

The Portrait of an Artist as a Pathographer

On Writing Illnesses and Illnesses in Writing

Edited by

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To artists, pathographers, and everyone in-between.

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Preface

This volume, following an invitation from the Commissioning Editor at Vernon Press, was conceived during Covid-19 pandemic and materialised when the world was still trying to grapple with the “new normal”. Perched with a sense of anxiety, both individual and collective, we instantaneously felt the prospective importance of a project like this. A volume such as this, with its focus on pathography as world literature, was rarely thought of to date and that too through the exploration of such varied, hitherto unknown, interconnections between medical humanities and literary studies. Just as “illness” is a rupture in the holistic emblem of mind-body, self-other, and time-space, this volume too aspires to break that sweet canonical “whole” which literary studies often indulge in. We believe that world literature needed a project such as this one, so that it may evoke an alternative narrative (for example, that of pathography) and, more importantly, an alternative modernity (of a reclusive, withdrawn, ill self). Such other(s) of the canon or other-canon are necessary to continue the dialectic at play; it is a replenishment such as illness which can provide us with a new meaning of health, and everything health entails: social, political, cultural and obviously corporeal. No wonder, scholars from different parts of the world connected with this project, and ventured to see the “new light” that one often visualizes at the other side of illness. The more severe the illness is, the profound is the desire to see the light. Perhaps the pandemic caused by Covid-19 evoked such a collective anxiety (or an illness) within all of us; and this resulted in the birth of *The Portrait of an Artist as a Pathographer*. This book is thus about that “new light” that exists on the other side of pain, suffering and illness. It is this collective desire that brought us all together and made us complete this volume. In thinking (with) illness, the work tries to address two overarching questions: firstly, how to *write* illness and secondly, how to *read* illness in writing?

The emotional yet challenging experience of putting everything together in *The Portrait* is worth unfolding. It comprised of scholars from across the globe: Ayub Sheik, Meltem Gürle, Seunghyun Shin, Nadia Boudidah Falfoul, Gabriel Quigley, Amy W S Lee, Jamil Ahmed, Anda Pleniceanu, Chloe Leung, Tatiana Prorokova-Konrad, Nina Muždeka, Victoria Lupascu, Nhlanhla Landa, Sindiso Zhou, Edward Grimble, Ronja Tripp-Bodola, Anik Sarkar and Ricardo Rato Rodrigues. We thank them wholeheartedly for bearing with us, our requirements, which at times was quite demanding, and for meeting our deadlines. It was inspiring to work with all of them and hopefully, we would come up with something more challenging in the near future. It is always a pleasure to have friends such as Prof. Elizabeth Outka of the University of

Richmond, Virginia, Prof. Sangeeta Ray of the University of Maryland, and Prof. Priya Menon of Troy University, Alabama who have shown their tremendous support throughout this project. We would also like to thank Mohona Banerjee, one of our brightest students, who has voluntarily agreed to share her poem for the Coda: “How is the pain?” Last but not the least, we would like to offer our earnest gratitude to the team at Vernon Press for believing in us and helping us through this journey.

Jayjit Sarkar
Jagannath Basu

India
27 August 2020

Introduction

I record symptoms as I see'em. I advise no remedy. I don't even draw the disease usually. Temperature 102^{3/8}, pulse 78, tongue coated, etc., eyes yellow, etc.

— Ezra Pound to William Carlos Williams
Selected Letters

Illness *is* Philosophy

To philosophise is to learn how to die. To philosophise is to learn how to be ill (Carel 1995, 8).

Illness *is* philosophy. There is an inherent problem in introducing a thought like illness with the verb “is” as it entails presupposition— the very natural attitude it is against. It is this “image” in the image-of-thought with which a thought fixates itself and becomes dogmatic. Illness is, what Deleuze ([1968] 2004) would call, an act of thought without image— or perhaps, more appropriately, another image-of-thought “that takes its point of departure not in a point— a point that does not have any spatial extension, nevertheless the whole world hinges on it— but rather in a line” (Abrahamsson 2018, xxi). Illness is in fact philosophy without the usual pre-philosophical fixed points and predetermined contours.

A flow is always silent, disruption noisy. Illness is the Event¹ within the homogeneous, empty time² of health and what we call the “everyday, every day” of health— a continuous flow of time where one moment is not distinguishable from another. The homogeneous, empty time of health is an uninhibited linear “flow” which simply passes in silence but never enlivened. Illness, on the other hand, is a rupture in the dominant ideology of health; and “rupture,” for Derrida, is not only a rupture, a break, but also a redoubling. It leads to a rupture; and *is* a rupture. Its presence (*parousia*) itself all of a sudden, and with it surfaces (Badiou's) the “inconsistent multiplicity”, the “other,” which was hitherto excluded by the dominant ideology. Illness is the excluded “post-” which comes *before* the “whole” of the health. The former is the déjà, the already, of health. The dissemination of the ideology of health as a “whole” is, therefore, an act of exclusion, a majoritarian decision (from the Latin *de + caedere*, meaning “to cut off”), of the noise of the inconsistent multiplicity. The ideology of health is *in* the flow, in the circulation; illness is a break in that “dynamic experiential field of meanings” (Aho 2017, 121). Like

any other rupture, it calls for an unpremeditated understanding of both the being and the world around. Illness, like health, is a phenomenological condition, a particular way of being-in-the-world and being-with-the-world but unlike health, it throws at us a different and a newer understanding which is not dictated by some pre-reflective involvement with the world. It is being-other than “being as being.” The noise of illness is a sudden disruption in the silence of health. Illness is *in* the middle; and *is* the middle as it is in-between two immediate conditions of health — between retrospective and prospective health. And, as Michel Serres (1982) claims, the middle is always “noisy.”

Illness is a rupture in the “flow” of being-with-the-world; it is a disruption in the “flow” of the body’s ex-sistence in the world. More than the “what is” in ill, we are therefore more interested in the “how to *be*” in illness. It is a particular way of “there-being” which is different from “there-being” of health. The former is more reflective and “deeper”. Illness— and the now-ness and here-ness of illness— are ruptures in the continuum of lived-time and lived-space. It is Badiou’s *hasardeux* (haphazard) and *surgissement* (eruption). The horizon or the field of health, as it stretches in time and space, is marked by the horizontality. An ill being’s involvement-ality, on the other hand, is vertical as it involves “deepening”. One either moves “up” or “down” in illness and never forward or backward. Either the effects would be transcendental, for example, in John Keats and Virginia Woolf, or to “remain earthly” (Nietzsche’s phrase). It is in this sense inextensible— quite contrary to the body in health which “stretches out”, in time, in space, to the other, to the world. It feels like “stone” or rather Molloy’s “extraordinary hazard” of sucking the same four stones: of “only sucking four, always the same, turn and turn about” in “impeccable succession” (Beckett 1955, 64). While hinting at his condition similar to what we are arguing as illness, of being ill in the world, Molloy in his monologue says: “And deep down it was all the same to me whether I sucked a different stone each time or always the same stone, until the end of time. For they all tasted exactly the same” (69).

This failure of the “general circulation”: the “general circulation of the stones from pocket to pocket” in Molloy’s case is reminiscent of the condition of “-ness” of ill, of to-be-with-illness in the world. The currency of health— the flow— remains invalid during illness. “Serious illness”, as Arthur Frank points out “is a loss of the “destination and map” that had previously guided the ill person’s life....” (1995, 1) The map, the “method”, of health is wrecked by the “haphazard” of illness. The latter is a method in itself. It has its own grammar. The more Molloy tries to methodise his effort, the more (extraordinarily) hazardous the effort becomes.

The *poiesis*— the act of coming into being— of illness has a “secret” which resists hermeneutics— the secret which withstands the trained gaze, the

“scope”, of the stethoscope and microscope— the interpreting tools of medical practitioners. It resists becoming a disease, becoming interpretable. As Arthur Kleinman explains, “Disease is what practitioners have been trained to see through the theoretical lenses of their particular form of practice” (1988, 5). Illness is “form-less”; the moment an illness is given a “form”, it ceases to remain an illness and becomes a disease. It has a sort of what Aristotle would call “impotentiality” or “potentiality-not-to-be” which resists any kind of actualisation. The potentiality (*dunamis*) of illness lies in its impotentiality (*adunamis*): that is, to remain independent of the *praxis* of medical wisdom. Pathography is not an illness actualised. It is in no way an actualisation of illness; it is not an “act” where things are actualised but an attempt of keeping the “secret” a secret, and potentiality to be potentiality “to-come” (*avenir*). The other brushes “withagainst” (Cixous’ portmanteau word) the self in illness. In disease, the self is overwhelmed by and, at many times, becomes the other.

An illness, as opposed to a disease, is incommensurable in medical terms. In this sense, it is not real, as according to the “peculiar dogma” of medical science, “only what is measurable is real” (Aho 2018, xv). It is Badiou’s “supernumerary”, an other/Other, inassimilable to the dominant ideology. It is generally voluntary or involuntary responses/signals which we give to ourselves and the world around in a sort of “metalanguage” that something somewhere is not quite right. It is a sort of *ur*-language of *ur*-civilization or what Wittgenstein would call “the primitive, the natural expressions of the sensations” (Bourke 2014, 5). All illnesses may or may not turn out to be a disease; the latter is a sort of categorization, diagnosis followed by prognosis, based on existing medical episteme. An illness, on the other hand, is very difficult to locate and describe as it defies any form of causality: it is what Anatole Broyard calls “a series of disconnected shocks” (Hawkins 1999, 2). Disease is geometrical, illness topological. The journey of an illness becoming a disease— with all the medical paraphernalia— is also a journey of a sufferer becoming a patient. It is only after its fair share of “violence” and “initiation rituals” that the journey is consummated. Similar to the process called civilization where the ultimate goal is the production of the civilized, society and individual, medicalisation is also a process towards being medicalised. And, to be medicalised is to be “stripped of every right”, agency or autonomy (Agamben 1998, 183). Illness resists such medicalisation; disease is when illness is somehow lost in the process. Both the system and the subject are formed with this act of violence— with an exclusion of illness and followed by an unconditional surrender to the “sovereign” medical system whose “fundamental activity” is to produce “bare life”: a form of biological reductionism (Ibid., 181). The ontological disposition of being ill undermines language in general, whether it is the language of ethnoscientific

epistemology or the more mundane phenomenological exchanges. It is this deficiency or the inherent lack in the language itself that makes us re-turn towards literary works which over the years have been able to capture in some way this cryptic language and present before us a tradition of “writing pain” (*pathos* + *graphia*). The biological reductionism of medical science, of reducing one to mere biological fact of life, the logic of the numbers, is antithetical to the possibilities and potentialities of being ill. Illness, on the other hand, entails phenomenological reduction. It is Husserlian *epoché* but with a difference: “it can challenge the prevalent pre-reflective and metaphysical discourses and can become an embodied “philosophical gate” through which horizons of understanding and new philosophical encounters can be expanded and established” (Sarkar 2019, 42); it brackets out the natural attitude and brings forth a critical attitude but unlike *epoché* or any other philosophical interrogation, illness is non-volitional and painful. Notwithstanding this involuntary entanglement with pain and suffering, illness can still be seen as a philosophical mode, as a form of *phronesis*—Aristotle’s word for “practical wisdom” in *Nicomachean Ethics*. Illness as *phronesis*, quite naturally then is different from other forms of modern medical knowledge, that of *techné* and *episteme*. To philosophise is to learn how *not* to be healthy. To philosophise, as Havi Carel (1995) points out, is to learn how to be ill.

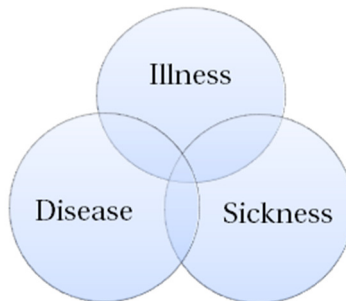
The mind rules the kingdom of health. The realm of illness, even in the case of mental illness, is the realm of the body. It generates a distance and *is* a distance (from the Old French *destance* meaning “discord”) between, the hitherto indistinguishable, lived-body (*leib*) and the corporeal body (*körper*). Even in illnesses which are primarily considered to be of the mind, the sickness, as in Kafka’s “The Penal Colony,” is also inscribed on the body. Just like how the hammer vanishes in hammering, taking a cue from Heidegger, the body too vanishes in bodying-forth, in “ek-stasis”. The body disappears in health; in illness it re-surfaces. One can feel its weight as it tries to enforce itself upon the world. The mind which is wrecked and gets drowned in the water of illness, re-surfaces as the body. The hitherto absent body of health re-appears or rather dys-appears in illness. This dys-appearance entails a principle where, as Drew Leder points out, “the body appears as thematic focus, but precisely as in a *dys* state— *dys* is from the Greek prefix signifying ‘bad,’ ‘hard,’ or ‘ill,’ and is found in English words such as dysfunctional” (1990, 84). The flow is disrupted and like in any other noisy dysfunctional family, one’s “tacit sense of feeling connected and ‘at home’ is replaced with the uncanniness of feeling ‘un-homelike’” (Aho 2017, 121). One becomes then at dys-ease with the world around. The “in-the-world” and “with-the-other” of health is dys-placed and re-placed, a deterritorialization followed by reterritorialization, in the kingdom of ill or what Virginia Woolf calls in *On*

Being Ill “undiscovered countries”. It is for the same reason that illnesses are often associated with journeys and (mis)adventures, without fixed points of departure and arrival. Therefore, if health is home, to be ill is to be away from home, *far* away from home, or not being able to be at home (Svenaeus 2000, 9). The intensity of illness depends upon this distance. When one is at home, one does not realise what it is to be at home; it is this distance from home, from health, which makes one realise what it means to be at home, in health.

The task of a wounded storyteller (Frank 1995) is to reterritorialize the already deterritorialized psychosomatic condition and restore some “form” of order to the chaos and some “form” of voice to the noise of illness. Unlike medical science which tries to impose some order into the chaos from outside, a pathography is where the order evolves from within. The latter is what Deleuze, borrowing a term from James Joyce, would call “chaosmos”. A “pathography” (Hawkins 1999), along with what Arthur Klienman (1988) calls “illness narrative” and Rita Charon (2006) calls “narrative medicine” is about giving “form” to something which is seemingly “formless”: the pain, the suffering, and the anxiety which come with illness. To put it in narrative is to give it order, and some form of causality. Anne Hunsaker Hawkins writes: “The task of the author of a pathography is not only to describe this disordering process but also to restore to reality its lost coherence and to discover, or create, a meaning that can bind it together again” (1999, 3).

A sufferer speaks in terms of illness; the physician understands the same in terms of disease. Therefore, a pathographer often maintains that “fine balance” between the lived reality of the sufferer and the *realbodypolitik*, that is, the scientific reality of modern medical dispositif. It is about finding a “balance” at the site of loss, of the erstwhile “balance” (called health). It is also about finding a “balance” between two subjects and their respective reductionisms: one, that of phenomenological reductionism of the sufferer and the other, that of techno-scientific reductionism of the physician. The subject (the ill) here, is also an object (the patient) of medical treatment. Because there is no “pure” illness, our illnesses more often than not overlap with the contemporary discourses of medical *techné*. An illness narrative, therefore, is also this balancing act between the subjective impulses and the objective know-how; between “care” (Heideggerian *sorge*) and cure; and between illness and disease. If illness entails contraction of time and space, then an illness narrative is about spacing and timing: a mode of “worldling” in the face of chaos and disorder. “The medical report” as Hawkins points out “is usually composed of brief statements about present symptoms and body chemistry whereas a pathography is an extended narrative situating the illness experience within the author’s life and the meaning of that life” (13). Pathography is *not* medical history; it is an alternate historiography of the

body in pain— and at the same time it is also not free from medical history altogether. Though not necessarily overwhelming, the narrative one finds in medical history— the history written from the *above*— tends to influence the trajectory of one’s journey into the night of illness, albeit in different degrees. There is, hence, no “pure” illness or “pure” pain. “In other words”, as Joanna Bourke points out “a pain event possesses what philosopher Paul Ricoeur called, a “mine-ness.” In this way, the person *becomes* or *makes herself into* a person-in-pain through the person of naming” (2014, 5). Illness is continuously negotiated and re-negotiated; it is christened as “disease” in the realm of medicine and as “sickness” in the realm of society. The former, therefore, should at all times be understood in its relational ontology. Disease is monadic, illness nomadic. But then, as Beth Torgerson notes in her introduction to *Reading the Brontë Body*, “The term ‘illness’ is fundamentally more useful for the purposes of literary analysis since it can incorporate the concept of ‘disease’ within it” (2005, 4). The task of a pathographer then, among many things, is to capture such fleeting and floating moments of being ill, being diseased, and being sick. The task of a pathographer is also to give an account of one’s close encounter with those ill, diseased and/or sick.



Hawkins classifies pathography, the act of writing pain, into three categories: testimonial pathographies, angry pathographies and pathographies advocating alternative modes of treatment. She calls pathography as “a form of autobiography or biography that describes personal experiences of illness treatment, and sometimes death” (1999, 1). But, unlike Hawkins, we have expanded this definition of pathography to include those who are writing pain from the other side of the spectrum: the pathologists, immunologists, caregivers and physicians who are trying to put into narrative their phenomenological and epistemological, and most of the time, banal experiences of dealing with the diseased. We have, taking a cue from Ann Jurecic, broadened the spectrum of understanding illness and particularly understand this form of life writing: of how “writers compose illness and how

readers receive the accounts” (Jurecic 2012, 2) from different lived vantage points. Such imaginative pathological accounts are different from the hegemonic medical historiography in the sense that the emphasis here is more on the lived-experience and less on the mimetic adroitness. As opposed to the medical history of the patient where he/she is no more than an *object* of study, the poems of William Carlos Williams and Miroslav Holub, for example, help us attain a deeper understanding and a certain degree of empathy towards the suffering subject. Such narratives by pathologists challenge and subvert the binaries such as subject/object, active/passive, voice/silence, agency/non-agency looming large in an otherwise highly stratified sphere of modern medicine.

The Portrait of an Artist as a Pathographer

Focusing on the various intersections between illness and literature across time and space, the chapters in this volume seek to understand how ontological, phenomenological and epistemological experiences of illness have been dealt and represented in literary writings and literary studies. In this volume scholars from across the world have come together to understand how pathological condition of being ill (the sufferers), as well as the pathologists dealing with the ill (the healers and caregivers) have shaped literary works. The language of medical science, with the jargon and the language of the everyday, with the emphasis on utility prove equally insufficient and futile in capturing the pain and suffering of illness. It is this insufficiency and futility that makes us turn toward the canonical works of Joseph Conrad, Samuel Beckett, William Carlos Williams, Virginia Woolf, Kazuo Ishiguro, Miroslav Holub as well as the non-canonical António Lobo Antunes, Yumemakura Baku, Wopko Jensma and Vaslav Nijinsky. The volume helps in understanding and capturing the metalanguage of illness while presenting before us the tradition of “writing pain.” With the attempt of expanding the definition of pathography to include those who are on the other side of pain, the essays in this collection seek to portray the above-mentioned pathographers as artists— turning anxiety and suffering of illness into art form. Looking deeply into such creative aspects of illness, the volume also tries to evoke the possibility of pathography as world literature.

The seventeen chapters in the volume have been divided into three broad sections: European Literary Pathographies, American Literary Pathographies and Literary Pathographies of the World. The first section “European Literary Pathographies” discusses Aeschylus’ *Prometheus Bound*, Joseph Conrad’s *Heart of Darkness*, Samuel Beckett’s select plays, Virginia Woolf’s *The Voyage Out*, the select poems of Miroslav Holub, the diary of Vaslav Nijinsky, and the works of António Lobo Antunes. The second section “American Literary

Pathographies” discusses the select poems of William Carlos Williams, Shirley Jackson’s *We Have Always Lived in the Castle*, Lorrie Moore’s short stories and MK Czerwiec’s graphic memoir *Taking Turns: Stories from HIV/AIDS Care Unit 371:8*. And the final section “Literary Pathographies of the World” brings together the discussions on the South Africa poet Wopko Jensma, the Ottoman-Turkish novella Suat Derviř’ *The Black Book*, Yumemakura Baku’s fiction from Japan, and the Zimbabwean NoViolet Bulawayo’s novel *We Need New Names*. In this section, Edward Grimble’s chapter highlights the figure of the convalescent in the nineteenth-century and the early twentieth-century literature: Baudelaire, Poe, Dickens, Whitman and others; and Ronja-Tripp Bodola’s chapter discusses literary bioethics and biopolitics in works like Bram Stoker’s *Dracula*, Aldous Huxley’s *Brave New World* and *Brave New World Revisited*, Samuel Beckett’s *Malone Dies* and Margaret Atwood’s *The Handmaid’s Tale*.

In the first chapter, “The Gift of Chains: Atopic Violence and Embodied Community in Aeschylus’ *Prometheus Bound*” Anda Pleniceanu explores the theoretical implications of the ancient myth of Prometheus, as written by Aeschylus in his tragedy *Prometheus Bound*, using the concepts of Walter Benjamin’s violence as law-preservation, Roland Barthes’s atopia, and Roberto Esposito’s community and immunity. To begin with, the chapter resists a straightforward interpretation of the myth, according to which Zeus, the tyrannical new ruler of Olympus, tortures Prometheus for his human-loving ways in order to firmly establish his authority over both heaven and earth. Instead, Pleniceanu interprets Prometheus’ role as intermediary in the gifting of arts and means of classification of the world that the humans receive. Prometheus himself is unclassifiable—vulnerable like a human yet immortal and all-knowing—though he is still at the centre of the circulation of the gift. What complicates the matter is the immunological paradigm, which leads to an understanding of the violence and suffering displayed in the characters’ speeches as the work of the negative, which Prometheus carries forth as protection for both godly and human realms. Without focusing on Prometheus as a hero, Pleniceanu argues that the *immunus* is not one of personal and individual choice but rather a contingent one: Prometheus has no choice but to pass the gift and endure the violence constitutive of law-preserving. Then, she goes on to connect Prometheus’ role with that of Io, the cow-horned maiden whose situation is entirely oppositional to that of Prometheus in spite of their shared sufferings in the play, and show how Prometheus’ legacy, and with it, the immunisation of community, continues through Io into the world.

Health and illness, indeed, form an integral part of Conrad’s *Heart of Darkness*, not only on the thematic level, but also on the structural level. The

whole journey of Marlow, the narrator, into “the heart of darkness”, was undertaken as a result of agent Kurtz’s mysterious illness. The narrative that recounts the journey follows the trajectory not only in terms of geography (Marlow’s movement along the river), but also in terms of gathering information about Kurtz’s illness and organising them into a system of meaning. In this respect, it can be read as a pathography, but a pathography that comes second-hand— both in terms of the temporal organisation (because the illness has already developed) and in terms of the narrative voice that recounts it (this voice gathers all the information about the illness prior to actually meeting the ill person). The pathographer in this case is neither the person suffering the illness, not the care-taker, but acts as a sort of detective who not only has the task of presenting the illness, but also identifying and uncovering it first. Through linking the mysterious illness with the specific historical moment, the absent protagonist’s illness also turns into an illness more widely conceived of— an illness of an era, an illness of the times, an illness of philosophy and ideology. The aim of this chapter by Nina Muždeka, “Pathography of Man and Evil in Joseph Conrad’s *Heart of Darkness*,” is to analyse the physical and mental illness in *Heart of Darkness*, focusing on its development and the second-hand depiction of this development, taking into account the wider criticism of the times and its colonial practices.

The next chapter, “Care, Pig!: The Abject Caregiver in Beckett’s Plays” examines Samuel Beckett’s narratives of caregiving in *Waiting for Godot* and *Endgame* and reflect how caregiving labour is removed from the dialectic of recognition that late capitalist society has instrumentalised in the ongoing exploitation of caregivers. Over the past few decades, theorists and activists such as Silvia Federici and Nancy Fraser have drawn attention to the ways in which caregivers are dually needed for maintaining the social texture as well as continually exploited because of their exceptionalism from capitalist rubrics of value. Theorists such as Rosemarie Garland-Thomson and Eva Feder Kittay have demonstrated that disability contexts in particular show how the labour of caregiving is rendered exceptional from other kinds of labour which, while also exploited, are at least legible as labour within a capitalist schema. Following from Garland-Thomson, Feder Kittay, and others, Gabriel Quigley argues that the exploitation of caregivers can be reduced to the problem of recognition, in which the radical exploitation of caregivers is made possible by the ongoing failure to recognise caregiving labour *as* labour. Given the ways that both Lucky and Clov perform caregiving without the recognition of this labour or their needs, Quigley claims that the caregiving relationships in *Waiting for Godot* and *Endgame* stage precisely the contradiction materialising at the juncture of capitalism and care. This chapter examines the impoverished status of Beckett’s caregivers in what Michael Davidson has identified as a “dialectics of disability” in Beckett’s

oeuvre, contending that the recognition of illness combined with the unrecognition of caregiving labour in *Waiting for Godot* and *Endgame* reflect the social demand for caregiving combined with society's failure to recognise caregivers as members of society.

Scholarship on Woolf and medicine is replete with how illness feeds her genius, or how depression perpetuates the melancholic aesthetic of her prose. Chloe Leung, however, is more interested in the very system that generates such positive-negative dichotomy about illness narratives in her chapter entitled "‘But of course Rachel’s illness is quite different’: Reconfiguring the ‘Medical’ and ‘Illness’ in Virginia Woolf’s *The Voyage Out*". Moving away from the popular example of *Mrs. Dalloway*, this chapter explores how Woolf’s debut novel *The Voyage Out* (1915) reshapes the notion of the “medical” and “illness”. 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” consciousness representations and its complex treatment of illness. The chapter argues that “illness” in the novel outstrips the medical sense of the word. Drawing from disability studies, Leung argues that *Voyage* interrogates a normative and medical understanding of illness. If medicine cannot fully explain the connotations of “illness”, Woolf’s novel suggests other possibilities of how “illness” could manifest outside biomedicine. Focusing on the metaphor and language of pain, Leung explores how “illness” functions as a symptom of our thwarted desire to communicate anti-discursive phenomenon in both social and clinical contexts. She concludes by contending that Woolf’s novel adopts a rigorous hermeneutic ambiguity that endorses an epistemic generosity in configuring approaches to therapeutic practice.

A “curious mixture”, poet-immunologist Miroslav Holub is unusual in his approach to poetry. As a man of reason, it may seem that Holub resists romantic impulses, while on the contrary, he relishes it with a scientific temperament. His juxtapositions of the real and the impossible give way to metaphors that he uses as a hypothesis: an instrument for testing experience through conjecture and experiment. Because of his belief that there exists in science, a wide body of imagination, away from all-encompassing theories and laboratory work, Holub is able to conjure abstractions that speak of human and non-human conditions, such as war, illness, suffering, pain, childhood and monotony; meanwhile, also alluding to pathological, medical and physical theories. Starting from Ancient Greece, to the Enlightenment, the West had been obsessed with the larger structures: the universe, planets, cosmos and God to understand the mechanics of how the world functions. But with the invention of the microscope, the discovery of atoms and enquires into genetics, the paradigm shifted from macro to the micro. We were less keen to look for meaning hidden in the folds of the greater cosmic order and

instead turned towards the world of quantum particles, atoms, DNA and microorganisms, where understanding the smallest components and their structures would determine how larger societal order and civilizations come into being or operate. Holub's medical poems take on a similar rapport, where looking at life underneath the microscope, he is able to construct metaphors that comment on society at large. The chapter "'Between Horror and Hunger': Reflections on the Medical Poems of Miroslav Holub" by Anik Sarkar seeks to analyse the poems of Holub that deal with the "alternating rhythms of cosmological expansion and microscopic contraction" (Ling 1974, 506) uncovering his pathographical, aesthetical, social and political commentary while closely looking at his "nano-poetics."

The Diary of Vaslav Nijinsky is a rare thing— a writing which is synchronous to his initiation into psychosis. Written before his hospitalisation, the diary represents an account unhindered by an interpretive psychological framework, now commonplace. Instead, the diary reads like dance notation with its swishes, swirls and rigid stances. For Nijinsky, words were lacklustre in comparison to dance, as a form of expression. Although the diary mentions very little about dance, his rhythmic style of writing suggests that it is to be read in the embodied way that Nijinsky expressed himself— like a dance. If this is the case, then perhaps there has been an injustice from previous interpretations of his writing, focusing on the tautologies and non-sequiturs. Eschewing this popular form of exploration, Jamil Ahmed in this chapter, "'I am God in a body': *The Diary of Vaslav Nijinsky* as Initiation into Psychosis," demonstrates how Nijinsky gives us insight into his alienation from the world, through his embodied autopathography, documenting his slow retreat from the storehouse of everyday meaning.

This next chapter by Ricardo Rato Rodrigues, entitled "Doctor, Soldier, Writer: António Lobo Antunes as Portugal's Pathographer," tries to explore António Lobo Antunes, one of the major voices in Portuguese literature of the second half of the 20th century, through his unique biographical trajectory crucially imbued in his novels and chronicles, thus providing a mapping of the mental and physical suffering of human beings. A psychiatrist by training, Lobo Antunes has also participated in the Colonial War that opposed Portugal and its African colonies. Both experiences (as doctor and soldier) are central to his literature and its articulation of the multiplicity of illnesses affecting Portuguese society post-1974. Ranging from an initial trilogy in which post-traumatic stress disorder and other mental afflictions are explored in a compassionate and encompassing way, to his own autobiographical experiences (with PTSD, etc.), the author's oeuvre is particularly attuned to the pathological suffering of human beings. Moreover, it is not only an ethical preoccupation with illness that feeds Lobo Antunes' writing momentum, but

a deep engagement with the universal questions about what it means to be human, with death and with the body and the mind. Even in terms of language, his writing shows an attention to the medical dimension of the world at large, sometimes as an ironic attack towards an ill society, and sometimes in a compassionate understanding of human misfortunes.

The first chapter in “American Literary Pathographies” section “‘To Him Who Wants It’: Understanding William Carlos Williams’ Pathography” explores the short stories, poetry and prose of William Carlos Williams’ that engage with the interplay between medicine and literature. The central aim here is to demonstrate Williams’ anti-modernist impulse in poetic projects, which were inspired by his own medical practice, while attempting to provoke a meaningful dialogue with townspeople both as a modernist poet and a physician. In illuminating how medical practice has driven the anti-modernist impulse in his experimental poetics, the research ultimately discusses how Williams’ empathy clashed with his professionalism, and therefore, portrays his work as pathography. The interplay of medicine and poetry in his writing supplements the reshaping of pathography in literary studies through portraying as a pathographer of the local streets in New Jersey. He was always prepared to ask his patients and readers to maintain the hope of effective communication and productive human relationships in modern America. Taking his poetry as an exemplary synthesis of poetry and medicine, the chapter illustrates how Williams presented a vision of poetry as a uniquely positioned medium for communicating with patients who had physical, mental, and psychological pain. To make this argument, Seunghyun Shin first discusses how pathography is defined in literary studies; and after reshaping pathography in literary studies as “the language of pain,” Shin refers to Williams’ short stories that reveal his empathy clashing with his profession as a physician. By the end, the chapter shows how the writing of poetry was cathartic to Williams as a pathographer and how medical practices shaped his poetry to satisfy the pathographic fever to understand the language of pain of his patients.

The next chapter focuses on Shirley Jackson’s novel *We Have Always Lived in the Castle*. Written in 1962, the work reflects the debilitating influence of patriarchy on women. Examining two main female characters, the sisters Merricat and Constance, from the perspective of disability studies and queer studies, Tatiana Prorokova-Konrad demonstrates how the novel reflects the discriminating nature of patriarchy on women, particularly lesbian women with disabilities. The chapter “Lesbianism, Disability, and Pain: Shirley Jackson’s *We Have Always Lived in the Castle* as a Pathography” argues that the sisters’ gender, sexual orientation, and disability intersect in the novel, showcasing female oppression during the times of patriarchy in the mid-

twentieth century U.S. from a very specific perspective, thereby helping reinforce the perverse nature of patriarchy. Love plays an important role in the novel, as it is with the help of love that the women can withstand homophobia and ableism. At the same time, their love, as this chapter claims, is viewed as “perverse” and “abnormal” by the villagers, which results in the two characters’ complete isolation from society. They choose to never leave the house again. This, Prorokova-Konrad argues, is a response to the hatred towards queer individuals and people with disabilities. It is through the issues of love, disability, and queerness that she explores Jackson’s novel as a powerful illustration of how society discriminated against and publicly humiliated lesbian and/or disabled women.

The attraction of the “medical” body, its diseases and diagnoses, its pain and strain, as a subject of narrative interest has gained critical and literary ground in the last three decades. Yet, amidst this compelling desire to “write the sick body” and to “read the wound,” lies a challenging urge to express and address the questions of meaning and suffering. Simultaneously, invoking and revoking expectations of narrative pleasure through the spectre of communicating pain, illness narratives proliferate through the ambiguous and problematic exploration of the ailing body and/ or mind as a reflection of culture, society, and consciousness. The chapter ““The struggle to Breathe’: Narrating the Sick Body in Lorrie Moore’s Short Stories” by Nadia Boudidah Falfoul seeks to explore the great potential that literature possesses to inscribe and shape the cultural meanings and experience of illness, pain, and suffering. Through a narratological and postmodernist reading of two of Lorrie Moore’s collections of short fiction [*Like-Life* (1986) and *Birds of America* (1998)], the chapter contemplates “the seductive entrance of disease into language” and focuses on several ways in which “illness narratives” and “narratives of illness” represent a socio-cultural symptom and symbol of traumatic Post/modernity, thereby offering the medical and literary fields a new perspective into art and science, storytelling and medicine. The discourse of illness challenges and transcends our sense of time, space, continuity, causality, and even language since Pain, as Elaine Scarry asserts, “does not simply resist language but actively destroys it” (1985, 4).

The chapter by Victoria Lupascu, “*Taking Turns* in Writing Pain: Comics’ Approximation of Pathography,” considers the relationship between pathography and the comics genre to examine the ways in which visual representations of illnesses, from the healers’ and caregivers’ perspective, produce a plurivalent emotional vocabulary for understanding illnesses and grief. She focuses on MK Czerwiec’s comic book *Taking Turns: Stories from HIV/AIDS Care Unit 371* and Stella Bruzzi’s theorization of approximation as an epistemological tool that highlights a historical fact and “insert[s] it into a

narrative, not in order to be collapsed into fiction, but to co-exist in collision with it.” As a nurse in an HIV/AIDS special care unit in the 1990s, MK Czerwiec embodies both the professional caregiver and the healer from a biomedical perspective, and redefines the concept of boundaries between these roles and the sufferers. By negotiating these two positions, Czerwiec is at a unique junction, portrayed by unbalanced panels and interplay between text and visual representations of patients, and *approximates* the urgency of the epidemic with the slow development of ubiquitous grief in relation to HIV/AIDS in sufferers, healers and caregivers. Lupascu claims that the tension between fiction and reality in pathography is firmly apparent in comics such as *Taking Turns* where approximation becomes an underlining hermeneutical means of writing one’s own and other’s pain. Moreover, this chapter contends that comics show the boundaries of language and expand them through colour usage, pagination, panelling and create the physical space for formative silences necessary for the co-existence of illnesses and care. In this expansion that fuels pathography, comics produce epistemological and hermeneutic changes in traditional literary perceptions of illnesses, specifically in relation to HIV/AIDS, by imagining alternative modes of expression and understanding of the epidemic’s, and illnesses’ phenomenological valences.

Wopko Jensma’s use of neologisms, portmanteau words, fragmentation and experimental topography has often resulted in a private idiomatic language that was seemingly incomprehensible. This difficulty has provoked widely divergent views ranging from accolades to criticism that he had finally “lost it”, of being “schizophrenic” and that his poetry was nothing more than confused ramblings of a madman. Jensma’s poetry of bizarre pathological motifs and speakers dispersed across multiple subjectivities is a chronicle of personal devastation rooted in the volatile chapter of South Africa’s racist past. Image, diction and narrative coalesce in dissonant aesthetic strategies to express the anguish and psychological annihilation emanating from human degradation and despair borne of poverty and political disenfranchisement. Overwhelmed by a repressive society, racism and insidious materialism, the conflicted speakers in Jensma’s poetry retreat into interior psychological spaces and the perpetration of pathological acts of self-harm or sadomasochism in response to the bizarre, Orwellian conditions of apartheid existence. The multiple voices which emerge are a startling polyphony of alienation, pathological hate, helplessness and sadomasochism. These voices express the hostility, oppression and suffering which characterised the apartheid state as well as personal torment and anguish. What is especially intriguing is the uncanny coincidence between Jensma’s poetry and the aberrations that present in schizophrenia. Themed by suspicion of persecution, self-mutilation, alienation, hallucinations and manic delusions, Jensma’s poetry appropriates the pathological resources of schizophrenia in a

surreal critique of racial disenfranchisement and economic oppression. The first chapter in “Literary Pathographies of the World” by Ayub Sheik, “Wopko Jensma as a Pathographer: The Interface between Poetry and Schizophrenia,” posits that Jensma’s experimental discourse was also influenced by his affliction from schizophrenia which permeated his work. This is manifest in the use of asocial dialects with highly personal idioms, approximate phrases, discordant syntax and substitutes which make his language extremely difficult to follow at times.

Born to an aristocratic family in Istanbul at the turn of the century and having received an education in French and German, Suat Derviş was one of the leading women writers of her time. Although, she is mostly known for her later novels written in the genre “social realism”, her first novella *Kara Kitap* [*The Black Book* (1921)] remains as one of the finest examples of decadent literature in Ottoman-Turkish literature with its gloomy setting, dark theme of illness, and characters at the brink of madness. Relying on Matei Calinescu’s approach that views literary decadence identical with the ideology of progress and on Paul Bourget’s treatment of the decadent style as a symptom of cultural breakdown and decay, the chapter “*The Black Book* as Pathography: Romancing Disease and Decay in the Late Ottoman Empire” by Meltem Gürle reads Derviş’ portrayal of disease, decay and death (and the artistic expression she finds to convey these themes) in *The Black Book* in connection with the social and cultural climate of the late Ottoman Empire. In this short novella, where she tells the story of the fall of an aristocratic family through the perspective of a young woman dying of a mysterious disease, Derviş combines the high and the low literature, the philosophical and the popular, and composes a piece that reflects the consciousness of the increasingly weak and decadent Ottoman Empire at the turn of the century.

Japanese popular fiction writer Yumemakura Baku created a fiction series called *Onmyōji* in the late 1980s, which features the historical court astrologer Abe no Seimei (921-1005), and a courtier of royal blood, Minamoto no Hiromasa (918-980), historically a reputed musician. An *onmyōji* in the Japanese court had the responsibility to assist the Emperor in all important matters of the state, by choosing the most auspicious dates, and preparing proper rituals during the festivals. Abe no Seimei was one of the most famous *onmyōjis* throughout Japanese history, and this fiction series translates his famed divination power into a more analytical understanding of the human heart and its complex desires. The fiction series is set at the Heian period (794-1185), one of the most glorious periods of cultural and artistic development in Japan. The stories depict courtiers as well as ordinary citizens coming to seek Abe no Seimei’s help when they encountered inexplicable illnesses or suspected intervention from beyond the human world. Adapting

the form of modern detective stories, Yumemakura Baku portrays Seimei and Hiromasa as a quasi-Holmes-and-Watson partnership in uncovering the causes of illnesses in these troubled characters. These magical adventures across various worlds of existence juxtapose what is visible in the material world with what cannot be seen in the psychological and emotional realms of the human experience, and package those as Abe no Seimei's "magic." In actual fact, the solutions that the court *onmyōji* proposed to his clients were but advice to look into their hearts and acknowledge the reality of their desires and fears. The chapter "Dis-eases of the Heart Cured by Magic: Heian *Onmyōji* in Yumemakura Baku's Popular Japanese Fiction" by Amy W S Lee reads a few of the stories in the series as diagnosis of contemporary illnesses, when the characters were made to face their unfulfilled desires, repressed fears, and challenged sense of identity by the court *onmyōji*, to bring them back to a more comfortable condition with themselves.

The chapter "Writing Illness: Morbid Humour as a Strategy to Cope with Disease and Pain in Zimbabwean Literature" by Nhlanhla Landa and Sindiso Zhou explores how disease and un-wellness in Zimbabwe are subjects of ridicule in NoViolet Bulawayo's *We Need New Names*. Guided by the Freudian concepts of the overt expression of the covert state of the unconscious mind, the chapter does an interpretive analysis of *We Need New Names* to show that Zimbabweans, having endured pain and illness for a long time due to a conspiracy of many issues such as politics, deteriorating economy and a poor health system, resort to morbid humour to cope. Bulawayo expertly fuses the subject of disease, specifically HIV and AIDS, and child play to paint a grim picture of the broader socio-economic and socio-political issues bedeviling the post-colonial state in Zimbabwe. She deploys grotesque humour and laughter as coping and resilience strategies to salve postcolonial wounds, disease and pain that stand in the way of everyday survival.

"There are many excellent books" as Rev. Robert Milman asserts in his 1865 examination of the spiritual and religious state of convalescing, "for the sick whilst they are ill. I have, myself, felt a want of a distinct and separate book for those who are recovering." His views could be extended to literary scholarship more broadly. Edward Grimble in the chapter "'Back from the Shades of Death': The Pleasures and Pains of Convalescence in the Nineteenth-Century City" re-examines the precarious, peculiar and intellectually provocative state of convalescence as examined by nineteenth and early twentieth-century writers. Inhabiting a hinterland between not only illness and wellness but also isolation and sociability, the recovering subject provides a vitally important way of examining the relationship between the private and public aspects of metropolitan life: how the city, its streets, and its crowds are encountered and experienced by the individual. Sustained study of the convalescent across a

number of urban texts permits the uncovering of one of the marginalised “doubles” of the ubiquitous *flâneur*, a figure who has become amorphous through endless reformulation and reshaping. The cities of Baudelaire, Poe, Dickens, Whitman and others are populated by these liminal figures whose experiences of the metropolis are fuelled by the convalescent’s unique combination of curiosity, child-like wonder at the urban spectacle, acute susceptibility to impressions, mental and pedestrian febrility, and mania.

The final chapter “The Lessons (Not) Learned: Literary Bioethics and Biopolitics from Stoker to Atwood” discusses biopolitics and bioethics as a broader epistemological framework that transverses a number of topics discussed in this collection. It takes a look at narratives, from Stoker’s *Dracula* to Atwood’s *The Handmaid’s Tale*, and traces bioethics and the Foucauldian concept of biopolitics in these narratives to argue that these concepts are at the core of the literature/medicine interactions in the long twentieth-century. In this chapter, Ronja Tripp-Bodola offers an exemplary overview that illustrates the overarching socio-political take of literature, biopolitics and bioethics and the various ramifications for contemporary bio-social concerns. She contributes to the discussion of literature’s importance to the field of medical humanities and argues for an integration of literary biopolitics into medical education.

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Notes

¹ Alain Badiou, *Being and Event* (London: Continuum Books, 2006).

² Walter Benjamin, "Theses on the Philosophy of History," in *Illuminations* (New York: Schocken Books, 1968), 253-264.

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Edward Grimble lives, writes and teaches in West Sussex, England, having recently obtained degrees from Balliol College, Oxford and the University of Bristol. His research focuses on the depiction and experience of cities in art and literature, and on the literature of both urban and rural walking.

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Ricardo Rato Rodrigues is currently Assistant Professor of Portuguese Studies at UMCS (Uniwersytet Marii Curie-Skłodowskiej w Lublinie), Poland. In 2016, he obtained his PhD in Lusophone Studies from the University of Nottingham, with a thesis entitled *A Silent Scream: Madness and Trauma in the early works of António Lobo Antunes*. Between 2016 and 2018, he worked as Camões Instructor at the Queen Mary, University of London. Currently, a member of several research groups, such as the *International Consortium for the Study of Post Conflict Societies* (University of Nottingham), *International Health Humanities Network* and he also serves an external researcher at Centro de Estudos Humanísticos (CEHUM). His research interests are varied, from trauma and madness in literature and the arts, health humanities, comparative literature (especially in between the lusophone and anglophone contexts), psychiatry, suicide studies, politics in literature, applied drama and gender studies (with a special focus on masculinities).

Ronja Tripp-Bodola, PhD, has published on literature and biopolitics, ethics as well as medicine. She is currently working at LSU Health Sciences Center,

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