatest effort, because he forced her to join mind to body in the desire to remember something. (369)

By attributing her pain to "the sight of Terence", Rachel also insinuates that her heterosexual relationship with Terence is painful. The queer encounters in the novel heighten amidst Rachel's illness and bring her pain into consciousness, and, rather than illustrating a pathology for Rachel's queerness, Woolf's novel suggests that the pain in Rachel's illness is a symptom of her self-discrimination against her homoerotic desires, which she painfully re-narrativized as heterosexual.

To sum up, the three approaches to illness metaphor suggest how Rachel's illness is incited by complex affective interactions that a medical approach to illness may overlook: In the medical context, illness eludes scientific examination and metaphorizes the thwarted desire to establish self-certainty; in the Stoic context, illness metaphorizes poor ethical judgment; in the queer context, illness metaphorizes Rachel's compulsion to narrativize queerness into heterosexual desire. These readings have responded to Fitzgerald's and Callard's inquiry that concerns CMH: "What if disease were not a bodily fact that needed finer interpretation, but a way of describing a relation between a body, a history and an environment?" (44). Rather than offering a solitary explanation of Rachel's illness, *Voyage* offers a thought-experiment of what perceived 'deviant' bodily behaviours – pain – could look like. It is by practicing such epistemic generosity that (medical) therapy can more readily target the patient's pain and suffering not only from the bioscientific point of view, but also from political, social, and emotional vantagepoints.

Conclusion

This chapter has described how 'illness' emancipates from the medical by exploring three inquiries that logically follow each another: The first section has asked "what is 'wrong' with Rachel?". By making obvious the *performance* of interior consciousness, Woolf's FID discredits both the doctor's and the patient's narratives. Under the hermeneutic irritations FID engenders, the second section shifts the attention from the patient and the doctor to ask "what is wrong with our system of diagnosis?". *Voyage's* narrative experimentalism, by estranging the 'normal' and destabilising first-person subjectivity, has subverted our preconceptions normality and medical orthodoxy. Here, Stoicism makes conscious that connotations of 'health' and 'illness' evolve according to history and personal

judgment. It is under this circumstance that the third question arises: “If we have been reading illness narrowly in the medical sense, how then should we read illness?”. Even within the medical setting, *Voyage* calls attention to how pain and illness involve a complex web of (inter)personal relations and linguistic metaphors that a scientific medical narrative might not accommodate. Supplemented by a Stoic and a queer reading, Woolf’s novel exemplifies an anti-discursive stance towards pain and ‘strange’ phenomenon. By so doing, Woolf proposes a healthy scepticism about whether unorthodox human behaviour and bodies could be diagnosed as problematic and ‘ill’ at all.

But the subversion of the status quo of medicine neither means to obviate the invaluable technologies medicine has contributed to humanity nor to replace medicine with a ‘narrative therapy’. For such a diagnosis would only repeat the ills of a hubristic and deterministic medicine that Woolf scorns. As the Stoics insist, philosophy offers no prescriptions to our afflictions. Although Epictetus repeatedly speaks of ‘the correct judgment’ that we must exercise, the ‘correctness’ of the judgment varies according to circumstances that only each individual could decide for themselves. In tandem with Stoicism, the FID in *Voyage* irritates medical or textual determinism in the same breath as it challenges readers to compose their own hermeneutics of illness.

CHAPTER TWO

The Biopolitics of Forster’s Narrative Empire: Mass Debility in *A Passage to India*

“It was as if irritation exuded from the very soil. Could one have been so petty on a Scotch moor or an Italian alp?” (A Passage, 71)

In the first chapter, I have argued that Woolf’s first novel de-medicalises illness and suggested that there are alternatives to a biomedical explanation for Rachel’s pain and suffering. In E.M. Forster’s last novel *A Passage to India* (1924), afflictions continue to

outstrip the medical as they metaphorize uncomfortable phenomena within interpersonal and interracial relationships. Set in an Indian fictional city of Chandrapore, *A Passage* deals with the tedious officialism and the compromised friendships between the inhabitants of Chandrapore and the English colonial officers and visitors. As Forster's own comments on the novel suggests, the metaphor of 'health' is placed at the centre of the novel's achievement in illustrating Anglo-Indian relationship: *A Passage to India*, Forster writes, "caused people to think of the link between India and Britain and to doubt if that link was altogether of a healthy course" (qtd. in Canning 77). Like Rachel's voyage out to South America, illness, pain, and disability populate the English's passage to India: the infectious 'virus' that Professor Godbole's singing spreads; Doctor Aziz's fever after the Bridge Party; the reiteration of Adela Quested's "illness" after the incident in the caves; Mrs Moore's self-diagnosis after her "disillusionment" on humanity and faith; and the image of "dwarfs shaking hands" in caricaturing Cyril Fielding's and Adela's friendship (199,249).

The aetiology of these illnesses corresponds to what I have called 'illness metaphor' in the previous chapter, where illness is iterated to explain incomprehensible phenomena. In *A Passage*, Godbole's illness seems to have spread through the "queer little song" he sings (124); Aziz's illness is a performance he stages in order to avoid visitors; Adela only becomes "ill" because she has "mixed up her private affairs" with her physical symptoms (226); similarly, Mrs Moore's illness and death seem to be a side effect of her "surrende[r] to the vision" that life can be reduced to a meaningless "boum" (139-140). In Forster, we see again how health and illness are imbricated with surrounding environment and overstep the perimeters of our bodies. While health and illness usually describe the homeostasis of individual bodies, this chapter continues the inquiries of the previous chapter in suggesting that pain and illness are enfolded in interpersonal and social activities. Coterminous with Rachel's de-medicalised pain, pain in Forster's novel more specifically irritates the meaning

of “Oriental” and the narrator’s diagnosis of Aziz’s “mental malady” (263). The Marabar caves, where Adela erroneously accuses Aziz for an imagined assault, are populated with infectious pain. This mysterious pain transmits into the “very painful subject” of the trial, where Adela finds it “painful” to give testimony and “she dreaded being examined in public in case something came out” (184). The communicative gulf between the English and Indians is further embodied in the “dull pain of body or mind” that “depressed” Aziz when he suspects his English friend Fielding for marrying Adela – his enemy – “for the sake of her money” (262). Painful encounters, as Forster’s novel will show, give us further space to approach illness and disability beyond the medical and at the level of the social and the population.

Following frustrated attempts at befriending one another, Fielding meditates whether “irritation exuded from the very soil” of India (71). This ‘Oriental irritation’ seems to have infected Adela, whose “irritation” against her fiancé Ronnie “became unbearable” after the party, although “she did not realise that much of it was directed against herself” (74-75). As Forster’s deployment of illness metaphor suggests, the narration of *A Passage* is entwined with painful malady that irritates interpersonal and interracial relationships. Whereas I have explored *why* Woolf maintains free indirect access to the patient’s consciousness (which is to open up the variegated modalities of pain and wellness), I will discuss *how* successful this narrative strategy is in illuminating the affective economy in Forster’s depiction of doctor-patient, interracial, and reader-text relationships. Taking Woolf’s hermeneutics of illness further, what FID does in *A Passage* is to overstate the lack of medical authenticity through lampooning the narrator’s failure to diagnose and police mental instability. Consequently, this reveals that ‘health’ is enforced for those in power to exert biopolitical and imperialistic violence.

As aforementioned, Forster's illness metaphor and his narration of pain are bound up with personal and colonial relationships in the novel. In the oft-cited excerpt of the essay "What I Believe" (1938), Forster remarks that he "certainly can proclaim that [he] believe[s] in personal relationships" although he "do[es] not believe in Belief" (*Two Cheers*, 77). Genuine relationships, for Forster, must transcend social etiquettes or politeness and if one risks establishing any prescribed beliefs about them, these relationships would become unhealthy. In another essay "Notes on the English Character" (1936), Forster laments that this kind of Belief has rotten English morality, which he describes as "national diseases" (*Abinger Harvest*, 12). Forster notes that the "national diseases" of "cancer and consumption" account for the "slow" and "insidious" English character, which is always "pretending to be something else" (12). For Forster, racial problems and illness occupy a metaphorical relationship in his work.

Pertinently, disability studies often deploys colonisation and racism as its metaphors. As Shaun Grech and Karen Soldatic put it, "disability is drawn upon as a metaphor by (post)colonial theorists, while for disability theorists, colonization has become a key metaphor to describe experiences of oppression, marginalization and exclusion to which disabled people are often subjugated" (1). Following these critics, I will read colonialism and racism as metaphors of disability in *A Passage*. But oftentimes, colonial disability in Forster's novel also transcends its metaphorical manifestations. For instance, when Aziz "called courteously" to the English ladies: 'You are most welcome, ladies', they "did not reply" as they are "full of their own affairs" (14). By literally muting Aziz's speech, the coloniser's physical disablement of the colonised further reinforces the metaphorical currency of the entanglement between disability, colonialism, and racism.

Yet, metaphorical reading of disability, racism, and colonialism is controversial among disability scholarship, and my reading of *A Passage* will not understand the

metaphorical transposition between disability and colonialism in a simplistic sense. While the nature of their oppression is ostensibly similar, some critics are sceptical of the ethics implied in the analogy drawn between disability and colonialism. Grech and Soldatic suggest, for critics who reject the disability-colonialism metaphor, metaphors are influenced by “the spatial, historical, temporal and geopolitical factors that emerged to govern bodies-and-minds in differential ways” (1). For instance, Anna Mollow is dissatisfied with how the comparison between race and disability dismisses the complexity within each concept: “if race and disability are conceived of as discrete categories to be compared, contrasted, or arranged in order of priority, it becomes impossible to think through complex intersections of racism and ableism in the lives of disabled people of colour” (621). Mollow here argues against Lennard J. Davis’s argument that disability should be configured as a “foundational origin [...] of all other identities – class, race, gender preference” such that an identity politics that inevitably excludes specific marginalized group could be overcome. As Davis puts it, in order to “acknowledge truly that the existence of another identity dilutes the general category of identity”, we should “create a priority of identities” (“Identity, Politics, Disability, and Culture”, 543)³⁴.

Contra Davis, Mollow is offended by how such an approach overlooks the specific material reality of the oppressed. Critics that opposed a metaphorical reading of disability and colonialism hold that the other side of the argument is much too Eurocentric, for “there are many ways of describing and understanding disability and impairment” that mainstream disability criticism tends to gloss over (Meekosha 678). For instance, people of colour and with disability may face radically different problems compared to white people with

³⁴ Davis explains this necessity to create such a hierarchy as a strategy to both “interrogat[e]” and “transform the very idea of identity” (544). Davis’s argument is not so much that we should prioritise disability rights movement over other movements. Since identity is stamped by an “exclusive nature” that necessarily marginalizes other identities that are not one’s own, Davis rather suggests that he is performing a thinking process through which this very discriminating character of identity can be obviated without cancelling the notion of self altogether (544).

disability³⁵. As Raewyn Connell notes, “disability studies *almost never* cites non metropolitan thinkers and *almost never* builds on social theory formulated outside the metropole” (379). These critics are dissatisfied with the predominant Eurocentric disability models that critics such as Davis endorse. For this reason, Mollow emphasises that we must guard against a “disability essentialism” that assumes “the experience, needs, desires, and aims of all disabled people [...] to be the same and those with ‘different’ experiences are accommodated only if they do not make claims that undermine the movement’s foundational arguments” (284). With the circumstantial predicament of people with disability from different cultures in mind, critics such as Mollow and Meekosha contend that a metaphorical analogy between disability and colonialism will undermine the obstacles and realities that are specific to minority groups.

On the other side of the argument, critics such as Shaun Grech and Esme Cleall have argued that the disability-colonialism metaphor is productive in reconfiguring strategies that will benefit both categories. Grech argues that the comparison between disability, colonialism, and racism underscores the imbricated historical context within each category. Echoing Grech, Cleall argues that since disability and race are “part of the same cultural and discursive system”, metaphors function to reify the “slippages” of the two concepts (24). Quoting Stuart Hall, Cleall further suggests that disability informs “[r]acial thinking”, since both are “highly contingent” notions that are “always present, though in different combinations, and grounded in different contexts and in relation to different subject populations” (Cleall 25). Conversely, racial thinking also informs disability studies in how

³⁵ Drawing on a black and disabled female writer Meri Nana-Ama Danquah’s *Willow Weep for Me*, Mollow argues that the experience of a black woman with disability does not always align with disability movement’s foundational arguments. While mainstream disability critics strive to move away from a medical approach to “cure” disability, Mollow suggests that “[p]ervasive social denial and lack of access to necessary medical care are the political realities that Danquah highlights in her account of her struggles with depression” (286). Thus, for a black woman with disability, the comfort of being medical diagnosed and access to health care overrides that of the abstract thinking that Eurocentric disability critics envision.

the disabled is always “fantas[ized]” as “a race apart” from the normal (Cleall 29).

Reiterating the sensitivity that we must cultivate to local histories in thinking about disability and race, these critics argue for a metaphorical reading that enhances the imbrication of both in the larger historical fabric³⁶. In addition to issues of gender and race, disability and disfigurement are overlooked colonial oppressions that may have resulted from imperialistic violence.

This chapter will undertake Grech’s and Cleall’s approach, arguing that a metaphorical analogy is productive to the “mutually informing” relationship between colonialism, race, and disability in *A Passage* (Cleall 31). Building upon this metaphorical analogy, I will add that the Indian characters’ disabled-ness in the novel belongs to what Jasbir Puar calls ‘debility’ under British imperialism. In *The Right to Maim* (2017), Puar poignantly identifies “a needed disruption” in “the category of disability” known as “debility” (xv). Debilitation, in this sense, irritates the boundaries between normality and pathology and refers to “bodies that may not be recognised as or identify as disabled” (Puar xv). Although their disabilities may not be immediately obvious, they “may well be debilitated, in part by being foreclosed access to legibility and recourses as disabled” (Puar xv). Puar notes that while scholars are not ignorant of “the debilitating effects of racism, colonialism, exploitative industrial growth, and environmental toxicities”, these subjugated bodies are “not claimed as [disabled]” even when “disability is everywhere” (xx). Debility thus addresses the gap between abled-bodies and disabled bodies in ontologising the “[m]any bodies [that] might not be hailed as disabled but certainly are not awash in the privileges of being able-bodied either” (xx). For, if disability rights movements tend to “recognise some

³⁶ Whereas Mollow and Meekosha have drawn attention to how disability dehistoricises colonial criticism, Grech suggests that (post)colonial criticism similarly dehistoricises disability: “the disengagement of disability from the colonial is also compounded by a postcolonial studies that flagrantly continues to bypass disability in much of its content, its analysis often limited to gender and race, and where disability simply stands in as a metaphor for postcolonial repression” (7).

disabilities at the expense of other disabilities that do not fit the respectability and empowerment models of disability progress”, these movements then become a weapon of a biopolitics that perpetuates debilitation upon marginalised and less recognisable disabled bodies (Puar xvii). While I may not focus on physical or mental disability as such in *A Passage*, I will harness the metaphorical potency in Puar’s notion of debility in Forster’s characterisation of Indian and English characters.

In *A Passage*, debility contextualises the metaphorical reading of disability, which is “biopolitically mobilised in the service of white supremacy, liberal racism, and nationalist projects of modernity” (Puar 66). In the colonial context, debility in Forster’s novel thus draws attention to how health and illness ought to be considered at the level of the population, rather than merely in the individual. By extension, this mass debility will inevitably manifest in individual bodies as well. Indeed, not only does debility occur in the Indian population, *A Passage* further demonstrates how debility ‘infects’ the entire Anglo-Indian population, including its British inhabitants and visitors. Far from imposing disability or pathologizing Forster’s characters, then, identifying them as debilitated subjects will elucidate the intersectionality between the systematic violence co-orchestrated by colonialism, racism, and disability movements.

Focusing on the phenomenon of debility, I argue in this chapter that Forster irritates and overplays the performative moment in medical diagnosis by having a delusional narrator who poses as his characters’ psychiatrist to enforce a mental hygiene that disables agency and debilitates their livelihood. As British colonialism in *A Passage* is metaphorically and historically associated with debility, disability, and illness, I examine how public health is exploited as political technologies for governance. Under the narrator’s (narrative) imperialism that seeks to perpetuate ‘sanity’ and regulate (mental) hygiene of its subjects, I argue via a Foucauldian view on power that the omnipotence of imperialism inevitably yields

to resistance. Under the narrator's abuse of narrative omnipotence and pseudo-medical authority, his characters are, ironically, better equipped to perform agency and establish interpersonal connections even when the English and the Indians are compelled to perform a scripted colonial relationship. Using what the Stoics called *epimeleia heautou* (care of the self) or what Michel Foucault termed 'technologies of the self', Forster's characters exercise self-disciplining techniques as countering narrative strategies against the state's disciplining power³⁷. Through utilising technologies of the self, Forster's FID alters the intention of pain and actively changes how painful feelings are physically projected. The result is that FID's meditative tools allow Aziz, Adela, and Mrs Moore to find meaning in pain such that they could co-exist with it.

But concurrently, *A Passage* is also forthright with the limitations of such an agency in resisting the biopower of Forster's (narrative) Empire. Contesting a medicalised narrative of disability, Forster's novel suggests that 'resistance' does not aim so much at alleviating suffering or debility as it does to reconfigure preferable ways of being with pain, a human condition that the novel implied to be inevitable. Under free indirect narration, Forster's re-inscription of pain and suffering irritates the slipperiness of the patient's intentionality that medicine oversimplifies in its frantic search for cures. I will conclude by suggesting that chance and contingency offer consolation against the omnipresence of imperialistic and medical violence.

The "ambiguity at the heart of Mr Forster's novels"

³⁷ Although Forster may not have philosophical Stoicism in mind when he delineates the therapeutic effect of "stoicism" in "A Note on the Way", Forster exemplifies an unmistakable Stoic temperament where optimism in hard times is practiced by responding to adversities with rigorous reasoning³⁷ (*Abinger Harvest*, 74).

If Forster's novel seeks to enforce health at the level of the population, it seems that its broader narrative frame must then be complicit with this underlying intention. To phrase the matter differently: does the third-person narration function, deriving from Puar, function as the authority that dictates the calibre of health at a biopolitical level? Questions concerning narrativization are especially poignant for *A Passage* – a novel that is recognised to be Forster's most modernist work, which experiments with narrative ambiguities and consciousness representation in ways that are unprecedented for his earlier works. Characterised by its shifting narrative perspectives and its dramatic narrative voice, Forster's narrative ambiguities have invited contentions regarding its narrative representation of India, most notably in Virginia Woolf's commentary which announces the novel's "fail[ure]" in negotiating the conflicts between its "symbolism" and its "realism" (*Collected Essays* 1, 346).

On this matter critics are generally separated into two camps: on the one side, and appropriating Woolf's criticism, critics from the twentieth-century tend to read *A Passage* pessimistically in its attitude towards cross-cultural friendship. Edward Said, for instance, argues that its depiction of India is patronising. Said remarks that "Forster finds India difficult because it is so strange and unidentifiable, or because people like Aziz will let themselves be seduced by jejune nationalist sentiment, or because if one tries to come to terms with it, as Mrs Moore does, one cannot recover from the encounter" (203). Caught in between nationalist sentiments and the desire to overcome cultural barriers, Said contends that Forster's novel fails to express a clear political stance and an honest portrayal of Anglo-Indian history. Echoing Said, Leland Monk (1994) similarly discusses Forster's indeterminant position negatively. For Monk, Forster "is interested in renovating an old-fashioned and generally discredited way of ordering narrative experience which had come to seem irrelevant in his time and so could not be unequivocally affirmed" (5). Although Monk

appreciates Forster's innovative narrative structure in depicting how "chance" functions as a narrative device, he nonetheless regards the endeavour as a failure to "affir[m] the existential reality or ontological significance of chance qua chance" (4). In *Forster's Narrative Vision* (1982), Barbara Rosencrnae likewise critiques Forster's ambiguous aesthetics, as the novel "expresses the chaos and irrationality of contemporary life" (243). Expanding on the novel's chaotic rendering of interpersonal relationships, Malcolm Bradbury (1969) deploys the novel's imagery of "dwarf shaking hands" in suggesting how Forster's aleatory fictional world functions "without the full support of the universe", engendering "a world of dwarfs and of dwarfed relationships" (138). On the whole, critics that dismiss Forster's novel are dissatisfied with his narrator's ambivalent and sometimes patronising treatment of Indian culture.

On the other hand, critics in recent years gradually move away from the previous century's pessimistic take on the novel and, in particular, regard Forster's puzzling use of narrative focalisation and tone as a deliberate aesthetic. Mary A. Melfi (2019) argues that Forster's 'failure' should be interpreted positively especially when we consider the Stoic endurance they exhibit under adverse circumstances. Although Fielding's and Aziz's friendship is deferred, Melfi suggests that "[a]s these characters immerse themselves in India and turn towards their shadows, they artfully hold onto a hard-won centre rather than fall apart", for "they exhibit steadfastness rooted in an ideal form of heartfelt concern for others because they have accepted their own otherness" (129). For Kiang Shun Yin (2016), since Forster's novel divorces from "an identitarian logic that often takes the study of colonial relations to a host of ideological impasses", the novel "recuperates rather than reduces the complexity of colonial lived experiences" (123, 126). Reading "friendship as it is *collectively* represented in the novel – as a way of life", Kiang further argues that the novel demonstrates "alternative ways of being oneself and belonging to others that undercut the colonial

taxonomies of gender, race, and class” (125). Advocating a positive reading of the novel, Charles Campbell (2018) goes further to suggest that the “strictures of Said and modernist readers are based on misreadings of the novel’s protagonist, its concerns with mystical experience, its form, style and politics” (23). Campbell is dissatisfied with the negative reading of Forster’s mystical prose, arguing, with reference to Forster’s *Aspects of the Novel* (1927), that Forster’s mysticism is evidence of his literary genius. Campbell criticises Said’s reading of Fielding as the dominant consciousness of the novel, an interpretation that leads to Said’s conclusion: the novel’s “capacities for understanding and sympathy fail before India’s massive incomprehensibility” (202). Drawing on *Aspects*, Campbell suggests that “Forster disavows the central consciousness; readers must bounce around along with Forster’s narrator. If you choose to focus on characters of limited viewpoint, you will have a narrow perspective on the whole work” (35). For this reason, Campbell concludes that “[t]he best readings of *A Passage to India* follow a rhythm of language”³⁸ (35).

As Campbell’s argument makes obvious, one reason for this hermeneutic divide stems from the difficulties in reading the novel’s representation of consciousness. As Campbell contends, Said’s ‘misreading’ is due to the fact that he identifies Fielding’s thoughts as the novel’s central consciousness. In this case, Said would have agreed that Forster’s narrative system administrates a biopolitics that regularises an orthodox and ‘healthy’ perspective on the novel’s events through Fielding. As we have seen in Chapter

³⁸ We should perhaps be sceptical of what Campbell calls “the best reading” of the novel. If there should be any “misreading” of the novel, it implies an orthodox interpretation that seems contradictory to the liberalist aesthetics of a Forsterian narrative. For Forster, both the author’s attempt at complicity with the reader and a scrutiny of the author’s mind on the reader’s part inflict a literary injury: “It is confidences about the individual people that do harm, and beckon the reader away from the people to an examination of the novelist’s mind” (*Aspects*, 57). Forster is not interested in mind-reading or in how a character or a plot should be read ‘correctly’. Adhering to Forster’s theory of the novel, these critics recognise Forster’s ‘failure’ to establish an identifiable ethics for the novel as productive, since, to borrow the narrator’s words, they regard the novel’s ambivalence as a healthy “mystery” and not a malignant “muddle” (*A Passage*, 248). Responding to the inquiry on the third-person narrator’s authority, these critics contend that the novel’s narrative system is liberal in attitude, for it does not side with any of the characters or ideologies in the novel.

One, however, a novel narrated in FID forbids a stable and orthodox narrative voice, by virtue of the constant shifting of narrative vantage points and the amalgamation between the narrator's and the character's consciousness. As Julia Herz argues, "what we are being offered is the partial view of a character, not an authorised statement" in *A Passage* (78). Herz therefore suggests that the novel's FID functions as a frame narrative that precludes readers from reading the narrator's words as the author's. However, addressing the personal voice of the Forsterian narrator, Herz reads this narrative technique as "an artistic error" (82).

In Forster's novels, a first-person narrator is often inserted within a predominantly third-person narration. His oscillating tone between sympathy and irony is widely understood as Forster's own. Although Herz acknowledges how "the thoughts of his characters were embedded in the speculative prose of his narrator" in the intrusion of an omniscient voice, Herz insists that "the sense remains that the narrator has disturbed the decorum of his narrative" (82). But rather than reading this narrative choice as either a failure or an aesthetics, a more central point of contention is in question: arguments from both camps elucidate how our reading experience can change radically when we pay attention to narrative intentionality. As Campbell suggests, Said reads Fielding as Forster's spokesman, a misreading that renders Forster "evasive" and "patronising" in his insistence on India's incomprehensibility (Said 204). However, a closer look of the novel's FID will show how Fielding's (and any one's) monologues cannot be the novel's central consciousness, for an irony persists in its indirect narration of Fielding's mind. As Fielding contemplates India's "massive incomprehensibility", a quoted monologue is used (Said 202):

'It is no good,' he thought, as he returned past the mosque, 'we all build upon sand [...]
Everything echoes now; there's no stopping the echo. The original sound may be

harmless, but the echo is always evil.’ This reflection about an echo lay at the verge of Fielding’s mind. He could never develop it. It belonged to the universe that he had missed or rejected. (260)

As we have seen in Chapter One, quoted monologue occurs when the narrator mimics the internal monologue of the character, which is often indicated by phrases such as “he thought” or “he said”. Here, Forster uses quoted monologue with quotation marks, explicitly separating the thoughts of Fielding from that of the impersonal narrator. In the last three sentences, the narration resumes to its third-person perspective, making explicit that not only are Fielding’s thoughts to be distinguished from the impersonal narration, but that they merely “lay at the verge of [his] mind”, thus doubly removed from the narrator’s and/or Forster’s voice (260).

The narrator’s mimicry of Fielding’s consciousness heightens as the irony towards Fielding thickens. When the structure of FID is carefully read, it becomes obvious that the passage is critical of Fielding’s sympathy towards the unfathomability of India. On the other hand, if we dismiss the novel’s narrative strategy and confuse the quoted monologue with the third-person narration, then Fielding’s consciousness becomes dangerously synonymous with the novel’s and even of Forster’s. As such, the novel’s varying consciousness representation informs us that it does not endorse a central consciousness nor a single way of reading. As Woolf puts it, *A Passage* occupies an ambiguous vision that oscillates between the “fatigue” of seeing India as incomprehensible and the “beauty” of its narrative designs (351). Hence, neither a determinedly positive nor a negative reading of the novel is tenable, for there is no such central consciousness that anchors a stable point of reference.

For the above reason, and returning to Woolf's criticism, Woolf does not so much criticise Forster's failure to give a stable meaning to the novel than points out the fact that he produces a *textual anxiety* in its disunity between its symbolist and realistic vision, an anxiety that, I argue, is braided with the novel's treatment of health and illness. Woolf notes that one of the main issues she had with Forster's prose is his ironic betrayal of his own dictum to "connect" the larger meaning with characters and events: "Something of the same problem lies before Mr. Forster – how to connect the actual thing with the meaning of the thing and to carry the reader's mind across the chasm which divides the two spilling a single drop of its belief" (346). Woolf thus contends that "something has failed us at the critical moment", for one single whole we see two separate parts" (347). What Woolf speaks of as "one single whole" refers not so much to a stable meaning than for the novel to have a kaleidoscopic pattern that is nonetheless artfully controlled. Woolf elaborates on her notion of wholeness in a letter to Lytton Strachey: "the whole was to have a sort of pattern and be somehow controlled" (82). As Rachel in *The Voyage Out* insists, a "satisfaction and meaning" could only be brought about by how these "things formed themselves into a pattern" (110). For Woolf, therefore, the "ambiguity at the heart of Mr. Forster's novels" refers to the ways in which meanings seem to be too fragmentary to be cemented and to arrive at an artistic whole (347).

Despite her criticism, Woolf notes that Forster has come close to this artistic whole in *A Passage*, a novel where the "saturation is much more thorough" (351). Woolf continues: "Mr. Forster has almost achieved the great feat of animating this dense, compact body of observation with spiritual light. The book shows signs of fatigue and disillusionment; but it has chapters of clear and triumphant beauty..." (351). These signs of "fatigue and disillusionment", Woolf suggests, stem from how the Forsterian narrator "pervade[s] his books like a careful hostess *who is anxious to introduce, to explain, to warn her guests of a*

step here, of a draught there” (350, emphasis added). It is perhaps not a coincidence that Woolf here compares *A Passage* to a fatigued and debilitated body, in which the narrator’s overtly didactic tone and medicalised language suppress the novel’s more poetic and “spiritual” passages (350). Rather than reading these moments of interruption from the Forsterian narrator as an artistic error or success then, I will examine how this narrative ‘anxiety’ functions as a pathological symptom that flaunts the very illness of the Empire.

Narrative Imperialism and Anxiety

In tandem with Woolf’s FID, Forster’s narrator similarly moves in and out of its characters’ consciousness in order to obtain a stereoscopic illness narrative. As Judith Herz suggests, Forster’s narrator “takes a stance of omniscience one moment and is quite in the dark the next. In his speculative role he shares some of the characteristics of both Fielding and Godbole; in his ultimate ability to ‘say’ he moves close to the position of Mrs Moore” (74). Whereas Woolf’s narrator never breaks through its third-person veil, Forster’s narrator often adopts a first-person voice in the present tense, interrupting the predominantly third-person indirect narrative. This first-person narrator is often instructive and didactic in tone, informing readers how we should read certain characters or events. Sceptical of this narrative authority, Herz asks of Forster’s narration: “Is [the narrator’s] position of authority and control, or is he a shape-shifter taking his identity from the characters whose voices he assumes and whose words he ventriloquises?” (73-74). In what follows, I argue that the first-person narrator’s presence betrays the novel’s anxiety in managing the polyphonic perspectives on interracial encounters. Although Woolf’s *The Voyage Out* has explored the potential of FID in conveying a radical hermeneutic ambiguity, Forster’s novel irritates the Woolfian hermeneutics of illness. Under a colonial context, the Forsterian narrator

administers what I refer to as a ‘narrative imperialism’ – the narrator’s attempt to ‘colonise’ and disable his characters’ control over their consciousness. Characters, in effect, become debilitated subjects under the narrator’s anxiety to police (mental) hygiene.

My take on narrative imperialism is a variation of James Phelan’s use of the term. Phelan coining of “narrative imperialism” is primarily a response to Paul John Eakin’s “narrative identity thesis”, which over-expands the connotations of “narrative” (Phelan 206). For Eakin, every individual lives a narrative where “this narrative *is* us, our identities” (qtd. in Phelan 206). Disagreeing with Eakin’s broad definition of narrative, Phelan configures the reader as the imperialist: “the impulse by students of narrative to claim more and more territory, more and more power for our object of study and our ways of reading it” (206). Imposing their own experiences and situational knowledge on the study of narrative, Phelan argues that readers tend to “stretch the concept of narrative to the point that we lose sight of what is distinctive about it” (206). While I draw on Phelan’s metaphor in how the act of imposing oneself upon the text resembles “other colonising projects”, I read Forster’s narrator, rather than the reader, as the imperialist, especially in moments of his direct narration (206). Like the readers that Phelan describes, the Forsterian narrator territorialises and polices interpretations by inoculating personal judgment into events and pseudo-medical advice to his characters. If Woolf’s novel seeks to delimit what we can know about illness, the Forsterian narrator’s hubristic tone is posited as the antithesis of Woolf’s impersonal narrator. Forsaking the impersonality of indirect discourse, Forster’s narrator performs a voice of diagnosis, a competing doctor who threatens Aziz’s medical professionalism at the same time as he perpetuates a biopolitics that establishes harsh standards of mental hygiene.

Both Mohsen Hanif and Maryam Madadzadeh have examined the use of Foucauldian discipline and biopolitics in *A Passage*. Specifically, the disciplinary power enforced by the English colonists is “manufactur[ed]” into “biopower” in Forster’s novel (101). Hanif and

Madadizadeh suggest that discipline, which targets “individual” and localised bodies, is expanded into a biopolitics that seeks to regularise its subjects in a larger scale. In *Society Must be Defended* (1976), Foucault clarifies the differences between discipline and biopolitics as follows: “unlike discipline, which is addressed to bodies, the new non-disciplinary power is applied not to man as body but to the living man, to man as living-being; ultimately, if you like, to man as species” (242). In Hanif’s and Madadizadeh’s words, biopolitics is administrated when “the state [] dominates one group of people over another group based on their biology” (104). Because of its racist nature, biopolitics is often deployed in colonial governance. As Hanif and Madadizadeh contend, Forster’s novel dramatizes that “the English power which dominated the Indian society [...] is more than mere sovereign or disciplinary power” and is biopolitical in character (113). Building upon this line of thought, I will add that Forster’s narrative technique plays a formative role in how invisible disciplinary power enforces the biopolitics of British imperialism in the novel.

Specifically, biopolitical control is exerted by the narrator, who enacts both direct and indirect narration in order to implement varying degrees of control and surveillance on his characters. To secure colonial governance, Puar notes, medical attention is often imposed on debilitated subjects as they are “hailed into a liberal politics of disability” and as “objects of care” in order to enhance the “disavowal of debilitated bodies” (84). Triangulating narrative, disability/debility, and medicine, I discuss in this section how such narrative imperialism administrates discipline and control upon its debilitated characters through implementing an orthodox medical narrative. By pathologizing his subjects, the narrator-doctor perpetuates debilitation upon his cast of characters. But as I will later argue, Forster’s narrative imperialism is enforced precisely to undermine the narrator. This Foucauldian reading of Forster’s disciplinary narrative will be thwarted by FID’s irritating play of subjectivity and intention.

Repeatedly, the narrator imperializes Aziz's consciousness by posing as a competing doctor against Aziz's professional medical judgment. When Aziz is plotting his escapade to Calcutta, the narrator impels Aziz to take advantage of his identity as a doctor and lie about his illness. With an indirect narrated monologue, it is revealed that while "Aziz upheld the proprieties" of medicine, "he did not invest them with moral halo" (94). Despite his indifference towards the moral superiority of practising medicine, Aziz is initially uncertain of his decision to continue feigning his illness. He is adamant that "he must not bring any disgrace on his children by some silly escapade" and that he "must" consider his "professional position" (94). Responding to Aziz's hesitation to exploit his medical expertise, the narrator interrupts Aziz's consciousness with his direct narration, asserting that "[t]here is no harm in deceiving society [with medicine] as long as she does not find you out, because it is only when she finds you out that you have harmed her" (94). The narrator's prescriptive tone generates a hypnotic effect on Aziz. Immediately after, Aziz is suddenly "[q]uite clear about this", as he "meditated what type of lie he should tell to get away to Calcutta" (94). Under his didacticism, the narrator inaugurates his corrupted standard of mental hygiene by coercing Aziz to betray his moral integrity as a doctor.

The narrator further imposes his mental hygiene upon Aziz by diagnosing his habit of thinking as an 'Oriental' illness³⁹. As Aziz ponders upon Fielding's character, he assumes that Fielding will marry Adela, for she "would bring him a large dowry" (263). However, Aziz also "did not believe his own suspicions", since "[s]uspicion and belief could in his mind exist side by side" (263). Exaggerating Aziz's 'schizophrenic' symptom, the narrator here inserts a direct narration that pathologizes Aziz's thinking as cancerous:

³⁹ Felice Aull and Bradley Lewis have drawn the parallel between medical discourse and Orientalism: "Like Orientalism, medical discourse is largely a monologue and a mono-logic; clinicians and biomedical scientists create medical discourse, 'patients' do not" (90-91).

Suspicion and belief could in his mind exist side by side. They sprang from different sources, and need never intermingle. Suspicion in the Oriental is a sort of malignant tumour, a mental malady, that makes him self-conscious and unfriendly suddenly; he trusts and mistrusts at the same time in a way the Westerner cannot comprehend. It is his demon, as the Westerner's is hypocrisy. (263)

The transition from a narrated monologue to the narrator's direct commentary is marked by the switch to present tense in the third sentence. Although it is natural for Aziz to juxtapose suspicion and belief on one subject, the narrator challenges Aziz's mental disposition by offering a medical diagnosis that subsequently alters Aziz's reflection on his default state of mind. Following how the narrator "demon[ises]" his thinking, Aziz is suddenly "seized" by a realisation of his "mental malady" (263). He subsequently refers his "fancy" to "a satanic castle" (263). Evident in his use of "satanic", Aziz internalises the narrator's description of his inner demon (263). By performing as Aziz's psychiatrist, the narrator colonises and disciplines Aziz's consciousness through his pseudo-diagnosis.

But the novel's narrative imperialism is not exclusively enacted upon its Indian characters. Aside from his pedagogical interruption in Aziz's consciousness, the narrator-doctor similarly exerts medical control upon Mrs. Moore's state of mind. As Mrs. Moore secures her passage away from India, the narrator intrudes on her ethical paralysis, an inertia that is a result of her realization that the worlds of India and England are irreconcilable. As the narrator's momentary domination of Mrs Moore's consciousness shows, the disillusionment also disables conscious thoughts. As the narrator addresses the reader directly, his anxiety in monitoring his subjects reaches its apex:

Visions are supposed to entail profundity, but – wait till you get one, dear reader! The abyss also may be petty, the serpent of eternity made of maggots; her constant thought was: ‘Less attention should be paid to my future daughter-in-law and more to me, there is no sorrow like my sorrow,’ although when the attention was paid she rejected it irritably. (196)

Unable to witness her friend Aziz being accused in the trial, Mrs. Moore “had all she wished” as she escapes India. However, she is struck by an indifference towards her “good luck”, for she realises the problems that haunt her companions and herself are both horrifying and frivolous at the same time. Compared to the vastness of the universe, it dawns on Mrs. Moore these problems are embarrassingly trivial. They are, however, problems that nonetheless project pain and suffering. Such a disillusionment situates Mrs. Moore into a “muddledom”, where no actions can alleviate the circumstances (195). The narrator thus instructs the reader to refrain from romanticising Mrs. Moore’s clarity of vision, for her disillusionment does not only lead to a thought paralysis, but also a dangerous solipsism that contributes to her illness and death.

Significantly, Mrs. Moore’s mental state is mimicked by the narrator via a directly quoted monologue: “Less attention should be paid to my future daughter-in-law and more to me, there is no sorrow like my sorrow” (196). As Dorrit Cohn notes, the accompaniment of “explicit quotation signals” in consciousness representation “increase[s] the distance that separates a narrator from his character” in order to “induce ironic remove by dramatizing figural fallacies” (76). Because of the increased distance between the narrator’s and the character’s discourse, the explicit quoting or imitation of consciousness reveals how the

narrator is paternally monitoring Mrs Moore's thoughts. Cohn compares this narrative technique with the psychoanalytic technique of "free association", in which the character becomes a "patient" who "would execute the psychoanalytic compact to the letter" by revealing their internal monologue under the reader's scrutiny and the narrator's surveillance (87). Cohn notes that "despite its restriction to what is uppermost in fictional minds" (since Mrs Moore's consciousness is filtered by the narrator's explicit paraphrasing), quoted monologue "can indirectly suggest the psychic depth beneath the verbal surface" (87). In this sense, the narrator reinforces his authority as a thought-police by subjecting his characters as psychoanalytic patients who willingly surrender their thoughts to the clinician. But as Mrs. Moore's "irritat[ion]" foreshadows, the narrator's obsessive attention will ultimately be "rejected" (196).

We have seen in the above how the narrator invigorates his narrative imperialism through his direct and instructive narration of his characters' consciousness. But upon careful reading, the novel's indirect narration is often continuous with the narrator's direct and imperialistic narration such that the narrator becomes omnipotent. In D.A. Miller's *The Novel and the Police* (1989), Miller suggests a Foucauldian reading of FID in his discussion of "the possibility of a radical *entanglement* between the nature of the novel and the practice of the police" (2). By "supplying the place of the police in places where the police cannot be" Miller contends, "the mechanisms of discipline seem to entail a relative relaxation of policing power" (16). In other words, the novel's FID sometimes enforces a disciplinary power upon its characters through practices of invisible surveillance on their behaviour, thoughts, and consciousness. As Maria Makela argues, for Miller and John Bender, who read FID in a Foucauldian lens, "the [narrative] mode" is conceived as "a form of ideological oppression, and as inheriting a biased power relation for the benefit of the authoritative narrator who is able to survey the characters' mental life (especially inner discourse) with its non-reciprocal

gaze” (205). Such a disciplinary technique thus “mobilises a tactic of tact: it is the policing power that never passes for such, but is either invisible or visible only under cover of other, nobler or simply blander intentionalities (to educate, to cure, to produce, to defend)” (Miller 17). As Foucault argues in *Discipline and Punish* (1975), the state establishes disciplinary power in order to create “docile bodies” that are easier to manage (135). Unlike direct physical and bodily control (how the body is physically “manipulated, shaped, trained” in the classical age), discipline “dissociates power from the body” by “turn[ing] [power] into an ‘aptitude’, a ‘capacity’, which it seeks to increase” (136,138). At the same time, such a power also “reverses the course of the energy” by “turn[ing] it into a relation of strict subjection” (138). In other words, disciplinary power is often expressed in an indirect and invisible ruling of individual bodies that aims at increasing individual aptitude as well as state domination.

In *A Passage*, the invisibility of discipline manifests in its free indirect third-person narration. Through his pseudo-medical authority, the narrator repeatedly implements an imperial surveillance and hygienic standards upon Aziz. Although Aziz is a trained doctor in Western medicine, he has a different notion of hygiene compared to the Western standard. As Aziz remarks, “the boredom of regime and hygiene repelled him” when practicing medicine (48). For this reason, when Aziz is asked to clean his teeth after pan before visiting Major Callendar, he is reluctant to comply: “If my teeth are to be cleaned, I don’t go at all. I am an Indian, it is an Indian habit to take pan. The Civil Surgeon must put up with it” (13). While Aziz refuses to have his notion of hygiene colonized by the Western medical standard, Michael R. Enos contends that “[Aziz’s] insistence on Indian custom only highlights the ways the imperial gaze instils in Aziz an obligation which even he does not wish to carry out” (101). Aziz’s hesitation about his hygienic routine is evident in how he “dallied furthermore to clean his teeth” (14). Enos further emphasises Major Callendar’s absence, for “it suggests that Aziz obeys a force which is not embodied in a person, but rather is pervasive in its gain

on Aziz's consciousness" (101). In other words, even in Aziz's 'resistance' to imperial power, the imperial gaze has already worked its way into his consciousness. Such self-policing only fortifies the narrator's narrative imperialism, which continues to operate even when a direct and instructive narration is absent. As Aziz's self-policing of personal hygiene demonstrates, the narrator covertly surveils and disciplines his subjects even in instances of indirect narration. By taking advantage of Aziz's medical expertise, Foucault suggests that such model of discipline functions even more "efficient[ly] than his instructive governance, for it triggers a fundamental motivation for the subject, whose self-defence is then weaponized by the narrator to secure his narrative empire (*Discipline*, 137). To this extent, Forster's narrator repudiates Woolf's hermeneutics of illness by dictating a parochial definition of hygiene and health.

While the above Foucauldian reading of FID demonstrates the complicity between the novel's form and its colonial theme, critics such as Dorrit Cohn and Kathy Mezei contend that applying Foucault's theory in this way is to overlook its potential ambiguity. Implicit in Cohn's and Mezei's argument is that there might be room for resistance despite the stringent control Forster's narrative Empire exercises. Reversing Miller's argument that the narrator imposes his/her narrative upon fictional minds, Cohn argues that "free indirect style is the means by which a narrator, far from imposing his voice on his characters, allows the latter to impose *their* voice on *him*" ("Optics", 5). Like Cohn, Mezei similarly suggests that FID is an expression of the character's bid for freedom from the controlling narrator rather like the gingerbread man gleefully escaping from his creator" (68). Mezei offers an analysis of Forster's *Howards End* (1910) and suggests that "[t]hrough FID, the narrator alternates between Margaret's and Mr. Wilcox's views on appropriate gender roles and sexuality" (80). Rather than forcing an opinion upon his characters, the narrator has "set up an ambivalent reception to his presence for the reader" (81). For Cohn, the narrator-character relationship

cannot be parallel to that of the officer-prisoner relationship. Quoting Foucault's essay "The Subject and Power" (1982)⁴⁰, Cohn clarifies that "[p]ower relations [...] can only exist between entities that coexist, ontological equals that share the same space and the same time" (9). Since fictional characters "are not free subjects who can potentially escape their graphic prisons and make fictional subjects of – or even talk back to – their author or narrator", Miller's argument "make[s] no sense at all – no Foucauldian sense, at any rate – when they are applied to an author's (or heterodiegetic narrator's) relationship to his fictional characters" (9). Cohn's and Mezei's work suggest that FID is a complex narrative device that cannot be easily modelled to accommodate one set of theory without also considering the situation in reverse. In what follows, I will continue to explore how the narrator's imperialistic governance of his 'Oriental patients' falters because of the resistant potential of the self-discipline he implements upon his subjects through indirect narration.

The "Madness" of Narrative Imperialism

As I have just noted, there are two dividing views on the narratorial function of FID: the Foucauldian readers insist that FID serves the narrator-author in their policing of fictional and sometimes readers' minds, whereas other critics argue for the emancipatory potential of fictional characters within FID while maintaining an ambiguous stance on narrative authority. This section will undertake a more critical view on the Foucauldian reading and look into the emancipatory potential FID fosters for fictional minds. My hypothesis is that the narrator's direct narration may not as 'authoritative' as it appears to be and that it is possible for these debilitated subjects to restore some degree of agency. In moments of his inconsistency and

⁴⁰ Foucault notes in "The Subject and Power" (1982) that "Power is exercised only over free subjects, and only insofar as they are free" (790). He further adds that "there is no relationship of power without the means of escape or possible flight" (794).

anxiety, I argue that the narrator shares symptoms of ‘madness’ that he accuses his characters of harbouring. While discipline and biopolitics are implemented to perpetuate the debilitation of subjugated bodies, I suggest that Forster’s characters overturn this Foucauldian discipline into a Stoic self-discipline that combats debility and the narrator’s medical policing of their consciousness. Comparing Foucauldian discipline and Stoic self-discipline, I will also critically assess the extent to which a Stoic narrativization of pain can be said to be ‘healthy’ or whether ‘health’ has lost much of its restorative power under biopolitics.

Although the narrator performs an imperialism that instructs the reader on how we should read the novel, the ironic undertone forbids the narrator from establishing absolute authority. Cohn suggests that there is a general tendency in critics’ inflexible reading of this mode of authorial narration. According to the traditional view, and “especially when they are told by a loudly audible, moralistically judgmental narrator”, critics are prone to interpret the narration of being “designed to propagate clear and absolute values, beliefs authoritatively held and didactically targeted” (Cohn 14). However, Cohn contends that the “traditional link between authorially focalized novels and clear normative values” collapses “as soon as one becomes aware that such novels open to a different reading option: one in which the judgmental narrator is not understood as a spokesman for the author but as a fictional voice whose normative comments on characters and events may not be reliable” (16). Against this claim, Forster’s view on narrative is liberalist as he opposes how a controlling narrative discusses “confidences about the individual people”, which “beckons the reader away from the people to an examination of the novelist’s mind” (*Aspects*, 57). In addition to the overtness in which the narrator asserts his power, the novel’s direct narration should be read with suspicion of its sincerity.

Paul B. Armstrong comments on the passages where the narrator performs an omniscient introduction of Indian landscapes and customs, and remarks that such a narration

leads the reader to both trust and distrust him at the same time – a ‘double vision’ akin to Aziz’s and Mrs. Moore’s consciousness. For instance, Armstrong draws on the narrator’s monologue in Chapter I, X, and XII to introduce the landscape and culture of India. Without “accepting categorical statements” where the narrator introduces India in a matter-of-fact way, Armstrong notes, “the non-Indian reader can know nothing of the complexities of the Indian life” (374). At the same time, however, “the novel’s depiction of the will-to-power implicit in the tourist’s desire to know the ‘real India’ should make the reader suspect even benevolent generalisations” the narrator makes (374). Armstrong argues that such a diffractive and sceptical thinking is “appropriate because of the inevitable absences and exclusions which accompany any perspective”, an ethics that permeates Forster’s novel (374). Split by two opposing thoughts, the narrator here ironically becomes a fellow sufferer of Aziz’s Oriental ‘mental malady’ that he previously sneers. As Cohn notes, Forster’s direct narration indeed does not promise any intentional didacticism and authority, which – if there is any – is dismissed by its own persistent irony.

Anti-Foucauldian reading of FID thus suggests how the narrator can be complicit in his characters’ emancipation from the novel’s (narrative) empire and the debility it imposes. While I have previously delineated how the narrator functions as an institutional authority that disciplines his characters’ consciousness and behaviour via both his direct and indirect narration, Aziz’s and Mrs. Moore’s debility also exposes the madness (according to the narrator’s sense of the word) of the novel’s narrative imperialism. Putting aside which reading should be more favourable for *A Passage*, the dividing interpretations of FID engender a more central inquiry that the novel poses: if the narrator functions as an institutional authority, and if he simultaneously assists his characters’ self-determination, how then, should we locate the loyalty of the narrator? Is the narrator his characters’ ally or is he their coloniser who imposes debility onto them? In the following, I will show how Forster

ironically locates the narrator as his characters' ally in order to reveal and lampoon both his own and the empire's madness.

Although the narrator seems to be assisting his characters to escape the surveillance of his (narrative) Empire at times, his heroism is effectively undermined by Forster's irony. Lauren Berlant suggests that one of the ways to break free from biopolitics is by cultivating an awareness of mundane events in life that counters the biopolitical machine. Berlant compares the condition of debility to a process of "slow death", which refers to the physical wearing out of a population and the deterioration of people in that population that is very nearly a defining condition of their experience and historical existence" (754). With the championing of speed and productivity in a capitalist society, a population commits to their slow death on a daily basis by engaging in "productive" activities such as work. Under the enforcement of slow death, Berlant suggests that cultivating an awareness towards "spreading-out activities like sex or eating, oriented toward pleasure or self-abeyance, that do not occupy time, decision, or consequentiality in anything like the registers of autonomous self-assertion" can regain a sense of self (757). Berlant contends that if we do not attend to the "unconsciousness that condition ordinary activity", "we persist in an attachment to a fantasy that in the truly lived emotions are always heightened and expressed in modes of effective agency that ought justly to be and are ultimately consequential or performatively sovereign" (757). To liberate oneself from the procession of slow death, one must, Berlant argues, live reflectively and disorient oneself from prescribed reactions that feign authentic expression of agency.

Prophetic of Berlant's argument, Forster's narrator warns against the peril of exaggerating and over-dramatizing mundane events in life:

Most of life is so dull that there is nothing to be said about it, and the books and talk that would describe it as interesting are obliged to exaggerate, in the hope of justifying their own existence. Inside its cocoon of work or social obligation, the human spirit slumbers for the most part, registering the distinction between pleasure and pain, but not nearly as alert as we pretend. There are periods in the most thrilling day during which nothing happens, and though we continue to exclaim ‘I do enjoy myself’ or ‘I am horrified’ we are insincere. ‘As far as I feel anything, it is enjoyment, horror’ – it’s no more than that really, and a perfectly adjusted organism would be silent. (124)

The narrator remarks that we are used to perceive emotions as either positive or negative while neglecting the neutral and mundane episodes in life. By encouraging his characters to divert attention away from their “cocoon of work or social obligation”, Forster’s narrator seems to be assisting his characters in their bid to freedom by warning them against their habit of getting too complacent with routines and feelings (124). However, he also pokes fun at their indifference through an indirect narration in the next paragraph. As the narrator notes: “It so happened that Mrs Moore and Miss Quested had felt nothing acutely for a fortnight” (124). The phrase “[i]t so happened that...” carries irony, in which the narrator criticises Mrs Moore’s and Miss Quested’s lack of emotional response. Indeed, the paragraph that follows the above passage reads like an ironic parody of the first:

It so happened that Mrs Moore and Miss Quested had felt nothing acutely for a fortnight. Ever since Professor Godbole had sung his queer little song, *they had lived more or less inside cocoons*, and the difference between them was that the elder lady accepted her own apathy, while the younger resented hers. It was Adela’s faith that the whole stream

of events is important and interesting, and if she grew bored she blamed herself severely and compelled her lips to utter enthusiasms. *This was the only insincerity in a character otherwise sincere, and it was indeed the intellectual property of her youth.* (124, emphasis added)

Unlike the first excerpt, this excerpt is narrated in third-person and is not focalised by a specific character's point-of-view. However, its discourse retains the narrator's tone and diction. The word "cocoon[]" repeats the narrator's vocabulary in his previous direct narration. While the last two sentences beginning from "It was Adela's faith..." are focalised from Adela's point-of-view, the last sentence reinforces its ambiguous narration. Although the last sentence is narrated in third-person past tense, it seems to refer to Adela's fictional 'character' in addition to her personal character – it is almost as if the narrator is speaking through the veneer of Adela's indirect discourse. By *impersonating* Adela, the narrator adopts the omniscient perspective while insisting on his impersonality and distance from the narration. Rather than posing as the authoritative voice as Foucauldian readers of FID suggest, the narrator merely constitutes one of the many voices that its (narrative) empire seeks to police. At the same time, the narrator's impersonation of his characters also seems to reinforce a narrative control that is insinuated in a Foucauldian interpretation of FID. Forster's irony functions precisely to mediate this impasse: in locating the narrator as the characters' ally, Forster reassures his narrator of his power. Yet, the narrator's abuse of this power ironically exposes his own and the empire's anxiety to govern. The irony generated in the gaps of direct and indirect narration exposes how both the narrator and the empire are marching towards their subjects' as well as their own debility.

It is only inevitable, then, that the narrator later commits to the error of the “oblig[ation] to exaggerate” in his narration of the incident in the caves (124). While the narrator dismisses sentimentalism, he concurrently exaggerates and dramatizes the incident throughout his narrative and becomes guilty of the error that he accused his characters of. Evident in the grammatical structure of the sentences, the narrator smuggles in his commentary in between his characters’ thoughts to criticise their over-indulgence of emotions. After Aziz’s arrest, the Collector is torn between his allegiance towards his own emotion and reason. While he is adamant that there will be “disaster” when “English people and Indians attempt to be intimate socially”, he also notes that this “emotion[al]” response has “[n]othing” to do with Aziz’s case (153, 154). Ultimately, the Collector decides that “[h]e had not gone mad” and that “[h]e was still after the facts, though the herd had decided on emotion” (154). It is here that the narrator insinuates himself amidst the Collector’s consciousness:

He was still after the facts, though the herd had decided on emotion. *Nothing enrages Anglo-India more than the lantern of reason if it is exhibited for one moment after its extinction is decreed.* All over Chandrapore that day the Europeans were putting aside their normal personalities and sinking themselves in their community. Pity, wrath, heroism, filled them, but the power of putting two and two together was annihilated. (154-155, emphasis added)

The switch to present tense is indicative of the narrator’s direct narration (highlighted in italics). The narrator inserts his judgment on the incident within a passage predominantly focalised through the Collector, whom he suggests might have gone mad. Adopting an

omniscient and thus authoritative tone, the narrator here justifies the English's indulgence of rage. The narrator's endorsement of their emotional drama is thus contradictory to his previous warning against the "obligation to exaggerate" (124). A dramatic irony is enacted here, for, being the only alibi for Aziz's innocence, readers know that nothing happens in the caves. If there is any madness at all, the narrator's anxiety to micro-manage the minds of his narrative subjects only reproduces a madness of his own.

The narrator's and the Empire's madness heightens as the Empire is shown to be exploiting its own administrator of free will. Despite his identity as an English officer, Fielding repudiates the colonist logic, for he "loved Aziz, and knew he was calumniated" (162). Ironically, Fielding's defence of Aziz must fail without borrowing the authority of the Empire, which is what decreed Aziz to be a criminal in the first place. Like the narrator, "Fielding, too, had his anxieties – he didn't like the field-glass or the discrepancy over the guide – but he regulated them to the edge of his mind, and forbade them to infect his core" (162). The colonist logic that automatically renders the colonised suspect guilty is metaphorized as an infection that Fielding is immune to. Despite his bonding with Aziz, Fielding also "realised the profundity of the gulf that divided him from them" (162). Taking advantage of Fielding's awareness, the narrator once again inserts himself into the middle of his characters' consciousness:

They always do something disappointing. Aziz had tried to run away from the police, Mohammed Latif had not checked the pilfering. And now Hamidullah! – instead of raging and denouncing, he temporized. *Are Indians cowards? No, but they are bad starters and occasionally jib. Fear is everywhere; the British Raj rests on it;* the respect

and courtesy Fielding himself enjoyed were unconscious acts of propitiation. (163, emphasis added)

By excusing the Indians for their cowardice to resist, the narrator forwards the Empire's agenda while advertising the "[f]ear" the empire projects (163). Likewise, if Fielding were to defend Aziz successfully, it implies that he is concurrently confirming the Empire's authority since the efficacy of his plead depends upon "the respect and courtesy" he enjoys as an English officer (163). As Fielding's loss of control over his loyalty signifies, the (narrative) Empire does not only deprive the Indians of agency, but also its own English officer's as well. Although Forster's narrator rejects Woolfian hermeneutic of illness by posing as a medical authority who polices his characters' mental hygiene, he also abuses his omnipotence in such a way that leads to resistance from his subjects. In response to the subjects' resistance, the narrator also inadvertently exposes the madness of his colonising intent. Forster, therefore, irritates the confidence of the diagnostic moment to show the fragility of narrative reliability.

Stoic Discipline

We have seen how, in order to secure his medical-narrative Empire, the narrator implements disciplinary surveillance upon its subjects. Carried to its full force, this disciplinary power activates a self-discipline within its subjects, who internalise laws that the empire upholds. But while Aziz disciplines himself on occasions to abide by the English hygienic standard, other narrative subjects demonstrate a refusal to be disciplined by the (narrative) empire throughout the novel. In effect, Forster's characters enact a parody of Foucauldian discipline, an alternative form of self-discipline that is modelled on the Stoics'

practice of *epimeleia heautou* (the care of the self). As Foucault notes in a series of lectures conducted on the Stoic care of the self, the care of the self is construed as a therapeutic practice, as it borrows heavily from “medical vocabulary” and it seeks to “correct, restore, and establish” the individual’s well-being (*Hermeneutics*, 88, 97). The care of the self adopts “techniques of meditation, of memorisation of the past, of examination of conscience, of checking representations which appear in the mind” in order to fashion a stable sense of self and agency (*Hermeneutics*, 10). When health becomes overtly politicised in *A Passage*, Forster’s characters engage with the Stoic care of the self, a non-medical narrativization of suffering in which the individual fashions a norm for the self that counteracts the Empire’s normalising strategy and its medicalisation of the Indian subjects.

The self-discipline in the Stoic care of the self parodies Foucauldian discipline by displacing the agent of normalisation on the subject. Adamant that *eudaimonia* is achieved by one’s consistent performance of virtue and self-control, the Stoic thesis is essentially an exercise of self-discipline. To implement self-discipline, the Stoics believe that one must fashion a stable notion of self that one should consistently perform. Whereas gender theorist Judith Butler suggests that there is no essence to the self, the Stoics suggest that we should create a core persona that one shall consistently perform. As Seneca writes to Lucilius:

Believe me, it is a great role – to play the role of one man. But nobody can be one person except the wise man; the rest of us often shift our masks [...] You should therefore force yourself to maintain to the very end of life’s drama the character which you assumed at the beginning. (*Letters*, 444)

This essential notion of the self is contrary to Butler since for the Stoics “[t]he task is precisely not to ‘shift our masks’ in accordance with external social circumstances, but to enact a consistent persona” (Power 60). Echoing Stoicism, Forster similarly configures the self as a “solid [...] entity” in the essay “What I Believe” (*Two Cheers*, 78). While acknowledging that personality is not unchangeable, Forster remarks that “[f]or the purpose of living one has to assume that the personality is solid, and the ‘self’ is an entity, and to ignore all contrary evidence” (78). This solidity of the self gives weight to the novel’s central idea – to “believe in personal relationships” (77). Like Foucauldian discipline, the Stoic fashioning of a core self thus establishes a norm that the self willingly subjects itself to.

However, a major distinction between the two forms of self-discipline is that Stoic self-discipline is self-directed. Although Foucauldian self-discipline gives the illusion of the subject’s freedom with its “ability to ‘free’ psychic and libidinal energy”, it “participates in relations of power” that reinforces the empire’s governance (van Krieken 356, Frank 185). Stoic self-discipline is also more flexible in practice despite the ethical norm it upholds. Gretchen Reydamns-Schils explains that the Stoic persona is generated based on “a constant mediating act between norms for one’s given social responsibilities as stipulated by the Stoic philosophical ideal and everyday ‘business as usual’” (321). In other words, while there is an essence of self that one should maintain, individual actions must be enacted according to what is required of the specific circumstances, actions which might contradict in different situations even when they are based on the same ethical principle. Through the technique of the care of the self, one negotiates with one’s ‘mask’ with rigorous introspections. As Reydamns-Schils puts it, “[t]his mediation [between the persona and the specific situation] is what the self does, and it requires a self, and a first-person perspective, both because situational challenges differ from one person to the next, but also because one cannot relegate

those challenges to anyone else” (321). As such, Stoic self-discipline parodies Foucauldian self-discipline by maximising individual agency through a self-normalising process.

In *A Passage*, Aziz, Adela, and Mrs. Moore practice a Stoic self-discipline that combats the regularisation of the (narrative) Empire, a process that exploits medical technology in order to perpetuate its subjects’ identity as “objects of care” (Puar 84). In “Bioethics and the Later Foucault” (2003), Arthur W. Frank and Therese Jones argue that biopolitics relies on “[m]edical relations of power”, which “require[s] [the ‘autonomy’ fostered by discipline], so that the self-so-constituted can choose to assume a symmetrically lower position on both sides of these relations of power” (185). For instance, in a situation in which one is asked to sign a document to consent surgical operations, Frank and Jones remark that “the patient can always refuse to sign the consent form – but there is no evading the relations of power” (185). For this reason, “the problem is not receiving or consenting to receive medical service; the problem is accepting an identity as ‘a patient’ with all of the essentializing assumptions that such a socially constructed identity entails” (185). I will show how Forster’s characters follow Frank’s and Jones’s argument and undertake a more radical rebellion against the pseudo-autonomy fostered by the empire’s discipline. Engaging in a Stoic counter-narrative, Forster’s characters reorient themselves towards the narrativization of health and reject their disabling identity as Oriental ‘patients’ who comply with the (narrative) Empire’s diagnostic system.

Aziz’s FID exemplifies a Stoic self-discipline in maintaining his dual identity as a doctor-poet, a self-determination that parodies the narrator’s diagnosis of his “mental malady” (263). Once Aziz “became the medical student”, he “ceased to be either outcaste or poet” (48). As Aziz remarks, “it was his hand, not his mind, that was scientific” (48). His poet persona and his doctor persona are mutually-exclusive, where the former requires an intuitive and emotional sensibility that undoes the professionalism of the latter. Despite their

incompatibility, Aziz knows that he cannot discard one for the other. While Aziz “loved poetry” and that “science was merely an acquisition”, his poetic musings are often interwoven with medical language (252). As he decides to put medicine “aside”, Aziz “longed to compose a new song” (252). But he has several doubts regarding the “language” and theme of the song: “In what language shall it be written? And what shall it announce? He vowed to see more of Indians who were not Mohammedans [...] It is the only healthy course” (252). Using “technique of meditation”, Aziz’s medical education bleeds through his language as he uses “health” to measure literary excellence (Foucault, *Hermeneutics*, 10).

Aziz’s poetic intuition and scientific rationality are further put into conflict in his suspicion of Fielding’s liaisons with Adela. Because of his “affection” for Fielding, Aziz is troubled by a “suspicion[n]” of the fact that his best friend has intention to marry his enemy: “Aziz did not believe his own suspicions – better if he had, for then he would have denounced and cleared the situation up” (262,263). It is also here that the narrator diagnoses Aziz’s incompatible beliefs as a “mental malady” (263). As discussed, Aziz internalises the narrator’s demonization of his conflicting personalities and fails to draw a satisfying conclusion to his speculations. In the last section of the novel, however, we will see how Aziz deploys the meditative techniques of the Stoic care of the self, where he jettisons the narrator’s diagnosis and refuses to have his doctor-poet identity pathologized.

Meeting his friend’s son Ralph Moore for the first time, Aziz consciously exploits his split personalities as he judges Ralph: “The doctor in Aziz thought, ‘Born of too old a mother,’ the poet found him rather beautiful” (294). Reminding himself “[n]ever be friends with the English”, Aziz here allows his emotions to affect his medical professionalism. As Aziz treats Ralph for his bee stings, Ralph notices Aziz’s prejudices against him and points out that his hands are “unkind” (294). Sensitive to Ralph’s English identity, Aziz assumes this accusation to be racist and subsequently grows defensive. But as their dialogue

progresses, Aziz realises the familiarity of the scene before him, for he remembers that “he said [the same words] to Mrs Moore in the mosque” (296). The medical diagnosis of the bee sting soon turns into a poetic diagnosis of Ralph’s “Oriental” quality: When he tells Ralph that his mother “was [his] best friend in all the world”, Aziz becomes involuntarily kind to Ralph as he is “puzzled by his own great gratitude” (296). Aziz then begins to engage in a series of introspection in different depths of his consciousness. In the following passage, a consonant psycho-narration is deployed: “What did this eternal goodness of Mrs Moore amount to? To nothing, if brought to the test of thought. She had not borne witness in his favour, nor visited him in the prison, yet she had stolen to the depths of his heart, and he always adored her” (296-297). As mentioned in Chapter One, the narrator “yields to the figural thoughts and feelings even as it reports them” in a consonant psycho-narration (Cohn 31). As such, Aziz is more conscious of his thoughts here than he was in his judgment of Ralph. In his conscious meditations, Aziz’s poet and doctor personas negotiate with each other rather than complying to the mental hygiene the narrator decrees. While the doctor in him acknowledges that Mrs. Moore has not helped him during the trial, the poet in him knows that he truly values her as a friend.

Thanks to his self-interrogations, Aziz is able to make a more decisive judgment on his attitude towards the English in the next paragraph: “Was the cycle beginning again? His heart was too full to draw back. He must slip out in the darkness, and do this one act of homage to Mrs Moore’s son” (297). Although it appears that Aziz has succumbed to his emotions, he also emphasises that “until his heart was involved he knew nothing” (298). In other words, his intellectual rationality depends on his intuitive emotions – he can neither dismiss one nor subsume one into the other. Through the “technique of meditation”, “memorisation of the past”, as well as an “examination of conscience”, Aziz deploys the care of the self to reconcile the extremities of his personality (Foucault, *Hermeneutics*, 10). It is

important to note, however, that although Aziz reconciled his doctor and poet personas, his Oriental malady is not therefore ‘cured’. With Ralph, we have seen how Aziz still “trusts and mistrusts at the same time” (263). Through the care of the self technique, however, Aziz begins to *accept* instead of problematise the necessary co-existence of his emotions and rationality. Rather than ‘curing’ his Oriental malady, then, Aziz dismisses it as a disease altogether. In parodying the narrator’s diagnosis, Aziz plays into his schizophrenic “symptoms” and retains his agency – in Woolf’s words – as a “free agent” (*Collected Essays I*, 351). But of course, Aziz’s agency remains limited. Despite his self-assertion, his consciousness remains to be written, medicalised, and disciplined by the (narrative) Empire. As Katrina Mitcheson writes of Foucault’s care of the self, “[a]gency...can never be seen as entirely autonomous even while it works towards autonomy” (70). The key to self-mastery, Mitcheson clarifies, is the subject’s “critical awareness of the operation of power strategies” (70). Re-narrativizing his value judgment through FID, Aziz’s Stoic self-discipline at least allows him to retrieve some degree of agency even under the grip of imperial violence.

Whereas Aziz parodies the narrator’s diagnosis, Mrs. Moore metaphorizes her final disillusionment as an illness that she *performs* to refuse the empire’s imposition of ‘health’. Ever since Mrs. Moore has received the menacing echoes of the Marabar caves, she has been struck by an indifference that accelerates her physical and mental debility. As the echoes simulate virtues such as “Pathos, piety, courage” into the monotony of “ou-boum”, it dawns on Mrs. Moore that the world is inherently meaningless: “she realised that she didn’t want to write to her children, didn’t want to communicate with anyone, not even with God. She sat motionless with horror...” (139). Sickened by this horror, Mrs. Moore imagines that she is “going to be ill” (139). Interestingly, Mrs. Moore’s self-diagnosis is conducted in order to “comfort herself” (139). By *saying* that she is ill, Mrs. Moore ushers illness into being and thus harnesses an illness metaphor, in which illness becomes a proxy for the horror of her

disillusionment. More importantly, Mrs. Moore's self-diagnosis constitutes a refusal to comply with the Empire's standard of health. When her son Ronny uses her health condition to justify whether she should act as a witness in Aziz's trial, Mrs. Moore's performance of illness serves to reject Ronny's medical gaze as well as his Oriental prejudices. After catching wind of the incident in the caves, Ronny is certain that Aziz is "a crank" even when Adela reassures him that "Dr Aziz never did it" (185, 190). As such, he is eager to gather witness, one of them being Mrs. Moore, who can prove Aziz guilty. While Mrs. Moore is unwilling to get involved in the trial, Ronny uses Mrs. Moore's health to coerce her into becoming one of the witnesses: "If you're ill, that's different; but you say you're all right and you seem so, in which case I thought you'd want to take your part, I did really" (189). In response, Mrs. Moore enacts her performance of illness by verbalising and diagnosing her suffering:

‘My body, my miserable body,’ she sighed. ‘Why isn’t it strong? Oh, why can’t I walk away and be gone? Why can’t I finish my duties and be gone? Why do I get headaches and puff when I walk? And all the time this to do and that to do and this to do in your way and that to do in her way, and everything sympathy and confusion and bearing one another’s burdens. Why can’t this be done and that be done in my way and they be done and I at peace? (189-190)

By verbalising her symptoms and refusing to be ‘healthy’ – according to Ronny's sense of the word, Mrs. Moore's performance of illness serves as a plead for “peace” and a disavowal of medico-normativity (190). As Berlant argues, “[h]ealth itself can then be seen as a side effect of successful normativity” under the slow death of a population (765). For, when the

subjects are capable of maintaining ‘health’, they are inevitably constitutive of the biopower that seeks to lodge them securely within the control of the state’s sovereignty, which is largely maintained by the policing of bodies through medical power relations. In this sense, Mrs. Moore’s performance of illness counterfeits the biopolitics of the Empire, a biomedical violence that has ‘infected’ its own English citizens as well as the Indians.

Mrs. Moore’s rejection of health is also coupled with her resistance against the narrator’s disciplinary surveillance of her consciousness. Through a Stoic care of the self, Mrs. Moore’s self-discipline combats the narrator’s colonisation of her consciousness. During her passage out of India, Mrs. Moore’s reflection on India is constantly interrupted by the narrator’s direct narration. But concurrently, it is almost as if Mrs. Moore’s thoughts are consciously erasing the narrator’s discourse. The narrator keeps miming her thoughts while Mrs. Moore is determined to be “resign[ed]” (196). As she “accepted her good luck without enthusiasm”, the narrator inserts himself in the middle of her thoughts: “She had come to that state where *the horror of the universe and its smallness are both visible at the same time – the twilight of the double vision in which so many elderly people are involved*” (195, emphasis added). Although the sentence begins in an indirect narrated monologue of Mrs. Moore’s thoughts, it gradually morphs into the narrator’s discourse, as indicated by the shift to present tense. The narrator then indulges in a longer monologue about the paralysing effect this “spiritual muddledom” entails (196).

Following his monologue, the narrator resumes his indirect narrated monologue, which, however, is punctuated by a variety of other narrative styles that seeks to mimic and resuscitate Mrs. Moore’s “resign[ed]” consciousness (196). For instance, dissonant psycho-narration is deployed to animate Mrs. Moore’s indifferent thoughts: “What had spoken to her in that scoured-out cavity of the granite? What dwelt in the first of the caves?” (196). As discussed in Chapter One, dissonant psycho-narration features a “prominent narrator” who

permeates the text while maintaining a distance with the character (Cohn 26). The narrator's dissonant psycho-narration, therefore, exposes how Mrs. Moore's consciousness here is mimicked rather than organically presented. The narrator then resumes to a more neutral narrated monologue: "Since hearing its voice, she had not entertained one large thought, she was actually envious of Adela" (196). Curiously, while the narrator notes that Mrs. Moore "had not entertained one large thought", the next phrase describes how she has been thinking about Adela in envy, which almost betrayed the neutrality of the previous statement (196). Through FID, it is almost as if the narrator is hiding behind the veil of the indirect narration to impersonate Mrs. Moore's thought pattern. Following his mimicry, the narrator finally breaks through his masquerade and jumps into an anxious address to the reader. Anxious that his reader will take Mrs. Moore's view that good and evil "amoun[t] to the same", the narrator cannot help but to correct this thought: "Visions are supposed to entail profundity, but – wait till you get one, dear reader!" (196).

The narrator's desire to police consciousness, however, is dismissed by Mrs. Moore's overwhelming sense of indifference in the long monologue that follows. Looking at the scenery as she departs, Mrs. Moore maintains the indifferent persona she assigned for herself and deploys techniques of the Stoic care of the self through (dis)remembering her past and introspection. As she passes through Central India, she notes that the place "appeared to her not in terms of her own trouble but as things to see" (197). To erase her presence out of India, Mrs. Moore encounters "Asirgarh", which is "forgot[ten]" quite immediately after the sight (197). For, Mrs. Moore contemplates, "[w]hat could she connect it with except with its own name? Nothing; she knew no one who lived there" (197). As she gradually erases her memories associated with the Indian landscape, she further effaces her consciousness out of the novel's narrative. Half-conscious contemplations are replaced by a series of juxtapositions of Indian tourist spots that drown out her voice:

She would never visit Asirgarh or the other untouched places; neither Delhi nor Agra nor the Rajputana cities nor Kashmir, nor the obscurer marvels that had sometimes shone through men's speech: the bilingual rock of Girnar, the statue of Shri Belgola, the ruins of Mandu and Hampi, temples of Khajuraho, gardens of Shalimar... (197)

Mrs. Moore's last monologue in the novel then ends with Lady Mellany's direct speech, who "advised her not to stand in the heat" (198).

On the face of it, although Mrs. Moore's resignation seems to symbolise a loss of agency, Mrs. Moore's indifferent monologue indicates a disoriented attention and constitutes one of the "spreading-out" activities Berlant refers to (757). These activities are "vague", "episodic", and "presumes nothing about the meaning of decision or the impact of an act" (757). Berlant remarks that it is imperative "to think about agency and personhood not only in normative terms but also as activity exercised within spaces of ordinariness" (758). For, what is perceived to be life-affirming events are often "embedded in normative notions of agency", which only serves to dramatize "the scene of slow death, a condition of being worn out by the activity of reproducing life" (758-759). As Berlant would have it, Mrs. Moore's Stoic indifference is "an alternative way to talk about phrases like 'self-medication'", a different therapy "when [the subjects] are not acting in a life-building way – the way that liberal subjects are supposed to" (759). At the same time, although these ordinary and often "inefficien[t]" activities help the subject to retain agency, they do not contribute much to better life (778). At best, Berlant notes, these activities function merely "to making a less bad experience" (779). Mrs. Moore's death thus plays out the full effect of slow death in British India: although her resignation to 'health' and life counters the biopolitics and discipline the

(narrative) Empire exercises, her illness and death are simultaneously prophetic of the debility of slow death. Gradually worn out since hearing the echoes in the caves, Mrs. Moore, although she achieves a certain degree of agency like Aziz, is vulnerable to the final blow of biopolitical violence.

Not dissimilar to Mrs. Moore, Adela's Englishness does not grant her immunity from biopolitical violence either. Since the cave incident, Adela is repeatedly hailed and politicised as a patient according to the empire's standard of 'health'. Although the English are determined to avenge Adela's assault, "[n]o one understood her trouble" (182). The narrator here describes Adela's emotional instability as a "vibrat[ion] between hard common sense and hysteria" (182). While Adela's intuition tells her that Aziz is innocent, her rationality convinces her otherwise. When Ronny tries to dismiss Adela's intuition as "[p]ure illusion" and convince her of Aziz's guilt, Adela internalises his diagnosis of "hysteria" as she tells Ronny that she is "so grateful to [him] for clearing this up – it's the sort of mistake that worries me, and proves I'm neurotic" (192). Concerned that she has become "neurotic", Adela relies on Ronny's judgment to reconstruct her own experience of the incident.

Adela's neurotic tendency is further confirmed by Major Callendar, who is "[u]nable to dispel the buzzing in her ears" and thus "had diagnosed it as a fancy, which must not be encouraged" (201). Michael Enos has argued how Adela "allows herself to be disciplined, or made into a useful body, and more highly individuates her by presenting her as a hysterical female, thereby reinscribing her within a medico-juridical discourse" (94). Quoting the excerpt where Adela is crowned as "a real person" after her candid confession, Enos contends that this award is one of the disciplinary strategies the narrator implements:

that we should be told that she is ‘being examined by life’ is ironic, since the narrator here delineates the structure of surveillance in which Adela has placed herself since the beginning of the novel. Under the rubric of education, Forster brings Adela under greater scrutiny for now she is finally ‘learning’ how to be a ‘real person’, a lesson which he as the narrator has formed all along. The narrator suggests this neat definition of the self is a norm by which Adela has fallen short all along. Only now that she has suffered a hysterical trauma and saved Aziz from prison can the narrator condescendingly reward her with a legitimate subjectivity. (104)

Enos’s argument here is based on his view that the “real person” statement belongs to the narrator’s discourse.

But Enos overlooks the fact that the passage is focalised from Fielding’s consciousness: “he had a new born respect for her, consequent on their talk [...] she was no longer examining life, but being examined by it; she had become a real person” (229-230). In this sense, this statement might not be ironic in tone as Enos suggests. If we read the remark as part of Fielding’s consciousness, Adela need not be interpellated as a debilitated subject. Indeed, Fielding’s “natural sympathy” for Adela’s “honesty” shifts the disciplinary power imposed on Adela to Fielding’s own (Foucauldian) self-disciplining (229, 230). If Fielding disciplines Adela’s behaviour through his “rubric of education”, he only ends up applying this pedagogy on himself: “He couldn’t bear to think of the queer honest girl losing her money and possibly her young man too. [Adela] advanced into his consciousness suddenly. And, fatigued by the merciless and enormous day, he lost his usual sane view of human intercourse” (234). Rather than disciplining Adela’s consciousness, Fielding’s FID indicates

how it is Adela's consciousness that is intruding his own – it is Fielding's own descending to insanity, not Adela's.

Not only does Adela's 'hysteria' expose the very insanity of the (narrative) Empire, Adela further counters her debility through a self-disciplinary training that encourages her to speak the truth about the incident. Adhering to the Stoic training, Adela practices her verdict through mental repetitions. As Roman Stoic Musonius Rufus suggests, Stoic self-discipline is practiced through repetitive training: like the athlete, the Stoics "will train both soul and body when [they] accustom [themselves] to cold, heat, thirst, hunger, scarcity of food, hardness of bed, abstaining from pleasures, and enduring pains" (*Lectures and Sayings*, 37). While Adela is initially confused about the incident, she "was always trying to 'think the incident out', always reminding herself that no harm had been done" (183). She then puts herself under interrogation: "There was 'the shock', *but what is that?*" (183, emphasis added). The italicized question appears to be the narrator's direct discourse, who seems to be equally blinded by what truly took place in the caves. Adela then comes to a more conscious reflection: "*She felt that* it was her crime, until the *intellect*, reawakening, pointed out to her that she was inaccurate here, and set her again upon her sterile ground" (183, emphasis added). Although Adela gives in to the dictate of her intellect, she is conscious of the problem of the "sterile" position that lays before her (183).

Forster's use of "sterile" here is pertinent: On the one hand, by associating the "intellect[ual]" view that determines Aziz guilty with a sterilized condition, it is implied that such a view is hygienic and healthy. Concurrently, the standard of mental intelligence implied in the "intellect[ual]" view here harks back to the empire's medical-judicial discourse that overdetermines Mrs. Moore's sanity, a view that seeks to perpetuate its subjects' debility through health regulations. On the other hand, the word "sterile" itself is also suggestive of sterility, implying that the "intellect[ual]" view is unproductive and

unhealthy. Under a narrated monologue, however, the complexity of Adela's self-reflection remains lodged inside a semi-conscious region.

Such a reflection unfolds again during Adela's conversation with Ronny, where Adela begins to verbalise her thoughts: "Aziz...have I made a mistake?" (190). Like the Stoic who trains himself to shake off bad habits through repetitions, Adela keeps reiterating and rehearsing her final verdict: "Ronny, he's innocent; I made an awful mistake" (190). Further down the line, Adela's certainty increases: "If Dr Aziz never did it he ought to be let out" (191). Despite Ronny's unfounded accusation, Adela re-confirms that "Dr Aziz never did it" (191). After these repetitive trainings, Adela is able to gather a more assertive opinion on the matter in her head: "Adela had always meant to tell the truth and nothing but the truth, and *she had rehearsed this* as a difficult task – difficult, because her disaster in the cave was connected, though by a thread, with another part of her life, her engagement to Ronny" (213, emphasis added). Empowered by her Stoic rehearsals and training, Adela's timidity is refreshed by "[a] new and unknown sensation" during the trial (214). As she "hear[s] the sound of her own voice", all of her fear is dismissed and it is as if her previous verbal defence for Aziz has become a muscle memory through repetitions (214). Because of the rehearsals, Adela grows accustomed to the familiarity of her own voice, which gives her courage to confess her mis-judgment. In her confession, Adela implicitly rejects her status as an invalid which is reiterated and exploited by Major Callendar. Observing Adela's instability, Major Callendar declares that he will "stop these proceedings on medical grounds" (216). Once again, illness and debility are summoned in favour of the empire's interests: illness and debility are imposed on Adela in order to uphold McBryde's diagnosis of Aziz's "Oriental Pathology" (206). By Stoically disciplining and training herself against "a background of errors" and "bad habits", however, Adela enacts a self-discipline that forbids the (narrative)

Empire from enforcing its confident diagnosis upon both Dr. Aziz and herself (Foucault, *Hermeneutics*, 94).

Deploying Stoic self-disciplining techniques, Aziz, Mrs. Moore, and Adela maintain their agency despite the madness of the novel's (narrative) imperialism. As they engage in "inefficien[t]" activities that require a different kind of attention such as self-meditations and repetitive trainings that "counter the speeds with which capitalist activity destroys its environments", they "mak[e] living possible and produces contexts for thriving" (Berlant 778). Yet, as Berlant emphasises, it is also a condition where the subjects are "merely living" and are inevitably "wearing out" (778). As such, while their resistance preserves their agency, I am not suggesting that Forster's novel presents such a life optimistically. As Berlant puts it poignantly: "people do live in [a biopolitical society], just not very well" (780). It is hinted that Aziz and Fielding may never meet again despite their establishment of mutual affection. For Mrs. Moore, her (slow) death cancels out the effort she makes in her defiance against the medical-juridical discourse. Even Adela, who is crowned the status of "a real person", becomes a social outcast as she walks through the bazaar, the Indians "paid no attention to her" (218). While Adela has "renounced her own people" by proving Aziz innocent, this does not grant her membership of the Indian society (218). Neither 'English' nor 'Indian' now, Adela becomes a wandering nomad.

Performing Suffering and Pain

Forster's novel may not have offered any antibiotics to alleviate the malady of biopolitics, but its Stoicism introduces a therapy that practices unorthodox healing where one learns to practice the art of suffering. Whereas Rachel Vinrace and her family search frantically for pain relief, Forster's characters rework pain and suffering by fashioning

themselves as performers of pain. Evident in the vulnerability of agency against biopower, *A Passage* insinuates that suffering is inevitable – the question is how one should position oneself amidst suffering. Professor Godbole’s religious devotion rewrites the grammar of suffering, showing that a willing commitment to suffering decolonises illness and debility. In the novel, Godbole’s Hindu faith, which is accused to be the source of an infectious virus, contributed to his illness. At the end of the party, Godbole sings a baffling song that is “condemn[ed]” as “a source of infection” for everyone else’s illness (95-96). As he sings, Aziz, Mrs Moore, Adela, and Fielding are “baffled repeatedly” and they “soon lost any clue, and wandered in a maze of noises, none harsh or unpleasant, none intelligible” (72). Discriminating Godbole’s Hinduism, Mr Haq concludes that “[a]ll illness proceeds from Hindus” (96). However, it is by performing this religious song of “illness” that Godbole is able to confront the “muddle” of India that others struggle to comprehend. Godbole’s commitment to suffering exemplifies the slipperiness of subjective intentions in debility as we have seen in FID’s irritating play of direct and indirect narration. Contra medical therapy, one may desire suffering because it offers other options for living when public health becomes complicit with biopolitics.

In *Medical Nemesis* (1974), Ivan Illich argues that “suffering can become a dignified performance” under religion, which “reinforce[s] resignation to misfortune and offer[s] a rationale, a style, and a community setting” to suffering (72). For instance, “karma accumulated through past incarnations; as in invitation to Islam, the surrender to God; or as an opportunity for closer association with the Savior on the Cross” (72)⁴¹. For the religious individual, one fashions oneself as the willing sufferers that respective religious scriptures

⁴¹ In the context of colonialism, Grech suggests that the coloniser’s Christian faith poses an irony with how they treat imperfect bodies: “one can see the contradictions with the image of Christ imported by the colonizer, suffering, whose own body is savagely torn apart, much in common with the ravaged body of the colonized, but who, unlike the colonized, is the body of a God, a God who St Augustine (1958) reminds us, was far from ‘an imperfectly skilled craftsman’” (12). While the colonizer sees the “ravaged body” of Christ as sacred, they see the similarly “imperfect” and coloured bodies of the colonized as defective.

require. By believing that suffering forges an intimacy with God, the individual willingly trades the comfort of living for his agency despite the hardship it entails. This sensibility explains why, as a Christian, Mrs Moore suffers horribly from the echo in the Marabar caves, a spirituality that the Hindu Godbole embraces as a “sacred bewilderment” (273).

In *Discourses*, Epictetus elaborates on how the performance of our social roles can manage the narrative of suffering in challenging times. Epictetus grants that there are two main roles in life, namely, “a human being” and a “citizen of the world” (2.10.1-3). In between these two roles, there are other roles that we adopt, for instance, a son/daughter, a brother/sister, a father/mother, a counsellor, a doctor... For Epictetus, we must perform these roles steadfastly even in the face of death and illness:

The philosophers are thus right to say that if a wise and good person could foresee the future, he would cooperate with nature even if it came to illness, death, or mutilation, because he would recognise that these are allotted as a contribution to the ordering of the whole, and that the whole is more important than the part, and the city than the citizen. But since we can't in fact foretell what will come about, it is our duty to hold to what is naturally more fit to be chosen, since that is what we were born for. (2.10.5-6)

Since the Stoics perceive that every individual is a part constitutive to the whole of the universe, anything that befalls us is a rational event that makes up the macroscopic pattern of the whole, which in turn, affects the individual parts that are each of us. For this reason, and because we cannot foresee this larger pattern, we should be content with our given roles and play accordingly even in difficult times. Epictetus's advice, however, should not be taken as a

masochistic desire to seek suffering. Epictetus suggests, rather, that we can shift our attention to the things that matter when suffering is inevitable: “Why don’t we picture the matter in some such way as that, instead of counting it as an injury when we suffer some loss with regard to our body or possessions, while counting it as no injury at all where our choice is affected?” (2.10.27). In other words, instead of complaining how unfortunate events inflict personal injuries upon us, we may well appreciate the fact that our agency remains unviolated regardless of how undesirable these external events are.

This thought momentarily dawns on Adela as she discerns “the narrowness of her sufferings” before the trial begins (205). Observing the obliviousness of an Indian attendant, who “scarcely knew that he existed and did not understand why the court was fuller than usual”, Adela is “impressed” by his “aloofness”, which humbles her self-importance and anatomises her previous self-torment: “In virtue of what had she collected this roomful of people together? Her particular brand of opinions, and the suburban Jehovah who sanctified them – by what right did they claim so much importance in the world, and assume the title of civilisation?” (205). Stoically, Adela realises her choice to see her suffering otherwise and the possibility that she has “made a mistake” in accusing Aziz (207). Agency, for the Stoics, transcends pain and death. Epictetus suggests that suffering need not be painful. Insofar as we perform our roles in life while prioritising our identity as a free agent, the undesirability of suffering can be extirpated by our willingness to surrender to and negotiate with the condition of unfavourable situations even in the face of death.

To be sure, if we establish Stoic self-discipline as the apotheosis of health, it becomes the very tyranny it seeks to resist. Indeed, the Stoics are adamant that their philosophy should not be obeyed as dogmas but as an offering of ethical choices. Although Stoicism operates through self-control, Martha Nussbaum suggests that the concept of *eudaimonia* is subjected to contingency: “events beyond our control may affect, for good or ill, not only our happiness

or success or satisfaction, but also central ethical elements of our lives” (*The Fragility of Goodness*, xiv). As such, there is “a gap between being good and living well” (Nussbaum 32). In order to live well, it is inevitable that one must expose oneself to the vulnerability of chance. For, “[i]nsofar as [one] attaches importance to a pursuit and an object that are not in his grasp or even readily manipulable, he puts his own life at the mercy of luck” (Nussbaum 93). If the goal of self-discipline is to arrive at *eudaimonia*, the individual’s enforcement of self-discipline must then be vulnerable to chance.

In his essay on Foucault’s biopolitics, Robert van Krieken similarly contends that humanity cannot be calculated by disciplinary algorithms, even one as pervasive as biopower and one as well-intended as Stoic self-discipline. van Krieken suggests that “the development of a disciplined organisation of the soul as more disputed terrain, as a more autonomous, consciously and deliberately pursued, perhaps contingent [...] phenomenon” (366). For, there are deemed to be “contingent” events that disrupt the systematic organisation of power. According to this logic, then, both Foucauldian and Stoic disciplinary strategies are susceptible to accidents and surprises. As I have delineated, Foucauldian discipline is vulnerable to the resistance of a Stoic self-discipline. By the same token, Stoic self-discipline is also limited by the condition of the circumstances.

But perhaps we may find consolation in the fact that in Stoic self-discipline, contingency is instrumental to its avenue to well-being unlike Foucauldian discipline. Conversely, contingency within the domain of Foucauldian discipline constitutes its undoing. Although Forster’s characters do not live very well under biopolitics in Anglo-India, practicing Stoic self-discipline enables them to practice the art of suffering by welcoming the uncertainty of contingency. As Leland Monk notes, Forster’s novel consistently dramatizes the element of chance, contingency, and accidents in the formation of interracial relationships. Interestingly, Monk remarks that Forster’s contingency is not entirely

unorganised, since Forster “is not very interested in admitting to the novel new and unaccountable forms of chance (a novelistic world truly governed by chance would be far too much of what Forster called a ‘muddled’)” (5). Rather, “[h]e is more interested in depicting accidental occurrences which open out on supernatural possibilities than he is in affirming the existential reality or ontological significance of chance qua chance” (4). In other words, chance in the Forsterian sense seems to be unconsciously co-orchestrated by various chains of events.

This amalgamation of control and contingency harks back to Woolf’s notion of “the whole”, which is “to have a sort of pattern and be somehow controlled” (*Letters* 1, 82). Although they are not bounded by an identifiable structure, these contingent events operate in an invisible logic of causation: It is because of chance that Aziz meets Mrs. Moore in the mosque, an event that gives rise to the drama that is to follow. Likewise, the novel ends with a chance-meeting that brings Aziz and Fielding together again. All of these casual events, though contingent, strive towards a teleological path to well-being, a goal that may be achieved in “fifty or five hundred years”, when every Englishman is driven “into the sea” (306). The novel’s perpetuating sense of contingency offers the possibility for change for its subjects. But whether this hope is simply a synonym for delayed disappointment is for the reader to discern.

Conclusion

The narrator in *A Passage to India* draws attention to how medicalised concepts such as pain, health, and illness have always narrated our relationship with ourselves and with the society. Under the biopolitics the novel’s (narrative) empire installs, *A Passage* works against Professor Godbole’s speech about the solitariness of illness: “[s]uffering is merely a matter

for the individual. If a young lady has sunstroke, that is a matter of no significance to the universe [...] If she thought her head did not ache, she would not be ill, and that would end it" (167). Far from being an individual event, health and illness are inextricably bound up with the management of the population. As the narrator's and the English officers' mobilisation of medical authority, their liberty to diagnose, and their imposition of 'health' on their subjects show, imperial power is sustained in the righteous name to heal and to correct. In this sense, Forster's dictum 'only connect' elucidates how one must connect the individual with the whole in debunking the 'muddledom' that constitutes his characters' mass debility.

But while the narrator exploits medical and narrative authority as technologies for governance, Forster intimates that life under (bio)political violence need not be disabling or debilitating. Indeed, Foucault's axiom "where there is power there is resistance" may offer us refuge in challenging times (*History of Sexuality 1*, 95). The (narrative) empire's biopower is checked by the emergence of its subjects' agency when they engage in a re-narrativization of 'health'. Practicing a self-discipline that aims at fashioning a stable sense of self, Forster's characters use, via FID, technique of *epimeleia heautou* to irritate the normalising politics of the empire. As I have shown, however, such a resistance does not promise to better life in any significant way. Instead, Forster's characters live in an impersonal and, to borrow the narrator's metaphor, a "dwarfed" manner (249). Although their agency may situate them "at the height of their powers", their self-consciousness also necessitates them to "se[e] their own gestures from an immense height", rendering them as powerless "dwarfs" who, in expressing their emotions, also caricature them (249). *A Passage* suggests that the best consolation it could offer against the madness of the Empire is to believe in the contingency of events. For Forster, authority withers under the mystery of chance. While chance does not guarantee

freedom, it promises changes.

CHAPTER THREE

Narrative Dis-ease: Stream-of-Unconsciousness and the Corporeality of Disability Metaphors in D.H. Lawrence's *Women in Love*

"...it's a damnably uncomfortable love: like a love for an aged parent who suffers horribly from a complication of diseases, for which there is no hope." (487)

Love is irritated into a disease throughout *Women in Love [WL]* (1920). As Rupert Birkin puts it poignantly, to love one's country is to "suffer horribly from a complication of diseases" (487). Indeed, irritation characterises D.H. Lawrence's literary presence at large. Lawrentian prose, peppered with metaphysical language and obscured sexual metaphors, melded with his obsession with the "loin of darkness", both irritates and fascinates the reader (Dyer 24). Like many, Virginia Woolf intimates a simultaneous "excite[ment]" and "irrit[ation] of the restless energy" that *Sons and Lovers* exerts ("Notes on D.H. Lawrence", 208). In *WL*, irritation manifests as a particular disease that Birkin "do[esn't] want to be cured of" (190). 'Disease' also irritates characters in *WL* more so than 'illness' and 'sickness'

especially in the discussion of love⁴². As Susan Sontag understands it, ‘disease’ is distinct from ‘illness’ in the sense that disease symbolises “the vehicle of excess feeling” that is often “considered a source of illness” (45). Put differently, illness expresses an individualised experience of disease. Using the example of tuberculosis (TB), Sontag suggests that “TB is the disease that makes manifest intense desire” which the patient “discloses” “reluctan[tly]” (45). Disease, in other words, “reveals desires of which the patient probably was unaware” (45). Overtime, the “hidden passion” disease conceals becomes “subjects for decipherment”, a hermeneutic desire that is manifested in illness narratives (45). Espousing Sontag’s attention to the ‘passion’, this chapter draws primarily from disability studies and examines how disease, disability, and illness are physiologically wired into ugly feelings, irritations, and other turbulent emotions in *WL*.

Lawrence, a long-term patient of pneumonia, was not unfamiliar with the hidden passions that TB enshrouds. His pneumonia intensified and led to his later contraction of TB, which is a disease that is speculated to be responsible for the lung failure that caused his death. Written after the First World War (which Lawrence refers to as a “great sickness”⁴³), after losing his mother to cancer, and when Lawrence was battling with lung afflictions, *WL* is unsurprisingly awash with metaphors about illness. But I will argue in this chapter that Lawrence’s illness and disability metaphors occupy a different ontology compared to

⁴² Although both “illness” and “sickness” are sometimes deployed interchangeably with disease, disease particularly “irritated” Birkin and it occupies a distinct meaning in *WL* (190). For example, Lawrence notes that Birkin’s “dislike of mankind” “amounted almost to an illness” (112). This illness is then manifested as a physical illness, which Ursula reads as a metaphorical “disease” that Birkin “do[esn’t] want to be cured of” (190). Disease symbolises Ursula’s pathologizing of Birkin’s difficult personality. Sickness, on the other hand, is used in the novel to specify “nausea”: the “fearful nausea” Hermione feels and “the horrible sickness of dissolution that was taking place within her, body and soul” (147,149). This nauseating sickness also seems to be infectious: as Ursula observes the look of “sickness” in Birkin’s complexion, she feels that “she had lost something” and that “fine hate of him” make something “quicken in her bowels” (190).

⁴³ Judith Ruderman contends that, for Lawrence, “the 1914-1918 period actually was not *like* a ‘great sickness’ (as Lady Beveridge states) but rather *was* a ‘great sickness’, caused by the Great War itself” (“D.H. Lawrence’s Dis-ease: Examining the Symptoms of Illness as Metaphor”, 72).

Woolf's and Forster's. Craig A. Gordon has discussed the metaphors of TB in Lawrence's work, where the "tubercular body" functioned as a cultural but arbitrary materiality (47). Gordon suggests that "[w]ithin the same moment and space (in both cases the sanatorium performs this localisation) bodies designated 'tubercular' are understood through a range of more or less discontinuous discourses" (47). These "various formations of the tubercular sociosymbolic order" entail that "the tubercular body is persistently and fundamentally resistant to meaning, or that the tuberculosis as a mode of embodiment exposes the body as a sheer material fact" (50). In other words, the tubercular body treats the body as a blank canvas upon which culture inscribes its meaning. The tubercular body, viewed in this light, signifies an intensely physical ontology that repudiates metaphorical meaning.

But I suggest that Lawrence's tubercular body as well as his novel do not yield completely to this conclusion. Although illness and disability in Lawrence are resistant to meaning inscribed by socio-cultural narratives, he is more than eager to inscribe his own narrative of his illness. In a letter to his friend Henry Savage, Lawrence's self-diagnosis is single-mindedly committed to an Irritative Modernism that suspends medical narratives:

...my lungs are crocky, but I'm not consumptive – the type, as they say. I am not really afraid of consumption, I don't know why – I don't think I shall ever die of *that*. I am quite certain that when I have been ill, it has been sheer distress and nerve strain which have let go on my lungs. (*Letters 2, 72-73*)

Reading his illness as a result of "sheer distress and nerve strain", Lawrence remains open to the possibility of other causes and is avowedly resistant to the medical narrative of "consumption". Despite Lawrence's disavowal, his habit of self-diagnosis reveals that the

body is not immune to other narrative constructions, especially his own metaphorical readings of it. Perhaps contrary to his reading of consumption as a metaphor of stress, Lawrence also fetishizes the physical fact of the body as he seems to be obsessed with a “phallogenti[c] physicality” (Beckett 145). In *Fantasia of the Unconscious [FU]* and *Psychoanalysis and the Unconscious [PU]*, Lawrence parts with Freud and establishes his own view on our unconscious drives, which is penned in a notoriously dense and mythical style that codifies what he calls bodily “circuits” and “plexus” (*FU*, 22). Coupling his valorisation of physicality with his penchant for metaphorical language, Lawrence’s narrative of the body concurrently leans on the material and metaphorical.

But metaphor stands on a dubious footing in Lawrence’s *Women in Love*. Drawing on the intersection between disability studies and narratology, I will discuss how Lawrence’s work contributes to an uncomfortable way of understanding the ‘dis-eased’ body based on David Mitchell’s and Sharon Snyder’s notion of “the materiality of metaphor” (205). If illness and disability stand for both a personal and a social metaphor in Woolf and Forster respectively, this chapter will explore how these metaphors begin to transcend their metaphoricity without reducing the body to a sheer physical fact in Lawrence’s *Women in Love*. As Peter Fifield argues in *Modernism and Physical Illness* (2020), illness and disability are both “literary” (metaphorical) and “literal” in Lawrence’s novels (71). Fifield contends that the literal quality of Lawrence’s depiction of illness lies less in its physical or bodily nature than how Lawrence locates illness in the physical body rather than explaining it through metaphors (43). In this sense, Lawrence seeks to present instead of represent the physicality of illness. As the novel unfolds, however, it will become obvious that this extirpation of metaphor is an untenable ideal. Although Fifield alludes to Birkin’s “respiratory weakness”, it is only mentioned in passing and the rest of Fifield’s chapter focuses primarily on *Sons and Lovers*, *The Rainbow*, and *Lady Chatterley’s Lover* (68).

Stretching Fifield's claim, this chapter will delineate how Lawrence negotiates the literal, physical, and the metaphorical existence of illness and disability in *WL*. In turn, these coterminous ontologies will indicate Lawrence's response to the cumbersome body-mind bifurcation that underscores notions such as 'able-bodiedness' or 'able-mindedness' in disability scholarship⁴⁴.

To salvage the perennial mind-body problem, I draw on Margaret Price's term "bodymind" and Sami Schalk's rendering of the term in black feminist discourse in *Bodyminds Reimagined* (2018) to discuss Lawrence's approach to narrative voice and perspective, which relies on various manifestations of bodymind disabilities. Building on Price's and Schalk's feminist take on the bodymind, I will show how Lawrence's narration of consciousness moves away from ableist discourse while suggesting an alternative to the mind-body divide that need not be complicit with phallogentrism. Schalk defines the bodymind as "a materialist feminist disability studies concept from Margaret Price that refers to the enmeshment of the mind and body, which are typically understood as interacting and connected, yet distinct entities due to the Cartesian dualism of Western philosophy" (5). Quoting Price, Schalk adds that bodymind "insists on the inextricability of mind and body in such a way that the notion of a physical versus mental process is difficult, if not impossible to clearly discern in most cases" (Price 269). I argue that Lawrence undertakes Schalk's repudiation of a phallogentric philosophical tradition in his physical descriptions of consciousness. Adapting the stream-of-consciousness technique, Lawrence's narrative

⁴⁴ Unsettlingly, the popular notion of "able-bodiedness" often sidelines mental disabilities in disability scholarship. While critics acknowledge the obliqueness of mental disabilities in ableist scholarship, criticism is replete with bodily-oriented language that reiterates the body-mind division, if not dwarfing disabilities that are not physical in nature. Although disability scholar Fiona Campbell sometimes uses the compound expression "able-bodied/minded", she emphasises the bodily component in her definition: ableism refers to "[a] network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect..." (44). The term "ablebodiedness" is also popularly deployed in the configuration of ableism (Chouinard [1997], Inckle [2015], McRuer [2018]). In this sense, the scholarship on ableism continues to lean on a body-mind conundrum that does not necessary contribute to, and may sometimes impede, the dialogue.

consciousness can be understood by what I shall call ‘stream-of-unconsciousness’, which will animate the porousness of the bodymind. As Naomi Segal suggests, stream-of-consciousness, because of its alliance with unarticulated thoughts, often “suggest[s] the existence of the motives and the vocabulary of the unconscious” (94).

Collapsing the physical/mental and the conscious/unconscious, Lawrence’s *stream-of-unconsciousness* thus serves as a metaphor of *liquification* of the mind in Schalk’s bodymind, which now flows and leaks into the body in various narrative moments. These seepages of the mind in the body respond to Jeff Wallace’s observation that Lawrence habitually dwells in moments of mental *dissolution*⁴⁵ (21). The pain that follows these moments of mental dissolution reveals the intimacy between conscious and unconscious in Lawrence’s modification of FID. Anticipating Alvina Houghton’s resistance to neuralgic pain in *The Lost Girl*, *WL* similarly invents characters who are more attentive to pain’s narrativization more so than pain itself. But rather than generating hyper-consciousness, characters in *WL* dwell precariously in pain which becomes an unbearable sensation that renders the subject ‘unconscious’. When Ursula looks “startled” and “hurt”, it seems that “the pain were just outside of her consciousness” (156). In a similar vein, Gerald’s father’s chronic pain also “took away his consciousness” as he cannot afford to confront the “darkness” of pain (350). In *WL*, pain or dis-ease leads to unconsciousness – or more precisely stream-of-unconsciousness – that re-orient the subject’s attention to the narration of pain. Pain foregrounds the Lawrentian tendency to be distracted and the subsequent dis-ease that irritates narrative attention to a ‘healthy’ bodymind.

⁴⁵ By navigating well-being through mental disabilities, Lawrence thus configures mental disability/illness as an indication of neurodiversity rather than a pathology. The term “neurodiversity” is also specifically apt for Lawrence, for the “neuro-” accounts for the neurological vocabulary Lawrence habitually deploys in narrating consciousness. In Ursula’s meditation of her “electric passion”, for instance, a “rich new circuit” ignites the “new current of passionate electric energy” that runs through her bodymind (396).

The *stream-of-unconsciousness* that signifies the bodymind, by extension, modifies how we interpret metaphors of narrative perspective and voice. Because of the porousness of the bodymind, these metaphors of seeing and speaking must now acquire a bodily and material significance. With these metaphors, I contend that these disability metaphors do not blunt but return a reality to the body in Lawrence's novel. As Mitchell and Snyder argue, narratives about disability often perpetuate "the materiality of metaphor", where "the corporeal body" is served up as "discursive products" (205). Whereas Mitchell and Snyder have shown how literary metaphors borrow the materiality of disabled bodies to serve narrative purpose, I focus on the reciprocity of this "narrative prosthesis" in disability metaphors, where bodies borrow from the rhetoric of disability metaphors in affirming their reality (208). I contend that the friction between the literary and the literal foregrounds a 'reality' in Lawrence's illness and disability metaphor. This 'reality' of illness and disability is clarified by the notion of *corporeality*, by which I mean that the body is first and foremost a living and vital existence. But while Lawrence is faithful to the materiality of the body, the (corpo)reality in Lawrence's illness and disability metaphors works against what Grace Lavery calls "the rhetoric of realness", which is "an address designed to persuade their patients and readers to relinquish a beautiful fantasy and face a discomfiting truth about the inadequacy of their own material existence" (721). Contra Lavery, I do not seek to expose an 'ugly' facade to illness and disability which is subsequently made desirable. Although I engage with Ngai's ugly feelings, I aim at returning the material energy to our bodyminds that is sometimes underwritten by the social model of disability (where people are disabled by social barriers rather than intrinsic impairment). In this light, differently-abled bodyminds do not have to be rhetorically or narratively disruptive in order to be 'real' and 'material'.

The thesis of this chapter centres on how the corporeality of illness and disability relies on the incessant oscillations between literal and metaphorical meanings of dis-

ease/disease. The implication is that disease, leaning on its metaphorical kinship with disease, can become a nourishing irritation that unlocks new connotations of 'health'. Through the 'stream-of-unconsciousness' technique, I first argue that Lawrence's narrative consciousness is physiological rather than cognitive in *WL*. The narration of love's dis-ease, I suggest, is replete with disability metaphors that buttress the corporeal quality of Lawrentian consciousness. Defamiliarizing *seeing* and *speaking* via narrative constructions of *perspective* and *voice*, I then argue that Lawrence expands the capacity of blindness and muteness when narrative perspective and voice operate through narrative blind spots and muted discourses. In irritating the boundary between metaphorical and literal orders of sight/blindness and speech/muteness, Lawrence sustains the discomfort of the dis-ease that differently-abled bodyminds may need to live with.

Reading corporeality into Lawrence's representation of consciousness, this chapter also responds to critics' tendency to police Lawrence's metaphorical and metaphysical language, which is often lambasted as clumsily-worded pseudo-science. Parting ways with these critics, I argue that Lawrence's notoriously repetitive style – or stuttering – is emblematic of the vitality of the bodymind's intricate physiological movement. Adopting Martha Nussbaum's neo-Stoic framework of emotion and Brian Massumi's affect theory, I seek to retrieve in Lawrence the energetic language lost in the medicalisation of ugly feelings. The bodymind's vitality is animated in how the dis-ease of speaking and seeing can become a respectable condition of living, striving, and even thriving. The significance of irritating metaphorical and literal meanings of disease and disability lies in how irritation allows modernism to intervene in semantic and psychosomatic connotations of 'dis-ease' as a different, perhaps uneasy, way to feel well.

Lawrentian Consciousness and Stream-of-Unconsciousness

Lawrence fathers a wide vocabulary for different states of consciousness. In *WL*, consciousness is referred to in at least nine distinct ways: “mental consciousness” (127), “physical consciousness” (133), “subconsciousness” (202, 205, 550), “self-consciousness” (67,90, 231, 450), “unconsciousness” (162, 261, 432, 548, 567, 572), “semi-consciousness” (363), “national consciousness” (379), “superconsciousness” (432), “black-art consciousness” (508). As Lawrence’s essays and novels divulge, mental and physical consciousness are the most central consciousness, which are positioned in diametrical opposition to each other. “Mental consciousness” is the form of consciousness that Lawrence despises the most, for it refers to “a secondary kind of knowing” that falls outside the purview of an intuitive experience of our consciousness, an ideal that Lawrence militantly rehearses throughout his oeuvre (“Education of the People”, 614). In *WL*, Gerald’s observation of the African sculpture suggests a contradistinction between mental and physical consciousness in which the latter is celebrated. Gerald notices how the sculpture conveys a “wonderful” and “physical sensation” that transcends “beyond the limits of mental consciousness”⁴⁶ (127). Mental consciousness is thus subordinated to its physical counterpart, which symbolises “the ultimate” and the “supreme” form of sensation” (127).

⁴⁶ Although Lawrence celebrates the African body here, Gerald’s thoughts are susceptible to a racist Eurocentric view that sees Africa in primitivist terms, thereby participating in the long history of putting black bodies in physical use. In *Primitivism*, Michael Bell distinguishes “primitive sensibility” with “conscious primitivism” (60). Building on Bell, Jack F. Stewart argues that *Women* falls into the latter, which engages with more “critical reflections” and a less reductive view of the African other (45). Lawrence, Stewart contends, “feels the attraction of the primitive, but resists the plunge into atavism” (51). While Lawrence’s primitivist attitude is more complex than conventional primitivism, Lawrence continues to rely on primitive art to traffic an intellectual slavery at the expense of estranging the bodies of the Other as “disturbing” (*Women* 127). It is also worth mentioning that this is conveyed through Gerald’s thoughts, who ultimately and fatally falls prey to a self-destructive mental consciousness. Thus, the implication is that the primitive and African fetishism does little to salvage civilisation and transform mental consciousness into physical. This perhaps shows Lawrence’s critique of Gerald’s primitivist attitude.

Lawrence's physical consciousness is a more slippery term that is expressed in multiple and interchangeable phrases. For instance, physical consciousness is occasionally referred to as "dynamic consciousness". In *FU*, Lawrence notes that the dynamic/physical consciousness functions as the source of creative life since it "transmutes" the "creative flux" of our being (41-42). Because of the metaphysical vocabulary Lawrence marshals to describe the physical consciousness, Deborah Shapple Spillman contends that "some reviewers found Lawrence's portrayal of a character's physical consciousness dehumanising" (45). Yet, Spillman adds that "for Lawrence this level of the self represented the last preserve of the individual uncolonised by the abstractions of middle-class morality and wartime nationalism" that conditioned our mental consciousness (45). The dynamic/physical consciousness thus embodies a less conscious mode of knowing than mental consciousness. The dynamic/physical consciousness, therefore, demands a wider range of vocabulary in order to be approximated through language. Lawrence further clarifies the purpose of this less consciousness knowledge in *FU*, "the aim [of education] "is *not* mental consciousness. We want *effectual* human beings, not conscious ones. The final aim is not to know but *to be*" (105). Since the dynamic/physical consciousness engenders a heightened awareness about oneself, Lawrence believes that it nurtures more self-sufficient human beings compared to mental consciousness.

With its 'non-conscious' characteristic, Lawrentian physical consciousness is also synonymous with what he calls the "unconscious", although his understanding of the unconscious is decidedly non-Freudian. While suggestive of psychoanalytic thought, Lawrence suggests that we should "not [go] to the [Freudian] unconscious which is inverted reflection of our ideal consciousness" (*FU*, 212). "We must discover", instead, "the true unconscious, where our life bubbled up in us" (212). For Lawrence, the unconscious is "another word for life", an "active" and "self-evolving" force that brings forth our

“incarnation and self-manifestation” (242). Bearing a similar physical intensity that inspires a creative flux, we may logically infer that the terms ‘physical consciousness’, ‘dynamic consciousness’, and the ‘unconscious’ are used interchangeably in Lawrence’s work. I will henceforth adopt the term ‘physical consciousness’ to limn its contradistinction with mental consciousness. Functionally, Lawrentian unconscious or physical consciousness curbs the mental consciousness, which Lawrence finds inauthentic and firmly entrenched in socio-cultural ideologies.

Lawrence’s physical understanding of self-knowledge subsequently problematises how narrative consciousness is presented in his work. In the previous chapters, Woolf’s and Forster’s FID delineates the *cognitive* workings of conscious thoughts— Terence Hewet in *The Voyage Out* and Mrs. Moore in *A Passage to India* mediate different depths of their consciousness respectively. In *WL*, however, FID frequently describes how his characters express feelings that are “apart from their consciousness” or that they are unconscious of the feeling (179). For instance, the following excerpt indicates how both Gerald and Gudrun seem to be lacking a consciousness. At the same time, the FID persists in delineating a consciousness of some sort:

An intensification of pride went over [Gerald’s] nerves, because *he felt*, in some way she was compelled by him. The exchange of feeling between them was strong and *apart from their consciousness*. (179, emphasis added)

If this narration is not a fragment of Gerald’s and/or Gudrun’s consciousness, where, indeed, does this perspective come from? Despite how the above indicates the exclusion of the characters’ consciousness, this narrative instance is not simply an omniscient third-person

narration, for Gudrun's consciousness is infused with the narration. The phrase "in some way", a repeated idiom that Gudrun uses three times in the novel, indicates that Gudrun's consciousness is infused with the narration⁴⁷. In Dorrit Cohn's terms, this passage is narrated in a consonant psycho-narration, meaning that Lawrence's narrative voice "yields to the figural thoughts and feelings even as it reports them" (31). Indeed, Lawrence's impersonal narration yields to Gudrun's speculation of the compulsion Gerald feels. The "strong" "exchange of feeling" between Gerald and Gudrun is illustrated by how the narration switches from an extradiegetic voice (narrating Gerald's feelings) to a FID of Gudrun's idiomatic language ("in some way") (179). In this case, Lawrence is referring to what he calls "mental consciousness" when he uses the term "consciousness". In saying that Gerald and Gudrun interact "apart from their consciousness", Lawrence intimates that the effect of their communication is not registered mentally and cognitively. To use a Lawrentian term, Gerald and Gudrun are communicating through physical consciousness here. The paragraph that follows the above excerpt reveals more readily a physical understanding between the two:

And as if in a spell, Gudrun was aware of his body, stretching and surging like the marsh-fire, stretching towards her, his hand coming together straight forward like a stem. Her voluptuous, acute apprehension of him made the blood faint in her veins, her mind went dim and unconscious. (179-180)

⁴⁷ The first time that Gudrun uses this expression is when she is contemplating on marriage with Ursula. Gudrun agrees with Ursula that marriage is "[b]ound to be [a necessary experience in life], in some way or other" (2). Additionally, when she meets Gerald for the first time, she asked herself: "Am I really singled out for him in some way, is there really some pale gold, arctic light that envelopes only us two?" (15). Gudrun repeats this expression for the third time when she and Ursula arrive at the miners' houses, Gudrun said to Ursula: "Can't you feel in some way, a thick, hot attraction in it? I can. And it quite stupefies me." (76).

Although Gudrun is “acute[ly] apprehensi[ve]” of Gerald, the narration discloses that her mind goes “unconscious” at the same time (180). In other words, Gudrun apprehends Gerald not through cognitive thinking but through a heightened sensory experience of physical movement. In *WL*, this cognitive-free consciousness characterises Lawrence’s physical consciousness.

Although Lawrence champions the unconscious and physical consciousness and repudiates mental consciousness, he also suggests that we should not therefore jettison our mental consciousness. Ideally, both our conscious and unconscious life should co-exist in a harmonious equilibrium. As Lawrence notes, “[m]an is made up of a dual consciousness, of which the two halves are most of the time in opposition to one another [...] You’ve got to learn to change from one consciousness to the other, turn and about. Not to try to make either absolute, or dominant” (*Studies in Classic American Literature*, 112). The kind of self-knowledge that Lawrence appeals for is specific and achieved through a constant oscillation between a physical and a cognitive way of knowing. In other words, Lawrence represents consciousness “physiological[ly]” in the sense that he puts physical and mental consciousness in dialogue (*Letters* 2,183). Lawrence’s apotheosis of the physiological, as I will argue, fosters a direct relationship between the expression of consciousness, illness, and disability in his work.

Although Helen Baron rightly observes that “Lawrence’s narrative frequently conveys experiences of which the characters themselves are...unconscious”, a cognitive sense of consciousness persists in the FID since it is registered linguistically (361). Gerald and Gudrun are not exactly unaware of each other, but they surely are physiologically conscious of their experience. If, as Lawrence suggests, our unconscious should be ideally implicated in the conscious life, how then, should we make sense of his narrative consciousness, a state that is simultaneously conscious and unconscious; physical and mental? Lawrence’s narrative

consciousness can be understood by what I shall call a ‘stream-of-unconsciousness’ technique. In Chapter One, I have discussed how Woolf’s FID is often mistaken as the stream-of-consciousness technique that singularises high modernist literature. Because of the external and impersonal viewpoint in Woolf’s FID, however, her narrative is not reducible to the so-called stream-of-consciousness, which instigates the solipsistic and “deep plunges of modern inside views” into an individual’s psyche (Booth 324). While Lawrence’s FID is likewise indicative of a combination between the impersonal exteriority and an interiority, his portrayal of consciousness plunges deeper and, arguably, more ‘inwardly’ than Woolf, in the sense that psychological ‘interiority’ in Lawrence can be ‘eavesdropped’ by the characters. As we have seen from the Gerald-Gudrun passage, it is almost as if they have been admitted into the muscularity of each other’s thoughts. In this sense, neither the FID (dominated by the impersonal/external) nor the stream-of-consciousness (dominated by the internal) can adequately characterise the consciousness that Lawrence’s narration tenuously depicts

Alternatively, the term ‘stream-of-unconsciousness’ will animate the vertiginous oscillations of mental and physical consciousness in *WL*. But while Lawrence’s distinction of physical and mental consciousness may reinstate the body-mind divide, he does so to clarify the intricate traffics that occur within bodily and cognitive registers – the Lawrentian ideal is to nurture a “rich new circuit” that ignites the bodymind’s manifold passions (*WL*, 396). As Naomi Segal suggests, “Stream-of-Consciousness limits itself to the level of perceived thoughts, and this is how, paradoxically, it is able to suggest the existence of the motives and the vocabulary of the unconscious” (94). If stream-of-consciousness refers to the characters’ “perceived thoughts”, the physicality of thought in Lawrence’s work problematises how ‘consciousness’ is defined here, for the ways in which thoughts are ‘perceived’ is no longer cognitive – metaphorical and mental perception acquires a physical and sensory status. In *WL*, stream-of-unconsciousness thus facilitates the synergy between physical and mental

consciousness, where thoughts gush over an imagined mental and cognitive barricade and pour through the bodymind. While I have shown that the characters can be *cognitively less conscious* of their thoughts in Woolf's and Forster's work, Lawrence suggests that under the synergy of the bodymind, his characters are often not *cognitively* conscious of these thoughts *at all*. Such a non-cognitive and physical consciousness implies that Lawrence's narrative strategies engage both metaphorically and literally with the bodymind's corporeality.

Muted Narrative Voices and Blind Points of View

"The terrible knot of consciousness that had persisted there like an obsession was broken, gone, his life was dissolved in darkness over his limbs and his body." (391)

As aforementioned, Lawrence's narrative consciousness privileges a physiological epistemology that conjoins physical and mental knowledge. Such a shift to the bodymind in the context of narrative grants new implications for the cardinal metaphors that undergird the pillars of narratology. For instance, narrative perspective and narrative voice are no longer only metaphorical when narrative consciousness leaks into physiological movement. Under stream-of-unconsciousness, Lawrence's narrative 'perspective' and 'voice' become corporeal, meaning that it modifies what seeing and speaking denote at the narrative level. Whereas Woolf and Forster configure how our consciousness speaks private thoughts and perceives other people metaphorically, Lawrence's stream-of-unconsciousness empowers a different capacity to speak and perceive.

To this extent, however, the physiological intelligence Lawrence accords to narrative consciousness is suggestive of an ableist language that disability scholars repudiate. As Fiona Kumari Campbell contends, ableism is “projected as the perfect, species-typical and therefore essential and fully human. Disability is then cast as a diminished state of being human” (5). Predicated on the assumption that the bodymind is ‘perfect’ and ‘human’ enough to be capable of experiencing the subtle communications Gerald and Gudrun exemplify, Lawrence’s stream-of-unconsciousness is thus susceptible to ableist ideology. Alternatively, I suggest that *WL* does not imagine an abled-body or a disabled body. The pervasiveness of blindness and muteness in *WL* will demonstrate how Lawrence’s narrative is conscious of the problems of a eugenicist ableism. By corporealizing the language and metaphors of disability, *WL*’s narrative form espouses an aesthetics of disability that unbinds the system of knowledge, which dictates the meaning of ‘able-ness’ and ‘disable-ness’. Concurrently, such an apotheosis of the corporeal will also address a self-annihilating principle that underpins Lawrence’s narration: while the stream-of-unconsciousness disparages secondary representations in favour of a corporeal one, its very narrativity simultaneously forbids a complete renunciation of secondary representations mediated by language. I will discuss how Lawrence negotiates this anti-narrativity which drives as well as rescinds his stream-of-unconsciousness.

Understood with critical disability discourse, Mieke Bal’s theory on narration and focalisation in *Narratology* (1978) suggests that vocabulary of narratology is occasioned by able-bodied metaphors. For instance, sight or perspective is privileged in story-telling. Distinguishing ‘narration’ from ‘focalisation’, Bal argues that the former is “textual” while the latter is perspectival, meaning that it relies less on language than narration does (19). Bal further notes: “[t]he fact that ‘narration’ has always implied focalization is related to the notion that language shapes *vision* and *world-view*” (19, emphasis added). In other words,

both a linguistic and a perspective-based narrative implicitly champion the ability to ‘see’ the perspectives the story relates. This ‘seeing’ occupies both a metaphorical and a literal significance. Metaphorically, narration provides images of the story through language, which enables the reader to visualize the unfolding of events or emotions. Focalization operates in a more literal sense, which describes how the narrator/focalizer superintends the perspective of the story. Using the film *Schindler’s List* (1993) as an example, Bal contends that the protagonist’s conversion is “defined as *seeing*, not in a positivistic or in a psychological but in a narratological sense; seeing differently, and seeing difference turns the fabula around, makes the character different” (20, original emphasis). Although cinematic presentation tends to rely much more on literal vision than narrative fiction, textual focalization projects a similar visual-based image into the reader’s mind, albeit indirectly. As Robert Scholes et al. contends, through textual focalisation: “The eye sees only the printer’s inked shapes on the page. Yet a story impinges on our consciousness as a totality, with sights, sounds, smells, tastes, and feelings somehow smuggled into us through those inked shapes, and released into our perception without having passed through our sensory organs in the normal way” (275). If, as the techniques of narration and focalization indicate, narrative primarily relies on ‘vision’ – both literal and metaphorical, what then, would the narrative look like with a blind narrator or focalizer? Where does this ‘vision’ come from? How can it be presented in language?

Seeking to make narrative new, the modernist apotheosis of the inner life overturns the above privileging of sight in traditional narrative fiction. Focusing on the inner workings of the mind, the modernist ‘inward turn’ suggests that its narration and focalization are hinged upon a wilful ignorance towards external perspectives and sights. In “Mr. Bennett and Mrs. Brown”, Woolf deploys the language of blindness in conveying how characters should be portrayed in modern fiction. Whereas the Edwardian writers “have *looked* very

powerfully, searchingly, and sympathetically out of the window; at factories...”, they “never” look at the character herself (*Selected Essays*, 138, emphasis added). For Woolf, this privileging of external sight does not suffice to describe “life” and “human nature” (138). Rather, the writers of her generation “must get into touch with his reader by putting before him something which he recognises” (138). It is also “of the highest importance” that “this common meeting-place” between the writer and the reader “should be reached easily, almost instinctively, *in the dark, with one’s eyes shut*” (138-139, emphasis added). For Woolf, “the proper stuff of fiction” is directed by a sense of blindness that characterises the modernist inward turn (“Modern Fiction”, *Selected Essays*, 114).

Like Woolf, Lawrence similarly pays homage to blindness in his narrative. For instance, Lawrence configures blindness as a fundamental principle of men-women relationship. In a letter to Edward Garnett, he suggests that “the only way for art and civilisation to get a new life” and for “men and women” to “revea[1] themselves each to the other” is through “gaining great blind knowledge and suffering and joy” (*Letters* 2,181). Lawrence’s controversial endorsement of “blood-consciousness” similarly traffics in blindness and, as Maren Linett contends, Lawrence’s “depiction of blindness arises from his ideas about the non-visual character of ‘blood-consciousness’ and aligns with a modernist focus on consciousness, on the inner life” (82). Honouring the idiosyncrasies of blindness, modernist narrative thus anticipates Paul de Man’s *Blindness and Insight* (1983), consigning a new meaning to the narrative point of *view*.

Against the above modernist tendencies, disability scholarship positions blindness as a redirection to *external* ‘vision’ rather than the internal. Katerina Tsiokou argues that in the context of disability, and more specifically blindness, subjectivity is directed toward the external and not the internal, while the subject’s relations to the world are not passive, but active, dynamic, and productive” (212). Contra the modernist metaphor where blindness is

associated with *insight*, disability scholars contend that blindness proffers a new approach to the external environment. Although Lawrence's aesthetics generally coheres with that of British modernism in the early twentieth-century, I suggest that this redirection to the external is more suited in understanding how Lawrence's modernism engages with disability. As Lennard Davis's discussion on Paul de Man's blindness-as-insight metaphor reveals, blindness is "only partially enabling" (*Enforcing Normalcy*, 102). For de Man, although blindness produces "bright moment of literary insight", it is also "caught in its own form of blindness" (Davis, *Enforcing Normalcy*, 139).

Moving away from the metaphorical approach that configures the modernist emphasis on the inner life as 'internal', I will show in the following how this interiority is liaised with an inevitable and literal sense of the external. As I have argued in Chapter One, Woolf's notion of the inner life is not to be grasped at face value. Woolf's FID demonstrates how the most rigorous examination of the inner life is brought forth through a free indirect narration that privileges an external vantage point of the impersonal narrator. Although the third-person narrator seems to enjoy unlimited access to characters' consciousness, FID also implies narrative blind spots. As I have argued in the Chapter Two, the characters' consciousness is not thoroughly opaque to the narrator, whose anxiety betrays his confident impersonations. Rather than turning inwards, Woolf's and Forster's modernist narration shares disability scholars' view that blindness implies an attention to what lies externally, an alternative perception which is 'blind' in the sense that it is resistant to conventional ways of seeing.

This modernist idiosyncratic point of view (seeing inwardly through an external vantage point) engenders an unusual synaesthesia, in which 'seeing' is implicative of 'hearing'. For instance, the narrator's presence is habitually configured as a 'voice' that permeates the text. Studies on FID tend to use the term 'narrative voice' in identifying the speaker in the text. Echoing Isabel in Lawrence's short story "The Blind Man", FID's

veneration of narrative voices suggests that muteness and deafness are less pardonable forms of disability than blindness, for “it is much worse to be stone deaf” than being blind (58). “[S]aturated with oralism”, the strain of modernist aesthetic that tends to discard narrative vision seems to instate another ableist metaphor that privileges the aural (Linett 86). Like Woolf and Forster, Lawrence’s FID is similarly directed by an aural narrative presence – a narrative *voice*. In Lawrence, however, the narrative voice becomes so effaced at times that the narrator/character is ‘muted’. Often, he imposes muteness upon his characters by having them speak all at once, which effaces individual voices and consciousness. Coupled with Lawrence’s physiological stream-of-unconsciousness, such narrative muteness must be considered together with muteness at the level of the bodymind and its (dis)abilities.

Critics such as Wayne Booth, Helen Baron, and Violeta Sotirova have observed how Lawrence tends to deconstruct the boundaries of individual consciousness to the extent that it is no longer possible to identify any distinct narrative voice. Through infusing multiple streams of consciousness into a narrative instance, Lawrence, Booth argues, “simply surrenders the telling of the story to another mind, a mind neither clearly approved nor clearly repudiated yet presented in a tone that demands judgment” (“Confessions of a Lukewarm Lawrentian”, 17). Sotirova goes further to suggest that this “another mind” is impossible to identify, if it exists at all. For in Lawrence’s work, the characters “may even be succumbing to the process involuntarily, but [...] Lawrence is also seeking to expose the very impossibility, even *crippling effects of such ‘fusion’*” (148, emphasis added). Sotirova poignantly describes the “crippling” consequences of Lawrence’s polyphonic consciousness representation. For Booth and Sotirova, *WL* is preoccupied with the ‘inability’ to speak effectively. In the following, I will delineate how *WL* facilitates a narrative muteness that both literally and metaphorically exiles the characters’ ‘speeches’ from language and meaning. Although meaning is irritated into irresolution, Lawrence sanctions through stream-

of-unconsciousness a mode of ‘mute-speaking’ that is no less enabling or disabling than normal speech.

During episodes of his characters’ introspection, Lawrence’s narrator often inserts himself into a character-dominant consciousness while literally muting the characters’ discourse. Like Forster’s narrator, Lawrence’s narrator gradually and slyly dominates the discourse by switching the narration from a narrated monologue to an interior monologue mid-sentence. As Cohn notes, interior monologue (what she called “quoted monologue”) “eliminates one of the clearest clues for distinguishing between the narrating and the figural voices” especially when narrated in “the present tense” (75). As such, interior monologues generate a more radical conflation of narrative agency between characters and narrator than psycho-narration and narrated monologue, a technique deployed more frequently in both Woolf’s and Forster’s novels. In the following passage where Ursula meditates on life and death, the narration begins with a quoted monologue [1], which is followed by a narrated monologue [2], and finally transits to an interior monologue [3]. It is no longer clear, in the end, whether the narration in [3] belongs to Ursula or to the narrator:

[1]‘Does the body correspond so immediately with the spirit?’ she asked herself. [2] And she knew, with the clarity of ultimate knowledge, that the body is only one of the manifestations of the spirit, the dissolution of the integral spirit is the dissolution of the physical body as well. [3] Unless I set my will, unless I absolve myself from the rhythm of life [...] Life indeed may be ignominious, shameful to the soul. But death is never a shame. Death itself, like the illimitable space, is beyond our sullyng. (261-261)

Signified by phrases like “she asked herself” and “she knew”, the narration in parts [1] and [2] belong less ambiguously to Ursula’s thoughts than part [3]. Because of the switch to present tense, the “I” points ambivalently to both Ursula and the narrator. Although the passage begins with Ursula’s quoted monologue, which seems to suggest that the thoughts that followed are an extension from it, the following interior monologue/ unquoted direct narration generates an ambiguity in narrative voice. Occupying a more confident – almost didactic – tone, it is almost as if the narrator is speaking over Ursula, who is now muted by the narrator-dominated discourse. As the narrator-dominated consciousness culminates, it is shown that Ursula is sitting “quite still and quite forgotten” by herself in the drawing room – forgotten possibly by the narrator himself (263). Here, we see how Ursula’s consciousness is *literally* muted by the narrator’s self-assertion. Ursula’s muteness becomes literal by virtue of Lawrence’s stream-of-unconsciousness, in which thoughts are not only cognitive or metaphorical, but also flow through the movement of her bodymind and its narrativization⁴⁸.

⁴⁸ In another passage, the narrator’s discourse emerges more decidedly in Birkin’s meditations on an ideal men-women relationship. Like the passage above, the narrator’s discourse gradually bleeds into Birkin’s narrated monologue:

[1] It was intolerable, this possession at the hands of woman. Always a man must be considered as the broken-off fragment of a woman [...]

[2] And why? Why should we consider ourselves, men and women, as broken fragments of one whole [...] In each, the individual is primal, sex is subordinate, but perfectly polarized. Each has a single, separate being, with its own laws. The man has his pure freedom, the woman hers. Each acknowledges the perfection of the polarized circuit [...] (271)

The narrated monologue in part [1] is again replaced by interior monologue (signified by the “we” and the use of present tense) in part [2]. It is worth noting that the vocabulary and ideas used here bear a striking resemblance to Lawrence’s writing in *PU*, where Lawrence similarly explains human interaction as a polarized circuit:

[man] cannot exist save in polarized relation to the external universe, a relation both functional and psychic-dynamic. Development takes place only from the polarized circuits of the dynamic consciousness, and these circuits must be both individual and extra-individual. (39-40)

Whereas the above indicates how Lawrence's narrator mutes his characters through asserting his voice in the FID, Lawrence's narrator also sometimes mutes himself by pulling multiple narrative voices together at once. This gives rise to another form of muteness, even deafness, under the violent commingling of these narrative voices. As Booth notes, he "do[es]n't know of any novelist, not even Dostoyevsky, who takes free indirect style further in the direction of a sustained surrender to a passionate mimicry..." like Lawrence ("Confessions of a Lukewarm Lawrentian", 18). Approaching the Ursula passage above with an alternative vantage point, Booth also comments on how Lawrence "surrender[s]" his own authorial narration in portraying Ursula's death-wish: "Lawrence has so fully surrendered to imagining how such a moment of despair would feel to an Ursula, [...] that her trance becomes his own, for the moment" (18). Booth configures the mediations I have quoted above as an interior monologue that possibly belongs to Ursula. In this sense, it is the narrator, not Ursula, who is muted in that narrative instance. This effacement of the implied author's narration generates a variation of FID that Naomi Segal observes in Woolf's *The Waves* (1931). Segal suggests that *The Waves* uses stream-of-consciousness that "eschews individuation of accent" (111). While each character's speech is often marked by a certain pattern and tone in FID, Segal suggests that Woolf deliberately blurs the distinguished marks of the six characters. In effect, Woolf's "stream-of-consciousness is still mimetic [of the character's thoughts] but it is no longer realistic in the mode of the *style indirect libre*. The implied author is present everywhere but she is not God" (111). That is, although the

It is not difficult to see how Birkin's language and philosophy are markedly Lawrentian, both advocating a respect to individuality even in the most intimate relationship. Compared to Forster's narration and the Ursula passage, the "internal monologue" used in this passage belongs more clearly to the narrator's or even to Lawrence's direct narration. Here, we can more confidently identify how Birkin is muted by this narrator discourse than Ursula's example has shown. Significantly, the narrator informs us that Birkin thinks these thoughts while he is ill. As if to keep up the pretence, the narrator notes after the above narration: "So Birkin meditated whilst he was ill. He liked sometimes to be ill enough to take to his bed. For then he got better very quickly, and things came to him clear and sure" (271-272). Taking advantage of Birkin's illness, the narrator swallows Birkin's thoughts with his own direct narration to forward his views.

narration pretends as if the characters are thinking/speaking those thoughts, whether they really did is not a matter of concern. The idea is less to assert a narrative authority than to embody the fluidity of consciousness.

In *Lawrence*, a similar authorial effacement and character blending is evident and they are performed through a dense description of physiological movements: “[Ursula’s] soul was new, undefined and glimmering with the unseen. And [Birkin’s] soul was dark and gloomy, it had only one grain of living hope, like a grain of mustard seed. But this one living grain in him matched the perfect youth in her” (458). Indeed, it becomes impossible to identify who is ‘speaking’ or if anyone is ‘speaking’ at all here: the ‘inside’ peek into the soul suggests that these descriptions are not originated from the character’s knowledge of the other person, nor are they products of the external vantage point of the narrator. Under this mutual possession of one another’s emotion, Sotirova suggests that this creates a “rapid movement of the camera between the characters’ respective minds” (119). While the narrator often mutes his characters by inserting direct narration in the middle of a character’s interior monologue, the telepathic exchanges of consciousness between the characters also sometimes mute the narrator in return.

Whereas the above suggests how muteness pervades literally at the level of narration, muteness also takes on a metaphorical footing in *WL*. When juxtaposed with their literal references, these metaphors will animate the corporeality of the bodymind. In the *Crème de Menthe* chapter, metaphors of muteness punctuate the interaction between Birkin, Gerald, and Miss Darrington. As Birkin introduces the eccentric Miss Darrington to Gerald, Birkin suddenly “looked muted, unreal, his presence left out” (114). This curious look of muteness soon infects Gerald, whose “consciousness” is “muted” by Miss Darrington’s “dark eyes” that “seemed to be looking through into his naked organism” (119). Gerald’s “voice [is] still muted” as he speaks to Halliday later (120). But how can one speak with muteness? Gerald’s

paradoxical mute-speaking seems to have infected Gudrun as well. As she inquires after Gerald's injury in a "rather muted" manner, "as if avoiding the intimacy" (228). Read metaphorically, muteness here bespeaks a deliberate avoidance of emotions, a disinterested mode of speaking that buries meaning further beneath words. Gudrun's mute-speaking continues as she realises her jealousy of Ursula's self-independence. Realising that "she was outside of life, an onlooker, whilst Ursula was a partaker", Gudrun proceeds to speak to Ursula "in a curious muted tone, scarce moving her lips" (231). Although Gudrun conceives of her mute-speaking as a strategy of communication, Birkin ponders on the inherent muteness in language and utterances, which thwarts emotional expressions.

Birkin dramatizes the conflation of "life", "sleep", and "death" when expressed in language and speech: "There is life which belongs to death, and there is life which isn't death. One is tired of the life that belongs to death – our kind of life [...] I want love that is like sleep, like being born again..." (254). The more Birkin tries to explain the three concepts respectively, the more they seem to mute and blend into each other. As Birkin meditates:

There was always confusion in speech. Yet it must be spoken. Whichever way one moved, if one were to move forwards, one must break a way through. And to know, to give utterance, was to break a way through the walls of a prison as the infant in labour strives through the walls of the womb. *There is no new movement now, without the breaking through of the old body, deliberately, in knowledge, in the struggle to get out.* (254-255, emphasis added)

While language is often inadequate in clarifying the nuances of meaning and emotions, Birkin contends that we must utter them despite their insufficiency as it is the only way that

we can remotely arrive at meaning. The italicised sentence is itself an attempt to “break a way through the walls of a prison” (255). Evident in the shift to present tense, the narration changes from Birkin’s FID to an interior monologue, which is suggestive of an enhanced presence of the narrator. At this juncture, Birkin draws our attention to the fact that there is also “no new movement now” – the characters’ consciousness has ceased to move – muted – from this present narration (255). The ambiguous thought-representation of the interior monologue signifies the text’s effort to make Birkin’s metaphor of muteness corporeal. It is as though Lawrence himself is breaking through the veil of impersonality, ‘speaking’ directly but also mutely to us. Such a meta-conscious moment indicates how the novel itself is “breaking through the old body” of narrative and language and blossoming into a new form, though one that verbalises thoughts mutely.

As Birkin and Gerald demonstrate, muteness manifests metaphorically apart from the more literal cancelling of narrative voices in the narrative context. However, connotations of ‘literal’ and ‘metaphorical’ seem now somewhat muddled. What is ‘literal’ normally refers to what is free from exaggeration and distortion, such as when words are taken from their most basic and usual meaning. ‘Literal’ is also used to emphasise the absence of metaphorical meaning. But what is ‘literal’ occupies a different ontology in *WL* as the literalness of speaking and seeing refers to *how they are enacted at the level of narration*. For instance, whereas the following passage labours to transcend the mere symbolism of death as Gudrun’s empathy towards Gerald becomes violently physical and painfully literal, it continues to bank on linguistic representations: “she, subject, received him as vessel filled with his bitter potion of death. She had no power at this crisis to resist. The terrible frictional violence of death filled her, and she received it in an ecstasy of subjection, in throes of acute, violent sensation” (430). Although Lawrence’s prose is religiously devoted to grainy and physiological details

of the behaviour and movement of consciousness, the literalness of the physical body must be compromised by metaphor since it is constructed by language.

When Peter Fifield contends that there is a literal quality of illness in Lawrence, this literalness seems to have more to do with the distinct property of Lawrence's stream-of-unconsciousness than the implicit opposition between the 'literal' and 'literary' that Fifield suggests. In *WL*'s delineation of blindness and muteness, what is literal, physical, and metaphorical alternate indefinitely. It is for this reason that the term corporeality is used to refer to the oscillating movement of meaning and ontology. Specifically, 'corporeality' will release the conceptual burden that is associated with how the bodymind speaks and perceives via language. The motion of corporeality allows metaphorical and literal ways of speaking and seeing to alternate without having to settle on a categorical meaning. At the same time, the term also provides a boundary for their wandering such that they are not irritated into meaninglessness because of their emancipation from ordinary meaning-making systems.

But this also means that Lawrence's endeavour to make his narrative metaphor literal is fraught with a fatal paradox. As we have seen, the literal presentations of muteness at the level of narration continue to rely on language and, therefore, cannot escape a secondary representation that requires cognitive processing. An irony is thus enacted throughout the novel: While *WL* criticises the representation of emotions through language, the novel, being a textual production, cannot escape language. It is as if the novel is, like its characters, mute-speaking – stuttering, perpetually forced to repeat utterances that will never arrive at a meaningful whole. In other words, the literalness of muteness remains to be a linguistic narration, which the novel has also strived to reject. But the unfolding of this self-cancelling impulse is precisely the way in which *WL* achieves its corporeality: While the muted narration in *WL* remains incarcerated in language, it is also because of the *friction* between the novel's inevitable narrativity and its anti-narrative impulse that makes its corporeality

possible. For Lawrence, this friction between contradictory desires is essential in a faithful portrayal of emotions. In his Foreword to *WL*, Lawrence addresses the repetitions and frictions that critics often find tedious in his work:

In point of style, fault is often found with the continual, slightly modified repetition. The only answer is that it is natural to the author: and that every natural crisis in emotion or passion or understanding comes from this pulsing, frictional to-and-fro, which works up to culmination. (486)

For Lawrence, it is through this perpetual “frictional to-and-fro” that meaning can pulsate with life. If, as I have discussed in the introduction of this chapter, corporeality refers to the bodymind’s lived reality, I will delineate how this “frictional-to-and-fro” between the literal and metaphorical representation of the bodymind yields to a corporeality of stuttering that does not have to be rhetorically disruptive.

Narrative Stuttering

In *WL*, this frictional aesthetics is played out in an excess of repeated speech that is symptomatic of stuttering, a variation of mute-speaking the novel performs. While Lawrence’s narration often cancels utterances and meaning, its self-cancelling endeavour to resist narration also results in an excess of speech that dramatizes its frustration. As the polyphonic portrayal of consciousness indicates, the narrator’s muteness yields to a cacophony of characters’ voices. Similarly, in Birkin’s musing on the problem of language, he uses excessive repetitions to dramatize the proximity between seemingly oxymoronic

concepts. Lawrence's compulsion to repeat, particularly in *WL*, has not eluded critics such as Carolyn Tilghman, Jack Stewart, and John N. Swift. Commenting on *WL*, Swift argues that the novel's frequent use of repetition signifies "the crippling wounds and dislocations that threaten that experience as it attempts to find a voice" (128). While Swift ascribes repetitions to "the crippling wounds" that threaten the collapse of language and meaning, he is against a psychoanalytic reading of "repetition itself as symptom" of traumatic events (123). Instead, Swift argues that "[t]he pervasive repetitions of Lawrence's style function finally to sever words from their reference, suggesting that what's being worked over is not a single traumatic event, but the production of language in general" (123). As we have seen, there is a dis-ease in summoning forth meaning from language and speech, which is dramatized through repeating and uttering words that do not point adequately to their meaning. *WL* embodies this sustained endeavour to attend to this crippling wound of language by repeating words that cannot adequately signify. Through its stuttering, *WL* performs a hermeneutic flexibility based on the relentless flickering between a metaphorical and a literal understanding of differently-abled bodyminds.

In the "Excuse" chapter, this linguistic crippling of corporeality points to what Lawrence calls "the body of reality" that ultimately transcends language, discourses, and healing (401). For Ursula, the reality of Birkin's body is so overwhelming that this body *becomes* reality itself. Instead of presenting a reality of Birkin's body, his body becomes "the body of reality". The understanding of Birkin's body calls for metaphorical and literal ways of thinking. On the one hand, this reality is represented in disability metaphors, for it is simultaneously bodily, blind, and mute: "[Birkin] remained dark and magic, the living silence seemed the body of reality in him, subtle, potent, indiscoverable" (401). Throughout the episode, words such as "dark", "subtle", and "suave" "reality" are repeated multiple times (401-403). On the other hand, this body of reality is also beyond metaphors, language, and

discourse. It is “never to be translated” (402), and that “the reality of that which can never be known, vital, sensual reality that can never be transmuted into mind content” (403). In this sense, this body of reality is understood through oscillations between its metaphorical and literal behaviours. Such a “frictional-to-and-fro” within (corpo)reality is presented through a series of stuttered speech, which dramatizes the desire to summon meaning forth from words that fail to signify. Rather than being narrativizable, Birkin’s body of reality can only be approached through touch:

She would *touch* him. With perfect fine finger-tips of reality she would *touch* the reality in him, the suave, pure, untranslatable reality of his loins of darkness. To *touch*, mindlessly in darkness, to come in pure touching upon the living reality of him, his suave, perfect loins and thighs of darkness. (402, emphasis added)

The stuttered reverberations of the word “touch” betokens a semantic satiation where the word begins to lose its meaning with over-repetitions. Lawrence seems to be suggesting that there is a corporeality of the body of reality that is touchable yet “unspeakable” and “positively silent” (403).

Women in Love arms us with new narrative tools to think about disability in the sense that Lawrence redresses the difficult reality of differently-abled bodyminds by sanctioning contradictions and frictions within lived corporeality. The word ‘reality’ in disability studies, as Tobin Siebers contends, is an awkward ontological ruse. For, although “the disabled body provides insight into the fact that all bodies are socially constructed”, disability may “trouble the theory of social construction” by the physical limitations and challenges that require a more urgent attention in the disabled body (*Disability Rhetoric*, 53, 57). While social

construction theories inform how we have been treating differently abled bodies as ‘disabled’ – a lack and a defect, it also strips the body of its materiality, thus undermining the very fact that the body is alive. Because of its eagerness to prove the constructed-ness of the disabled body, social construction theory “has made it impossible to refer to ‘reality’ without the scare quotes we all use so often” (Siebers 64). In *WL*, Lawrence releases the word reality from its scare quotes by granting physical, physiological, tactile, as well as cognitive and metaphorical corporeality to bodyminds. But the reality ascribed to Birkin’s body does not necessitate that his bodymind is more ‘real’ than others, in the sense that it has to be a rhetorical disruption to the text’s narration. As Lawrence puts it, repetition is “natural” when the need to represent complex emotions arises (“Foreword”, 486). The repetition of the stuttering body is simply *what is*. Deploying disability metaphors, Lawrence shows how bodymind’s corporeality is incorporated into the narrative language. Rather than disrupting the novel’s narration, the stuttering corporeality embodies its anti-narrative impulse without undoing itself altogether. The frictions between his narration and his anti-narrative impulse engender a corporeality of the differently-abled bodyminds without the rhetorical burden to ‘prove a point’ about its stuttering.

However, *WL*’s disability metaphors can become problematic whenever Lawrence appears to laud the *ability* of this stuttering and mute-speaking, which runs the risk of reinstating an ableist ideology. As Valerie L. Popp contends, “Lawrence’s works resurrect the cultural significance of the human body by repeatedly endangering its symmetries, its health” (39). As we have seen, Lawrence’s narrative strategies in *WL* continue to sport with the possibility of speaking in muteness and the yearning to be understood through a textual stuttering. “The result is”, Popp continues, “an aesthetic that posits a discomfiting but thoroughly modern contingency between deficiency and newness” (39). By endangering the ‘healthiness’ of the quintessentially modernist narrative technique, Lawrence entertains the

possibility that aesthetic newness can be brought forth through disable-ness. It is thus understandable for critics such as Robert Scholes, James Phelan, and Robert Kellogg to argue that, in Lawrence's eagerness to revolutionise sense and meaning, he sometimes and ironically deploys the traditional framework that he seeks to criticise: "This problem in Lawrence's work is a function of his attempt to be rebel, prophet, and artist, attacking the old verities but accepting the notion of verity and offering new truths for old in narrative form" (279). In the context of his disability metaphors, Lawrence is susceptible of reinstating the ableist ideology even when his novel strives to repudiate it.

I would argue that Lawrence's incorporation of muteness and stuttering into the narrative *form* also signifies his conscious avoidance to shape disability into an aesthetic subject to be romanticised. Whereas disability, as Maren Linett suggests, usually signifies deformity in modernist works, Lawrence's novel demonstrates how muteness and blindness are *forms* rather than *de-forms* of narrative. Siebers's notion of disability aesthetics informs Lawrence's mute-speaking in *WL*: rather than positing disability as an aesthetic subject the novel discusses, Lawrence allows disability to modify the very narrative form of the novel. As Siebers argues in *Disability Aesthetics* (2010), "[d]isability is not [...] one subject of art among others" (20). Rather than being a subject within a work of art, Siebers suggests that "disability is properly speaking an aesthetic value, which is to say, it participates in a system of knowledge that provides materials for and increases critical consciousness about the way that some bodies make other bodies feel" (20). In other words, disability is itself an aesthetic strategy (rather than an aesthetic object) that seeks to revolutionise the system of knowledge, a system that usually conceives disability as defect.

It is important to note that such a disability aesthetics does not reinforce an ableist ideology that reverses the hierarchy between the abled and the disabled (such that the disabled is now superior and even preferable). Instead of mapping disability into the

prescribed definition of “beauty”, disability aesthetics seeks to configure disability as “a distinct version of the beautiful” (9). With its featuring of the grotesque and the eccentric body, modern art becomes for Siebers an ideal platform for disability aesthetics. In Lawrence’s case, narrative ‘form’ is no longer an antonym of ‘deform’, for it neither points to an able-body that can see, speak, listen, and sense, nor to a disabled body that falls short of these functions. Through *narrating* dis-ease, Lawrence’s characters *literally* ‘see’ in blindness and ‘speak’ in muteness. Metaphorical and narrative ‘voice’ and ‘viewpoint’ redefines what literally seeing and speaking mean in Lawrence’s narration.

Whereas narrative theory is commonly coded in a metaphorical and ableist language that operates through ‘voices’ and ‘point of views’, Lawrence defamiliarizes the reference point of ‘voice’ and ‘view’. In the narration of dis-ease, what is literally ‘muted’ in speech is their meaning and what is literally ‘blinded’ in sight is an ethical myopia to discern the disability aesthetics that flows in narration. As Scholes et al. commentary on the stream-of-consciousness indicates, thought, under this circumstance, “may not be merely unspoken speech but another order of verbalisation altogether” (181). The effacement of the narrative voice and viewpoint then signifies a suspension of meaning from language, consciousness, and thinking, for blindness and muteness becomes literal when considered at the narrative level. The characters’ muteness also effectuates the behaviour of their bodyminds, where the characters receive the blow of the novel’s narrative muting and deafening physiologically. This oscillation between literal and metaphorical understanding of the characters’ bodyminds arrives at a corporeality that is resistant to normative medicine. Muted and deafened by the narrator, the characters perform their consciousness with their corporeal stuttering bodies that strive passionately for rather than disrupt meaning.

Although Lawrence’s championing of the physiological is inevitably haunted by the logic of ableism, we should not therefore consider that Lawrence has nothing to contribute to

disability studies. Far from implying that those with disabilities lack a body, however, I mean that Lawrence's tendency to adulate physical movement may inadvertently subscribe to able-bodied-ness. But, modified by corporeal disability metaphors, Lawrence's stream-of-unconsciousness suggests a different way of thinking about the relationship between ableism and the bodymind. As aforementioned, scholarship on ableism is replete with bodily-oriented language that often reiterates the body-mind division. Resonating with Schalk's framework, Lawrence's stream-of-unconsciousness disassembles this body-mind binary by emphasising that the physical and the mental are mutually-implicated. The physical expression of conscious thinking does not rely only on the body. It is also predicated on metaphorical and mental associations that feed back into what is meant by corporeality. The loop that is corporeality, as I have argued, undoes the ability/disability binary by appropriating disability metaphors, which unsettle – rather than celebrate – bodyminds that see in blindness and speak in muteness. If Schalk's work engages with a "materialist feminist" approach to disability studies that salvages the interactions (and its limits) between the body and the social context that dictates able-mindedness/able-bodiedness, Lawrence's bodymind paradigm shows that his configuration of physical consciousness need not be phallogentric (Price 271). Rather than valorising a brute sense of physicality, Lawrence's stream-of-unconsciousness delineates his sensitivity towards unorthodox ways of seeing and speaking and his passionate disavowal of medico-normativity.

Lawrentian (E)motions

Having established the ways in which Lawrence's stream-of-unconsciousness narration of dis-ease broadens the bodymind's capacity, I now turn to the "hidden passion" within the unconscious that elucidates its desire to conserve disability and dis-ease (Sontag

45). As Ursula identifies poignantly, Birkin's mute-speaking is "a disease that [he] do[esn't] want to be cured of" and although Birkin is "irritated" by Ursula's poignant diagnosis of his "disease", he reluctantly confesses his indifferent expression of love (190). The dis-ease of communication in *WL* is therefore not a condition that desires cure. Whereas the previous section has delineated how Lawrence's bodymind acquires a corporeality that emerges from the frictions between contradictory desires, this section will examine how these frictions irritate the desire for cure and their resulting dis-ease. I argue that the promiscuous movement of emotions – (e)motions – in *WL* overwhelms the causal logic between aetiology and symptom such that it is no longer possible to pathologize ugly feelings. In particular, Lawrence appoints 'love' as both a symptom and a cause of the dis-ease of the bodymind. The interchangeability of cause and symptom will show that although Lawrence positions love as a dis-ease, he refuses to police the disoriented feelings that follow it with terms such as 'disease', 'illness', and 'sickness'. Lawrence, instead, sanctions and offers vocabulary for the free wandering of the ugly residues of feelings, which are awash in a stream-of-unconsciousness that uproots meanings from their socio-linguistic orders.

Before looking closely at the dis-ease in Lawrence's frictional emotions, I will first offer a brief anatomy of emotions with reference to Martha Nussbaum's neo-Stoic model. In *Upheaval of Thoughts* (2001), Nussbaum illustrates a complex structure of emotions that coheres with the logic of Lawrence's stream-of-(un)consciousness. Nussbaum suggests that emotions, even when they carry an urgent momentum, may be less immediate than we would like to imagine. Nussbaum distinguishes "background emotions" (remote and structured by memories) from "situational emotions" (based primarily on the immediate circumstances) (74). In Nussbaum's words, "background emotion" "acknowledges dependence on or need for some ungovernable element in the world" while a "situational emotion" "responds to the way in which the world meets or does not meet one's needs" (74-75). Our "immediate"

emotions, therefore, imply a network of cognition, experiences, and memories that spans across our lifetime. This temporal and spatial patterning similarly characterises the technique of stream-of-(un)consciousness. Scholes et al. suggest that “‘stream of consciousness’ [is] used to designate any presentation in literature of the illogical, ungrammatical, mainly associative patterns of human thought” (177). These patterns of thought, as do background and situational emotions, are scattered into various parts of the text (our cognition) that will recur. This presentation of “psychic processes” is why, Robert Humphrey argues, “the associations of any particular moment of consciousness are incoherent out of the context of the mind [...] but within the context of the novel, they are not only psychologically coherent, they are revealing” (65). Both Nussbaum’s theory of emotion and the logic of stream-of-consciousness reveal why we often fabricate a false opposition between emotion and reason. The temporal and spatial remoteness of the associative emotions makes it difficult for us to map our immediate feelings with these forgotten background emotions. It is because of this remoteness that emotions, as well as a character’s stream-of-consciousness, often appear irrational and unjustifiable.

In response to this fallacy, Nussbaum’s neo-Stoic view draws attention to the thinking quality of emotions. Building upon Seneca’s and Epictetus’s thoughts, Nussbaum argues that rational thoughts are embedded in the very structure of emotions. Nussbaum, as such, nullifies the conventional opposition between intelligence and feelings and between sense and sensibility. As Nussbaum’s neo-Stoic view suggests, the structure of background and situational emotions elucidates their thought- and judgment-based nature. Although we may often *feel* that our emotions are driven by more urgent forces that rational thoughts fail to control, Nussbaum argues that “the urgency, if it is there, comes not from the unthinking force, but from my thought that my well-being is threatened by that force” (78). This feeling of losing control, Nussbaum thus suggests, stems from an upsetting of background or

situational judgment instead of from the physiological movements such as trembling, fatigue, and heat.

This is, however, not in opposition to the classical Stoic view that physiological reactions are embedded in the structure of emotions (for instance we often tremble when we are scared). Nussbaum grants that there are noncognitive feelings, but it is impossible to prove that these reactions are part of the identity of that particular emotion. For this reason, Nussbaum ascribes “the experience of passivity in emotion” to the fact that we give weight and concern to the “things and people whose activities and well-being we do not ourselves control” (78). In other words, the manifestation of emotions signifies the inner workings of our thinking faculty instead of its repression. Even though we want to believe that we control our thoughts, Nussbaum implies that *the role of thought in the structure of emotions is precisely what makes it contingent and uncontrollable*. In this sense, we can begin to discern how emotions such as ‘love’ is as much an emotion as it is an ‘upheaval of thought’ and an “upheaval of mind” (476). As Nussbaum argues, love is a particular kind of awareness towards a person or object instead of an irrational emotional category (478). Love becomes a process of thinking, a kind of consciousness laden with logical motivations and thoughts.

Nussbaum’s refashioning of ‘love’ as thoughts and consciousness is echoed in Birkin, who similarly suggests that ‘love’ should venture beyond the emotional. Like Ursula, one would like to imagine love as a positive emotion that envelops our being. Yet, Birkin draws attention to the mobility of the consciousness of love:

Love is one of the emotions like all the others – and so it is all right whilst you feel it [...] And why one should be required always to feel it, any more than one *always* feels

sorrow or distinct joy, I cannot conceive. Love isn't a desideratum – it is an emotion you feel or you don't feel, according to circumstance. (189, original emphasis)

Love, in other words, is an (*e*)*motion* that comes and goes just as any other emotions such as sorrow or joy. The quality of movement Lawrence endows to emotions has a Stoic resonance, which will offer vocabulary to describe the wandering nature of dis-ease feelings. Evident in Chrysippus's and Seneca's work, the Stoics configure emotions in terms of movement. For Chrysippus, "grief" makes the soul "turning and shifting as a whole" (SVF. III. 459); "depression" (*achthos*) "weighs us down" (SVF. III 414); and "exasperation" (*enochlesis*) "coops us up and makes us feel that we haven't got enough room" (SVF III. 414). Similarly, Seneca also configures emotion as a three-part motion in *On Anger*. He distinguishes between emotions' first movements (or pre-emotions) and the emotion proper. First movements are involuntary and physiological reactions (I blush when I'm embarrassed; I flinch when I'm scared); second movement occurs where we decide to withhold or give assent to the first movement; and the third movement is the emotion proper/the correct exercise of judgment. Referring to its etymology *passio*, the Stoics understood emotions as 'passion', for they are temporary as well as passive feelings that diminish our agency. Pertinently, passion/*passio* shares the same etymological root with 'patient', which also means to 'to suffer'. Suffering from intense desires that they have no control over, the Stoics configure passionate individuals as patients in need of therapy.

While the ancient Stoics (with the exception of Chrysippus) considered (e)motions as pathological feelings that should be extirpated as soon as possible, Nussbaum's neo-Stoic view adds rhetorical complexity to classical Stoicism's less tightly-formed argument. Nussbaum supplements the pathological passivity in emotion by pointing out the contingency

inherent in both our background and situational thought-structure, which are “the objects of emotion” – “things and people whose activities and well-being we do not ourselves control” (78). Like the Stoics, Nussbaum similarly perceives emotions as passive feelings that contribute to our vulnerability. But rather than attributing irrationality to our suffering, Nussbaum elucidates the contingency inherent in our conscious thinking and cognitive network as the *reason* for our emotional vulnerability and passivity⁴⁹. The kinetic consciousness of love is, because of the contingency of our cognitive associations, prone to a vulnerability that is often mistaken as a disease.

Structuring (conscious) thoughts and movement into (e)motions, Nussbaum’s neo-Stoic framework defamiliarizes our usual imagination about emotion. In *WL*, Birkin’s defamiliarization of ‘love’ exemplifies the contingency Nussbaum ascribes to emotions. Since love is a temporary and circumstantial (e)motion, Birkin concludes that it is superfluous to singularise and crown ‘love’ with a permanent status. Even while Birkin rekindles his affection for Ursula, he is “bored by the emotion” at the same time as he is struck intensely by “a hot passion of tenderness for her” (392). Arguably, it is not exactly ‘love’ – at least not what its signifier usually suggests – that Birkin feels for Ursula, even though – or because – he cares for her intensely. It seems to be something “beyond” everything our culture has said about love (208).

In his theorisation of love, Birkin repeatedly envisions the “beyond”: “But there is this beyond, where there is no love” and “no speech and no terms of agreement” (208,209). In *WL*, ‘love’ is therefore estranged from socially-recognisable definitions. Withdrawing from language, the dis-ease in expressing this ‘beyond’ is manifested in the stream-of-

⁴⁹ While Nussbaum deconstructs the reason-emotion binary that Stoics such as Cicero held, her neo-Stoic theory of emotions does not undo the classical view. By tweaking the classical view, Nussbaum identifies that the ancient Stoic view on emotions might not be as hostile to reason as they or their critics have imagined.

unconsciousness throughout the novel. As I have argued, the thought pattern of a character's stream-of-consciousness permeates the text. Birkin's 'beyond', then, travels beyond the boundary of the signifier and disseminates into the stream-of-unconsciousness patterns that underpin *WL*. In effect, the 'beyond' of love manifests in the often-confounding physiological motions that dominate Birkin's as well as other characters' expressions of intimacy.

Before taking a closer look at the novel, I want to suggest that Birkin's 'beyond' can benefit from how affect theories approach emotion's movement. Unlike 'emotion', affect does not assume that there is a coherent subject who feels those feelings⁵⁰. As such, affect grants emotions a mobility that escapes the boundaries of the body⁵¹. But intuitively, we imagine that our emotions unfold in a cause-and-effect logic. As William James contends, an emotion comes into a state of affairs by following an internal linear process: one first perceives an event, which our bodies will subsequently and physically respond to, and this response will finally be cognitively registered. Affect, on the other hand, disrupts this linearity. In *Parables for the Virtual* (2002), Brian Massumi explains the impossibility of narrating affective (e)motions through the paradox of capturing movement. As Massumi argues, it is humanly impossible to conceptualise the full dimensionality of motions, for, "to

⁵⁰ Some critics in affect studies distinguish emotion from affect, in which the former "presupposes" one experiences feelings and sensations as "a coherent subject" and that the latter serves to "destabilis[e] modalities of embodiment" resulted from the former (Wehrs 39). Although this simplistic division has been repealed by Kate Stanley and others, such a distinction clarifies the role affect plays in our apprehension of our emotional life. In "Affect and Emotion: James, Dewey, Tomkins, Damasio, Massumi, Spinoza", Stanley seeks to "reclaim a convergence of emotion and affect", where "the psychological is united with the physical" (98). If, according to some affect theorists, emotion signifies a "private" mode of feeling while affect points to an "impersonal" mode, Stanley contends that this division "ironically still comes to rest on the reductive Cartesian mind/body division" that these theorists seek to overcome (103).

⁵¹ The motions of affect can be more readily grasped through the idea of "atmosphere". In the atmosphere of a funeral, for instance, the (e)motion of sorrow and grief *flow* through and pervade in the room, almost immediately infecting everyone that enters. If feelings and emotions no longer exist privately and statically but communally and dynamically, affective movement, then, further problematises how we usually conceptualise the experience of our emotions.

think the body in movement [...] means accepting the paradox that there is an incorporeal dimension *of the body*” that the notion of “body” itself does not accommodate (5, original emphasis). A narrative of (e)motions is thus a paradoxical idea, since narrative requires the fixing of the subject in positions, spaces that allow for the narrative moment to unfold. As we have seen, (e)motions resistance to narrativity is performed by Lawrence’s stuttering bodymind. Massumi notes that the idea of “positionality begins by subtracting movement from the picture”, thereby defeating the purpose of making sense of that movement in the first place (3). As Massumi puts it, passage always precedes positions and that “positionality is an emergent quality of movement” (8). In the discourse of emotion, these positionalities refer to the ways in which we ascribe the cause of certain affective (e)motions to an emotional category such as happy, sad, angry, sorrow, etc. As such, affect’s awareness of the quality of movement allows us to approach emotions more sensitively. Rather than boxing up our (e)motions into their respective positionalities, affect returns the energetic quality to emotions and enables us to release them from a false chain of causality as well as their social trappings.

Returning to Birkin’s ‘beyond’, Massumi’s notion of positionality elucidates how Lawrence overwhelms the causality between aetiology and symptom in Birkin’s dis-ease. On the one hand, love is a symptom of unfulfilled and often unidentifiable desires. On the other hand, Lawrence also reverses its causal logic, suggesting that these desires could also become symptoms of an unsatisfying love. In the dis-ease of love, Birkin is conscious that we have been mistaking “love” as the “root” cause of the intensity of “emotional relationship” (208). As he puts it: “we want to delude ourselves that love is the root [...] The root is beyond love, a naked kind of isolation, an isolated me, that does *not* meet and mingle, and never can” (208). In *WL*, ‘love’ functions as this unattainable, ineffable, but all the more present symptom of a thwarted desire that explains and narrates our dis-ease.

As Nussbaum suggests, narrative at once reproduces and demystifies the baffling sense of mystery we often find in love. She describes how “precisely because we cannot easily catalogue the reasons for our loves, we look to narratives for the understanding we lack, or at least for a confirmation of our sense that there is a great mystery here” (468). Repeatedly confronting Birkin to explain and confess his ‘love’ for her, Ursula is the exemplar of this anxiety to make sense of the nature of Birkin’s ‘love’. While Birkin believes that they can do “better” by discarding the name of “love”, Ursula “plead[s]” Birkin to “[s]ay you love me, say ‘my love’ to me [...] say it, say it” (217). For Birkin, who undertakes a cynical view on humanity, “love” has been manipulated as the “righteou[s]” name to spread “hatred” and to arrive at selfish means (187). Birkin is notably sickened by this “lie” that humanity has created for its people: “If we want hate, let us have it – death, murder, torture, violent destruction [...] but not in the name of love” (187). As Birkin would have it, the symptom of love should be extirpated for a greater ‘beyond’. In this case, ‘love’ manifests as a symptom for the dis-ease of hatred.

But this diagnosis remains too neat for both Birkin and Lawrence still. In undermining the aetiological origin of this desire to narrate, Lawrence overturns the chronology and the legitimacy of this diagnosis. Although Birkin expresses that there is a ‘beyond’ to ‘love’ that can be explained by our desire to narrate (as Woolf suggests about pain in *The Voyage Out*), Lawrence swiftly dismisses Birkin’s diagnosis by allowing Ursula’s common sense to triumph over his ideals. Reversing Birkin’s diagnosis, Ursula suggests that his desire for the beyond is the symptom of his love for humanity which he fails to admit. While Birkin yearns for a bond that transcends sensory pleasures and earthly trappings, Ursula undermines his “very silly” philosophy (210). As Birkin puts it, he “do[esn’t] want to see [Ursula]”, for he has “seen plenty of women” and he is “sick and weary of seeing them. [He] want[s] a woman [he] do[esn’t] see” (210). Ursula jokes that he is trying to make her

“invisible” (210). But Birkin is utterly “earnest” in his confession (211): “Yes [...] you’re invisible to me, if you don’t force me to be visually aware of you. But I don’t want to see you or hear you” (210). Birkin envisions a beyond that is disillusioned of the symptom of love, a beyond operating through blind-seeing and mute-speaking.

However, for Ursula, Birkin is “so absurd in his words” and his ideals appear “rather ridiculous” (211). At the end of the chapter, it is only when Birkin is weary of speaking that he “murmur[s] in a subtle voice of love, and irony, and submission: ‘Yes, - my love, yes, - my love. Let love be enough then – I love you then – I love you. I’m bored by the rest’” (217-218). As Lawrence’s radical defamiliarization of ‘love’ and its symptoms/causes have shown, a normative understanding of ‘emotion’ does not suffice to delineate the novel’s anti-narrative drive. The ‘frictional to-and-fro’ between ‘love’ and the ‘beyond’ and between symptoms and causes remain irreconcilable. The novel’s reluctance to ascribe a neat chain of causality to Birkin’s dis-ease of love is indicative of Lawrence’s commitment to Irritative Modernism: not only are the manifold (e)motions in love’s disease liberated from their signifier, their expressions are also hinged upon an irritable dis-ease that is part and parcel of their identity.

This irreconcilability of the ontological priority of symptom and cause is crucial in apprehending how Lawrence’s novel narrates illness and disability. As I have suggested, the oscillations between a narrative impulse to categorise love as the symptom of the beyond and the anti-narrative impulse to collapse recognisable ideologies are animated by a repetitive ‘frictional to-and-fro’ between opposing desires. As Swift contends, repetition in *WL* “constructs itself over a real emptiness, fuelled by an ungratifiable desire for permanence of the world and of the self” (124). Swift aptly ascribes Lawrence’s phrase “eternal unrelief” to the novel’s persistent drive to repeat (124). Characterised by the turbulent movement of (e)motions, Lawrence’s narration of illness and disability remains determinedly irresolute.

But critics are generally insensitive to the pattern of thought that underlies Lawrence's stream-of-unconsciousness, as, for instance, Louise Battye refers to Lawrence's devotion to descriptions of characters' physical motions as "irrational"⁵² (4). This impression of irrationality, deriving from Nussbaum, comes from the arbitrary and fragmented ways in which a character's thought-emotion pattern occurs throughout the text. As I have discussed in Chapter One, we often pathologized phenomena that we fail to comprehend with the epistemological confidence we lend to medical narrative. Lawrence's novel thus responds to the ontological fallacy of emotion's disease that we commit to in the face of an incomprehensible irrationality, in which we medicalised and pathologized the dis-ease that we fail to understand. By problematizing 'love', *WL* unfolds instead a pervading dis-ease about how the aetiology of such 'disease' comes be narrativized.

Medicalising dis-ease as disease, Gerald's stringent insistence on a healthy, sanitised, yet mechanical narrative of emotions is censured in *WL*. Previously, I have argued that even though Lawrence recognises emotions as non-narrativizable, his stream-of-unconsciousness insists that they should be expressed through the persistent struggle to stutter words into meaning. Yet, Gerald's endeavour to salvage a sense of his (corpo)reality is shown to be a counter-productive obsession with a 'healthy' self-narrative. Angela Woods, drawing on Galen Strawson's work "Against Narrativity", elucidates the problems with an insistence of "narrative orthodoxy" in narrating illness, which implies that "a richly Narrative outlook is essential to a well-lived life" (45). Emphasising the variability of how memory is deposited in individuals, Strawson contends that not all of our memories are naturally coherent and linear. There are, for instance, "episodic" people who remember events and emotions in fragmented

⁵² Most notably, Louise Battye contends that "Lawrence's irrational philosophy of the physical, the sensual and the intuitive deeply prejudiced him against the physically abnormal" (4). Not only is Lawrence's physical stream-of-unconsciousness irrational, Battye also argues that his apotheosis of the physical advocates a eugenics that discriminates against disabled and deformed bodies.

and impersonal manners (46). Not only do these individuals remember things diachronically, they are also detached from those experiences as if watching these events in third-person as they remember. With the status of narrative dethroned in the understanding of illness, Woods thus asks teasingly: “Does illness propel us in the direction of diachronicity, forcing us to mourn a healthy past which cannot be recuperated and a future which feels more fraught, more finite? [...] or does it demand us to attend to the ‘right now’?” (6). Illness narrative, even when its recovery arc is disrupted, may enforce a rigid boundary between ‘health’ and ‘sickness’ that is impossible in the first place.

Gerald’s dis-ease embodies this strange temporality of the narrative orthodoxy, where he becomes a necromantic of a ‘healthy’ past. As opposed to Birkin, who is “frail in health and body”, Gerald is repeatedly described as a healthy and robust individual in the novel (376). In the opening chapter, Gudrun observes how Gerald is “fair, good-looking, healthy, with a great reserve of energy. He was erect and complete, there was a strange stealth glistening through his amiable, almost happy appearance” (70). However, the appearance of Gerald’s ‘health’ is later revealed to be a fragile mask that he has trained himself to uphold. Whereas *WL* is largely episodic in style (chapters organised according to events that do not necessarily bear temporal continuation), Gerald’s reminiscence of his childhood in “The Industrial Magnate” chapter is distinctively chronological and historicised. Remembering that he has grown up in an industrial environment, Gerald meditates on how the success of his industrial factory has left him emotionally vacant. As he looks into the mirror, he notices how he has managed to sustain his ‘health’, albeit in an almost inhuman way:

There it was, shapely and healthy and the same as ever, yet somehow, it was not real, it was a mask. He dared not touch it, for fear it should prove to be only a composition

mask [...] He was afraid that one day he would break down and be purely meaningless babble lapping around a darkness. (306)

This appearance of 'health' is disillusioned as a theatrical effect, one that allows him to manage and mechanize his work. As Gerald puts it, "[the miners] were not important to him, save as instruments, nor he to them, save as a supreme instrument of control [...]" (305). While Gerald "admired their qualities", he regards them simply as "accidents" and as "sporadic little unimportant phenomena" (305). Taking anti-narrativity literally, Gerald has subtracted emotions from his narrative of self altogether. Although he "had found his most satisfactory relief in women", Gerald finds it "so hard to keep up his interest in women nowadays. He didn't care about them any more" (307). Evidently, Gerald's anxiety to maintain a narrative of 'health' corrupts his capacity to love. As Gerald concludes, "[o]nly Birkin" can "ke[ep] the fear definitely off him [...]" by the odd mobility and changeableness which seemed to contain the quintessence of faith" (306). It is only with Birkin's affective (e)motions that Gerald is relieved from the stiffness of his emotional life. As Gerald demonstrates, obsession over a healthy and coherent narrative of emotions leads to a tragic – in his case, fatal – end.

Gerald's case is in tandem with Massumi's and Nussbaum's argument that emotions resist narrativity and static categorisation. Both Massumi and Nussbaum seek to correct the misconception regarding emotional experience and its expressions, which helps us to read Lawrence's uneasy (e)motions with greater sensitivity. Synthesising Massumi's and Nussbaum's argument, the result is that while (e)motions cannot be contained in common

sense categories, they are not therefore opposed to reason⁵³. Rather, they function through dynamic movements that reject static definitions and signifiers. As Nussbaum clarifies, (e)motion is structured by reasons, reasons that are often embedded in the obscurity of our background motivations and thoughts. Because of the temporal remoteness of these motivations, they often appear to be irrational according to our situational and immediate circumstances. Massumi's work elucidates this strange temporality and ontology of our emotions: by repudiating the chain of causality in emotions, Massumi liberates emotions from their rootedness in a 'past' or a 'present' and from their conceptual bondage as 'this' or 'that'. In this sense, the rationality of our (e)motion emancipates from the normative rendering of 'reason' or 'sanity'. That is, while (e)motions are structured by reason, it is a rationality that is unshackled from social laws and propriety. By extension, the liberation of emotions from common sense and normative positions allow pain and (ugly) feelings to emancipate from and oscillate between their signifiers.

We see how this affective approach to emotions dovetails with the stream-of-unconsciousness principle in *WL*: within the stream-of-unconsciousness, the overall coherence of the thought-emotion pattern expels the false impression of irrationality and of dis-ease. Likewise, the thought-emotion pattern of how 'love' is expressed throughout *WL* coheres yet uncomfortably coalesces into the 'beyond'. For instance, the word 'love' in *WL* no longer refers adequately to what we would normally conceive of as 'love'. The word 'healthy', as Gerald demonstrates, also no longer refers to a state of well-being. Rather than imprisoning the affective motions of love into the signifier 'love', *WL* allows for a radical recodification of the ugly feelings that stick to disease. Although Lawrence exiles meaning from its signifiers, this meaning wandering does not merely foreground an irritating play of

⁵³ As Massumi and Nussbaum argue, (e)motion's movement is characterised by both time and space: whereas Massumi focuses on the temporal and spatial structure of affective emotions, Nussbaum's work centres on dismantling the reason and emotion binary as well as suggesting a new cartography of emotional structure.

instability. Affect's motions return movement to (e)motions that have been incarcerated in static positions in the medicalisation of dis-ease.

Although Lawrence seeks to liberate (e)motions from the socially-constructed positionalities that restrict their potentials, their rapid motions and variability also make dis-ease difficult to inhabit. Nussbaum has poignantly identified a fatal incongruity that affect seems to operate in: "we seem to have lost our grip on the notion itself. Certainly it can't be a feeling, which we recognise by the way it registers in our awareness. Is it a kind of psychic energy? But what kind? And is the kind specific to each emotion-type, or is it something that distinguishes all emotions from nonemotions?" (61). Indeed, because of affect's resistance to narrativizable language and common sense, affect scholarship, much akin to Lawrence's irritative literary presence, is often written in nebulous language that bewilders instead of clarifies. At the same time, however, once affect becomes graspable by language and discourse, it would lose all its theoretical purchase.

WL's self-consciousness of its narrative dis-ease, I would argue, shows the habitability of dis-ease by *making acceptable* the discomfort of the relentlessly thwarted attempts at giving names to (e)motions. This dis-ease of affective movement, by extension, gives rise to the restless transpositions of the ontological priority of symptom/causes of the characters' disease. In disability scholar Katerina Tsiokou's words, there is in affect "a reciprocal process of defining and redefining, showing their equal capability for transformation and exchange of vantage position" (213). Because of these transpositions, the "hierarchal binaries of ability and disability" are annulled⁵⁴ (Tsiokou 220). Likewise,

⁵⁴ In "Queer Time, Queer Assemblages", Jasbir Puar also comments on the deconstruction of hierarchies between binaries. Puar calls this phenomenon "assemblage". Under assemblages, which are indebted to "ontology", "espous[es] what cannot be known, seen, or heard, or has yet to be known, seen, or heard, allows for becoming/s beyond being/s" (128). In this sense, (queer) assemblages depicts how affective relations transcend beyond the sensory experiences of the (disabled) body, beyond disability/ability and beyond illness/health.

(e)motions in *WL* unfold affectively and demonstrate a series of (e)motions that, although signalling a dis-ease of the bodymind, are expressive of their restless energy.

All narrative, Peter Brooks argues in *Reading for Plot* (1984), is driven by a “temporal dynamics” and “the play of desire” that is, like Lawrence’s (anti-)narrative impulse, self-contradicting (xiii). Referencing Freud’s notion of “death drive”, Brooks argues that the telling of a story “is always [contemplated] *in terms of* the impending end” (52). Quoting Freud’s *Beyond the Pleasure Principle*, Brooks elucidates the paradoxical and oscillating desire for life and death⁵⁵. Brooks adds that the Freudian model “proposes that we live in order to die, hence that the intentionality of plot lies in its orientation toward the end even while the end must be achieved only through detour” (108). In other words, narrative begins with its own end in mind and in structure. Arguably, then, all forms of narrative can be conceived of as ‘anti-narrative’ to a certain extent. *WL* overplays this anti-narrativity by consciously and radically undoing meaning and positionalities. Lawrence’s narrative form is configured affectively in movement and energy: static and linear structures cannot explain the tension between life and death or between beginning and end. Life/beginning and death/end must both resist and eventually yield to one another. This disordering of beginning/life and end/death sheds light on the obsessive ‘disorder’ to repeat in *WL*. The repetitions and oscillations empty out meaning that has been firmly positioned in conceptual thoughts. As I have shown, meanings of ‘love’ and ‘health’ have both wandered away from their signifiers. By accommodating these wandering thought patterns into his stream-of-unconsciousness, where meaning is retrieved at a different level of verbalisation including

⁵⁵ “One group of instincts rushes forward so as to reach the final aim of life as swiftly as possible; but when a particular stage in the advance has been reached, the other group jerks back to a certain point to make a fresh start and so prolong the journey” (Freud 41).

stuttering, mute-speaking, and repetitions, *WL* suggests that emotional dis-ease/disease is simply a different order of self-expression.

Lawrence's Vitalism

In *WL*, Lawrence's affective portrayal of love's dis-ease is translated into his philosophy of vitalism. Vitalism inhabits the nooks and crannies in Lawrence's oeuvre⁵⁶. It is a theory that delineates the affective and energetic quality of living bodies as opposed to non-living organisms. To be more precise, vitalism "entails a form of non-reducible power of energy that cannot be connected to an empirically supported formula. It is a formula that we do not master, but the presence of which we can still observe in the individual life, in society, in nature, and so on" (Jensen 43). Recalcitrant to "an empirically supported formula", Lawrence's vitalism irritates empirical science and seeks to vitalise the bodyminds that have been heavily anaesthetized and desensitized.

In his essay "Love", Lawrence delineates the nuances in man-woman and man-man relationship through vitalist language. Love between a man and a woman is, Lawrence notes, "the motion of melting, fusing together into oneness, and a love which is the intense, frictional, and sensual gratification of being burnt down, burnt apart into separate clarity of being, unthinkable otherness and separateness" (*Reflections*, 10). Evident in Lawrence's writing, vitalism relies on "metaphoric substitutes for the methodological conventions of formal philosophy" (Zoll 19). On the other hand, critics also note how Lawrence's explanation of the vital force is easily "submitted to the predictable, even normative,

⁵⁶ In *FU*, Lawrence mentioned Henri Bergson's term "Elan Vital" in explaining the relationship between sex, desire, and our bodies: "We refute any *Cause*, whether it be Sex or Libido or Elan Vital or ether or unit of force or perpetuum mobile or anything else" (67). As Kirsty Martin puts it, Lawrence here suggests that "neither sex nor energy is the driving force behind people's actions, but instead such force is somehow implicit in them" (162). Lawrence's repudiation of "cause" harks back to how *WL* resists to formulate a chain of causality in the dis-ease of love as discussed previously.

narrative of physiology” which would “bring Lawrence’s text dangerously close to a form of the mechanist reduction that it is designed to resist” (Gordon 96). In this last section, I will argue that Lawrence’s vitalist language does not reproduce the mechanical emotional life that Gerald inhabits. As the characters strive hard for a telepathic attentiveness, Lawrence imagines what it means to live with dis-ease by animating the organic flow of energy in his stream-of-unconsciousness.

In *WL*, affective (e)motions transpire through vitalist language and disability metaphors. As discussed previously, Lawrentian characters often inhabit in each other’s feelings in a physiological level. In the following episode, Birkin and Ursula are granted first-person access to each other’s emotions which Woolf’s and Forster’s narrators – and arguably Lawrence’s narrator – are not privy to. Ursula seems to experience Birkin’s “wonder” before himself, such that Birkin experiences them almost second-handed:

And it was this duality in feeling which he created in her, that made a fine hate of him quicken in her bowels. There was his *wonderful*, desirable life-rapidity, the rare quality of an utterly desirable man; and there was at the same time this ridiculous, mean effacement...

He looked up at her. He saw her face strangely enkindled, as if suffused from within by a powerful sweet fire. His soul was *arrested in wonder*. She was enkindled in her own living fire. *Arrested in wonder* and in pure, perfect attraction, he moved towards her. (190, emphasis added)

The first paragraph indicates an FID that starred Ursula’s thoughts, where she marvels at Birkin’s “wonderful” vitality (190). The second paragraph transits into Birkin’s FID, in

which we find Ursula's diction of "wonder[ful]" being echoed in Birkin's thoughts (190).

The overwhelming resonances and repetitions signify how the individual fabric of consciousness is dissolved, replaced by a mutual, almost telepathic, possession of each other's emotion within their stream of unconsciousness.

But the "Moony" chapter also reveals that their telepathy is provisional and haunted by a sense of dis-ease. As Ursula meditates on her thwarted relationship with Birkin, she reflects on how her "brigh[t]" and "intrinsic vitality" is "repudiat[ed]" by Birkin (321). Throughout the chapter, Ursula's "brightness" and "radiance" are compared to the "white body" and the radiance of the moon (323). It is only when the moon's/Ursula's brightness has dimmed into an unconscious "dark[ness]" that the two reconciled (323). Beside the Willey Water, Ursula silently observes Birkin's stone skipping, causing the reflection of the moon to "explod[e] on the water" (323). Here, the moon's "white body", Birkin's "motionless" body, and Ursula's "unseeing" body participate in a vitalistic "danc[e]" of three (323-324). While no words and looks have been exchanged, Ursula and Birkin are learning how to live with their dis-ease of love through an affective flow of bodily energies:

Birkin stood and watched, motionless, till the pond was almost calm, the moon was almost serene. Then, satisfied of so much, he looked for more stones. *She felt* his invisible tenacity. And in a moment again, the broken lights scattered in explosion over *her face*, dazzling her; and then, almost immediately, came the second shot. (323, emphasis added)

As if infected by Birkin's "motionless[ness]", the moon's "writhing and striving" have becalmed itself (323). Concurrently, Ursula also "felt" Birkin's "invisible tenacity" (323). It

is almost as if Ursula has momentarily become an omniscient narrator, who enjoys a metaphysical access to Birkin's consciousness. Ursula then also shares the moon's consciousness, as when Birkin's stone scratches the reflection of the moon, it explodes "over her face" (323). Ursula's body gradually diffuses with the moon's "white body": As the moon "draw[s] itself together with strange, violent pangs" after Birkin has fired his first stone, Ursula seems to have experienced such assault on her body as well (323): "She felt she had fallen to the ground and was spilled out, like water on the earth" (324). The affective vitalism of the episode becomes more explicit in the following narration: "The night was white around them, they were in the darkness, barely conscious" (328). Enveloped and affected by the white body of the moon, Ursula and Birkin submerge into the dark and unconscious stream of (e)motions. Such an affective exchange allows the previously exiled (e)motion of 'love' to find shelter in the stream-of-unconsciousness. Although this shelter is founded on a quick stream, its temporariness does not diminish the affective vigour of 'love'. The stuttering repetitions of love's affect in the form of stream-of-unconsciousness scattered throughout the novel shows how this dis-ease must be strived for, not in order to thrive, but to be humanly striving.

Significantly, language and metaphors of blindness persist throughout the episode. As Birkin throws the stones into the moon's reflection, the moon seems to be "drawing itself together [...] in blind effort" (323). This "blindness" reverberates throughout the episode, as Birkin strikes the second time, the moon again "flicker[s]" as it is "finding the path blindly" and "vigorously and blindly, calling back the scattered fragments" (324). This blindness also affects Ursula, whom, as she feels her body has "spilled out" on the ground, becomes "unseeing [...] in the darkness" (324). As I have mentioned, Lawrence's notion of blood consciousness – an interchangeable term with the Lawrentian unconscious – is predicated on

blindness. It is by replacing our ocular vision with this alternative way of “seeing” that “the act of connection” can be formed between individuals:

There is a blood-consciousness which exists in us independently of the ordinary mental consciousness, which depends on the eye as its source or connector. There is the blood-consciousness [...] holding the same relation as the eye, in seeing, holds to the mental consciousness. (*Letters*, 470)

For Lawrence, our eyes are susceptible to false impressions that ally with the mental consciousness that he despises. It is, therefore, through this “blind seeing” – seeing/intuiting with the “being in the blood” – that one can extirpate socially-constructed ideologies and arrive at a more primitive connection with the world (470). In this sense, the blood/bodily consciousness functions as the prosthesis of the disabled eye. As Massumi suggests, “all five senses” synthesise to “become flesh together” in affective encounter (62). This process of “mesoperception” becomes “a corporeal transformer where one sense shades into another over the failure of each, their input translated into movement and affect” (62). In Lawrence’s blood-consciousness, other sensory parts of the body supplement ocular blindness. In *WL*’s stream-of-unconsciousness, narration of the dis-ease in seeing widens our scope of perception.

Adopting this alternative way of seeing and listening, Ursula intuits Birkin’s consciousness blindly and unconsciously. As Birkin and Ursula disagree on the meaning of ‘love’ once more, Birkin’s opinion of Ursula’s misunderstanding is narrated in a dissonant psycho-narration: “But what was the good of telling her he wanted this company in proud indifference? [...] It was merely ruinous to try to work her by conviction. This was a

paradisal bird that could never be netted” (327, emphasis added). Although it should be impossible for Ursula to ‘eavesdrop’ Birkin’s unspoken thoughts, she seems to have picked up his vocabulary in her speech, signifying the stream of unconsciousness: “‘You want the *paradisal* unknowing,’ she said” (327, emphasis added). Birkin appears to be “half-visible” to Ursula at this moment, bespeaking an alternative way of ‘seeing’ (327). Operating through affect and vitalism, Lawrence’s stream-of-unconsciousness temporally gives home to Ursula’s and Birkin’s ‘love’, an (e)motion now registered in a renewed signification of seeing, speaking, listening, and grasping.

Combating the dis-ease of love with affective (e)motions, Lawrence may at times seem to be reinstituting a recovery narrative that, as I have discussed in Chapter One, excludes idiosyncratic bodily behaviours rather than makes well. In other words, Lawrence seems to be imposing a cure for the dis-ease of love with affective (e)motions. In the previous episode, the success of the moon’s striving is measured by an ableist intent to “get over the disfigurement” and to “be whole” again (325). However, Lawrence also suggests through the Gerald-Gudrun pairing that the aftermath of the ‘cure’ strays far from our imagination of ‘health’. While the resulting self-destructive emotions may not contribute to the ‘good life’ as societal norms understand it, they allow for a sustainable and adaptive way of living that may find resonances in the Stoic life.

Whereas Ursula’s and Birkin’s affective vitality allows them to coalesce into the traditional marriage plot, Gudrun’s and Gerald’s vital energies prove to be sickening and mutually destructive. Like Ursula, Gudrun enjoys an intrinsic vitality but her overtly critical view of the world often leads to an “ultimate reduction, the mystic frictional activities of diabolic reducing down” of her “vital organic body” (550). While Gudrun has come to “know the world” through Gerald, she feels as if she has grasped everything there is to know about the world, for “there were no new worlds” anymore after the acquisition of the ultimate

knowledge (550). Upon this thought, Gudrun and Gerald confront each other and discuss their separation, where they participate in an affective exchange of vital energies akin to Ursula and Birkin:

As he sat a change came over his body, the hot, molten stream mounted involuntarily through his veins. He groaned inwardly, under its bondage, but he loved it. He looked at her with clear eyes, *waiting for her*.

She knew at once, and was shaken with cold revulsion. How could he look at her with those clear, warm, waiting eyes, *waiting for her*, even now? [...] was it not enough to put them worlds asunder, to freeze them forever apart! And yet he was all transfused and roused, *waiting for her*. (555, emphasis added)

Gerald's stream-of-unconsciousness reverberates in Gudrun's, who usurps his phrase "waiting for her" in her consciousness. Gudrun also contrasts Gerald's "hot" and burning desire with her "cold revulsion" that freezes his "molten stream" (555). Ostensibly, Gudrun is repulsed by Gerald's "innocent *laissez-aller*", which "she disliked him deeply for it" (555). Although she cannot stand Gerald, Gerald is the only one capable of igniting this vitality that has been previously extinguished in her cynical thoughts.

As Gerald prepares to "kill her" after Gudrun confesses to him that she "could not love [him]", Gudrun is palpably "sick[ened]" yet nonetheless "excite[d]" by Gerald's "blind [...] desire": "She trembled, as she stood in her room, with excitement and awful exhilaration. She knew she could outwit him [...] One slip, and she was lost. She had a strange, tense, exhilarated sickness in her body [...]" (561-562). Pulsating with a "blinding flash" of desires, Gerald's consciousness becomes physical, as "[h]is consciousness was gone

into his wrists, into his hands”, hands that “closed on [Gudrun]” violently (561). Gerald’s blind consciousness functions momentarily as an anaesthetic for Gudrun, who feels as if she is “in peril of a falling from a great height, but who does not look down, does not admit the fear” (562). Gerald’s blind (un)consciousness here parodies the more primitive and organic form of physical consciousness that Lawrence celebrates. As Gudrun observes, Gerald’s “motion”, though symptomatic of affective movement, is merely a “mechanical” reproduction of it: “He, his body, his motion, his life – it was the same ticking, the same twitching across the dial, a horrible mechanical twitching forward over the face of hours” (564). Whereas Lawrence’s physical consciousness often expresses an automaticity that harks back to our primitive desires, Gerald’s blind physical consciousness here can be understood at best as this menacing “mechanical succession” in the form of a “terrible clock” (564). While Gudrun “almost wished Gerald were with her to save her from the terror of her own thoughts”, it dawns on her that ultimately “Gerald could not save her from it”, for the parody of his automaticity makes her sick (564). As such, affective (e)motions are parodied in Gerald’s machine-like automaticity that eventually drives him to death and Gudrun to the brink of madness. In this sense, Lawrence is conscious of the dire consequences of affect and his vitalism when taken to their extremes.

Although Gudrun is well-aware of the sickness of Gerald’s machinery, she imagines how Gerald’s sickness may salvage her health and sanity. While Gerald and “his work [...] and the mines” makes “[her] heart sick”, this sickness is, like Birkin’s dis-ease, something that Gudrun does not wish to be cured of (563). Lawrence goes further to problematise the fuzzy positionalities of ‘health’ and ‘sickness’. Evident in Gudrun’s “maddening” meditations that follow, the lucidity that Gudrun has acquired and her critical opinion on Gerald and his “mechanical” life does not liberate her: “Perhaps she was healthy. Perhaps it was only her unabatable health that left her so exposed to the truth. If she were sickly she

would have her illusions, imaginations” (565). Gudrun entertains the idea that her sickness may in fact be an effect of her ‘health’, which only condemns her into a hyper-conscious disillusionment of life as she knows it.

Not only is Gudrun’s ‘health’ born out of her sickness, the ‘health’ of her rational faculty also penetrates the apparition of life, engendering her nihilistic conclusion that “death was inevitable, and *nothing* was possible but death” (568). Although she is finally rid of Gerald and his “gripped intensity of physical motion”, Gudrun finds herself imprisoned in an insipid dystopia (569). Trying to convince herself that her new lover Loerke will help her to rise “above the dreariness of actuality, the monotony of contingencies”, Gudrun is detached from this “perfect” reality (570). As Loerke mocks her in an affectionate way, Gudrun feels that “his mockery was even more absurd than she in her extravagances” (569-570). In order to preserve the private island of her sanity, Gudrun comes to the conclusion that “what could one do but laugh and feel liberated” (570).

However, her following ironic tone betrays her superficial display of happiness: “She could feel their voices, hers and his, ringing silvery like bells in the frozen, motionless air of the first twilight. How perfect it was, how *very* perfect it was, this silvery isolation and interplay” (570, original emphasis). Her repetitions here herald Gerald’s “mechanical succession [...] *ad infinitum*” that she despises (564). The paragraph itself is shaped into a menacing echo of the ringing bells of “the terrible clock, with its eternal tick-tack”, in which the “silvery” perfection of their voices echo *ad infinitum*, hollowing each other out (564). For this reason, Gudrun’s ‘recovery’ from Gerald’s self-destructive affect is far from the state of well-being. By estranging the meaning of ‘health’, Lawrence dethrones the orthodoxy of affective emotional exchange in making one well. Although affective (e)motions allow Birkin and Ursula to accept the discomfort that their dis-ease of love brings, they fall short in Gudrun and Gerald, whose relationship partakes in a mechanical reproduction of affect.

This failure to live with dis-ease, however, does not rule out the possibility of a good life. While Gerald's death and Gudrun's disorientation is cloaked in pessimism, Lawrence also allows 'optimistic' relations to pulsate beneath the novel's pessimistic avowals. In *Cruel Optimism*, Berlant contends that "thriving" often include "a mounting sense of contingency" that relies on an improvisational attitude towards living (11). Thriving, Berlant notes, "demands a deft improvisatory renaturalisation of the evidence of the ongoingness that constitutes the default historical present, the now of being in the world" (91). In *WL*, Gudrun's improvised living in the last few chapters demonstrates qualities of Berlant's notion thriving. For instance, the ways in which Gudrun defies Gerald's exploitation and dodges his assault are thoroughly improvisational and underscored by a consoling sense of contingency:

But even before his body swerved forward on her, a sudden, cunning comprehension was expressed on her face [...] She ran in one flash to her room and locked herself in. She was afraid, but confident. She knew her life trembled on the edge of the abyss. But she was curiously sure of her footing. (561-562)

Berlant refers to this curious optimism as the state of "the impasse", "when one no longer knows what to do or how to live and yet, while unknowing, must adjust" (200). By "work[ing] out all over again" the "urgencies of livelihood" "without assurances of futurity, but nevertheless proceeding via durable norms of adaptation" Gudrun learns to co-exist with her "strange, tense, exhilarated sickness" and her "madness" (Berlant 200, *WL*, 562).

Whereas we have seen how Forster's contingencies promise changes that waver hesitantly between optimism and pessimism, Lawrence seems to suggest that the business of living, striving, and thriving is fundamentally and cruelly optimistic. While Gudrun must confront

the cruel uncertainties that followed her separation with Gerald, this confrontation is optimistic in the sense that it unburdens anxiety as one persists in coping with it via improvisations. As Gudrun puts it, she wishes “to be wafted into an utterly new course, by some utterly unforeseen event, or motion” instead of having life “to take any definite shape” (568). In contrast to Birkin and Ursula, who seem to have found “an utter and absolute peace” in marriage – “this final transit out of life”, Gudrun negotiates with the less serious, more “playful”, yet sometimes painfully-lucid whimsicality that is attached to her cruel optimism (480,567).

Lawrence’s appropriation of Berlant’s cruel optimism is, moreover, Stoic in practice. Although Stoicism demands a ‘cruel’ attitude towards preferable goods, its practice hinges on an optimistic idea that virtue is attainable by everyone who commits to Stoic techniques. As Kurt Lamp remarks, although “Stoics do sometimes display a proclivity toward ideological rigidity[...] parts of their ‘ideology’ [is] buil[t] in the sort of stimulation for creativity...” (37). Like Berlant’s improvisational strategies, Lamp thus contends that “it should come as no surprise that creative improvisation appears in many corners of Stoic literature” (37). For instance, Marcus Aurelius suggests that, resonating with Lawrence’s vitalism, “those who fail to attend to the motions of their own soul are necessarily unhappy” (2.8). This care of the soul requires a diligent observation that is followed by flexible measures to attend to the soul’s unpredictable motions. Bearing this Stoic sensibility, the affective vitalism in *WL* neither signifies a return to health nor a lapse into madness. Affective (e)motions allow one to co-exist with and adapt to the challenges that the inevitable dis-eases of life instigate.

Conclusion

The dis-ease of love stems from the impression that our (e)motions are irrational because of its tendency of upheavals. But as Lawrence espouses throughout *WL*, ‘love’ is delineated as a stream-of-unconsciousness rather than a feeling enslaved to sentimentality that corrupts rational thinking. The configuration of ‘love’ as (conscious) thoughts has elucidated how the narrative of (e)motions is directly and corporeally associated with illness, dis-ease, and disability. The teetering of metaphorical and literal engenders a dis-ease/disease of self-articulation that, in turn, becomes an integral part of the repertoire of its expression. The persistent effort to stutter words into meaning yields to a corporeality that draws attention to the aliveness of the body – its vitality – that is sometimes underwritten by the social model of disability. This corporeality releases the word *reality* from its quotation, which, as Mitchell and Synder put it, is always burdened with “the hard kernel or recalcitrant corporeal matter” that “‘weigh[s] down’ transcendent ideals of the mind” (206). Lawrence’s corporeal metaphors allow the body to be real without the conceptual baggage that has been syphoning its aliveness.

This (corpo)reality is where disability studies intersects with narratology: *Women in Love* has demonstrated how, even when disability is (inevitably) narrated by metaphorical language that often trumps reality, their metaphorical significance does not diminish but reanimate their vitalistic ontology. (Corpo)reality also signifies modernism’s explicit intervention in expressions of disability and illness: defamiliarizing literal and metaphorical ways of seeing and speaking and renewing significations of ‘health’ and ‘(dis)ability’, Lawrence stream-of-unconsciousness estranges and irritates the familiar ways in which we categorise (ugly) feelings. Following the return of the body’s vitalism, Lawrence opens up the ways in which we can live optimistically with dis-ease and disability while also adapting to its needs with affective vigilance.

CHAPTER FOUR

Intoxicated with Medicine: Jean Rhys's Stream of Intoxication in *Good Morning, Midnight* (1939)

Virginia Woolf's, E.M. Forster's, and D.H. Lawrence's illness and disability rhetoric has challenged the medical narratives we rely on to comprehend health and 'abnormal' bodyminds. By scrutinising the narrativity of medical encounters in their works, I have suggested that medical narratives, like the novels they author, often rely on fictions and metaphors. Most central is the fiction of normality, which Lennard J. Davis has revealed to be a coarse-grained concept that medicine borrowed from political science. As these modernists have demonstrated, sanity, health, or wellbeing are shown to undertake variegated forms under the malleability of FID. Through the amalgamation of the first- and third-person narration, FID irritates narrative agency, intention, and attention. The slipperiness of the subject's consciousness has wobbled the confidence of medical diagnosis as well as the

enforcement of normality. If illness and disability rhetoric in Woolf, Forster, and Lawrence has repealed the narratives upon which we manage our bodyminds, this chapter is interested in the repercussions such revocation precipitates. Specifically, I draw on Jean Rhys's portrayal of marginalised persons in *Good Morning, Midnight* (1939) to examine the extent to which our epistemological climate is tolerant of the bodyminds that do not adhere to the fiction of normality.

Rhys's outlandish protagonists are racially-ambivalent, psychologically and physically exiled women who painfully survive on drugs and alcohol. Intoxicated, misanthropic, and melancholic, these dipsomaniacs frequently toe the line of so-called 'madness'. Parting from the third-person FID that Woolf, Forster, and Lawrence adopt, Jean Rhys's late modernist work *Good Morning, Midnight* forwards the question of subjectivity and delineates a first-person consciousness that routinely lapses into an imaginary second- and third-person voice. Zeroing in on Rhys's drunken and drugged narrative persons, I propose the term 'stream of intoxication' to describe the intoxicated state that occasions Rhys's murky concoction of FID and stream-of-consciousness. Like the stream-of-consciousness, Rhys represents consciousness according to an a-temporal, "musica[1]" flow (Kennedy vi) of "free association" (Humphrey 62). While stream-of-consciousness seeks to make "meaningful" the "inherent discontinuity of psychic process", Rhys's narration shies away from meaning-making as she "presents the unnecessary suffering and cruelty of the world, but offers no neat remedies" (Humphrey 65, Kennedy xi). Evident in her open endings and ambivalent characterisations, Rhys's world wildly irritates narrative closure and radicalises the narrative irresolution we found in Woolf, Forster, and Lawrence. Whereas Lawrence's stream-of-unconsciousness challenges normative patterns of consciousness, Rhysian intoxicated narrative consciousness further suggests that these bodyminds, when drunk and drugged, can mimic a healthy state "too damned well" (*GMM*, 88). As such,

stream of intoxication irritates the calibration of narrative reliability, the expression of pain and wellness, and impeaches the medicalisation of the subject in question.

Impersonating and lampooning healthiness, narrator-protagonist Sasha Jansen's stream of intoxication in *GMM* thus increases the frictions between narrative (un)reliability and medical diagnosis. On the one hand, intoxication sets the stage for Rhysian 'unreliable' narration as drunkenness and drugged-ness ease our expectations of narrative reliability: we would more or less anticipate Rhys's protagonists to be 'unreliable'. On the other hand, intoxication is also antithetical to the self-splitting technique that Rhys's heroines are so well-versed in. Naturally, one's fear response to crises – self-splitting – would have been muted when one is intoxicated. To phrase the matter differently: does intoxication merely offer us an unreliable narration or does it offer us a reliable narration of the state of intoxication? How does Rhysian stream of intoxication fit into our imagination of what it means to be drunk, drugged, and mad? Although this chapter will continue to scrutinise how FID imbricates with illness, disability, or 'madness', I will thus move away from a scrutiny of the depths of narrative consciousness in the previous chapters and engage with the broader question of narrative reliability, which sometimes makes the state of medication and illness coterminous.

The parallels between Rhys and her characters have mothered a line of criticism that relies heavily on autobiographical references that problematise reliability of the 'I'. Like Anna Morgan in *Voyage in the Dark* and Sasha Jansen in *Good Morning, Midnight*, Rhys similarly "had a legendary fondness for drink" and "worked as a chorus girl, a mannequin and an artist's model" (Kennedy viii). Her second last novel *Good Morning, Midnight* has not eluded such an autobiographical scrutiny. Narrated by the forty-year-old Sasha Jansen, *GMM* relates Sasha's a-temporal and fragmentary self-account of a life adrift in Paris and London after multiple suicidal attempts, marital failure, and child loss. While there are palpable parallels between Rhys and Sasha, I am interested in reading Rhys with a less stringent

fidelity to autobiography, which will broaden the hermeneutic terrain of the text. One way in which this reading will exploit the trope of autobiography and expand existing interpretations of *GMM* is by reconfiguring the peculiar reference of the 'I'. Whereas the intrusive narrator in Forster's *A Passage to India* often interrupts the narrative to manage and normalise his characters thoughts, the 'I' and the autobiographical patina that endured in Rhys's work makes it difficult to enforce normality: the first-person narration forbids us from reading Rhys's fictional world without both her own and her characters' pervasive and slanted vision. The omnipresence of the first-person, mixed with Rhys's autobiographical facts, denies the normalising claims that police its truthfulness or falsity.

As such, although Sasha's intoxicated disposition checks all the boxes of an 'unreliable' narrator, the odd mixture of first-person narration and FID irritates diagnosis of Sasha's intoxicated consciousness as disingenuous, depressed, or more bluntly, 'false'. I propose that Sasha's first-person narrative foregrounds an intersection between Marxist 'false consciousness' and narrative consciousness. Drawing on Sara Ahmed's discussion of false consciousness in *The Promise of Happiness* (2010), I will examine how Sasha's compulsion to be happy discloses a false consciousness that is social rather than personal in nature. My contention is that a Marxist interpretation of false consciousness will elucidate how we may approach Sasha's narrative consciousness without the limiting binary of reliability/unreliability. Although the object of critique (the twenty-first century's mass and digital media) in Ahmed's work is historically distinct from Sasha's world (1930s Europe), I draw on Ahmed's scepticism of the self-help industry, which venerates "happiness as a technique for living well" (2). While Ahmed's book challenges our current naïve optimism and capitalist drive in the now fashionable "happiness industry", its symptoms already showed signs in the early twentieth-century (2). Lamentably, we have not made much

progress since Rhys's work, for, like Sasha, we are similarly entrenched in a predominantly capitalist world that apotheosises happiness and sanctions sadness.

Ahmed notes that the happiness industry feeds on a capitalist consumption of self-help books. These self-help books, like Sasha's uncanny affirmations of "I am happy", "often us[e] economic language to describe happiness as a good" (Rhys 83, Ahmed 10). With the advent of the happiness industry, Ahmed laments that happiness has become compulsory or, worse, a *false consciousness* that we have unconsciously assumed. Quoting Friedrich Engels's elaboration of false consciousness, Ahmed clarifies the concept as follows:

Ideology is a process accomplished by the so-called thinker consciously, it is true, but with a false consciousness. The real motive forces impelling him remain unknown to him; otherwise it simply would not be an ideological process. Hence he imagines false or seeming motive forces. (McCarney 2005, qtd. in Ahmed 165)

Although we would like to suppose that we are consciously cultivating "happiness", we are, as Adam Phillips and other psychoanalysts would have it, often inattentive to the broader (often capitalist) forces that drive our desire for happiness. Contrary to our common sense, then, "we do not have to assume that consciousness is what belongs to an individual subject" (165). Rather, "[c]onsciousness might be about how the social is arranged through the sharing of deceptions that precede the arrival of subjects" (165). In Ahmed's words, the notion of false consciousness is not so much about "the distinction between truth and falsity but the role of falsity in the reproduction of the truth" (166). False consciousness does not help us to define what truth and false mean but it elucidates the ways in which the falsity of its logic

awakes us to the pursuit of truth. In *GMM*, I will look into the ways in which intoxication sometimes hide or reveal the ‘real motive’ of these false ideologies in Sasha’s consciousness.

Building upon Ahmed’s politics of happiness and the Marxist critique of happiness, my reading of Sasha thus undertakes a political reading of happiness and depression that dovetails with Ngai’s “Bartlebyan” politics, which “foregrounds a failure of emotional release” that suspends Sasha’s personal experience of the ugly feelings that haunt her language of happiness (9). While Sasha frantically reiterates that she is ‘happy’, her self-splitting and retrospective narration also leave breadcrumbs to hint that her self-proclaimed happiness is accompanied by deeply depressive moods and suicidal attempts. Reading her stream of intoxication with a Marxist lens reveals that while Sasha may suppose that she is conscious of her happiness, the broader ideological motives may remain veiled. Concurrently, her intoxication also heightens her consciousness and intermittently uncovers her “sad[ness]” (39). Focusing on Sasha’s stream of intoxication, I will look into how Sasha’s narrative ‘persons’ parse and shield the self from the pathology of a “mad” happiness that Sasha and other characters have diagnosed her with (Rhys 90). Sasha’s ‘unreliable’ self-account exposes in turn the societal false consciousness that diagnoses her in unsatisfactory ways. For this reason, I will discuss how narrative unreliability functions as a strategy to establish textual uncertainty rather than posing as a sign of the narrator’s ‘false’ consciousness or ‘madness’.

To read Sasha’s ‘madness’ politically, I will also examine the intersectional politics of race and gender that Rhys’s work largely engages with. In *GMM*, Sasha’s racial identity is only obliquely mentioned. We learn that Sasha is originally named Sophia and that she comes from England. Yet, her shame in not “look[ing] like everybody else” and her expertise in negro music and culture also suggests that her ethnic background is complex (88). Sasha’s

racial complexity is fatally attached to a radical sense of indifference⁵⁷: “[I]t doesn’t matter”, Sasha reckons, even if she has “no pride, no name, no face, no country”, for she is “like one of those straws which floats round the edge of a whirlpool and is gradually sucked into the centre, the dead centre...” (38). Overtaxed by self-hatred, Sasha disowns her identity, culture, and race. As Angela Saini argues, differences in appearance are often conflated with a constructed and bigoted racial identity that corroborates eurocentrism. Saini notes that the Australians were perceived by Europeans in the nineteenth century in the following way: “The fact that they [Australians] had darker skin and different facial features became markers of their separateness, a sign of their permanent difference. Their perceived failure to cultivate the land, to domesticate animals, and live in houses was taken part and parcel with their appearance” (11). If differences in appearance account for the origins of racism, then Sasha’s racial disinheritance can be interpreted as an act of defiance against treating racialised and medicalised body as a “defect” to be “correct[ed]” (Davis, *The End of Normal*, 80). Although Sasha does not take medicine from medical professionals, her consumption of drugs and alcohol when braided with politics is racialised and gendered. By abusing medicine or by applying drugs, Sasha fails to carouse like other men or other white Europeans without surrendering herself to a vicious rhythm of intoxication, in which she “shan’t know whether it’s yesterday, today, or tomorrow” (121).

Whereas my previous chapters have shown how modernist texts engage with irritation, this chapter will discuss how the state of intoxication medicates and soothes irritation but only to unravel more wounds that Rhys’s protagonist cannot afford to pay

⁵⁷ Like most of her female protagonists, Rhys was situated in a complicated cultural background. She was the daughter of a white Creole mother and a Scottish father. After her father’s death, she moved to England from her birth place Dominica. Growing up in a mixed-race community, Rhys grappled with a troubled relationship with her “whiteness”. In her unfinished autobiography *Smile Please*, Rhys expresses numerous times that she “hated” herself because of how she looked (26). Remembering a religious riot initiated by the black community at home, Rhys ponders on her fair skin and wonders whether “they like us at all” (72). Such paranoid self-hatred runs parallel in Sasha.

attention to – both financially and metaphorically. Implicit in this claim is that we may need to modify our expectation for medicine/drugs and to articulate other ways to get better. I draw on the similar side effects of *intoxicants* and *ideology* to show how *GMM*'s stream of intoxication “create[s] an illusion for the subject who think that they are free agents but, in reality, the subject is only “*interpellated as a (free) subject in order that he shall submit freely*” to ideology (Althusser 123, original emphasis). Under this illusion of subjective intention, I look into how Sasha's ‘unreliable narration’ emerges through intoxication and gendered ideological preparation, in which marginalised women like Sasha are expected to perform wellness – now normalised and commodified – without the aid of intoxicants and medicine. Appropriating the Marxist term ‘false consciousness’, I contend that Rhys exploits narrative ‘unreliability’ to irritate familiar imaginations of well-being and health, where intoxication intimates an ‘unreliable’ narration (false consciousness) only in the context of an *expected* state of intoxication. Alternatively, Rhys suggests that an intoxicated person is capable of (hyper-)conscious reflections that are canny of her false consciousness, which Sasha, swept up in an intoxicated reverie, may be reluctant to overcome. Punctuating the dream-like lyricism in stream-of-consciousness with painful episodes of hangovers, Sasha's stream of intoxication grants her ideological recognition only at the level of the narrative since, during her hangovers, her sobriety is overplayed by the second- and third-person voice. As such, intoxication does not “inver[t]” dream and reality but that it puts the subject into a “strange reshuffle” where she becomes intermittently and painfully conscious of her subjection (Althusser 115). This intersection between Marxist false consciousness and narrative consciousness also adumbrates a political – rather than a pathological/personal – reading of Sasha's paranoia.

But while Rhys's intoxicated consciousness illustrates how illness and disability are politicised, Rhys also delineates the difficulties of inhabiting an impersonal politics of

happiness. As arguably more ‘sober’ moments leak through her hyper-medicated consciousness, Sasha inhales more drugs, medicine, and alcohol to mute these moments of sadness. I will focus on how the intoxicants Sasha consumes often take the form of a macho Stoicism that has the capacity to induce intoxication when it engenders feminist bad faith, in which (toxic) masculinity is venerated as virtuous and femininity is ostracised and becomes complicit with consumption culture. In this chapter, my discussion of Stoicism begins to recede and derail from its attention to the unconscious but it will continue to inform the meaning of happiness or wellness in the novel. If Stoicism appears to reproduce the ‘happiness’ that the self-help industry manufactured, I seek to offer a critique of the Stoic approach to *eudaimonia* when female desire has to be compromised. When pain is anaesthetized and mood is elevated by (Stoic) intoxicants, Sasha’s stream of intoxication *parodies* symptoms of wellness as it concurrently betrays moments in which she becomes self-conscious of her performance of happiness. But parting from the pessimism attached to Rhys’s literary reputation, I will conclude by suggesting how Sasha navigates her different selves through a textual suicide that critically celebrates depression.

Stream of Intoxication: Sasha’s Multiperson ‘I’

“A rum life, when you come to think of it. I’d hate to live it. However, to her it is just life...”
(50).

“Rhys woman” is a name bestowed on Rhys’s female doppelgängers, who, like how Rhys portrays herself in her unfinished autobiography *Smile Please* (1979), are characterised by “passivity, dependency, and self-destruction” (Moran 7). Reading her five novels together, it is indeed not difficult to observe how these Rhys women are each other’s doubles, living a

life in the company of alcohol, drugs, and unsympathetic men. As Erica Johnson puts it, Rhys's characters "experience the inner, deathly stillness to which Rhys alludes in her earliest journal writing" (8). Rhys's own response to the autobiographical impetus in her work is ambivalent. While Rhys tends to deny the autobiographical nature of her fictional 'I', she would emphasise the partial factuality of her literary creations. In a conversation with her transcriber David Plante, Rhys seems to be confirming the strong autobiographical undertone in her fiction: "I can't make things up, I can't invent. I have no imagination. I can't invent character. I don't think I know what character is. I just write about what happened. Not that my books are entirely my life – but almost" (qtd. in Plante 52). This confession about her inability to invent fiction is perhaps better clarified in an interview with Mary Cantwell (1974), in which she admits that her narration "happened beyond [her] will. But the feelings...the feelings are always [hers]" (24). Perhaps Rhys has begun her writing as a record of personal events or feelings. In any case, the 'I' in her fiction would often undertake a life of their own and blossom into something else.

Interestingly, Rhys describes this literary "possession" in the language of intoxication: as one does when drunk or drugged, things seem to "happ[e]n beyond [one's] will" (24). In *GMM*, the first person 'I' is likewise autogenerated into the multiple narrative selves that may emerge during processes of writing and reading the self and others. This kind of literary self-multiplication is analogous to the side effects of Sasha's drug-taking. We know that Sasha takes "luminal" (a drug that treats epilepsy) to induce sleep (11). Luminal also incites side effects such as vertigo, dizziness, drowsiness, and headaches – symptoms that feel as if one is spinning and moving against one's physical stability. As suggested in Rhys's language of automaticity, *GMM*'s stream of intoxication hinges on a chronic dizziness that empties subjective intentions when the first-person vantage point is hijacked by second- and third-person consciousness. The narrative vertigo suggests that we may need to read Rhys's semi-

autobiographical and precarious first-person narration with a sensitivity to its speed of oscillation and without settling in one subjective position.

In *GMM*, Sasha's first-person narrative habitually slips into second- or third-person self-address that ingests the novel's narrative voice. In the previous chapters, we have seen how FID destabilises narrative agency and authority through the entanglement of first- and third-person consciousness. Whereas FID infuses first-person subjectivity into a third-person grammar, Rhys undermines subjectivity in her first-person voice by introducing elliptical flashbacks (retrospective first-person) and second-person (less frequently third-person) narration. While the 'I' narrates primarily with the present tense and occasionally shifts to past tense when remembering past events, grammatical present-ness and past-ness frequently disengage the logic of chronology and temporality. Present tense is frequently deployed to narrate both events in the narrative present (1930s Paris) and flashbacks. These flashbacks usually begin in past tense while gradually transitioning to the present tense. Under this temporal vertigo, Sasha is as though initiating us into the past – that she is showing instead of telling these events. For instance, the narration opens with past tense when Sasha remembers her honeymoon with Enno: "The room we got in the hotel in the Rue Lamartine looked all right" (105). It then transitions into present tense following a paragraph break: "I am lying on a long chair in the middle of the room..." (105). The a-chronology and a-temporality of first-person narration undermines a stable subjective position of the self: who is this 'I' that is narrating the story? Is it the past Sasha or the Sasha in our narrative present? Further down the passage, Sasha's act of remembering is called into question: "I remember Alfred blowing on my wrists to cool them and I can't stop laughing" (107). It is far from clear whether it is Sasha in the past who is remembering or the Sasha in our narrative present who is tampering with her memory. First-person narration in *GMM* is therefore complicated by the inebriated selves who inhabit Sasha's memory during different moments in time.

In addition to the self-effacement in Sasha's first-person narration, this first-person also habitually slips into second-person narrations. As critics such as Lauren Elkin, Elaine Savoury, and Erica Johnson have observed, Rhys's second-person narration refers ambiguously to various personages. Elkin notes that Rhys's second-person is often an "unspecified 'you' who seems to sit in judgment on the narrator, who might herself be a double for the reader" (74). The 'you' often points ambivalently to specific characters and sometimes to Sasha herself while simultaneously addressing the reader. In a flashback illustrating her shift in a dress-house in France, Sasha observes an old lady who is trying some hats on. Sasha's lamentation on her decision not to buy anything is gradually transitioned to an uncanny second-person telepathy:

Oh, but why not buy her a wig, several decent dresses, as much champagne as she can drink, all the things she likes to eat and oughtn't to, a gigolo if she wants one? One last flare-up, and she'll be dead in six months at the outside. That's all *you're* waiting for, isn't it? But no, *you* must have the slow death, the bloodless killing that leaves no stain on *your* conscience... (20, emphases added)

While Sasha uses "she" and "her" to refer to the old lady in the first half of the passage, she shifts to "you" in the latter half, which delineates Sasha's imagination of the lady's psychology. At the same time, however, this "you" also seems to be referring to herself – the image of "slow death" reminds us perhaps of the self-depriving ways in which Sasha goes on about the business of living, not least including how she obsessively quarantines herself in hotel rooms day in and day out.

In another instance, the ‘you’ functions less ambivalently as a note to self: “Don’t let him notice me, don’t let him look at me. Isn’t there something you can do so that nobody looks at you or sees you? Of course, you must make your mind vacant, neutral, then your face also becomes vacant, neutral – you are invisible” (17). The ‘you’ here appears to be self-instructive, warning the self not to draw any attention. Other times, the second-person seems to function as the voice of ‘normal’, ventriloquising universal beliefs and customs: “you know that there is no past, no future, there is only this blackness, changing faintly, slowly, but always the same” (144). Convinced by her own disillusionment, Sasha renders the thoughts of her subjective ‘I’ into a universalising ‘you’. In *GMM*, the second-person is the most malleable narrative person, who is simultaneously the ‘I’, the ‘you’, and the ‘her’/‘he’.

Less commonly, Sasha’s first-person narration also shows signs of the third-person through FID. Although FID is generally predicated on a third-person narration, Monika Fludernik contends that FID may also appear in first-person narration. Fludernik quotes Charles Dickens’s *Great Expectations* (1861) to show how Miss Havisham’s consciousness is rendered through Pip’s first-person narration: “My dream was out; my wild fancy was surpassed by sober reality; *Miss Havisham was going to make my fortune on a grand scale*” (Fludernik 81, original emphasis). In *GMM*, FID also occurs in Sasha’s encounter with the old lady’s daughter in the dressing-house: “The daughter’s eyes meet mine in the mirror. *Damned old hag, isn’t she funny?...*I stare back at her coldly” (20, emphasis added). The italicised part can be read as the daughter’s interior monologue, which is rendered through Sasha’s consciousness. While this may be an occasion of Sasha’s own interior monologue, the following sentence suggests that the monologue more likely belongs to the daughter, whom Sasha replies to as she “stare[s] back” at her (20). In this case, the first-person consciously impersonates other third-person consciousness as well.

The first-person FID further wobbles the 'I' when Sasha encounters the *commis* for the first time. As Sasha orders the *commis* to "go away", the *commis* "doesn't answer or move. He stands in the doorway, smiling. (Now then, you and I understand each other, don't we? Let's stop pretending.)" (30-31). The bracketed thoughts seem to belong to Sasha, who, as if by establishing this strange telepathy, her opponent would go away. However, it is equally plausible that the thoughts belong to the *commis*, who, in seducing Sasha, foreshadows the novel's ending. In this sense, it is as if Sasha is mimicking or hallucinating the *commis*'s thoughts. This bracketed voice continues to haunt Sasha's first-person narration throughout the novel. This voice is sometimes quoted while signalling her own idioms at the same time: "My film mind... ('For God's sake watch out for your film-mind...')" (147). The second-person is also introduced here in addition to the narrative confusion. With the presence of second- and third-person perspective as well as the a-temporal deployment of grammatical tenses, Sasha's stream of intoxication splits her narrative 'I' indeterminately into multiple persons, who all vertiginously reflect back to herself.

In *Unnatural Voices* (2006), Brian Richardson terms such narration as "multiperson" narration (61). Multiperson narration occurs when "the same character's thoughts and actions are narrated in different persons, or when entirely disparate narrators converge" (61). Richardson argues that multiperson narration "remains fundamentally ambiguous, inclining toward but never comfortably situated within either category, and those strange texts that employ unnatural narrational stances that are impossible in nonfictional discourse" (62). Riddled with ambiguous narrative persons who refer uncertainly to the self and others, Sasha's narration does seem to conform to Richardson's multiperson model. But terms such as "strange texts" and "unnatural[ness]" are worth reappraising here (Richardson 62). To what extent are we enforcing normality (upon narrative norms and the human character) by saying that certain narrators/characters are strange and unnatural?

Richardson has earlier established that we can no longer “assume that a first-person narrator would resemble a normal human being, with all its abilities and limitations (excepting, of course, a never-remarked-upon ability to produce a highly narratable story that reads just like a novel)” (1). In other words, “abnormality” is no longer a lack of ability when it can “produce a highly narratable story that reads just like a novel”. Implicit here is an inverted ableism: “strangeness” or “unnaturalness” is championed as an exceptional ability to tell a fascinating story. For Sasha, however, drugs and alcohol make her conscious of the “unnaturalness” of her polarised thoughts. As we have seen, the penetrative tone of the inebriated second-person ‘you’ commands Sasha to split off more selves to render herself “invisible” to avoid the onslaught of xenophobic assault (17). At the same time, her consciousness is so overpopulated that it becomes impossible to mobilise any subjective intention. The radical impersonalising of pain and feelings thus heralds a political reading of ugly feelings which, when drugged or medicated, are neither able to wander off nor be felt by the subject in question. As I will argue in the following, intoxication collapses the enterprise of narrative (un)reliability and confounds any endeavour to falsify or verify the ‘truth’ about Sasha’s narration.

De-pathologizing and Defeminising Paranoia

Continuous with Richardson’s framework, the ‘unnaturalness’ of Rhys’s multiperson narration is similarly configured by critics as an ableist and psycho-therapizing strategy. Drawing on the relationship between Rhys and her mentor/lover Ford Madox Ford, Annette Gilson suggests the ways in which Rhys has learnt to let go of Ford’s literary and emotional presence through writing Sasha. Gilson builds on D.W. Winnicott’s psychoanalytic approach, arguing that “Ford himself functioned as a transitional object for Rhys, fusing as he did for

her issues of writing and professionalism, sexual love and male-female conflict, as well as financial dependency” (633-634). For Gilson, *GMM* witnesses Rhys’s approach “to valorise a kind of truth-telling that exposes her fictionalised self in all her weaknesses and moments of bad faith, so as to try to understand herself” (654). Through Sasha’s multiple narrative voices, Gilson contends that Rhys “depicts a female protagonist who has internalized the repressive male figures found in the earlier novels” (636). Sasha’s/Rhys’s internalisation is “an attempt to retreat into a state wherein she exists as the only real person in the world” (648). To this extent, Gilson suggests that “she is symbolically psychotic” (648).

But this psychosis is concurrently reconceptualised as a therapeutic process: “[t]he textual Ford figures become not Ford anymore, but new mediational beings whose symbolic creative force is central to Rhys’s own creative project” (635). As such, Sasha’s “unnatural” narration is conceived as an enabling psychoanalytic strategy that copes with difficult emotions. Given Rhys’s and Sasha’s aversion to Freud, however, Gilson’s psychoanalytic approach may not be the most favourable way to read Sasha’s narration. Alternatively, I argue that the split selves that Sasha’s intoxication engenders problematise ‘sanity’ as conceived by the above psychoanalytic diagnoses through how she *mimics* symptoms of paranoia. As a result, Rhys’s inebriated and dizzying selves de-personalise and detach Sasha’s eccentric and textual selves from pathology. Under the effect of drugs, alcohol, and medicine alike, the referential uncertainty of the intoxicated ‘I’ precludes diagnoses and identities at the same time as it renders these theoretical positionalities void. Put simply, *GMM* pathologizes the system in which Sasha lives rather than Sasha herself.

This critical tendency to diagnose Rhys’s work with psychoanalytic theory is contrasted with both her own and Sasha’s disregard of psychoanalysis. Patricia Moran notes that “[i]n the unpublished *Black Exercise Book*, Rhys challenged the Freudian dismissal of sexual trauma as a hysterical fiction designed to disguise infantile desire” (7). Throughout her

writing, “Rhys consciously and deliberately positions her narrative against that of an unnamed ‘gent’ – almost certainly Freud – whose book on psychoanalysis she leafs through at Sylvia Beach’s bookstore in Paris” (Moran 89). In *GMM*, Sasha jokes that “[p]sychoanalysis might help” her mind, which is failing to control its contents in “water-tight compartments” (141,140). Sasha then teases that “Adler is more wholesome than Freud, don’t you think? – English judges never make a mistake” (141). With Rhys’s and Sasha’s contempt for (Freudian) psychoanalysis in mind, it is rather ironic that critics are diagnosing Rhys’s work, her protagonists, and sometimes Rhys herself with an unbending psychoanalytic paradigm. Anne B. Simpson, for instance, argues that “Sasha as narrator deploys mechanisms that Freud frequently identified when discussing how features of the unconscious are recollected from a dream” (88). Applying the Freudian model, Simpson contends that Rhys deploys the second-person narration

to find a somebody to empathise with one’s emotional distress; as the reflection of an incomplete selfhood and the lack of conviction that an experience can have meaning unless it is passed through the consciousness of another; and in creation of a sense of comradeship that may mediate against personal agency or primary responsibility for one’s actions. (18)

Given Rhys’s aversion to Freud, the confidence in Simpson’s diagnosis of Rhys is worth doubting (even with Roland Barthes’s ‘death of the author’ in mind). It is as if a (psychoanalytic) diagnosis would make Sasha’s behaviour less “irrational” and acceptable.

On the other hand, Lauren Elkin offers a non-pathological reading of Sasha’s multiperson narration via textual reproduction of paranoia. Elkin emphasises that “paranoia

presents itself not as a common pathology but as an important textual mode” (70).

Disengaging from both the psychoanalytic and the medical model, Elkin argues that Sasha’s “paranoia [is] dressed up as knowingness”, an “ability of Rhys’s street-savvy heroines to anticipate, read, and interpret other peoples’ responses” (70). In the narrative context, paranoid narrative is defined by “its proliferation of voices and perspectives, its attempt to ‘read’ itself in advance, even of the reader’s arrival” (71). In other words, her paranoia is intimately woven with the narrative form. As we have seen, Sasha’s first-person narration proliferates into various drunken ‘persons’, who, as Elkin suggests, strive to ‘read’ herself and other people’s perception of herself in advance.

But Sianne Ngai contends that paranoia’s intent to read in advance often results in a “belatedness” (307). Since these self-conscious thoughts are “happening ‘meanwhile & and/at the same time”, “*current* articulations” of these anticipated thoughts “always seem to carry the sensation of a temporal lag or delay” (307). Under this temporal vertigo, Ngai contends that paranoia reveals “an arrangement in which a threatening social reality is realised with the outcome of disclosing the subject’s *participation* in its formation” (328). In other words, belatedness bespeaks an irreversibility of the subject’s complicity in forming the system that oppresses her. As Rhys’s multiperson narration shows, paranoid thinking about boundaries of ‘I’, ‘you’, and ‘them’ makes it “impossible to separate the interpretations the subject generates from those that generate the subject” (Ngai 328). Ngai’s reading of paranoia locates error in the system and removes Sasha’s perceived paranoia from pathology.

When Sasha’s symptoms deviate from what is called ‘female paranoia’ in psychoanalysis, her paranoia acquire a gendered and defeminising implication. Ruth Mack Brunswick (Freudian) contends that female paranoia manifests in the form of “jealousy”, whereas male paranoia manifests in a more intellectual and analytical way (170):

The usual persecutory paranoia with its elaborate ideation, its excessive intellectuality, and its occurrence in individuals with a high power of sublimation, is essentially a highly-organized and masculine psychosis, and is, as a matter of fact, much more common in men than in women . . . The jealous form, on the other hand, is par excellence the paranoia of women . . . In contradistinction to the philosophic, systematizing persecutory paranoia, the delusional jealousy is both feminine and rudimentary and, as it were, closer to the normal and the neurotic. (170)

Interesting, if a “masculine psychosis” is defined as “the philosophic, systematizing persecutory paranoia” and if a “female” psychosis is defined as “delusional jealousy”, Sasha’s paranoia falls into the former masculine category. For instance, Sasha is haunted by the feeling that others always manage to “see through” her inadequacies (28). Sasha’s paranoia also demonstrates “excessive intellectuality” (Brunswick 170). In order to regain control over her thoughts, Sasha engages in an obsessively systematic routine in the hopes of sedating those inner voices and memories: “Yes, exactly...So, no excitement. This is going to be a quiet, sane fortnight. Not too much drinking, avoidance of certain cafes, of certain streets, of certain spots, and everything will go off beautifully” (14). Sasha’s plan, more poignantly, reproduces prescriptive medical notes: “Planning it all out. Eating. A movie. Eating again. One drink. A long walk back to the hotel. Bed. Luminal. Sleep. Just sleep – no dreams” (15). The meticulous ways in which Sasha plans and enforces her daily routine make her “an automaton, but sane, surely...” (10). Not only does Sasha encroaches upon female paranoia, she also re-inscribes the narrative of sanity by the above self-diagnosis as a ‘sane’

person, albeit unconvincingly. I will argue, however, that our tendency to remain unconvinced is lambasted by Sasha's stream of intoxication.

Sasha's narration then goes on to parody the interior reality of clinical paranoia, by which I mean it caricatures symptoms of paranoid anxiety through an intoxicated second-person. In the following drunken episode, it is almost as if Sasha is mimicking and overdramatizing what a 'mad' person would see:

Walking in the night with the dark houses over you, like monsters. If you have money and friends, houses are just houses with steps and a front-door – friendly houses where the door opens and somebody meets you, smiling. If you are quite secure and well stuck in, they know. They stand back respectfully, waiting for the poor devil without any friends and any money [...] Frowning and leering and sneering, the houses, one after another. Tall cubes of darkness, with two lighted eyes at the top to sneer. And they know who to frown at. They know as well as the policemen in the corner, and don't you worry... (28)

Under the effect of alcohol, houses become sinister watchmen of Sasha's loneliness. While the gothic personification of objects conforms to a stereotypically drunk and 'psychotic' reality, the philosophizing second-person 'you' gives a sense of sobriety – that Sasha is lecturing an imaginary audience and flaunting her ability to detach from this psychotic experience. As such, while Elkin reads Sasha's paranoia textually and non-pathologically, Sasha's stream of intoxication subverts her own textual 'symptoms'. In (drunken/drugged) effect, the text's own paranoia doubles back on any attempt to diagnose her: while we may suppose that Sasha's narration is paranoid, the text's paranoia forbids such an explanation.

The intoxicated 'you' is always canny of its own paranoia and, as a result, resists the narrative of psychosis.

Although it is convenient to match a certain narrative strategy as the representation of 'this' or 'that' psychotic symptom, *GMM* renders absurd a diagnostic reading via an intoxicated narration. The mixture of first and second-person narrative further destabilises psychic reality by undoing narrative theories on 'persons': the 'I' is not necessarily uttered by the narrator/speaker; the 'you' does not necessarily refer to other people. Claims regarding the 'strangeness', 'naturalness', or 'falsity' of Sasha's narrative consciousness now become questionable: by conflating other narrative 'persons' with the self, Sasha's self-report becomes 'co-written' with the selves that she splits off and other 'normal' people through whom she sees herself. As Sasha inscribes palimpsestic selves that blur her narrative 'I', a gendered reading of 'female paranoia' becomes unavailable due to the mismatches of symptoms. Paranoia, instead, is mimicked and parodied by Sasha's intoxicated second person, who grows self-conscious of her perceived 'madness'. Paranoia, though defeminised and de-pathologized, is not removed from Sasha but is relocated in the text's stream of intoxication. Detaching Sasha's multiperson symptoms from medical and psychoanalytic pathogenesis, the following section will discuss how Rhys's novel calls for a political reading of the textual residues of paranoia.

“Mad with happiness”: Intoxicated with Black Medicines

While paranoia is de-pathologized and defeminised, the space that Sasha now enjoys to articulate and legitimise desires is more complicated. In Rita Felski's words, “[w]hereas Marxism tends to interpret the consuming woman as simply the necessary by-product of a capitalist economy increasingly oriented toward the stimulation of consumer demand, such

accounts fail to account for the particular and contradictory social meanings invested in *female desire*” (88, original emphasis). But to affirm this desire is, Felski contends, to undermine “a logic of repression in its production of an endlessly desiring subject” (88). Pertinently, Felski deploys the metaphor of intoxication when she describes the addictive effect of this new autonomy: “The individualization of desire promoted by capitalist consumerism thus made it possible for women to articulate needs and wants in defiance of traditional patriarchal prohibitions, even as the department store offered a new and *intoxicating* public space beyond the walls of the familial home” (90, emphasis added). In tandem with Sasha’s addiction, female agency, although now given the space to be expressed through the act of buying fashionable goods from department stores, is still parented by the false desire to consume more material goods, drugs, and alcohol.

Therefore, although the division of self manages Sasha’s anxiety, her self-alienation also engenders a series of obsessive reassurance, where Sasha relentlessly reminds herself that she is ‘happy’. Contrary to Sasha’s militant assertions of happiness, ‘depression’ is a word that habitually accompanies critical study of Rhys women. As Elaine Savoury remarks in her study on Rhys oeuvre, “[e]arly reviewers felt [*GMM*] was a well-written but almost intolerably depressing tale” (116). Likewise, other characters in *GMM* all describe Sasha as a “sad” person, including the random men she meets on the streets of London and Paris and the gigolo Rene, who notices “those deep shadows under [her] sad eyes” (126). Even in moments of intoxication, Sasha herself confesses that “sad[ness]” often accompanies her drunken reveries (39). How, then, should we understand the incoherencies in the (self-) reports of Sasha’s sadness/happiness? How might we understand the residues of paranoid or schizophrenic tendencies without a medical or pathological framework?

Whereas Lawrence shows how his characters’ (e)motions transcend common emotional categories, Rhys suggests that even when these upheavals of (e)motions are re-

incorporated into an affective economy, it offers no release to Sasha's anxiety. Building on Melanie Klein's reading of paranoia and depression, I will argue that Sasha's attempts to inhabit the Kleinian depressive position is inhibited by alcohol and drugs, which compel Sasha into a "mad[dening]" happiness that feeds on a feminist bad faith (90). Presenting a 'reliable' narration of a drunken state, *GMM* lampoons and collapses the notion of narrative unreliability, which has been serving as a prosthesis that critics lean on to diagnose Sasha's paranoia. Concurrently, by getting 'well' with drugs and alcohol, Sasha's stream of intoxication also parodies the therapeutic effects of medication in clinical treatment of depression in the sense that she imitates wellness while revealing with her narration the insidious cost of this imitation – addiction (84).

I have suggested previously that psychoanalytic theories may not be the ideal framework to read *GMM*. My deployment of Klein, therefore, does not seek to apply a totalising theory to explain (away) Sasha's sadness. It is worth noting that Klein's approach, unlike Freud's, does not place diagnosis at the core of its practice. As Eve Sedgwick contends, Klein refuses to "conceptually privilege the supposed objectivity of the psychoanalyst over the patient's subjectivity" (126). Rather than working towards a name for the pathology that the patient suffers from, Klein suggests that symptoms such as paranoia and depression are flexible and unstable *positions* that one may inhabit in indeterminant patterns. Her distinction between paranoia and depression, therefore, is less to diagnose than it is to suggest the two as positions that the subject *may pass through*.

Klein contends that the "paranoid position" is "bound up with the splitting processes" whereas the "depressive position" is a posterior position that follows (509). "In the earlier stage", Klein remarks, "the anxieties arising from this struggle [of the ego] take on a paranoid form" (509). In the paranoid position, the ego remains "incoherent" which is "driven to reinforce splitting process" (509). As we have seen, this splitting is evident in Sasha's

multiperson narration, where the ‘I’ is split into various narrative persons. However, “[w]ith the growing strength of the ego, the depressive position arises” (509). For Klein, “depression is mainly a result of synthesising the good and the bad object and goes with a stronger integration of the ego” (510). Sasha’s attempt to synthesise her ego is shown in her consistent use of the ‘I’, even though the first-person is precarious. Additionally, her narration is also stranded in the present tense for the most part although the narration is occasionally introjected with flashbacks and reminiscences. The depressive position, José Esteban Muñoz contends, “describes the ways in which we attempt to enter psychic reality, where we can see objects as whole, both interior and exterior, not simply as something that hums outside our existence” (681). In order to access this psychic reality, the subject must write a fiction of wholeness “that is indeed not a whole but rather an enabling sense of wholeness that allows a certain level of social recognition” (683). That is, the fiction of wholeness does not so much aim to reinforce the illusion of a ‘whole’ as it is functioning as a strategy for the subject to recognise the self.

However, Klein further notes that the “integration” is often “pain[ful]” (510). Whereas Woolf’s, Forster’s, and Lawrence’s characters cohabit with pain via indirect narrative encounters with it, Sasha’s intoxicated and at times too sober ‘I’ offers her no such alternative. While pain similarly wanders off into other persons when intoxicated, Sasha’s recognition of these split selves as a variation of her ‘I’ stages a sober confrontation with pain that she cannot afford to feel. Drunk and wandering in the street of London, Sasha realises that her nomadic life makes her “[t]oo sad, too sad...” (38). Shortly after, Sasha insists that: “I am not at all sad as I walk back to the hotel” (39). As she remembers how “the drink is so much better” here in London, Sasha reassures herself that “[n]o, I am not sad” (39). In this sense, alcohol seems to serve as an anaesthetic to her sadness. But after two men come up and inquire why she looks so sad, Sasha admits that: “Yes, I am sad, sad as a circus-lioness,

sad as an eagle without wings, sad as a violin with only one string and that one broken, sad as a woman who is growing old. Sad, sad, sad..." (39). Sasha experiences sadness according to a rapid oscillation and comparison with ecstatic happiness. Like Lawrence's Birkin, Sasha's (e)motions swing back and forth between two extremes. Sasha then questions frustratingly: "Am I bound to answer the same question in the same words?" (39). Emotional categories such as 'sadness' and 'happiness', Sasha suggests, are not expressive of her rapid (e)motions that refuse to be synthesised. While Muñoz contends that "[r]epetition is the [...] most obvious depressive quality" since it "describes the ways in which subjects occupy and dwell within the depressive position", Sasha's failure to smoothly repeat signifies her failure to settle in the depressive position (684).

A Kleinian reading, therefore, gives nuances to Sasha's linguistic performance of paranoia and depression. It informs how, in Ngai's words, the subject's/Sasha's "failure" to achieve "emotional release" from the grip of a paranoid position that perpetuates her textual self-splitting (9). However, my adaptation of Klein's theory is not without reservations. Interestingly, Sedgwick describes how "[e]ngaging closely with Klein often *feels like getting stoned*, in the sense that the unchecked proliferation of the reader's sense of recognition, endlessly recursive and relentlessly architectonic, quickly turns into a kind of fractal ineffability, resistant to the linear formulations of ordinary expositions" (128, emphasis added). Mirroring the ways in which Sasha intoxicates herself with drugs and alcohol, Kleinian analysis, with its penetrating lens, lures its reader into a private reverie, ironically resisting any chance to articulate the poignancy it relates. Crucially, Sasha's self-assertions of sadness/happiness are often accompanied by her alcoholic indulgence and drug dosages. In this sense, even in the rare moments where she recognises herself, it always "feels like getting stoned" – the lucidity of the self-recognition doubled-back by her intoxication (Sedgwick 128). Prior to the above scene, Sasha reveals how she has been indulging in

excessive drinking: “Now whisky, rum, gin, sherry, vermouth, wine [...] Drink, drink, drink...As soon as I sober up I start again. I have to force it down sometimes. You’d think I’d get delirium tremens or something” (37). The second-person ‘you’ here reiterates Sasha’s self-estrangement, who consciously reassures herself/the reader that she is not suffering from alcohol withdrawal syndromes. Although her stream of intoxication allows her to detach from an imprisoning first person ‘I’, it also forbids the process of synthesis in the depressive position. Like Sasha’s hyper-consciousness, my deployment of Klein’s reading consciously harnesses its inebriating and often debilitating effects.

Given Sasha’s intoxicated condition, however, it is not difficult to understand why Anne B. Simpson has dismissed her incoherent self-report as side effects of her alcoholism and drug dosages. As Simpson contends, Sasha’s “hallucinatory narration brings together all of the elements of Sasha’s dilemma in a phantasm that appears during one of her drunken stupors and sets the stage for the nightmare of events that will conclude the novel” (105). Arguably, Sasha’s claims of sanity are ‘unreliable’ since they rely on self-reportage from an alcoholic and a drug addict. However, Sasha is also presenting an unmistakably ‘reliable’ narration of an intoxicated person – her narrative ellipses fit into our imagination of what intoxication feels like. Read with Sasha’s stream of intoxication, the notion of narrative reliability becomes even more susceptible to critical scrutiny than current narrative studies have suggested.

Criticising Wayne Booth’s notion of reliability, Greta Olson locates one of the major weaknesses in Booth’s model in his treatment of the narrator as “a real person, whose lack of reliability they perceive as a personal, moral failure or, at least, a limitation” (97). Olson proposes that “ascribing unreliability” should instead be conceived as “a strategy for reading texts rather than a text-immanent phenomenon” (97). In light of this, Olson also suggests a complimentary scale of unreliability, in which she categorises different degrees of

unreliability into “fallible narrators” and “untrustworthy narrators” (101). Significantly, Olson’s definition of the untrustworthy narrator relies on the reader’s diagnosis of the narrator’s mental illness:

To make sense of this narration the reader will be quick to attribute mental instability and untrustworthiness to its source. The narrator will be diagnosed with pathological untrustworthiness, and the reader will choose the therapeutic strategy of reading against the grain. (103)

This seems to me slightly contradictory to Olson’s previous claim that narrators should not be read as human beings. If these narrators are indeed non-human textual constructs, why do we need to ‘diagnose’ them with mental illness? Ascribing unreliability to Sasha should be, as Olson contends, a “textual strategy” that flaunts uncertainty rather than a moral or pathological diagnosis of a textual construct (97). Sasha’s self-report of sanity, therefore, opens up her narration to different but all logically plausible readings: she may be reliable, or she may be unreliable. If Sasha’s narration can be categorised as ‘unreliable’ at all, we could at best only conclude that *the text* demonstrates symptoms of unreliability, which operates as a strategy to perpetuate an uncertain – intoxicated – perception about Sasha.

This textual unreliability can be clarified by a Marxist interpretation of false consciousness. Although Sasha’s consciousness may appear unreliable or ‘false’, a Marxist reading of this falsity suggests that “consciousness is false because it fails to coincide with itself” (Ahmed 166). In other words, one’s false/unreliable consciousness can never know its real motive and configure the relationship between their beliefs and interests. With her multiperson and elliptical narration, the textual symptoms of unreliability preclude Sasha

from learning the 'real motive' behind her beliefs. Sasha's consciousness appears false not because she may have lied or withheld information but because her slippery narration reveals that she may be barred from recognising her desires. Whereas FID in Woolf, Forster, and Lawrence disorients their protagonists' desire for cure as a strategy of survival, Rhys's stream of intoxication, being too self-conscious of its medicated happiness, draws Sasha even deeper into the machinery of false desires. I will argue in the next section, however, that Sasha is hyper-conscious of the falsity of her consciousness, a falsity that her intoxicated ecstasy makes her reluctant to overcome.

The unreliability of the very notion of narrative unreliability itself is further heightened by Sasha's drug and alcohol consumptions. As aforementioned, Sasha eases her depression by medicating herself with alcohol and drugs. Although her addiction is perceived as 'unhealthy', it is only after such medication that Sasha can access these intermittent moments of happiness. At the same time, given the alienations, assaults, and traumas that Sasha has been through, her self-report of happiness is at best questionable. But if unreliability is a flawed metric to evaluate the truthfulness of self-report, and if alcohol and drugs ease her depression, what gives us the authority to say that 'she is not really happy, she is lying to herself'? By extension, what gives us the right to diagnose her as 'paranoid' or 'depressed'? Her claims of happiness are particularly difficult to deny when her self-report dovetails with our expectations of a 'normal' reaction to the presented circumstances. For instance, Sasha's report of happiness after her night stroll with Delmar reveals a sincerity that is perhaps more believable in her other more militant assertions of happiness. Delmar is, in Sasha's words, a "[n]ice boy" and he has been nothing but kind and gentle (82). As he helps Sasha hang up the pictures on the wall, Sasha realises how "the room expands and the iron band round my heart loosens. The miracle has happened. I am happy" (83). These fleeting pockets of happiness may not correspond to her previous paranoid state, but Sasha flirts with

our expectations of narrative reliability and proves that, with the aid of alcohol and drugs, she is capable of happiness or, rather, the symptoms of it.

Sasha's intoxicated happiness thus sports with our imaginations of 'health' and treatments of depression via medications when 'health' becomes a reproduceable symptom. In his discussion of medical treatment of depression, Davis questions this logic of "side effect" by comparing medicinal and drug/alcohol intakes: "When you drink alcohol or smoke marijuana, what are the main effects and the side effects? Is the main effect intoxication and the side effect difficulty walking and slurred speech?" (55). Similarly, "who is to say what are direct effects and what are side effects" in taking medicinal drugs (55)? As Davis notes, the word "*drug* has the double sense of a substance taken to achieve a certain state of inebriation, distraction, stupefaction, or the like, as well as a chemical prescribed by a doctor to cure an illness" (54). In this sense, drugs and medicine can become very similar things when what is considered side effects such as "difficulty walking and slurred speech" become interchangeable with the main effects. Davis adds that "[a]lcohol obviously has an effect on lifting the spirits, making the user less sad and increasing happiness" (53). Not unlike medicinal drugs, alcohol and drugs maintain Sasha's sanity:

it's when I am quite sane like this, when I have had a couple of extra drinks and am quite sane, that I realise how lucky I am [...] Never mind, here I am, sane and dry, with my place to hide in. What more do I want?...I'm a bit of an automaton, but sane, surely – dry, cold and sane (10).

While it is sensible to say that hallucination is the main effect of her alcohol consumption, it is equally plausible to argue that sanity and happiness are the main effect of alcoholism. As

Davis puts it, “the idea of side effect is simply ideological” (55). For Sasha, drugs and alcohol are the black medicines that keep her afloat in her deracinated life. While we may imagine drugs and alcohol to be detrimental to one’s health, they have undeniably made Sasha ‘happy’. By making Sasha more ‘sane’ and ‘happy’, drugs and alcohol further parody the notion of unreliability and its inadequacy in describing Sasha’s intoxicated state.

But while Sasha revels in her intoxicated happiness, she is also conscious that this kind of happiness is dangerous. For Sasha, the privacy of rooms anchors her sanity. Sasha ritualistically retreats into her room with her drinks and drugs whenever she feels bullied: “A room is a place where you hide from the wolves outside”, Sasha notes (33). After her attempt to drown herself, all that Sasha desires is to shut off the world in her room: “Now I no longer wish to be loved, beautiful, happy or successful. I want one thing and one thing only – to be left alone. No more pawings, no more prying – *leave me alone...*” (37, original emphasis). On the other hand, Sasha is sometimes confronted with the melancholic and insidious side of happiness when her room, supposedly her desired spiritual sanctuary, is no longer her happy place: “This damn room – it’s saturated with the past...It’s all the rooms I’ve ever slept in, all the streets I’ve ever walked in. Now the whole thing moves in an ordered, undulating procession past my eyes. Rooms, streets, streets, rooms...” (91). Rooms sustains Sasha’s happiness by allowing her to forget. Yet rooms also become cynically private when Sasha eventually gets to be alone in her room. Rooms begin to be invaded by memories, breaking down Sasha’s last anchor of sanity.

Sasha’s retreat, Cathleen Maslen contends, is characterised by a feminist bad faith in performing a “duty of optimism” that retrieves the exclusively-masculine right to verse melancholia without being pathologized (3). Maslen suggests that “Rhys’s alternative strategy of negotiating trauma through melancholic behaviour, such as lamentation, introspection, and cynicism or world-weariness [...] refers to a conventionally masculine

attitude” (9). Melancholic strategies are masculine since there is a long history of a gendered expression of sadness following Robert Burton’s *The Anatomy of Melancholy* (1621). Maslen remarks that “stereotypically ‘feminine’ qualities, along with related psychological propensities such as sensitivity, ‘nervousness’ (that is, intense emotional reflexivity), self-deprecation, self-reproach, mournfulness, and perhaps above all a tendency to aestheticize sadness, function and signify for both men and women, but in a strictly binarizing fashion, registering gender in terms of emotional intelligence or the lack of it” (5). To put it simplistically, when men express sadness, it is intellectual; when women express sadness, it is pathological. For Maslen, Sasha’s melancholic and masculine response is indicative of “a willingness to assert” a “liberated identity”, which, as Maslen argues, is “an assumption which [...] intimates a potential teleological value, and therefore a sort of duty of optimism, inhering in all female trauma” (3). By claiming her right to inherit melancholia, Sasha is compelled to take on a “duty of optimism” that authorises women to express melancholy.

The “liberated identity” that Maslen observes in Sasha’s duty of optimism elides the nuances of her split identities, however. More specifically, Sasha’s coping mechanism can be elucidated by a ‘macho Stoicism’ that describes her self-splitting. Emblematic of masculine strength, macho Stoicism practices “the machismo of self-command and the contempt of adversity”⁵⁹ (Nussbaum, *Cosmopolitan*, 197). A macho Stoicism, Nussbaum contends, allows that “[t]he strong man can grieve moderately for others. In his own misfortunes, however, he must be a true Stoic, or he runs the risk of looking womanish and soft” (197). In other words, there is a tendency to apply qualities that are gendered masculine (self-control, endurance, toughness...) on oneself while applying qualities that are gendered feminine (empathy, kindness, vulnerability) on others. Interestingly, (macho) Stoicism is posited as an intoxicant

⁵⁹ Inherited from the Greco-Roman tradition, this masculine way of practicing Stoicism is also referred to as “Scottish Stoicism”, since many Scottish thinkers such as Adam Smith have endorsed stringent self-command in their work (Nussbaum, *Cosmopolitan*, 197).

in *Moby Dick* (1851), in which Ishmael describes how it “requires a strong decoction of Seneca and the Stoics to enable you to grin and bear” adverse circumstances (5). Like Ishmael, Sasha swallows her decoction of macho Stoicism with other intoxicants to survive pain.

In particular, Sasha usurps macho Stoicism by displaying overt empathy towards others while policing her vulnerable emotions. Sasha’s crying is often a result of the overwhelming empathy/telepathy she shares with strangers: “I cry for a long time – for myself, for the old woman with the bald head, for all the sadness of this damned world, for all the fools and all the defeated...” (25). Her overt empathy also infects the narrative structure, in which the self becomes various narrative persons. But whenever she reveals any sign of weakness, Sasha would keep her emotions at bay by staging happiness with laughter. In Paris, Sasha encounters a French-Canadian who has mistaken Sasha as a rich woman. As Sasha realises the irony and the hypocrisy in his kindness, she contemplates her life in general: it “seems to me so comical that I have to laugh. It has taken me a long time to see how comical it has been, but I see it now, I do” (64-65). Laughter is, for Sasha, a way of coping with the realisation that the present circumstance has matched with her doomed imaginings of her insignificant self. In accordance with macho Stoicism, Sasha’s “duty of optimism” is shadowed by a duty of barbarism against herself (Maslen 3).

In another flashback to her honeymoon, Sasha duty of optimism spirals into a barbaric laughter that lampoons her ‘happiness’. Sasha remembers how the encounter with Mr. Lawson, a man she met when she was staying in the Temple, has again bankrupted her self-worth. Sasha’s re-staging of the past in the present tense re-writes her memory while distancing herself from it. While Sasha acutely recalls how Mr. Lawson and her “had oysters”, “talked about Ireland”, and they went on a “boat going over to Holland”, Mr. Lawson clearly does not remember her (100). Sasha is offended when Lawson calls her

“Little Miss –” (100). Sasha cries as she lies in her bed with this memory. When Enno notices her crying, however, he said to Sasha that “[i]f you cry [he] shall go mad” (101). Enno’s policing of Sasha’s emotions leads her to the conclusion that: “I am happy, forgetting everything, happy and cool, not caring if I live or die. I think of the way Mr. Lawson looked at me when I first went in – his long, narrow, surprised face. I laughed and I can’t stop laughing” (101). Sasha laughs ironically because her inferiority is now confirmed by Mr. Lawson. While laughter pacifies symptoms of her depression, it may also become uncontrollable and hysterical. By re-enacting the past with present tense, in addition, Sasha reinforces the macho Stoic self-control she imposes on memories and emotions.

Whereas Stoic strategies mitigate anxiety in Woolf’s, Forster’s, and Lawrence’s characters, Rhys’s stream of intoxication, in its palimpsestic parody of happiness and laughter, practices a macho Stoicism that proves to be overly therapizing, which covertly curbs rather than liberates female desires. As Felski puts it, the “aesthetic of parody and performance in fact re-inscribes more insistently those gender hierarchies which are ostensibly being called into question” (92). Compelled to be happy, Sasha does not transit into a reparative Kleinian depressive position with her consumption of drugs and alcohol. Although these black medicines allow Sasha to be distracted from pain, her intoxication also reproduces symptoms of ‘health’ and imposes an uncanny sense of laughter that feeds on a feminist bad faith. In this sense, the kind of distraction Sasha commits to here is markedly distinct from the kind that FID engenders: in previous chapters, distraction is less about forgetting pain than it is a willingness to cohabit with irritation. Woolf’s, Forster’s, and Lawrence’s characters give indirect attention to pain while registering its muted though uncomfortable presence. In Rhys, however, drugs and alcohol literally switch off pain by prescribing a pseudo-escapism in which Sasha could only manage pain through addiction.

No Joy to Kill: The Promise of Unhappiness

Under drug and alcohol addiction, Sasha cultivates feminist bad faith as she is enslaved by happiness. For Ahmed, this is a specific type of false consciousness that preys on feminism. Feminism is, put bluntly by Ahmed, “saturated with unhappiness” since feminists are “destroying something that is thought of by others not only as being good but as the cause of happiness” (66). By disillusioning the “situations of conflict, violence, and power”, feminism thus “kill[s]” the “joy” in our current comfortable yet “fragile conditions of peace” (67,66,61). As we have seen, however, Sasha disinherits symptoms of female paranoia and relies on a performative and arguably false consciousness. Read with Sasha’s stream of intoxication, this feminist false consciousness becomes an uncannily ‘true’, a reliable, and even necessary narrative for Sasha – the awakening to these issues would have syphoned the last ounce of happiness that Sasha is capable to muster. Addiction here carries an irrevocable momentum: without a bad faith in happiness, Sasha would have no hope of survival.

Situated in the 1930s Europe, where a consumption culture that normalises happiness and free consumer choices burgeoned, Sasha is disabled from confronting the unhappiness that a feminist killjoy should enact. But while an individual is usually insensitive to their own false consciousness, Sasha’s stream of intoxication testifies to a hyper-consciousness of her own falsity. Rather than innocently “inherit[s]” ways of seeing, her intoxication performs a radical disinheritance of this framework of false consciousness – she is *willing* to live in false consciousness despite being canny of it (Ahmed 84). In the following, I argue that drug and alcohol addiction engenders a hyper-conscious second-person ‘self’ that inhibits Sasha’s expression of depressive and ugly feelings. If the previous chapters are about irritation, this chapter is about a conscious avoidance of irritation and Rhys shows that the cost of getting better is addiction. Drawing on Ahmed’s politics of happiness, I contend that far from being unwilling to kill joy, Sasha is perhaps *too willing* – only that she has become irreversibly

addicted that she has no means to do so. But Rhys suggests that Sasha has no joy to kill, for the happiness that intoxication induces is previously uncovered to be a bad faith of optimism. While Ahmed suggests that living with unhappiness opens us up to new possibilities – the “*perhaps*”, Sasha’s second-person narration insinuates that she is not afforded the hope to kill joy (198).

In *GMM*, Sasha’s addiction deprives her of the courage to confront unhappiness. As Rene suggests that they should go back to Sasha’s hotel together and “be happy for a little”, Sasha simply wishes that he would “[I]eave [her] alone” (146,147). While Sasha struggles to reject happiness here, she decided to go with him nonetheless. As they arrive at the room, the effect of drugs and alcohol imposes happiness and laughter on Sasha once again: “I have my arms around him and I begin to laugh, because I am so happy. I stand there hugging him, so terribly happy” (148). The word “terribly” insinuates that this happiness is perhaps terrible. After a row with Rene, Sasha eventually decided to shut herself off to him, who has been nothing but kind and gentle. Here, Sasha ascribes her ill-temper to her alcohol consumption: “I shouldn’t have taken whisky on top of brandy. It’s making me feel quarrelsome” (150). As she is contemplating this, happiness and laughter come back haunting: “Sparks of anger, or resentment, shooting all over me...A comedy, what comedy? A comedy, my God!” (150). As Rene leaves, Sasha cries until her body hurts, although her alternate ego immediately surfaces to manage her expression of unhappiness:

Who is crying? The same one who laughed on the landing, kissed him and was happy.
 This is me, this is myself, who is crying. The other – how do I know who the other is?
 She isn’t me. (154)

This “other” self then materialises as a second-person “voice in [her] head” (154). While this voice is usually contained in parenthesis using a second-person ‘you’, it gradually takes over her first-person narration. For instance, this voice addresses Sasha in a dance she attends in 1937: “(*Have you been dancing too much?*) Don’t stop” (77, original emphasis). This voice, however, intrudes Sasha’s first-person voice here: “Well, well, well, just think of that now. What an amusing ten days! Positively packed with thrills” (154). Sasha’s alternate-self poses as the executive of happiness, who insists that everything should be seen in an “amusing” light (154,155). “She” continues to police Sasha’s crying: “I hate to stop you crying. I know it’s your favourite pastime, but I must remind you that the man next door has probably heard every damned thing that’s happened and is now listening-in to the sequel. Not exactly what one would have expected, perhaps. But still – quite amusing” (155). Whereas Sasha’s alter ego manages to co-exist with her ‘own’ voice prior to this scene, this other self is now given an extended monologue. It also becomes obvious that the first, second, and third person pronouns, now all referring to Sasha, have been muddled. Relentlessly masquerading her sadness as a comedy, Sasha’s alter ego thrives on her intoxication and inhibits Sasha’s claim to unhappiness.

We may return to Klein’s reading of the subject’s failure to transition from the paranoid/schizoid position to a reparative depressive position in reading Sasha’s self-splitting here. “[M]arked by insatiability, hatred, envy, and anxiety”, Sasha’s narration reveals a “terrible alertness to the dangers posed by the hateful and envious part-objects that one defensively projects into the world around one, and vice versa” in the paranoid-schizoid position (Sedgwick 136-137). With the emergence and domination of her ‘other’ self, it is evident that Sasha cannot inhabit the depressive position, which “by contrast, is an anxiety-mitigating achievement that the infant or adult only sometimes, and often only briefly, succeeds in inhabiting” (Sedgwick 137). For Klein, depression is something to be “achieved”

– a strategy to steer away from the paranoid-schizoid symptoms. This desiring of depression or unhappiness dovetails with Ahmed’s politics of happiness. Not unlike the flexibility of Klein’s depressive position, Ahmed emphasises that being open to unhappiness is not to envision unhappiness as our teleology. Rather, it is “to share deviation” as well as “what causes unhappiness, even joy, wonder, hope, and love are ways of *living with* rather than *living without* unhappiness” (196, original emphasis).

In *GMM*, although Sasha is anxious to distance herself from her split self, the addictive effect of her black medicines makes her complicit with that same voice she seeks to reject. On the one hand, Sasha asserts: “Don’t listen, that’s not me speaking. Don’t listen. Nothing to do with me – I swear it...” (153). At the same time, Sasha is also conscious that this voice feeds on alcohol and drugs and that she could mitigate this voice simply by not drinking and dosing: “But I know quite well that all this is hallucination, imagination” (156). However, the addictive effect of these drugs compels Sasha to remain ‘happy’ in the paranoid-schizoid position. Sasha continues to be mesmerised by her hallucinatory visions, which are transforming into music: “...And the arms wave to an accompaniment of music and of song. Like this: ‘Hotcha – hotcha – hotcha...’” (156-157). As Sue Thomas notes, “hotcha” emblematises a “1920s and 1930s musical style” which is performed with a “frenetic quality, an urgent sense of rhythm” (137). The urgent and frenetic rhythm of the song mirrors Sasha’s addiction, which is compelling her to “have another drink” (157).

Arguably, Sasha’s welcoming of the “devil[ish]” *commis* to her bed in the finale perhaps indicates her willingness to abandon happiness for unhappiness. Kristin Czarnecki notes that “[m]any believe that by embracing the *commis*, Sasha finally allows herself a life-affirming expression of love toward another society’s misfits” (76-77). By saying “[y]es – yes – yes...” to the sexual advances of the *commis*, who, like Sasha, has no place in the world where they belong, critics such as Czarnecki perceive the novel’s finale as Sasha’s nod to

depression (159). On the other hand, Patricia Moran contends that the ending emblematises the “masochistic aesthetic” in Rhys’s later works (17). For Moran, Sasha’s triple affirmation is to be read ironically, showing Sasha’s masochistic submission to a stranger’s sexual assault. Sharing Moran’s ironic reading, Barbara Claire Freeman argues that it “demonstrates the fictionality of the notion of choice [...] To endorse such a view of individual choice is both to deny the extent to which the self is socially shaped and constrained and to ignore the extent of misogyny Rhys so meticulously depicts” (101). Freeman’s claim harks back to the logic of consumption culture, where free choice is exposed as a fiction that feeds on misogynistic sentiments.

But rather than ascribing any diagnosis or meaning to the episode, perhaps we may allow the ending to be neutral. Or, more optimistically, we may even cling to a variation of hope that is disillusioned of the promise of happiness. As Ahmed contends, “[w]e might remind ourselves that the ‘perhaps’ shares its ‘hap’ with ‘happiness’. The happy future is the future of the perhaps” (198). Instead of seeking a logical explanation or a diagnosis, we open up Sasha’s motives to the infinite ‘perhaps’: perhaps she is well, perhaps she is not – either way she is given a choice and this is what matters. In this way, “we would instead accept the happiness as pointless, as a way of responding to the possibility of its arrival” (198). “We might”, Ahmed contends, “remind ourselves that the ‘perhaps’ shares its ‘hap’ with ‘happiness’. The happy future is the future of the perhaps” (198). Reading Rhys with Ahmed, the open ending potentially liberates Sasha from the current unsatisfactory diagnoses of happiness or unhappiness.

However, Sasha’s narration also suggests that she conceives the ‘hap’ in happiness as an insidious perhaps/hope which she can no longer afford. Nihilistically, Sasha is disturbed by the possibility of hope and future:

People talk about the happy life, but that's the happy life when you don't care any longer if you live or die. You only get there after a long time and many misfortunes. And do you think you are left there? Never. As soon as you have reached this heaven you have to go back to hell. When you are dead to the world, the world often rescues you, if only to make a figure of fun out of you. (75-76)

Here, Sasha delineates the cynicism of hope and the impossibility of settling into unhappiness. For, once she has learnt to make herself comfortable in unhappiness, someone would rescue her just to have her go through the debilitating process again. The second-person narration indicates a universalising tone that enhances the truism of Sasha's false consciousness.

Whereas Ahmed suggests that feminist movements kill joy in a productive way, Sasha intimates that such potentialities may kill joy in a horrifying way as well: "This is what makes life so dull – the way you forget, and everyday is a new day, and there's hope for everybody, hooray..." (118). Sasha's cynical "hooray" indicates that she no longer enjoys the courage to hope. Although Sasha shows "a willingness to stay proximate to unhappiness", she also exposes how hope has condemned her into a "slow death" (Ahmed 195, Rhys 20). To use a Kleinian term, the reconfiguration of happiness as the 'perhaps' is a "reparative performance", which is "part of the depressive position; it signals a certain kind of hope" (683,687). For Sasha, this hope of repairing – being cured⁶⁰ – is shadowed by her drug and alcohol addiction. While the 'I' may be willing to live with unhappiness, her addiction has

⁶⁰ It is worth noting that Kleinian reparation is distinct from the medical cure that seeks to 'recover' the subject into 'normal', in the sense that it ensues a more private, personal, and often unpredictable process.

engendered a ‘you’ that hangs stubbornly onto a cruel happiness. Although Sasha disavows Irritative Modernism by getting addicted to drugs and alcohol that would expel pain and other discomforts, irritation sticks to the text’s narration as Sasha’s narration is swollen into various narrative persons who exacerbate the cost of living an intoxicated life.

Practicing Black Medicine in Cosmopolitan Europe

As a drug and alcohol addict, Sasha remains “hypermarginalised” by a European society that many have venerated as a diverse and cosmopolitan society (Davis, *The End of Normal*, 4). While Klein’s, Davis’s, and Ahmed’s works have suggested how Sasha’s stream of intoxication may require a political rather than a personal/pathological approach to well-being and health, this section will focus on the difficulties of dwelling in a de-personalised/impersonal politics of ‘happiness’. Sasha’s addictive dependence on her black medicines has engendered a series of personal upheavals that politics – especially a universalist cosmopolitanism – may overlook. As Jason Marley observes, the majority of Rhys’s novels “focus on the struggles of the individual to fit into an increasingly alienating cosmopolitan Europe” (2). This challenge is particularly poignant for Sasha, who, as aforementioned, is racially ambiguous. In this sense, Sasha’s *black* medicine here acquires a racial significance: under the advent of consumptive culture in Paris – a “pre-eminent site of the modern ‘consumer revolution’”, I argue that Sasha’s drugs and alcohol consumption is racialised and gendered where she may not be able to enjoy the benefits of ‘medicine’ like other Europeans or men (Felski 66). Failing to offer medical and material care to marginalised personages such as Sasha, European cosmopolitanism condemns Sasha into self-help practices that over-indulge in drugs and consumer goods.

Sasha's "rum life" in the Rhysian cosmopolitan Europe is less emblematic of an intoxicated reverie than a perpetuated toxicity. For Sasha and other women, they risk their status as "respectable woman" as they get drunk in the public (88). Unlike the intoxicated men who populate cinemas, pubs, and bars, women who get drunk and cry in the lavabo are ostracised and patronised. They slip into the familiar archetype of "[p]oor woman", who would "have a drink...and then they have another and then they start crying silently. And then they go into the lavabo and then they come out – powdered, but with hollow eyes – and, head down, slink into the street" (89). Not only is Sasha barred from the pleasure of carousing, she is also denied medical intoxicants and support in childbirth. During her labour, Sasha's pain is ignored since she cannot afford to pay for "chloroform" (50). Sasha suddenly realises that her request is a "nonsense" since "[t]his is a place for poor people" (50). Although intoxicants momentarily anaesthetize Sasha's pain, the cosmopolitan world she lives in is rife with a toxic masculine culture in which women are expected to perform wellness without the aid of medicine and intoxicants.

In cosmopolitan Europe, the pursuit of universality becomes instead a synonym of a racist Eurocentrism. To perform wellness, Sasha compensates her marginality through soliciting material goods to be 'happy'. After her separation with Enno and the loss of her child, Sasha's economic situation seems to have improved considerably. Although not explicitly discussed by Sasha, one reason for this improvement is her prostitution. For Sasha, a "nice room" is one that contains "[t]wo bedrooms": "(The small bedroom is in case you don't feel like me, or in case you meet somebody you like better and come in late)" (29). The bracketed second-person narration signals Sasha's stream of intoxication, which detaches herself from an unspeakable profession. In the name of happiness, Sasha commits to prostitution and parodies 'self-care' practices in which she over-compensates on material goods. Sasha ventures out to cafes and bars every night to socialise but, above all, to drown

her paranoia with alcohol and drugs. Sasha's desperation to "look like everybody else" also urges her to spurt her money on fashion and hair (88). Her decision of hair dyeing is motivated by a shame that follows a public assault made against her: "I try to decide what colour I shall have my hair dyed, and hang on to that thought as you hang on to something when you are drowning" (44). For Sasha, consumer goods allow her to drown her past with alcohol, to 'pass' as normal, or else these daily waves of shame would threaten to drown her to death. In *GMM*, material goods are overtly appraised as tokens of freedom. While Sasha clings to her newfound material goods as dosages of happiness, her narration betrays her textually as the second-person irritates any pure intention to be 'happy'.

Sasha's obsession with material goods here is interestingly at odds with the Stoics' aversion to external goods. Nussbaum, however, points out that the Stoics' fear of materialism contradicts their concept of human dignity (*dignitas*), which is to be prioritised in the cosmopolitan (*kosmopolitēs*). In fact, the cosmopolitan has its roots in Stoic thoughts. While the cosmopolitan was first advocated by the Cynic Diogenes, it was gradually modified and theorised by the Stoics as an ideal way of becoming "a citizen of the world"⁶¹. But Nussbaum identifies a fatal contradiction within the Stoics' cosmopolitanism: "material inequality is an evident fact of human life, too glaring in its effects to be overlooked" despite the Stoic indifference to everything external (5). Nussbaum disagrees with the Stoic belief that "material possessions make no difference to the exercise of our capacities for choice and other aspects of our dignity" (7). Consider "people who are ill-nourished, who have no clean water, and who have no access to resources connected to health, education, and other 'material' goods", for instance, these people, Nussbaum notes, "are not equally able to

⁶¹ Infamously, Diogenes deliberately evokes "outrage and even disgust" by performing private activities such as eating (which was considered a private event) and even copulation in the market place in order to "challeng[e] observers to ask what is truly good or bad" (Nussbaum, *Cosmopolitan*, 68). For Diogenes, his transgressions aim to identify that "we are dealing with a mere habit, unconnected to anything deep about character or virtue" (Nussbaum 68). Nussbaum describes this Cynic way of living as "a mad kind of Stoicism, a kind that spits on the false images of goodness in order to draw attention to what is truly fine within" (68-69).

cultivate their capacities for choice or to express their basic human dignity” (7). In other words, the Stoic cosmopolitan engenders a “bifurcation of duties between duties of justice and duties of material aid” (5). To salvage the cosmopolitan, Nussbaum suggests that the Stoics’ macho approach to dignity requires “a feminine, flavour, permitting the dignified human being to weep at his losses and cry out in anger against injustice” (*Tradition*, 205). But in *GMM*, Sasha takes this reform to the extreme as she gets further intoxicated with the material goods she consumes.

On top of its gendered implications, Sasha’s addiction is also racialised given her obsession to physically “look like everybody else”. Although we know that Sasha comes from England, her race and ethnicity is not specified. As such, Sasha’s wish to “look like everybody else” may suggest that she is not white. The language that Sasha deploys here is suggestive of a racial white-washing: as Sasha contemplates to dye her hair blonde, she is aware of the difficulty of the task: “It is very, very rarely, madame, that hair can be successfully dyed blonde cendre [...] First it must be bleached, that is to say, its own colour must be dyed, that is to say, another colour must be imposed on it (Educated hair... And then, what?)” (44). In dyeing her hair blonde, however, her original (skin) colour must also die/be dyed. In a more revealing narrative moment, Sasha discloses that her “nationality” has “puzzled” her patron and that she “ought to have put nationality by marriage” (13). Her peculiar national identity is further teased in a flashback on her honeymoon with Enno. While Enno’s friend Paulette is expecting Sasha to “do the Anglaise stuff” as they are trying the horse-steak, Paulette “laughed” at Sasha’s unexpected and un-English response (113). Sasha ponders: “I think Paulette knew I wasn’t one of the comfortable ones, and never have been, and hadn’t had such a grand time as all that” (113). Not only is Englishness performative to Sasha, the way in which Sasha refers herself to not “one of the comfortable ones” also implies that her Englishness is precarious. In Sasha’s performance of Englishness and her

careful withholding of her racial origin, Rhys reveals that a universal cosmopolitanism is intolerant of individual and racial differences, which Sasha is anxious to wash off with artificial colouring and drinks.

While Sasha lives in a ‘cosmopolitan’ Europe that is supposedly diverse and inclusive, both Sasha’s physical and emotional differences are not kindly tolerated. In Davis’s words, Rhys’s dystopic Europe exemplifies the novel dictum: “*diversity* is the new *normality*” (*The End of Normal*, 1). Whereas, Davis contends, “normality was enforced to make people conform to some white, Eurocentric, ableist, developed-world, heterosexual, male notion of normality, diversity imagines a world without a ruling gold standard of embodiment” (3). The policing that diversity enforces is thus undetectable through surface symptoms since “diversity is linked to a postmodern concept of subjectivity as being malleable, mobile, and capable of being placed on a continuum, complex, socially constructed, and with a strong element of free play and choice” (5). In accordance with the tenets of consumptive culture, which establishes that “[o]ne’s lifestyle is activated by consumer choice”, diversity offers individuals the illusion of free choice while insidiously administering a rigorous management of bodies (3).

As Davis puts it poignantly, “[d]iversity, given the images displayed in the popular media, is always upbeat, happy, alive, touching, proud, and above all healthy” (9). In *GMM*, however, the pressure of free (consumer) choice hollows out Sasha. While she could “become” everybody else by buying alcohol, drugs, hats, dresses, such choices simultaneously leave her “empty” (48). While her stream of intoxication allows her to ‘become’ other narrative ‘persons’, her self-detachment also makes her a ghostly echo of herself. As Catherine Maslen puts it, Sasha is “intractably alienated from her own anguish. Melancholia itself becomes a commodity, to be experienced at a remove” (144). Ironically, Sasha’s depression becomes a commodified good that money cannot buy. To this extent, the

lingering sadness and paranoia Sasha experiences are ironically too 'diverse' to be incorporated into a cosmopolitan Europe.

Ostracising hypermarginalised individuals such as “homeless people, impoverished people, end-stage cancer patients, the comatose, heroin, crack, or methamphetamine addicts”, the politics of diversity enforces a new normality that polices “abnormal[ity]” “insofar as medicalised bodies are concerned” (Davis, *The End of Normal*, 4,7). Davis continues: “It is in this realm that ‘normal’ still applies with force. Most people still want normal cholesterol, blood pressure, and bodily functions” (7). In Sasha, we have seen how people around her, even Sasha herself, are constantly diagnosing and managing her paranoia by telling her that she looks ‘sad’, to stop crying, and to take drugs. Because of her paranoid symptoms, Sasha remains a medicalised body that cannot slip into the eccentric garments of diversity. Pressured to conform to cosmopolitan diversity, Sasha medicalises herself with drugs and alcohol in order to pass as a functioning member.

GMM intimates that the therapeutic effects of drugs are often only reserved for white male bodies. As we have seen, Sasha is denied medical aid during her childbirth because of poverty. Although not explicitly stated, Sasha’s pauperised condition is likely a result of her outlandish status, which leaves her no choice but to engage in “dreary” occupations (16). Sasha thus resorts to compensate this lack of anaesthetic (both medical and emotional) with abusive doses of drugs. Regrettably, Sasha often finds herself unable to carouse like other people around her. As Davis observes, the medical industry has been nurturing racism by developing drugs that are “tailored to specific ethnic or racial groups” based on generalised claims such as how “blacks die from heart failure at a rate that is twice that of whites” (78). This racialisation of medicine that utilises “genetic explanations for medical conditions” may “lead to bad science and abuse of the drug industry for profit” (79). While Sasha may not be

the target of racialised medicine, her over-dosages mimic and exaggerate a white European body that could access medicine and that reject the racialisation of medicine.

Through the performance of a (fictional) Englishness, Sasha's racial obscurity and her *black* 'medicines' thus serve as unsuccessful strategies in resistance of a racialised and gendered medicine. While Sasha initially succeeds in a self-splitting that protects her from Rene's sexist and racist remarks, her intoxicated second-person consciousness concurrently betrays and internalises Rene's thoughts. As Sasha begins to notice that "the wine has an effect", Rene remarks that "England isn't a woman's country" (131). Sasha then immediately removes herself from this perception, claiming that "[t]hat's his idea" and that he is "up against racial, not sexual, characteristics" (132). While Sasha contemplates the fact that "[l]ove is a virtue in England", her split self speaks in parenthesis: "(Usually a matter of hygiene, my dear. The indecent necessity [...])" (132). Whereas Sasha wishes to insist on the virtue of love, her drunken alter-ego dismisses marital love as simply a hygienic necessity, where the English refuses to "spend money" on the unhygienic and indecent business of prostitution (132). As Forster suggests in *A Passage to India*, race and class are knitted with discourses on hygiene, where whites/privileged are associated with the hygienic and the non-whites/underprivileged unhygienic. In Sasha's multiperson narration, her English split self becomes a spokes(wo)man for racist thoughts that nurture white supremacy through medical language.

Although Sasha may suppose that she is able to enjoy and exploit the effects of intoxication, the effects of her 'self-medication' soon takes a different turn. After a few drinks, Sasha notes that Rene's confidence remains "alive, gay, and healthy" "as if he didn't drink much" (132). Whereas Rene (French and white) is allowed to enjoy the positive effects of alcohol, Sasha's drinking is always attached to paranoid thoughts that threaten her ecstasy. As Sasha puts it, habits in drinking are explicitly gendered and racialised: "It's funny how

some men try to get you to swill as much as you can hold, and others try to stop you. Automatically. Some profound instinct seems to get going. Something racial – yes, I’m sure it’s racial” (150). When Sasha and Rene continue to discuss racial issues, Sasha is “vexed” by Rene’s racist comments: “Russians in Paris! Everybody knows what they are – Jews and poor whites. The most boring people in the world. Terrible people” (136). Apparently, not only the non-whites are marginalised in the cosmopolitan, the sub-categories within white people are also being jeered at. It is here that Sasha regrets being there just to “swa[p] dirty stories with a damned gigolo” (136). The word “dirty” reiterates the discourse of hygiene, where dirtiness becomes a synonym of racism.

This intersection between hygiene, race, and paranoia is further dramatized when Sasha is left alone in her room after Rene’s departure. Just when Sasha thought that she is completely alone, her alter ego comes back haunting. After she has rejected Rene, Sasha becomes consumed with shame: “You like nothing, nobody. Sauf ton sale cerveau. Alors, je te laisse avec ton sale cerveau [Except your dirty brain. I’ll leave you with your dirty brain]...” (157). As if claiming the identity of her “dirty brain”, her split self interrupts: “(A monster...The monster that can only crawl, or fly...Ah! But fly...)” (157). Symbolising (her latent) racist feelings and her performative Englishness, her drunken narrative voice becomes a vital but dirty organ that Sasha cannot remove. Although Sasha might have taken alcohol and drugs to sterilise her unhygienic thoughts, these thoughts only grow rampant as the effects of intoxication proliferate. If intoxication distracts Sasha from pain, the addictive effect of drugs and alcohol naturalises distraction as Sasha’s default consciousness. While Woolf’s, Forster’s, and Lawrence’s irresolute (in)attentiveness to pain allows their characters to live with its irritations, Sasha is imprisoned in a relentless distraction in which consciousness has no chance to recognise feelings, desires, and to articulate new vocabularies

for getting better. As her second-person narration divulges, Sasha's black medicines remain racialised and sexist and offer no remedy for loneliness.

Death by Drowning/Drinking?

Plagued by cosmopolitan loneliness⁶², Sasha reveals her death-wish multiple times throughout her narration. We learn in the novel's opening that Sasha has attempted to drown herself in the Seine; she also explicitly claims that she has "made up [her] mind to kill [her]self" (72). Ironically, her suicidal thoughts are silenced by her commodity fetish: "Next week, or next month, or next year I'll kill myself. But I might as well last out my month's rent, which has been paid up, and my credit for breakfasts in the morning" (72). Intoxicated with material goods, Sasha's resolution to welcome the *commis* also seems to be underlined by a similar drunken death-wish: "I look straight in his eyes and despise another poor devil of a human being for the last time. For the last time..." (159). The repetition of "for the last time" is tantalising: does Sasha mean that she will be moving on from her current melancholic happiness, or does she mean that she is really going to kill herself after this one last masochistic indulgence?

While I have suggested that consumption culture corners Sasha into addiction, *GMM* concurrently irritates our expectation of a monolithic and pessimistic end. Alternatively, its stream of intoxication can be read as Sasha's way of committing what Abbott calls a

⁶² In *GMM*, loneliness manifests as a symptom of cosmopolitanism, a symptom that is coded in the language of sickness. Delmar's conversation with Sasha reveals the ways in which loneliness invades cosmopolitan Europe like a contagious sickness, a universalised loneliness buried beneath the glorious appearances of cosmopolitanism. Like Sasha, a girl Delmar once knew speaks "sometimes in French, sometimes in English" and seems to be obsessed with drinking (80). When she sees Delmar, she would "as[k] again for whisky" (80). The girl also shares Sasha's shame, where people are free to penetrate her transparent mind: "every time they looked at her she could see how they hated her, and the people in the street looked at her in the same way. But now she had got so that she would do anything not to see people" (80). Sasha's *doppelgänger* suggests that loneliness is a common, if not universal, sickness that traffics in the cosmopolitan.

“narratricide”, which is “constructed as a benign alternative to patricide, eluding lineality as it destroys linearity” (145). Such narrative death discontinues the masculine style of self-writing in which linearity is assumed as it seeks to emancipate from the traditional biographical model, which, “[i]n their representation of linear descent, they appropriate a comprehensive, scientifically validated version of history and insert themselves into it” (145). Using Joseph Conrad’s autobiography *A Personal Record* as an example, Abbott contends that narratricide operates through “erasure”, in which “the dissolution of the narrative event implicates the dissolution of the dynastic chain” (147). Specifically, erasure breaks down “consecutive narrative” and “radiates out from its central enigma producing an array of micro-narratives, shards of story that repeat the same combination of meandering, veiling and breaking off” (144).

Abbott notes that “[i]n writing like this, narrative detail fails to lead. More accurately, it both leads and abandons. Something’s up, but anything could happen” (135). In *GMM*, Sasha is committed to this narrative erasure which is emblematic of narratricide. When Sasha is humiliated by her ex-boss Mr. Blank, she engages in an internal monologue that condemns his exploitation through a second-person universalising tone: “You must be able to despise the people you exploit. But I wish you a lot of trouble, Mr. Blank...” (26). Her accusation, however, is immediately erased: “Did I say all this? Of course I didn’t. I didn’t even think it” (26). In another tableaux where Sasha is drunk and walking back to her hotel, it dawns on her that:

My life, which seems so simple and monotonous, is really a complicated affair of cafes where they like me and cafes where they don’t, streets that are friendly, streets that aren’t, rooms where I might be happy, rooms where I never shall be, looking-glass I

look nice in, looking-glass I don't, dresses that will be lucky, dresses that won't, and so on. (40)

As Abbott puts it, Sasha's narratricide "both leads and abandons" (135). By immediately erasing her previous narration, "anything could happen" (135). This brings us back to Ahmed's notion of the 'perhaps' implicit in the politics of happiness. Although Sasha configures hope as insidious, this 'perhaps' need not be modified by the positivism of the hopeful. As the novel's title and its allusion to Emily Dickinson's poem suggest, Sasha's retreating into the darkness of "midnight" is motivated by polarising drives. Dejected by "Day", where Sasha, like Dickinson's poetic persona, "liked to stay", she has no choice but to return to the familiar midnight – her "home". Concurrently, Sasha copes with such dejection with a welcoming, if not optimistic, greeting: "Good morning, Midnight!". Committing a self-erasing narratricide, Sasha's elusive multiperson narration is characterised by competing impulses that are simultaneously affirmative, nihilistic, and indifferent to life: Sasha's narration has died Sasha's death for her in the same breath as it embraces the radical contingency of *hap(p)iness*.

Conclusion

This chapter has made the case that Sasha's flirtations with narrative unreliability have defamiliarized our expectations of intoxication and healthiness. By scrutinising her intoxicated multiperson narration, I have interrogated critical and psycho-analytic diagnoses of Sasha's paranoia and/or depression. Sasha also parodies clinical treatment of her psychotic symptoms with drug and alcohol consumption: symptomatically, Sasha's black medicine mitigates symptoms of unhappiness; politically, however, her 'medication' only reinforces

normality, patriarchy, or the insidiousness of ‘diversity’ under European cosmopolitanism. Alternative to medical treatment, *GMM* urges us to pay heed to the *textuality* of psychotic symptoms. Not only does it disentangle textures of paranoia (translated from the socio-political to the individual), it also returns us to the text and performs a textual suicide as a strategy of survival. Rhys alerts us to how one tends to unconsciously perform symptoms through narration, which requires us to re-evaluate pathogenesis and diagnosis: it is the way we narrativize or perform illness, rather than a factual reading of symptoms, that matters. Expunging a coherent subjectivity, Sasha’s narration also enables hope and anticipation of the future without a destructive cynicism or a native optimism. Rather, the text is initiated into the “unhappy archive”, a space where we may honour moments of unhappiness – moments that, like Sasha’s spasmodic happiness, shall visit and pass according to the ebb and flow of the narrative (Ahmed 18).

In the closing of *GMM*, Sasha’s triple affirmation of “Yes – yes – yes...” reiterates her intoxicated (un)reliability: while we may be inclined to interpret her affirmation as a reliable symptom of her intoxicated delirium (that Sasha is an unreliable narrator), her canny second-person persona forestalls this simple binary (159). The hyper-consciousness of her own intoxication suggests that Sasha’s consciousness is not reducible to a dimly-conscious bodymind that has innocently yielded to the effects of drugs and alcohol. Once her intoxication heightens and becomes conscious of itself, it can mimic the symptom a self-corrective, sober, healthy consciousness or, more uncannily, a *reliable* source that elucidates the political nature of her paranoia. As I have argued throughout the chapter, while a political approach to happiness and depression may liberate bodyminds from the grip of a gendered, industrialised, and racialised medicine, it may also engender a de-personalisation where the split ‘I’-s can only be sutured together with more ‘medicines’ that feign rather than beget wellness. This is where Rhys participates in the project of Irritative Modernism: although

intoxication precludes Sasha from engaging with pain, the text is everywhere committed to irritating medicalised perceptions of pain expression, subjective intentions, and desires for getting better.

Now irrevocably addicted, sobriety itself becomes intoxicated. In those intermittent moments where Sasha is sober of her false consciousness, she usurps this hyper-consciousness in order to split off more selves that would heighten the symptoms of intoxication. While she often clings to bad faith, Sasha's stream of intoxication demonstrates a thwarted but nevertheless aspiring version of the feminist killjoy. Sasha may thus be said to have drowned in her stream of intoxication in her final delirious "Yes – yes – yes...". But these rare and decisive affirmations may also testify to a more abstinent catharsis of depressive feelings that are previously drugged by happiness.

CONCLUSION

Wandering and Other Wonderings

In 1518 Strasbourg, a young maiden Frau Troffea triggered an onset of “choreomania” in which dancing became a contagious disease, compelling groups of people to dance until utter exhaustion and death. In this strange phenomenon, Frau Troffea’s “violent and erratic” dancing swept the community into a kinetic frenzy, where “[t]radesmen, artisans, porters, hawkers, cripples, and ragged beggars jostled with pilgrims, priests, monks and nuns, and proud members participate[d]” in the dance (Waller 1,2). Over the years, the dancing plague has baffled historians and medical professionals alike: how can dancing become a lethal and contagious disease⁶³? Chronicled in John Waller’s comprehensive study *The Dancing Plague* (2009), Waller contends that the dancing maniacs were motivated “by the belief that bouts of entranced dancing would protect them from worse forms of the saint’s malice” and dancing madly was a means for them to channel and perhaps expel chronic feelings of anxiety” (181). As medieval communities performed pain through dancing, the dancing plague is a case in point for showing that the manifestations of our irritations are not reducible to medical reports. Rather than embodied in physical symptoms, the dancing plague testifies to the idea that pain is often performed through culturally-determined forms of narrativization.

The jerky and frantic form of the dance, Waller argues, is pertinent since “during the Middle Ages and early modern period men and women who had crossed a threshold of

⁶³ Walker draws attention to a popular scientific explanation of the plague, which is that the affected population is poisoned from ergot, “a mold that flourished on the stalks of damp rye” (12). While symptoms of ergot poisoning often matched with the symptoms that these dancing maniacs demonstrated, Walker argues that “[t]hese potent chemicals do not, however, allow for sustained dancing. Convulsions and delusions, yes; but not rhythmic movements lasting for days” (12). Walker continues, “it is simply not feasible for hundreds of people to have reacted in the same bizarre way to ergot poisoning” (12).

emotional endurance often broke down in ways that conformed to stereotypes of witchcraft, mysticism, or demonic possession” (223). But “with the rise of secularism, emotional breakdowns began to emulate medical fashions rather than religious tropes” (223). As “[w]riting, foaming, and issuing denunciations in strange voices became a less and less legitimate way to fall apart”, the dancing plague is re-narrativized and medicalised into what is known today as ‘Huntington disease’ (previously ‘St. Vitus’ dance’), in which the performance of symptoms became individualised rather than ritualistic (223).

Waller’s study draws attention to “the remarkable fact that even when we lose control, we often do so in culturally prescribed ways” (204). Dance, as such, gives the body culturally specific vocabulary to perform their symptoms in much the same way that modernist subjects perform their symptoms through FID. Whereas jerking and writhing concord with medieval pathology and “the kinds of symptoms most likely to call forth pity and assistance”, paranoid thinking and auditory hallucination (reproduced in the narrative voices in FID) emblemise symptoms of modern diseases and disabilities such as neurasthenia, shell shock, or feeble-mindedness (Waller 226). Focusing on narration, my chosen texts have shown how illness is often performed through textual narration rather than the bodymind. If illness and pain are narrativized and performed, literary modernism, as I have argued throughout the thesis, will be able to take on a more explicit intervention in articulating and expanding current epistemology and ontology of illness.

In Irritative Modernism, we have seen how the ugly feelings that follow illness and disability wander away from the first-person in the narrativization of pain and other afflictions. Under free indirect narration, feelings are disoriented from subjective intentions and are swollen into second- and third-persons. As these modernist subjects mediate pain through the aesthetic of indirection or exorcise pain via addictive drugs, FID generates affective residues that belong neither to a pathogenesis proper nor can it be incorporated into

the discourse of normality. Individuals, instead, wander between patient-hood and the normal as they carry with them homeless affects that are not easily categorised into any genre of feelings. By re-narrativizing these Stoic ‘patients’, Irritative Modernism has hopefully elucidated alternative ways to *be patient* with the ugly feelings that are part and parcel of living. In these final pages, I wish to show how the affective wanderings following the expanded connotations of illness and disability are tied to the physical wanderings and intellectual wanderings in my chosen texts. I will end with Virginia Woolf’s short story “Street Haunting: A London Adventure” (1927) – a narrative about a physically and intellectually wandering bodymind – to re-orient illness and disability towards modernist narration or to disorient them with other narrative distractions that are nevertheless worth wondering about.

Coincidentally, all four of my chosen texts engage with the act of physical travelling, which has coalesced into specific kinds of illness, disease, and (e)motional upheavals. In Woolf’s *The Voyage Out*, Rachel and her fellow English companions venture into forests and villages of South America, which culminates in Rachel’s contraction of a fatal tropical fever. In *A Passage to India*, English officials and visitors sojourn in India, where, like Woolf’s South America, nurtures specific – ‘Oriental’ – diseases that threaten English hygiene. Whereas Woolf’s and Forster’s characters travel to the South and the East, Lawrence’s and Rhys’s English protagonists travel within the European continent in the hopes of distancing oneself from the rotten English domestic soil. In *Women in Love*, Lawrence’s characters make a thwarted journey to Switzerland, where emotional turmoil takes on a fatal momentum as Gerald impetuously dashes to death in the snowy valley. In *Good Morning, Midnight*, Sasha leaves London for Paris after unsuccessful suicidal attempts, marital failure, and child loss. Contrary to the therapizing effects that Sasha has intended, she becomes further estranged, paranoid, and depressed in a cosmopolitan Europe. Evident in their disavowal of

medical diagnoses, these physical wanderings have resulted in a wealth of intellectual wonderings about illness and disability. In “Medical Humanities and The Place of Wonder” (2016), Martyn Evans urges us to engage in the act of wonder in doing medical humanities. Evans contends that we should be “dissatisfied with simplistic opposition to medical reductionism” by paying attention to “the wondrous complexity and mystery that is our embodied experience” (13). In particular, Evans wonders what it means to have “a fuller confrontation with our own materiality”, which practices in the medical humanities has often sacrificed in search of the “interpersonal” in clinical encounter (5).

Reverberating Evans, Irritative Modernism is attentive to a confrontation with our materiality through the physical wanderings (literal travelling and the non-linear journeys through illness, recovery, or death) that have inspired wonderings about pain. I would also add that wonder is braided with modalities of narrative irresolution in modernism. While medicine graces us with the reliable comfort of a scientific and explanatory frame, Irritative Modernism wonders what happens, for instance, when we stick to irritation and the narrative irresolution it implies. As I noted in the Introduction, much of the problem in our current diagnostic system stems from an intolerance of ambiguity. Exemplified in terms such as ‘Medically Unexplained Symptoms’ (MUS), there is in medicine an underlying obsession to explain and categorise. But in my chosen texts, I have shown that discussion of illness is committed to the spirit of Irritative Modernism in how the text makes peace with narrative irresolution. In *The Voyage Out*, Rachel’s tropical illness gives us an opportunity to wonder about the strangeness that clings to her illness narrative and through which her illness makes her perceive the world. Rather than naturalising what Woolf calls “a sense of my own strangeness” when being ill, *Voyage* describes, through Rachel’s indifferent responses to medical ways of getting better, how medicine tends to explain away the strange inexplicability one encounters in the “virgin forest of illness” that makes us uniquely human

(*AWD* 85, "On Being Ill" 36). In a similar vein, Forster suggests that interpersonal and interracial relationships will be perennially irritated by the 'Oriental malady' that plagues the novel. For this reason, *A Passage to India* is devoted to a creative public health in which its protagonists strive to configure sustainable ways to be with pain. Although the final parting between Aziz and Fielding may indicate a less optimistic conclusion compared to the generation of new identity in Woolf, Forster grants that an openness to the possibility of being irritated by uncomfortable encounters will galvanise debilitated subjects who are slowly marching to death.

As Woolf's and Forster's characters learn to coexist with irritation, Lawrence wonders whether irritation could be potentially nourishing when one befriends its uneasy presence. Harnessing literal and metaphorical transpositions of disease and dis-ease, *Women in Love* intimates that wellness requires alternative, although often laborious, ways of seeing and speaking that are defamiliarized from prescriptive and medical imaginations of health. But if Woolf, Forster, and Lawrence suggest ways to be receptive to irritation and its unusual intimacy with wellness, Rhys's Sasha Jensen turns decidedly away from irritation as she anaesthetizes pain with addictive medicines. Evident in the bad faith she subscribes to, however, *Good Morning Midnight* does not condone Sasha's avoidance of pain and it delineates its consequences through addiction, which commodifies happiness and makes desires insatiable and unaffordable to the marginalised and impoverished. But through its tantalising play of narrative (un)reliability, Rhys reveals that it is the text, not Sasha, that is faithful to Irritative Modernism's intent to irritate our familiar apprehensions of pain's expression. Through physically and textually wandering into uncharted territories, these modernist subjects inspire us to continue to wonder about what it means to be in pain when our judgment is not swayed by naturalised medical preconceptions.

But wondering is often connived with an anxiety to scrutinise, a critical anxiety shared by a postcritical allergy against diagnostic reading⁶⁴. If my close reading of FID's technicality reproduces what Michel Foucault calls the 'clinical gaze', I echo Peter Fifield in suggesting that literary scrutiny involves affective engagement that is not reducible to the scientism it seeks to repudiate. In "Is Literary History Sick? Thoughts on a Declinist Trope" (2021), Fifield questions "the assumption that diagnostic criticism is based on a posture of scientific distance, analytical superiority, and emotional coldness". For Fifield, T.S. Eliot and D.H. Lawrence exemplify how diagnostic reading involves "the whole organism" and "a subject with a body, emotions, and beliefs" rather than a disinterested and cold clinical scrutiny (Fifield). As we have seen in Lawrence's attraction towards dis-ease, for instance, his work harbours a paradoxical "affect of affliction": he configures it as "a mark of damage, imbalance, and limitation, but also a creative opening: a heightened experience that has distinct cultural affordances" (Fifield). Through attending to ugly feelings, symptomatic or diagnostic reading does not repeat the ills of a Foucauldian clinical gaze that reduces the text/patient to hidden pathologies. Instead, it participates in the postcritical and affective turn of literary criticism when it is attuned to "emotional" and "corporeal" engagements (Fifield).

These modernist texts testify to the fact that the relationship between language, body, and illness has never been metaphorical in a simplistic sense. The way that the Stoics configured their illness metaphors literally, for instance, as a way of "*toning up* the soul", exemplifies that the narrativization of pain and suffering can literally heal the bodymind (Nussbaum 317). Additionally, Nietzsche, named the "prophet" for diagnostic reading by George Canguihem (1966), similarly "regards our conception of reality as being closely

⁶⁴ In *Critique and Postcritique* (2017), Elizabeth S. Anker and Rita Felski identify and take issue with the "diagnostic quality of critique" (3). They compare the doctor's clinical gaze to the practice of critique, which seeks to uncover the hidden symbols and meaning behind the text. Rather than perpetuating scepticism, or the hermeneutics of suspicion, Anker and Felski call for a more receptive and caring attitude towards literary text.

bound up with our linguistic habits: as soon as we have words, he notes in a fragment of 1876-77, we involuntarily suppose that they refer to things that exist” (Emden 74). Although Nietzsche is “skeptical about language’s ability to express or to denote things or states of affairs adequately”, his contested view regarding the metaphorical nature of all language elucidates how language reveals the “hidden dimension of conceptual knowledge” (Emden 74,68). According to Jean Paul whom Nietzsche quotes from, language “consists almost entirely of metaphors, and this fundamental metaphoricity is historically prior to any literal form of language” (Emden 65). It is “[i]ncreasing historical distance” that “the figurative dimension of a particular word is widely replaced by its abstract meaning” (Emden 66). Paying attention to the metaphorical implications of language, as such, disentangles the abstracted meaning within ‘illness’. Narrative language helps us to clarify what we often mean when we speak of illness and disability, and it drives us to wonder about the affects and ugly residues that have wandered away through time and history. As I have been arguing throughout my chapters, FID demonstrates the potential for narrative language to intervene explicitly in pain, illness, disability, and matters pertaining to the bodymind. But if FID’s technique of indirection is at odds with the claim that literary modernism makes direct contribution to how we understand illness, Woolf’s short story “Street Haunting” potentially reconciles this tension by suggesting how we may pay more sensitive attention to ourselves and others through a wandering bodymind.

“Street Haunting”

Woolf’s short story “Street Haunting: A London Adventure” (1927) is attuned to how we may wonder about pain and illness in a corporeal sense. “Street Haunting” delineates an unnamed female narrator’s journey to purchase a lead pencil on one winter day in London.

The story, however, is almost never about the acquisition of the pencil – it is a narrative of distraction. As the narrator wanders the streets of London, her mind also wanders and wonders while she becomes occupied with the different lives these strangers lead. She observes how London seems to be defamiliarized by the dance of the female dwarf, the “stone-blind” bearded men, the “wild, hunger-bitten” Jew, or the bookseller’s wife and begins to inhabit their point of view of the world (378,379). It is only by the end that the narrator recalls her purpose of the trip, which is to buy a lead pencil. With this in mind, she purchases the pencil and heads home with the imagined yet nevertheless great adventures she vicariously experienced. It is hinted by the end, as the narrator “examine[s] it [the pencil] tenderly”, that she is going to record “all the treasures of the city” through writing in a room of her own (394,395).

“Street Haunting” is emblematic of Ann Banfield’s characterisation of Woolf’s figural minds, which are always “vague and wandering” (186). Indeed, many Woolfian characters (not least Woolf herself) are hosts of a wandering mind: Jacob Flanders’s aloofness and his obsession with the “wonderful wandering butterflies” springs to mind; we also find a similar act of “wool-gathering” of creative materials in Orlando’s biographer; or Katherine Hilbery’s “vague and wandering” mind in *Night and Day*; or the meditative narrator in the short story “A Mark on the Wall” (1915) (Bond 11, *AWD* 121, Woolf 761) . For James Harker (2011), Woolf’s mind wandering is to be distinguished from “narration”. Quoting Lukács’s critique of Woolf’s wandering style, Harker contends that “[w]hile narration is connected to action and inevitability, description is connected to observation and chance” (6). For Lukács, Woolf is the wrong kind of novelist. Her narrator is a mere observer, inactive, unfocused, the furthest thing from ‘men in struggle’” (Harker 6). Continuous with Rebecca Walkowitz’s claim that mind wandering in “A Mark on the Wall” is “far from passive and complacent”, Harker argues that “[t]he seemingly ‘inactive’ narrator

sitting in her chair is associated with agitation, a lack of peace, wandering and continued thinking while the 'active' character who goes for the newspaper is associated with frustration, closure, and a lack of depth" (6). For both, Woolf's mind wandering induces a productive irritation – agitated thoughts – that makes us better attuned to minor or forgotten feelings.

By looking into Woolf's wandering and wondering mind, I wish to suggest that the aesthetics of indirectness and inattention allows space for wondering and opens up texts (literary or medical) for creative and unorthodox readings. The story is narrated in the third-person plural 'we' and we get a sense that the narrator is posing as a tour-guide, initiating us into the nooks and crannies in the streets of London. Throughout the story, the narrator inhabits the consciousness of random civilians she sees with FID. Most centrally, Woolf's narrator wanders into the female dwarf's mind to wonder: "What, then, is it like to be a dwarf?" (375). She follows the dwarf into a boot shop and imagines through FID the psychological upheavals as she tries on pairs of boots. "She was thinking that", the narrator imagines, "feet are the most important part of the whole person" (376). After an indulging fitting session, the dwarf finally settles on a pair and she walks out of the shop "with the parcel swinging from her finger, the ecstasy faded, knowledge returned, the old peevishness, the old apology came back, and by the time she had reached the street again she become a dwarf only" (377).

The narrator's meditation on the dwarf is a strategy of attention shifting that is reminiscent of Adam Phillips's work on attention as I noted in the Introduction. Already in the first sentence of the story, we know that the narrator is not at all interested in the pencil – presumably the interest of this trip: "No one perhaps has ever felt passionately towards a lead pencil" (369). She also makes it plain that the purchase is an "excuse" for her to "indulge safely in the greatest pleasure of town life in winter" (369). As such, her narration of the

dwarf allows the narrator to experience London in an unfamiliar light. But by the end, it is also because of the pencil (an object of disinterest and inattention) that she can pocket away the treasures of the city into her writing. The narrator ultimately finds the pencil more welcoming than she first has it and she returns to her original purpose although the journey is interrupted by distractions and wanderings. Here, we see how insights are generated from a series of attention shifting and bodymind wandering: by displacing attention to the pencil, the narrator is free to wander in and wonder about London; and by finally re-orienting attention to the pencil, the narrator is better equipped to articulate her wonderment about London. In the same vein as how FID in the preceding pages enables one to think about pain and suffering differently, wandering makes possible wondering: although mind wandering implies a certain degree of inertia, it cedes space for the atoms to saturate so that they can fall into the right places.

However, as numerous critics identify, Woolf's reflection on disability and deformity is steeped in bigotry. She uses ableist language such as "the humped, the twisted, the deformed" and "this maimed company of the halt and the blind", as if the differently-abled are circuit entertainers for the 'normal' (378). Tellingly, her musing on disabled-ness and disfigurement is soon distracted by her imaginations of the room's décor: "...a world of old women laid on doorsteps, of blind men, of hobbling dwarfs, sofas which are supported by the gilt necks of proud swans; tables inlaid with baskets of many coloured fruit; sideboards paved with green marble the better to support the weight of boars' heads..." (380). The detailed descriptions of furniture that follow are indicative of the wandering and wondering bodymind. While the paragraph may begin with a bigoted perspective, the narrative tangent withholds her preconceived values and it opens her up to the sensory assaults of her surroundings. Woolf's representation of disability is therefore rhetorical: not only does the narrator open up herself to the consciousness of the dwarfs and the blind men, she also

naturalises dwarfdom, blindness, and “feeble-minded[ness]” as part and parcel of the normal (378). The people and the landscape are soon modified by the rhythm of disability: “the dwarf had started a hobbling grotesque dance to which everybody in the street now conformed” (377). Rather than symbolising a disruptive presence, disability “changed the mood” of the city and became an indispensable part of the narrator’s experience of a winter evening in London (377).

As the narrator synthesises the imagined lives of strangers across space and time, she realises that she has, like Rhys’s Sasha Jensen, split off different selves and disseminated them into other people via her narration: “Am I here, or am I there? Or is the true self neither this nor that, neither here nor there, but *something so varied and wandering* that it is only when we give the rein to its wishes and let it take its way unimpeded that we are indeed ourselves?” (383, emphasis added). The narrator here wonders about the possibility that the self is only and ironically solidified when she least thinks about it. She continues to meditate on how (body)mind wandering healthily dissociates oneself from “the straight lines of personality”:

Into each of these lives one could penetrate a little way, far enough to give oneself the illusion that one is not tethered to a single mind, but can put on briefly for a few minutes the bodies and minds of others...And *what greater delight and wonder can there be than to leave the straight lines of personality and deviate into those footpaths* that lead beneath brambles and thick tree trunks into the heart of the forest where live those wild beasts, our fellow men? (394, emphasis added)

Far from suggesting that literary texts or narration are distractions for painful and ugly feelings, Irritative Modernism suggests that FID enables a mind wandering that stretches unbent minds and naturalised preconceptions. It is through *being patient* with deviation, distraction, and depersonalisation that one is released from the strong hold of preconceptions and may truly wonder what it means when we speak of pain and joy.

Works Cited

Abbott, H. Porter. "Writing and Conversion: Conrad's Modernist Autography". *The Yale Journal of Criticism*, vol.5, no.3, 1992, pp.135-163.

Ahmed, Sara. *The Promise of Happiness*. Duke UP, 2010.

—. *The Cultural Politics of Emotion*. Edinburgh UP, 2014.

Aho, James, and Kevin Aho. *Body Matters: A Phenomenology of Sickness, Disease, and Illness*. Rowman & Littlefield Publishers, Inc., 2008.

Althusser, Louis. "Ideology and Ideological State Apparatus (Notes Towards an Investigation)". *Lenin and Philosophy and Other Essays*. Monthly Review Press, 2002.

Armstrong, Paul B. "Reading India: E.M. Forster and the Politics of Interpretation". *Twentieth Century Literature*, vol. 38, no.4, 1992, pp. 365-385, *JSTOR*.
<https://www.jstor.org/stable/441781>.

Arnott, Robert, Gillie Bolton, Martyn Evans, Ilora Finlay, Jane Macnaughton, Richard Meakin, and William Reid. "Proposal for an Academic Association for Medical Humanities". *Journal of Medical Ethics: Medical Humanities*, vol.27, 2001, pp.104-105.

Anker, Elizabeth S., and Rita Felski. *Critique and Postcritique*. Duke UP, 2017.

Atkinson, Sarah. Introduction. *The Edinburgh Companion to the Critical Medical Humanities*. Edinburgh UP, 2016.

Atkinson, Sarah; Evans, Bethan; Kearns, Robin, and Wood, Angela. "'The Medical' and 'Health' in a Critical Medical Humanities". *Journal of Medical Humanities*, vol. 36, issue 1, 2014, pp.71-81, *Springer*.
<https://link.springer.com/article/10.1007%2Fs10912-014-9314-4>.

Aurelius, Marcus. *Meditations*, trans. Martin Hammond. Penguin, 2006.

Aull, Felice, Bradley Lewis. "Medical Intellectuals: Resisting Medical Orientalism". *Journal of the Medical Humanities*, vol.25, no.2, 2004, pp.87-108. *Springer*, doi: 10.1023/B:JOMH.0000023174.20650.bf.

- Bauer, Heike. Introduction. *Sexology and Translation: Cultural and Scientific Encounters across the Modern World*. E-book, JSTOR. <https://www.jstor.org/stable/j.ctvrf88r8.5>.
- Bal, Mieke. *Narratology: Introduction to the Theory of Narrative*. University of Toronto Press, 1997.
- Baron, Helen. "Disseminated Consciousness in *Sons and Lovers*". *Essays in Criticism* XLVIII.4, 1998, pp. 357-378. Oxford UP.
- Battye, Louis. "The Chatterley Syndrome." *Stigma: The Experience of Disability*, ed. P. Hunt. Geoffrey Chapman, 1966. pp.1-16.
- Becket, Fiona. *The Complete Critical Guide to D.H. Lawrence*. Routledge, 2002.
- Berlant, Lauren. *Cruel Optimism*. Duke UP, 2001.
- Blum, Lawrence. "Prejudice". *The Oxford Handbook of Philosophy of Education*, ed. Harvey Siegel. Oxford UP, 2010. doi: 10.1093/oxfordhb/9780195312881.003.0025.
- Bond, Alma Halbert. *Who Killed Virginia Woolf?: A Psychobiography*. toExcel, 2000.
- Booth, Wayne. *The Rhetoric of Fiction*. Chicago University Press, 1983.
- . "Confessions of a Lukewarm Lawrentian". In *The Challenge of D.H. Lawrence*, ed. Michael Squires. University of Wisconsin Press, 1990. pp.9-27.
- Bradbury, Malcolm. "Two Passages to India: Forster as Victorian and Modern". *Aspects of E. M. Forster: Essays and Recollections Written for his Ninetieth Birthday* ed. Malcolm Bradbury. Edward Arnold, 1969, pp.123-141.
- Brooks, Peter. *Reading for Plot: Design and Intention in Narrative*. Clarendon Press, 1984.
- Brunswick, Ruth Mack. "The Analysis of a Case of Paranoia (Delusion of Jealousy)," *The Journal of Nervous and Mental Diseases*, vol. 70, issue 1, 1929, pp.1-22.

Campbell, Charles. "Edward Said and Modernist Misreadings of A Passage to India".

Interactions, vol.27, issue 1-2, 2018. *Gale Academic*

OneFile, link.gale.com/apps/doc/A530045349/AONE?u=anon~2f260b3d&sid=googleScholar&xid=85d3df18.

Campbell, Fiona Kumari. "Inciting Legal Fictions: Disability's date with Ontology and the Ableist Body of the Law". *Griffin Law Review* vol.10, 2001, pp. 42-62.

Canning, Richard. *E.M. Forster: Brief Lives*. Hesperus Press, 2009.

Chan, Evelyn. *Virginia Woolf and the Profession*. Cambridge UP, 2014.

Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. Oxford UP, 2006.

Chouinard, V. "Making Space for Disabling Difference: Challenges Ableist Geographies".

Environment and Planning D: Society and Space vol. 15, 1997, pp. 379-387.

Chew-Graham CA, Heyland S, Kingstone T, et al. "Medically Unexplained Symptoms:

Continuing Challenges for Primary Care. *British Journal of General Practice*, vol. 67 (656), pp.106-107.

Chrysippus. *Stoicorum Veterum Fragmenta Volumen II*, ed. Hans von Arnim. K.G. Saur, 2004.

Cleall, Esme. "Orientalising Deafness: Race and Disability in Imperial Britain". *Social Identities*, vol. 21, no.1, 2015, pp. 22-36. *Taylor and Francis*, doi:

[10.1080/13504630.2014.995348](https://doi.org/10.1080/13504630.2014.995348).

Cleghorn, Elinor. *Unwell Women: A Journey Through Medicine and Myth in a Man-Made World*. Weidenfeld & Nicolson, 2021.

- Coates, Kimberly Engdahl. "Phantoms, Fancy (and) Symptoms: Virginia Woolf and the Art of Being Ill". *Woolf Studies Annual*, vol. 18, 2012, pp.1-28. *ProQuest*, https://search-proquest-com.ezproxy.is.ed.ac.uk/docview/1465247391?accountid=10673&rfr_id=info%3Axri%2Fsid%3Aprimo.
- Cohn, Dorrit. *Transparent Minds: Narrative Modes for Presenting Consciousness in Fiction*. Princeton University Press, 1978.
- . "Optics and Power in the Novel". *New Literary History*, vol.26, no. 1, 1995, pp.3-20. *JSTOR*, <https://www.jstor.org/stable/20057261>.
- Connell, Raewyn. *Southern theory: Social science and the global dynamics of knowledge*. Allen and Unwin, 2007.
- Coninx, Sabrina and Peter Sitwell. "Pain and the Field of Affordances: An Enactive Approach to Acute and Chronic Pain". *Synthese*, vol. 199, 2021, pp.7835-7863. doi: 10.1007/s11229-021-03142-3.
- Cooter, Roger. "Medicine and Modernity". *The Oxford Handbook of the History of Medicine*, ed. Mark Jackson. Oxford UP, 2011.
- Crawford, Paul. "Health Humanities". *Health Humanities*, eds. Brian Abrams, C. Baker, Brian Brown, and Victoria Tischler. Palgrave Macmillan Limited, 2015.
- Czarnecki, Kristin. "'Yes, it can be sad, the sun in the afternoon': Kristevan Depression in Jean Rhys's Good Morning, Midnight". *Journal of Modern Literature*, vol.32, no.3, 2009, pp.63-82. *JSTOR*, <https://www.jstor.org/stable/25511819>.
- Davis, Lennard J. *Enforcing Normalcy: Disability, Deafness, and the Body*. Verso, 1995.

- . “Identity Politics, Disability, and Culture”. *Handbook of Disability Studies*, eds. Gary L. Albrecht, Katherine D. Seelman, and Michael Bury. E-Book. *EBSCOhost*.
- . “Life, Death, and Biocultural Literacy”. *The Chronicle Review*, vol.52, issue 18, p.B9.
- . *The End of Normal: Identity in a Biocultural Era*. The University of Michigan Press, 2014.
- Donovan, Sherman. “Stoicism as Performance in *Much Ado About Nothing*”. *Cambridge Elements: Elements in Shakespeare Performance*, ed. W.B. Worthen. E-Book. Cambridge University Press, 2019.
- Dyer, Geoff. Introduction. *The Bad Side of Books: Selected Essays of D.H. Lawrence*. The New York Review of Books, 2019.
- Eckart, Regine. *The Semantics of Free Indirect Discourse: How Texts Allow Us to Mind-read and Eavesdrop*. Brill, 2014.
- Elkin, Lauren. “Getting the Story Across: Jean Rhys’s Paranoid Narrative”. *Journal of Narrative Theory*, vol.46, no.1, 2016, pp.70-96. *ProjectMuse*, doi: 10.1353/jnt.2016.0008.
- Emden, Christian J. *Nietzsche on Language, Consciousness, and the Body*. University of Illinois Press, 2005.
- Enos, Michael R. “Female Bodies, Native Tales: The Disciplinary Process in *A Passage to India*”. *Multiculturalism and Representation: Selected Essays*. eds. John Rieder and Larry E. Smith. University of Hawaii Press, 1996.
- Epictetus. *Discourses, Fragments, Handbook*, trans. Robin Hard. Oxford University Press, 2014.

- Evans, Martyn. "Medical Humanities and The Place of Wonder". *The Edinburgh Companion to the Critical Medical Humanities*, eds. Sarah Atkinson, Jane McNaughton, Jennifer Richards, Anne Whitehead, and Angela Woods. Edinburgh UP, 2016. pp.325-339.
- Felski, Rita. *The Gender of Modernity*. Harvard UP, 1995.
- Fifield, Peter. *Modernism and Physical Illness: Sick Books*. Oxford UP, 2020.
- . "Is Literary History Sick? Thoughts on a Declinist Trope". "Modernism and Diagnosis", edited by Heather A. Love and Lisa Mendelm. *Modernism/modernity*, vol.6, cycle 2, 2021, doi: [10.26597/mod.0198](https://doi.org/10.26597/mod.0198).
- Fitzgerald, Des, and Callard, Felicity. "Entangling the Medical Humanities". *The Edinburgh Companion to the Critical Medical Humanities*, eds. Sarah Atkinson, Anne Whitehead, and Angela Woods. Edinburgh UP, 2016.
- Fludernik, Monika. *The Fictions of Language and the Languages of Fiction*. Routledge, 1993.
- Fludernik, Monika, and Olson, Greta. Introduction. *Current Trends in Narratology*, ed. Greta Olson. 2011. E-book. *Walter de Gruyter*.
- Frank, Arthur W., and Therese Jones. "Bioethics and the Later Foucault". *Journal of Medical Humanities* vol. 24, no.3/4, 2003, pp.179-186.
- Freeman, Barbara Claire. *The Feminine Sublime: Gender and Excess in Women's Fiction*. University of California Press, 1995.
- Freud, Sigmund. *Introductory Lectures on Psycho-analysis: A Course of Twenty-Eight Lectures Delivered at The University of Vienna*, trans. Joan Riviere. George Allen & Unwin, Ltd., 1922.

- . “Art and Neurosis”. *The Liberal Imagination: Essays on Literature and Society*, ed. Lionel Trilling. Penguin, 1970.
- Forster, E.M. *Abinger Harvest*. E. Arnold, 1940.
- . *Aspects of the Novel*. Penguin, 1962.
- . *A Passage to India*. Penguin, 2005.
- . *Two Cheers for Democracy*, ed. Oliver Stallybrass. Edward Arnold, 1951.
- Foucault, Michel. *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan. Penguin, 1979.
- . *Society Must be Defended: Lectures at the College de France, 1975-76*, eds. Mauro Bertani and Alessandro Fontana, trans. David Macey. Allen Lane, 2003.
- . *The History of Sexuality Vol. I*, trans. Robert Hurley. Penguin, 1979.
- . *The Hermeneutics of the Subject: Lectures at the College de France, 1981-1982*, eds. Frederic Gros, Francois Ewald, and Alessandro Fontana, trans. Graham Burchell. Palgrave Macmillan, 2005.
- . “The Subject and Power”. *Critical Inquiry*, vol.8, no.4, 1982, pp.777-795. *JSTOR*, <https://www.jstor.org/stable/1343197>.
- Gallagher, Shaun. *Enactivist Interventions: Rethinking the Mind*. Oxford UP, 2017.
- Genette, Gerard. *Narrative Discourse: An Essay in Method*, trans. Jane E. Lewin. Cornell UP, 1980.
- Gilbert Sandra M, and Susan Gubar. *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*. Yale UP, 2000.

—. “Ceremonies of the Alphabet: Female Grandmatologies and the Female Autograph”.

The Female Autograph: Theory and Practice of Autobiography from the Tenth to the Twentieth Century. University of Chicago Press, 1984.

Gilson, Annette. “Internalising Mastery: Jean Rhys, Ford Madox Ford, and the Fiction of Autobiography”. *MFS Modern Fiction Studies*, vol.50, no.2, 2004, pp.632-656.

ProjectMuse, doi: [10.1353/mfs.2004.0064](https://doi.org/10.1353/mfs.2004.0064).

Goodlad, Lauren M.E. *The Victorian Geopolitical Aesthetic: Realism, Sovereignty, and Transnational Experience*. Oxford UP, 2015.

Gordon, Craig A. *Literary Modernism, Bioscience, and Community in Early 20th Century Britain*. Palgrave Macmillan, 2007.

Graver, Margaret. *Stoicism and Emotion*. University of Chicago Press, 2007.

Griffin, Miriam. “Dignity in Roman and Stoic Thought”, *Dignity: A History*.

Grech, Shaun. “Decolonising Eurocentric Disability Studies: Why Colonialism Matters in the Disability and Global South Debate”. *Social Identities*, vol. 21, no. 1, 2015, pp. 6-21, doi: [10.1080/13504630.2014.995347](https://doi.org/10.1080/13504630.2014.995347).

Grech, Shaun, and Soldatic, Karen. “Disability and Colonialism: (Dis)encounters and Anxious Intersectionalities”. *Social Identities*, vol. 21, no.1, 2015, pp.1-5. *Taylor and Francis Online*, doi: [10.1080/13504630.2014.995394](https://doi.org/10.1080/13504630.2014.995394).

Gurko, Leo, ‘The Lost Girl: D.H. Lawrence as a “Dickens of the Midlands”’. *PMLA* vol. 78, no.5, 1963, 601-605, doi: [10.2307/460736](https://doi.org/10.2307/460736).

Hanif, Mohsen, and Maryam Madadzadeh. “Foucault’s Biopower and E.M. Forster’s A Passage to India”. *Aisthesis* 13.1, 2020, pp.101-114, doi: [10.13128/Aisthesis-11108](https://doi.org/10.13128/Aisthesis-11108).

- Harker, James. "Misperceiving Virginia Woolf". *Journal of Modern Literature* 34.2 (2011), pp.1-21. *JSTOR*, <https://www.jstor.org/stable/10.2979/jmodelite.34.2.1>.
- Hawkins, Hunt. "Forster's Critique of Imperialism in A Passage to India". *South Atlantic Review*, vol. 48, no. 1, 1983, pp. 54-65. *JSTOR*, <https://www.jstor.org/stable/3199513>.
- Haule, James M. "Virginia Woolf's Revisions of The Voyage Out: Some New Evidence". *Twentieth Century Literature*, vol. 42, issue 3, 1996, pp. 309-321. *JSTOR*, <https://www.jstor.org/stable/441765>.
- Heath, Jeffrey. "A Voluntary Surrender: Imperialism and Imagination in A Passage to India". *University of Toronto Quarterly*, vol. 59, no. 2, Winter 1989/90, pp. 287-309. University of Toronto Press.
- Herford, C.H. *The Stoics as Teachers: An Essay on the Influence of the Teaching of Stoicism on the Civilisation of the Early Roman Empire (the Hare prize essay for 1881)*. Rome: Johnson, 1882.
- Herz, Judith. *A Passage to India: Nation and Narration*. Twayne, 1993.
- Humphrey, Robert. *Stream of Consciousness in the Modern Novel: A Study of James Joyce, Virginia Woolf, Dorothy Richardson, William Faulkner, and others*. University of California Press, 1958.
- Hurwitz, Brian and Bates, Victoria. "The Roots and Ramifictaions of Narrative in Modern Medicine". *The Edinburgh Companion to the Critical Medical Humanities*, eds. Anne Whitehead, Angela Woods, Sarah Atkinson, Jane Macnaughton, and Jennifer Richards. Edinburgh UP, 2016.
- Illich, Ivan. *Medical Nemesis: The Expropriation of Health*. Pantheon Books, 1976.

- Inckle, Kay. "Debilitating Times: Compulsory Ablebodiedness and White Privilege in Practice". *Feminist Review*, vol.111, 2015, pp. 42-58. *SAGE*, doi: [10.1057/fr.2015.38](https://doi.org/10.1057/fr.2015.38)
- Jameson, Fredric. *The Antinomies of Realism*. Verso, 2013.
- Jensen, Finn. "The Roots of Vitalism". *Henry Miller and Modernism*. Palgrave Macmillan, 2019.
- Jones, Mark et al. "A Comprehensive Review of Trigeminal Neuralgia". *Current Pain Headache Rep*, vol.23, no.74, 2019. *Springer*, doi: 10.1007/s11916-019-0810-0.
- Johnson, Erica L. "Haunted: Affective Memory in Jean Rhys's Good Morning, Midnight". *Affirmations* vol. 1, no. 2, 2014, pp.15-38.
- Johnson, Erica, and Patricia Moran. *Jean Rhys: Twenty-First Century Approaches*. Edinburgh UP, 2015.
- Johnstone, Lucy. "Psychological Formulation as an Alternative to Psychiatric Diagnosis". *Journal of Humanistic Psychology*, vol.58 (I), 2018, pp.30-46. *SAGE*, doi: [10.1007/s11916-019-0810-0](https://doi.org/10.1007/s11916-019-0810-0)
- Kahler, Erich. *The Inward Turn of Narrative*. Translated by Richard and Clara Winston. Princeton University Press, 1973.
- Kennedy, A.L. Introduction. *Good Morning, Midnight*. Penguin Modern Classic, 1967.
- Kiang, Shun Yin. "Failures that Connect; or, Colonial Friendships in E.M. Forster's A Passage to India". *Ariel: A Review of International English Literature*, vol.47, no.3, 2016, pp.123-148. *ProjectMuse*, doi: [10.1353/ari.2016.0027](https://doi.org/10.1353/ari.2016.0027).
- Klein, Melanie. "Symposium on 'Depressive Illness'. A Note on Depression in the Schizophrenic". *International Journal of Psycho-analysis*, 2009, pp.509-511.

- Kleinman, Arthur. *The Illness Narratives: Suffering, Healing, and the Human Condition*. Basic Books, 1988.
- Lamp, Kurt. "Kristeva, Stoicism, and the "True Life of Interpretations"." *SubStance*, vol. 45 no. 1, 2016, p. 22-43. *ProjectMuse*, [muse.jhu.edu/article/612887](https://www.projectmuse.com/article/612887).
- Lanser, Susan. *Fictions of Authority: Women Writers and Narrative Voice*. Cornell UP, 1992.
- Lavery, Grace. "Trans Realism, Psychoanalytic Practice, and the Rhetoric of Technique". *Critical Inquiry*, vol.46, no.4, 2020, pp.719-744.
- Lawrence, D.H. "Education of the People". In *Reflections on the Death of a Porcupine and Other Essays*, ed. Michael Herbert. Cambridge UP, 1988.
- . "Foreword". *Women in Love*, eds. David Farmer, Lindeth Vasey, and John Worthen. Cambridge UP, 1987.
- . *The Letters of D.H. Lawrence: Volume I: 1901-13*, ed. James T. Boulton. University of Cambridge Press, 2002.
- . *The Letters of D.H. Lawrence: Volume II: June 1913-October 1916*, eds. George J. Zytaruk and James T. Boulton. Cambridge UP, 1981.
- . *The Lost Girl*. Penguin, 1950.
- . *Psychoanalysis and the Unconscious and Fantasia of the Unconscious*, ed. Bruce Steele. Cambridge UP, 2004.
- . *Studies in Classic American Literature*, eds. Ezra Greenspan, Lindeth Vasey, and John Worthen. Cambridge UP, 2014.
- . *Women in Love*. Penguin, 1982.
- Leader, Darian. *What is Madness?* Penguin, 2012.

- Leaska, Mitchell. *Granite and Rainbow: The Hidden Life of Virginia Woolf*. Farrar, Straus and Giroux, 1998.
- Lee, Hermione. *Virginia Woolf*. Vintage, 1997.
- Levenkron, Holly. "A Day with Adam Phillips at the Institute for Contemporary Psychotherapy". *The Cure for Psychoanalysis*. Confer Books, 2021.
- Linett, Maren Tova. *Bodies of Modernism: Physical Disability in Transatlantic Modernist Literature*. University of Michigan Press, 2017
- Locke, John. *Essay Concerning Human Understanding*. Great Books of the Western World: 35: Locke, Berkeley, Hume. University of Chicago Press, 1952.
- Lodge, David. *Consciousness and the Novel*. Secker & Warburg, 2002.
- Long, A.A. *From Epicurus to Epictetus: Studies in Hellenistic and Roman Philosophy*. 2006. E-book. Oxford UP.
- . *Epictetus: A Stoic and Socratic Guide to Life*. 2002. E-book. Oxford UP.
- Macnaughton, Jane and Carel, Havi. "Breathing and Breathlessness in Clinic and Culture: Using Medical Humanities to Bridge an Epistemic Gap". *The Edinburgh Companion to the Critical Medical Humanities*, eds. Anne Whitehead, Angela Woods, Sarah Atkinson, Jane Macnaughton, and Jennifer Richards. Edinburgh UP, 2016.
- Majumdar, Robin. *Virginia Woolf: The Critical Heritage*, ed. Allen McLaurin. Routledge and Kegan Paul, 1975.
- Makela, Maria. "Masters of Interiority: Figural Voices as Discursive: Appropriators and as Loopholes in Narrative Communication". *Strange Voices in Narrative Fiction*, eds.

Krogh Hansen, et al, The University of Tampere, 2011, pp. 191-218.

<http://urn.fi/URN:NBN:fi:uta-201408182042>.

Marley, Jason. “‘Every Day You Are a New Person’: Narration and Cosmopolitan Universalism in Jean Rhys’s *After Leaving Mr. Mackenzie*”. *Criticism*, vol.59, no.1, 2017, pp.1-26. *JSTOR*, <https://www.jstor.org/stable/10.13110/criticism.59.1.0001>.

Maslen, Catherine. *Ferocious Things: Jean Rhys and the Politics of Women’s Melancholia*. Cambridge Scholars Publisher, 2009.

Massumi, Brian. *Parables for the Virtual: Movement, Affect, Sensation*. Duke University Press, 2002.

McLynn, Frank. *Marcus Aurelius: A Life*. Random House, 2011.

McRuer, Robert. *Crip Times*. 2018. E-book. NYU Press.

Meekosha, Helen. “Decolonising Disability: Thinking and Acting Globally”. Routledge, 2010.

Melfi, Mary A. “The Solidity of the Self: Turning and Returning in *A Passage to India*”. *Renascence*, vol.71, issue 2, 2019, p.113-132, doi: [10.5840/renascence20197128](https://doi.org/10.5840/renascence20197128).

Melzack, Ronald and Patrick D. Wall, *The Challenge of Pain* (updated 2nd edition). Penguin, 1996.

Mezei, Kathy. *Ambiguous Discourse: Feminist Narratology and British Women Writers*. The University of North Carolina Press, 1996.

Miller, D.A. *Jane Austen, or The Secret of Style*. Princeton University Press, 2003.

Miller, Jane Eldridge. 'From Insurrection to Incoherence in D.H. Lawrence's *The Lost Girl*'.

The D.H. Lawrence Review, vol. 43, no. 1/2, 2018, pp. 44-65. *JSTOR*,

<https://www.jstor.org/stable/10.2307/26865912>.

Mintz, Susannah. *Hurt and Pain: Literature and the Suffering Body*. Bloomsbury, 2013.

Mitchell, David, and Synder, Sharon L. *Narrative Prosthesis: Disability and the Dependencies of Discourse*. University of Michigan, 2000.

—. "Narrative Prosthesis and the Materiality of Metaphor". In *The Disability Studies Reader*, second edition, ed. Lennard J. Davis. Routledge, 2006.

Mitchell, Silas Weir. "Rest in Nervous Disease: Its Use and Abuse". *A Series of American Clinical Lectures*, ed. E.C. Seguin. vol.1, no.4. G.P. Putnam and Sons, 1875.

Mitcheson, Katrina. "Foucault's Technologies of the Self: Between Control and Creativity". *Journal of the British Society for Phenomenology*, vol.43, no.1, 2012, pp.59-75. *Taylor and Francis*, doi:10.1080/00071773.2012.11006757.

Moddelmog, Debra A. "Modernism and Sexology". *Literature Compass*, vol. 11, issue 4, 2014, pp. 267-278. *Wiley Online Library*, doi: 10.1111/lic3.12140.

Monk, Leland. "Aropos of Nothing: Chance and Narrative in Forster's *A Passage to India*". *Studies in the Novel*, vol. 26, issue 4, 1994, pp.1-6. *JSTOR*, <https://www.jstor.org/stable/29533011>.

Mollow, Anna. "Cripystemologies: What Disability Theory Needs to know about Hysteria". *Journal of Literal & Cultural Disability Studies*, vol.8, no.2, 2014, pp.185-201. *ProjectMuse*, doi: 10.3828/jlcds.2014.15.

- . “‘When Black Woman Start Going on Prozac...’: The Politics of Race, Gender, and Emotional Distress in Meri Nana-Ama Danquah’s *Willow Weep for Me*”. *The Disability Studies Reader*. Taylor and Francis, 2006.
- Moran, Patricia. *Virginia Woolf, Jean Rhys, and the Aesthetics of Trauma*. Palgrave Macmillan, 2007.
- . “‘The feelings are always mine’: Chronic Shame and Humiliated Rage in Jean Rhys’s Fiction”. *Jean Rhys: Twenty-First Century Approaches*, eds. Erica Johnson and Patricia Moran. Edinburgh UP, 2015.
- Muñoz, José Esteban. “Feeling Brown, Feeling Down: Latina Affect, the Performativity of Race, and the Depressive Position”. *Signs*, vol.31, no.3, New Feminist Theories of Visual Culture, 2006, pp.675-688.
- Ngai, Sianne. *Ugly Feelings*. Harvard UP, 2005.
- Nussbaum, Martha C. *The Fragility of Goodness: Luck and Ethics in Greek Tragedy and Philosophy*. Cambridge University Press, 2001.
- . *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*. Princeton University Press, 1994.
- . *The Cosmopolitan Tradition: A Noble but Flawed Ideal*. Harvard University Press, 2019.
- . *Upheaval of Thoughts: The Intelligence of Emotions*. Cambridge University Press, 2001.
- O’Brien, Ellen L. “‘The Medical Plot Thickens’: Bad Medicine and Good Health in the Contagious Diseases Acts Repeal Campaign”. *Literature and Medicine*, vol.39, no.1, 2021, pp.69-88.
- Olson, Greta. “Reconsidering Unreliability: Fallible and Untrustworthy Narrators”. *Narrative*, vol.11, no.1, 2003, pp.93-109.

- Perrault, Jeanne. *Writing Selves: Contemporary Feminist Autography*. University of Minnesota Press, 1995.
- Phelan, James. "Editor's Column: Who's Here? Thoughts on Narrative Identity and Narrative Imperialism". *Narrative*, vol.13, no.3, 2005, pp.205-210, *ProjectMuse*, doi: [10.1353/nar.2005.0022](https://doi.org/10.1353/nar.2005.0022).
- Phillips, Adam. *Attention Seeking*. Penguin, 2019.
- . *On Getting Better*. Penguin, 2021.
- . *The Cure for Psychoanalysis*. Confer Books, 2021.
- Plante, David. *Difficult Women: A Memoir of Three*. Atheneum, 1983
- Popp, Valerie L. "'Eloquent Limbs': D.H. Lawrence and the Aesthetics of Disability". *Journal of Literary & Cultural Disability Studie*, vol. 5, no. 1, 2011, pp. 35-52.
- Power, Cormac. "Stoicism and Performativity: Identity, Resistance, Performance". *TDR/The Drama Review*, vol.61, 2017, pp.56-67, doi: [10.1162/DRAM_a_00622](https://doi.org/10.1162/DRAM_a_00622).
- . *Stoicism and Performance: A Joyful Materialism*. BRILL, 2019.
- Price, Margaret. "The Bodymind Problem and the Possibilities of Pain". *Hypatia* 30.1 (2015): 268-283.
- Puar, Jasbir. "Queer Time, Queer Assemblages". *Lesbian, Gay, Bisexual, and Transgender History: Critical Readings Volume 4: The Contemporary Period*, ed. Michael Bronski. Bloomsbury, 2020. pp.157-170.
- . *The Right to Maim: Debility, Capacity, Disability*. Duke UP, 2017.
- Rhys, Jean. *Good Morning, Midnight*. Penguin Modern Classic, 1967.
- . *Smile Please: An Unfinished Autobiography*.

- . *Letters, 1931-66*, eds. Francis Wyndham and Diana Melly. Penguin, 1985.
- Reydamns-Schils, G. "Authority and Agency in Stoicism". *Byzantine Studies*, vol.51, 2011, p.296-322, Duke UP.
- Richardson, Brian. *Unnatural Voices: Extreme Narration in Modern and Contemporary Fiction*. The Ohio State UP, 2006.
- Rosencrance, Barbara. *Forster's Narrative Vision*. Cornell UP, 1982.
- Ruderman, Judith. "D.H. Lawrence's Dis-ease: Examining the Symptoms of Illness as Metaphor". *The D.H. Lawrence Review*, vol.36, no.2, 2011, pp.72-91, *JSTOR*, <https://www.jstor.org/stable/45176295>.
- Rufus, Musonius. *Musonius Rufus: Lectures and Sayings*, ed. William Braxton Irvine, trans. Cynthia Ann Kent King. CreateSpace Independent Publishing Platform, 2011.
- Said, Edward. *Culture and Imperialism*. Vintage Books, 1994.
- Saini, Angela. *Superior: The Return of Race Science*. Beacon Press, 2019.
- Salisbury, Laura. "Modernism, Psychoanalysis and Other Psychologies". *The Bloomsbury Companion to Modernist Literature*, eds. Ulrika Maude and Mark Nixon. Bloomsbury Academic, 2018.
- Savoury, Elaine. *Jean Rhys*. Cambridge UP, 1998.
- Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*. Oxford UP, 1985. Print.
- Schalk, Sami. *Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women's Speculative Fiction*. Duke UP, 2018.

- Schleifer, Ronald, and Vannatta, Jerry B. *Literature and Medicine: A Practical and Pedagogical Guide*. 2019. E-book. Palgrave Macmillan.
- Scholes, Robert, James Phelan, and Robert Kellogg. *The Nature of Narrative* (Fourth Anniversary Edition, Revised and Expanded). Oxford UP, 2006.
- Scott, Michael J. et al. "The 'Medically Unexplained Symptoms' Syndrome Concept and the Cognitive-Behavioral Treatment Model". *Journal of Health Psychology*, vol. 27 (I), 2022, pp.3-8. SAGE, doi: [10.1177/13591053211038042](https://doi.org/10.1177/13591053211038042).
- Segal, Naomi. "Style Indirect Libre to Stream-of-Consciousness: Flaubert, Joyce, Schnitzler, Woolf". In *Modernism and the European Unconscious*, edited by Peter Collier and Judy Davis. Polity Press, 1990.
- Sedgwick, Eve. "Melanie Klein and the Difference Affect Makes". *The Weather in Proust*, edited by Eve Kosofsky Sedgwick and Johnathan Goldberg. Duke UP, 2011.
- Seneca, Lucius Annaeus. *Seneca's Letters from a Stoic*, trans. Richard Mott Gummere. Dover Publications, Inc., 2018
- . *Anger, Mercy, Revenge*, trans. Robert A. Kaster and Martha C. Nussbaum. 2010. E-book. The University of Chicago Press.
- Siebers, Tobin. *Disability Aesthetics*. University of Michigan Press, 2010.
- . *Disability Rhetoric*. University of Michigan Press, 2008.
- Simpson, Anne B. *Territories of the Psyche*. Palgrave Macmillan, 2005.
- Sitwell, Peter, Christie Sitwellll, Brenda Sabo et al. "Painful Metaphors: Enactivism and Art in Qualitative Research". *Medical Humanities*, vol. 47, issue 2, 2021, pp. 235-247.

Smith, Patricia Julia. ““The Things People Don’t Say””: Lesbian Panic in *The Voyage Out*”.

Virginia Woolf: Lesbian Readings, eds. Eileen Barrett and Patricia Cramer. NYU Press, 1997, *JSTOR*. <https://www.jstor.org/stable/j.ctt9qft5j.15>.

Sorabji, Richard. “Chrysippus – Posidonius – Seneca: A High-Level Debate on Emotion”.

The Emotions in Hellenistic Philosophy, eds. J. Sihvola and T. Engberg-Pedersen. Springer Netherlands, 1998, pp.149-169.

Sontag, Susan. *Illness as Metaphor*. Farrar Straus Giroux, 1977.

Sotirova, Violeta. *D.H. Lawrence and Narrative View Point*. London: Continuum International Publishing Group, 2011.

—. “Primitivism in *Women in Love*”. *The D.H. Lawrence Review*, vol. 13, no.1, 1980, pp. 45-62. *JSTOR*, <https://www.jstor.org/stable/44233646>.

Stanley, Kate. “Affect and Emotion: James, Dewey, Tomkins, Damasio, Massumi, Spinoza”.

The Palgrave Handbook of Affect Studies and Textual Criticism, eds. Donald R. Werhs and Thomas Blake. Palgrave Macmillan, 2017.

Stempsey, William E. “A New Stoic: The Wise Patient”. *Journal of Medicine and*

Philosophy, vol.29, no.4, pp. 451-472, 2004. *Taylor and Francis*, doi: [10.1080/03605310490503542](https://doi.org/10.1080/03605310490503542).

Stephens, William. “Stoic Naturalism, Rationalism, and Ecology”. *Environmental Ethics*,

vol. 16, issue 3, 1994, pp. 275-286. *Philosophy Documentation Centre*, doi: [10.5840/enviroethics199416317](https://doi.org/10.5840/enviroethics199416317).

Stewart, Jack. “Linguistic Incantation and Parody in ‘*Women in Love*’””. *Style* 20.1 (1996):

95-112. *JSTOR*, <https://www.jstor.org/stable/42946322>.

- Stonebridge, Lyndsey. *The Destructive Element: British Psychoanalysis and Modernism*. Routledge, 1998.
- Spillman, Deborah Shapple. "Out of England, Out of Africa: Reorienting Domestic Desire in *The First 'Women in Love'*". *Studies in the Novel*, vol. 52, no.1, 2020, pp. 40-59. *ProjectMuse*, doi: [10.1353/sdn.2020.0011](https://doi.org/10.1353/sdn.2020.0011).
- Swift, John N. "Repetition, Consummation, and 'This Eternal Unrelief'". *The Challenge of D.H. Lawrence*, ed. Michael Squires. University of Wisconsin Press, 1990.
- Szasz, Thomas. *The Medicalisation of Everyday Life: Selected Essays*. Syracuse UP, 2007. *The Diagnostic and Statistical Manual of Mental Disorders (5th ed.)*. American Psychiatric Association, 2013).
- Thomas, Susan. *The Worlding of Jean Rhys*. Greenwood Press, 1999.
- Tilghman, Carolyn. "Unruly Desire, Domestic Authority, and Odd Coupling in D.H. Lawrence's *Women in Love*". *Women's Studies*, vol. 37, 2008, pp. 89-109. *Taylor and Francis*, doi: [10.1080/00497870701870293](https://doi.org/10.1080/00497870701870293).
- Titchkosky, Tanya, and Aubrecht, Katie. "WHO'S MIND, whose future? Mental Health Projects as Colonial Logics". *Social Identities*, vol. 21, no. 1, 2015, pp. 69-84. *Taylor and Francis*, doi: [10.1080/13504630.2014.996994](https://doi.org/10.1080/13504630.2014.996994).
- Tsiokou, Katerina. "Body Politics and Disability: Negotiating Subjectivity and Embodiment in Disability Poetry". *Journal of Literary & Cultural Disability Studies*, vol. 11, no. 2, 2017, pp. 205-222.
- Utell, Jane. "View from the Sickroom: Virginia Woolf, Dorothy Wordsworth, and Writing Women's Lives of Illness". *Life Writing: Body Language: Illness, Disability, and Life*

Writing, vol. 13, issue 1, 2016, pp.27-45. *Taylor and Francis*, doi:
10.1080/14484528.2014.895927.

Vidali, Amy. "Seeing What we Know: Disability and Theories of Metaphor". *Journal of
Literary & Cultural Disability Studies*, vol. 4, no.1, 2010, pp. 33-54, doi:
10.1353/jlc.0.0032.

Viney, William; Callard, Felicity; and Woods, Angela. "Critical Medical Humanities:
Embracing Entanglements, Taking Risks". *BMJ Publishing Group Ltd and Institute of
Medical Ethics*, vol. 41, issue 1, 2015, p.2, doi:10.1136/medhum-2015-010692.

Waller, John. *The Dancing Plague: The Strange, True Story of an Extraordinary Illness*.
Sourcebooks, Inc., 2009.

Wallace, Jeff. "The Death of Interest". *The D.H. Lawrence Review*, vol. 13, no.1/2, 2018, pp.
4-24.

Wehrs, Donald R. "Introduction: Affect and Texts: Contemporary Inquiry in Historical
Context". *The Palgrave Handbook of Affect Studies and Textual Criticism*, eds. Donald
R. Werhs and Thomas Blake. Palgrave Macmillan, 2017.

Worthen, John, "Recovering The Lost Girl: Lost Heroines, Irrecoverable Texts, Irretrievable
Landscapes". *D.H. Lawrence in Italy and England*, eds. George Donaldson and Mara
Kalnins. Macmillan Press Ltd., 1999, pp.211-227.

Woods, Angela. "The Limits of Narrative: Provocations for Medical Humanities". *Medical
Humanities*, vol. 37, pp.73-78, 201, doi: 10.1136/medhum-2011-010045.

Woolf, Virginia. *A Room of One's Own and Three Guineas*. Oxford UP, 1998.

- . “Anon”. “‘Anon’ and ‘The Reader’: Virginia Woolf’s Last Essays”. *Twentieth-Century Literature*, vol.25, no.3/4, 1979, pp.356-441. *JSTOR*, <https://www.jstor.org/stable/441326>.
- . *A Writer’s Diary*. Harcourt Inc., 1981.
- . “A Sketch of the Past”. *Moments of Being: A Collection of Autobiographical Writing*, ed. Jeanne Schulkind. Harcourt Inc., 1985.
- . *Collected Essays Volume I*, ed. Leonard Woolf. Hogarth Press, 1967.
- . *Collected Essays Volume IV*, ed. Leonard Woolf. Hogarth Press, 1967.
- . *Melymbrosia*, ed. Louise A. DeSalvo. Cleis Press Inc., 2002.
- . *Mrs Dalloway*. Vintage, 2005.
- . *Night and Day*. Penguin, 1992.
- . *Selected Essays*, ed. David Bradshaw. Oxford UP, 2009.
- . *Street Haunting and Other Essays*, ed. Stuart Clarke. Vintage Books, 2015.
- . *The Diary of Virginia Woolf (Volume I: 1915-1919)*, ed. Anne Olivier Bell. Harcourt Brace Jovanovich, 1977.
- . *The Diary of Virginia Woolf (Volume II: 1920-1924)*, ed. Anne Olivier Bell Harcourt Brace Jovanovich, 1978.
- . *The Diary of Virginia Woolf (Volume IV: 1931-1935)*, ed. Anne Olivier Bell Harcourt Brace Jovanovich, 1978.
- . “Notes on D.H. Lawrence”. *The Moment, and Other Essays*, ed. Leonard Woolf. Hogarth Press, 1947.

—. *The Voyage Out*. Vintage, 2004.

Zimmerman, Emma. "'Always the same stairs, always the same room': The Uncanny Architecture of Jean Rhys's *Good Morning, Midnight*". *Journal of Modern Literature*, vol.38, no.4, 2015, pp.74-92. *JSTOR*, <https://www.jstor.org/stable/10.2979/jmodelite.38.4.74>.

Zoll, Allan R. "Vitalism and the Metaphysics of Love: D.H. Lawrence and Schopenhauer". *The D.H. Lawrence Review*, vol.11, no.1, 1978, pp. 1-20. *JSTOR*, <https://www.jstor.org/stable/44233593>.