

PJMH

ABSENCE, PRESENCE & (IN) VISIBILITY IN THE MEDICAL HUMANITIES

First published in 2021 by
The Postgraduate Journal of Medical Humanities
University of Exeter
Department of History
The Queen's Drive
Exeter
EX4 4QH

Available at:
<http://humanities.exeter.ac.uk/history/research/centres/medicalhistory/postgraduate/pjmh/>

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(PHD ENGLISH)

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LOTTIE.BROWN@BRISTOL.AC.UK

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HAYLEY SMITH

EDITORIAL

This issue of the *Postgraduate Journal of Medical Humanities* expands on the previous successes of the journal and presents seven original postgraduate medical humanities articles, all of them responding differently to our overarching theme of 'Absence, Presence, & (In)Visibility in the Medical Humanities'. We were privileged to receive submissions from all corners of the UK and also from further afield; from Exeter to Aberdeen and to Portland, Oregon. Between these excellent interpretations of this theme, you will find a broad range of topics, periods, and sub-disciplines, from contemporary films such as *The Invisible Man* (2020) to Christina Rossetti's *Goblin Market and Other Poems* (1862). This impressive collection includes an interrogation of the politics of reproductive labour, an exploration of the historic psychiatric treatment of homosexuality in India, and an investigation of the spiritual care of cancer survivors, among many others.

The overwhelming majority of this issue was written, reviewed, and edited during the most challenging circumstances this generation has experienced. Working from home during a global pandemic, many of those involved have been beset by personal tragedy and illness and it is a testament to the strength and resilience of our authors, peer reviewers, and the editorial team that such a strong edition has surfaced amidst these circumstances.

It is somewhat strange to reflect on this issue, which began in September 2020 whilst restrictive measures began to be reintroduced in the UK following the second wave of Covid 19. At the time of writing (ten months later) the progress of the new 'Delta' variant is undermining the confidence that the vaccine uptake initially granted, whilst increased anti-vaccine sentiment, a misguided lifting of said lockdown restrictions, and a global vaccine inequality, make for a disquieting prospect. The treatment of this pandemic has highlighted some of the ableism that is deeply woven into our cultures, as disabled and vulnerable people have been neglected and treated as both invisible and expendable. Many of us are

hurting from a preventable absence, and as Long Covid continues to disrupt the lives of those that have had the disease it is clear that 'Absence, Presence & (In)visibility' continues to be a pressing issue within and without the medical humanities.

We hope that you will find this issue intriguing, thoughtful, and helpful.

Joe Holloway, Emma Salt-Raper, and Lottie Brown

Editors of the 2021 issue of the *Postgraduate Journal of Medical Humanities* .

AUTHOR BIOGRAPHIES

EWAN BOWLBY Ewan is a PhD student at the Institute for Theology, Imagination, and the Arts in St Andrews. He is researching ways of using popular artworks (novels, films, and television series) to design new forms of spiritual care for cancer patients. He has published original research in the fields of Narrative Medicine, Television Studies, and Religion and Popular Culture.

LEONARD FARRUGIA is an Infectious Diseases & Medical Microbiology doctor as well as postgraduate student in Tropical Medicine at the University of Glasgow. He is passionate about the intersection of medicine and the arts, with a particular interest in literary representations of infectious disease.

IRIS GIOTI is a second year PhD student in the English department at the University of Exeter. Her research focuses on the literature and film produced by the Hellenic diaspora in the UK and the US, with an emphasis on affective labour theories, the Medical Humanities, and on postcolonial and diaspora studies. Iris is also an editor for the Exeter-based postgraduate journal *Exclamation*.

HOLLY ISARD is a PhD student at the University of West London. Starting from the position that all gestation can be thought through the lens of labour, her research explores the visual politics of reproductive technologies.

JESSICA MEHTA is a postgraduate researcher at the University of Exeter (England). Her research addresses the intersection of eating disorders and poetry. Articles related to her research have previously appeared in the peer-reviewed journals *Arts and Humanities*, *New Literaria*, *The Text*, *Humanities Bulletin*, and more. Learn more at www.thischerokeerose.com.

RIANNA PRICE is a PhD candidate at Lancaster University. Her research focuses predominantly on the medicalization of homosexuality in post-Independence India, with an emphasis on queer patient voices and the role of the family. During her PhD, Rianna has published several pieces on her work, including articles for [*The Conversation*](#), [*Scroll*](#), [*SH+ME*](#), [*Global Indian Series*](#) and [*Scottish Centre for Global History*](#). She has also published in the [*En-Gender Journal*](#).

HAYLEY SMITH is a first-year PhD candidate at Canterbury Christ Church University. She completed both her MA and BA in English Literature at the University of Birmingham. Her PhD research focuses upon a neglected Victorian writer, Thomas Anstey Guthrie, who wrote under the pseudonym F. Anstey. Her research interests include understudied authors and texts from the long nineteenth century, Victorian women writers, Sensation literature, Gothic fiction, and contemporary horror.

CONTENT WARNINGS

The following themes are explicitly discussed in this issue. Further warnings will be given in advance of the relevant articles.

- **Eating Disorders** (CHRISTINA ROSSETTI: FEASTS OF BURDEN FROM ‘THE DEAD CITY’ TO ‘GOBLIN MARKET’).
- **Domestic Abuse (psychological, physical, and sexual)** (‘IT’S NOT SAFE IN THIS HOUSE’: SUPERNATURAL DISGUISES AND INTIMATE PARTNER VIOLENCE IN *THE BOY* AND *THE INVISIBLE MAN*). **Sexual Assault is also alluded to in** (CHRISTINA ROSSETTI: FEASTS OF BURDEN FROM ‘THE DEAD CITY’ TO ‘GOBLIN MARKET’)
- **Infertility Treatments** (‘SOAKING IN EACH OTHER’: (IN)VISIBLE CONSTELLATIONS AND THE POWER OF SIGHT IN LUCY BEECH’S REPRODUCTIVE EXILE).
- **Homophobia and Conversion Therapy** (CODES, CLINICS AND CULTURE: THE MULTI-FACETED MEDICALIZATION OF HOMOSEXUALITY IN INDIA 1970-1990)
- **Violence Towards Animals.** (‘SOAKING IN EACH OTHER’: (IN)VISIBLE CONSTELLATIONS AND THE POWER OF SIGHT IN LUCY BEECH’S REPRODUCTIVE EXILE).

**THE METASTASIS OF HYSTERIA: LIBRIUM PRESCRIPTION
AND (MIS)USE IN LITERATURE**

IRIS GIOTI

CONTENT WARNING

The following text features discussions of medication use in relation to 'hysteria'. This is in no way intended as a judgement on the efficacy and need for medication in the treatment of mental illness.

(When you don't know how, what and why, then it is time for Valium).

The above quotation is a common saying in the German medical community referring to the boom in prescribing and the enduring popularity of the drugs known as 'benzo's', with Valium and Xanax being some of the most prescribed (and abused) prescription drugs in Western countries.² The steep rise in popularity of the benzodiazepine anxiolytic drugs started with the first 'benzo' synthesized by the pharmaceutical giant Roche: Librium. The introduction of this drug and the marketing push behind its promotion to doctors and patients alike in the early 1960s was the first of its kind, shaping the pharmaceutical industry as we know it today. Although Librium has faded in popularity in recent years in the face of newer-synthesized drugs Valium and Xanax, this essay will focus on the appearance of Librium in the novels *Eat, Drink and be Married* (2004) by Eve Makis and *The Queen's Gambit* (1983) by Walter Tevis, as well as the poem 'The Hex' by Anne Sexton (1981), due to its historical significance as the first synthesized and mass-marketed benzo tranquiliser, and what the creation and subsequent permeation of these drugs past the medical sphere and into society itself has meant. As will be shown in this essay, there is a marked difference in the prescription of Librium for women and men, with women being prescribed the drug more often than men. I will be arguing in this essay that this imbalance in the prescribing of Librium to women and men is a metastasis of earlier hysteria treatments; a medical interference in order to deal with what society deems overly emotive reactions by women. This is not a new phenomenon, and

1 Frank W. Geels, et al., 'Cultural Enthusiasm, Resistance and the Societal Embedding of New Technologies: Psychotropic Drugs in the 20th Century': *Technology Analysis and Strategic Management*, 19 (2007), 145-65, (p. 157).

2 In a study conducted in the USA in 2010, it was found that out of 7 million Americans abusing prescription drugs, 2.6 million were abusing CNS depressants like barbiturates and benzodiazepines (NIDA: National Institute on Drug Abuse, *Commonly Abused Prescription Drugs* (2010)). In the UK, it was estimated in 2013 that 'The UK's population is about a fifth that of the US; however, its market for untraceable online sales of Xanax is almost half the amount sold [...] in the US. Xanax accounted for 50,000 trades on one of the largest dark web marketplaces' (Addiction Center, *Addiction in the UK* (2013)). The 2018-2019 Home Office Crime Survey on drug abuse has the misuse of tranquiliser drugs by the population ages 16-59 at 0.4%, just under the NPS (New Psychoactive Substances) estimate of 0.5% of the population which is equivalent to 152,000 adults in England and Wales (Home Office, *Drugs Misuse: Findings from the 2018/19 Crime Survey for England and Wales* (2019)).

sadly not a problem that will disappear any time soon; women are still repeatedly deemed to be too emotional to be listened to or to be considered for positions of power. This is a continuation of the narrative of the stigmatization of women's emotions and the need by patriarchal societies to find ways to stifle their voices, using medicine and pharmaceuticals as an explanation, an excuse, and as treatment. This line of inquiry will allow me to look at the interaction between Librium and perceived hysteria in female children, young and elderly women, as seen in the novel *The Queen's Gambit*, in the poem 'The Hex', and in the novel *Eat, Drink and be Married*. Each core text examines the use of Librium during different moments in a woman's life: as a child in *The Queen's Gambit*; as an adult woman in 'The Hex'; and as an elderly woman in *Eat, Drink and be Married*. I will be analysing all three core texts in conjunction so as to analyse the full lifecycle of a woman through the relationship with the benzodiazepine Librium, as the female body is repeatedly othered throughout her lifecycle by the patriarchal, consumerist society we live in, and the over-prescription of benzodiazepine anxiolytics is a continuation of this othering. This analysis will be in active conversation with the history of Librium and the recorded effects its prescription has, permeating into the art production of the late twenty and early twenty-first centuries, as well as the history of hysteria treatments.

To analyse the prescription and (mis)use of Librium in literature it is important to first look at hysteria and how it was perceived and treated by the medical community, and how benzodiazepines managed to be the first pharmaceutical drug to utilize marketing to such an extent as to be able to permeate into the cultural mainstream. Hysteria has been historically used to medicalize and demonize a wide array of female behaviours that society at the time considered deviant for one reason or another. This term was applied to any 'extreme' emotive displays, whether: 'anxiety, sleeplessness, irritability, nervousness, erotic fantasy',³ as well as the state of being a widow, a childless woman, a young woman, a sexually frigid or an overly-sexual woman, to name a few of the emotions and situations women found themselves in that

3 Rachel P. Maines, *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction* (Baltimore, MA: The Johns Hopkins University Press, 1999) p. 1.

were then pathologized by the medical community throughout history.⁴ The list of symptoms attributed to hysteria developed with time as social structures changed, as did the treatments for hysteria in women: ranging from smelling salts and vapours to coax the wandering womb back into place in the Ancient Greek text, the *Hippocratic Corpus*; the manual stimulation of the afflicted woman's genitalia by a doctor or a midwife in the eighteenth and nineteenth centuries; to the psychological treatment of neuroses in hysteric women by Freud in the early twentieth century.⁵ The elasticity of this 'illness' will also be investigated in this essay. The pharmaceutical predecessor of the benzo family in the US was the tranquiliser Miltown, which was introduced in the 1950s, a drug that was again primarily prescribed to women. In his research on the effect of Miltown in the pharmaceutical industry and in middle-class American society, Jonathan Metzl wrote: '[u]sing language directly from psychoanalysis, these articles describe women as threatening, intimidating, dyspareunic and other Freudian-inflicted diagnoses suddenly amenable to pharmaceutical intervention'.⁶

It was the adoption of psychological terminology and diagnosis by the pharmaceutical industry that strengthened the market position of this new class of drug, promising to once and for all control and 'cure' this female ailment which was inherently making life harder for men – because this is the crux of the development of the medical condition hysteria; a term to pathologize the undesirable elements of a woman's behaviour and character. This attribution of the undesirable characteristics and behaviours exhibited by women to pathological problems is what fed the pharmaceutical industry's boom in tranquilisers and specifically the benzodiazepine drug family. The opening saying '*wenn man nicht weiss, wie, was, warum, dann gibt man immer Valium*'⁷ (when you don't know how, what and why, then it is time for Valium) was adopted across the medical field but also within society, with patients requesting

4 For more information on the history of hysteria and the treatments used, please look at *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction* by Rachel P. Maines.

5 Maines, *The Technology of Orgasm*, pp. 1-5.

6 Jonathan Metzl, "'Mother's Little Helper': The Crisis of Psychoanalysis and the Miltown Revolution', *Gender & History*, 15, (2003) 240-67, (pp. 243-4).

7 Geels et al., 'Cultural Enthusiasm, Resistance and the Societal Embedding of New Technologies' (p. 157).

tranquillisers from their family doctors and GP's to deal with situations in their daily lives that they felt they could not handle themselves. Waldron analyses this over-prescription and the high demand for Valium and Librium and concludes that:

the rapid rise in use of these drugs has occurred during a period of rising social stress, as indicated by increases in alcohol consumption, suicide, and homicide [...] [they] are frequently prescribed for patients who go to doctors with social or other nonmedical problems, often in lieu of attempts to resolve these underlying problems.⁸

highlighting the stressors of the period but also the numbing and avoidance that is a by-product of this drug. It is important to note that there is a very clear medical need for benzodiazepine anxiolytic drugs to treat many different ailments and mental illnesses, but this essay will be analysing the relationship between women, the medical establishment, and the prescription of benzos, as there is a well-documented over prescription of these drugs to women, whilst still understanding that these drugs can do a lot of good when used properly. It is this relationship between the over-prescription of the benzodiazepine Librium and Western society's attitude towards undesirable emotive displays by women of all ages in the twentieth and twenty-first centuries that I will be analysing in this essay, as a metastasis of earlier treatments for the female ailment of hysteria.

"We're getting rid of them," he said. "It's a new law. No more tranquilizers for kids."⁹

In the novel *The Queen's Gambit* by Walter Tevis, Librium is used as a method to control the children in the 1960s orphanage Beth is taken to as an eight-year-old, and she learns to hide the twice daily pills so that she can take more when she is feeling anxious or

8 Ingrid Waldron, 'Increased Prescribing of Valium, Librium, and Other Drugs—An Example of the Influence of Economic and Social Factors on the Practice of Medicine', *International Journal of Health Services*, 7 (1977), 37-62 (p. 37).

9 Walter Tevis, *The Queen's Gambit* (London: W&N, 2016), p. 30, Kindle Edition.

when she cannot sleep. The description of childhood reliance on a prescription drug and her eventual addiction is jarring to read but is indicative of the constant policing of female emotions and bodies, regardless of age. In the 2007 edition of *Child and Adolescent Clinical Psychopharmacology*, it is listed that children as young as six years old can be prescribed Librium.¹⁰ As noted by Green, there are currently no guidelines for the prescription of benzodiazepines to children, and most of the studies conducted are old, from the 1960s to the late 1980s. I will be referring to one such large-scale study conducted by Kraft et al. in 1965 throughout this section of the essay to analyse the impact of Librium use on children, connecting it to the presentation of childhood addiction in Walter Tevis's novel *The Queen's Gambit*, ultimately connecting this to the argument of this essay that the over-prescription of Librium to females is a metastasis of the hysteria treatments that purportedly ended in the early twentieth century, when Freud's psychological treatment approach to the 'illness' was replaced with a pharmaceutical treatment: tranquilisers.

In the studies conducted on childhood use of Librium, the study conducted by Kraft et al. stands out in the large number of children that were used as participants. The reasons for the children being prescribed the tranquiliser, as well as the results of the study are illuminative of the pathologizing of numerous conditions and behaviours that were then pooled together under the same pharmaceutical treatment plan:

Kraft et al. (1965) prescribed chlordiazepoxide [Librium] to 130 patients [...] who ranged in age from 2 to 17 years [...] the most common diagnoses were primary behaviour disorder (50), school phobia (18), adjustment reaction of adolescence (17), and chronic brain damage (14). Most subjects had marked hyperactivity and neurotic traits [...] Moderate or marked improvement occurred in 53 subjects (40.8%). Forty subjects (30.8%) had either no or insignificant improvement, and 37 (28.5%) worsened [...] *None had an*

10 Wayne H. Green, *Child and Adolescent Clinical Psychopharmacology*, 4th edn (New York: Lippincott Williams & Wilkins, 2007) p. 301.

excellent response. Across diagnoses, symptoms of hyperactivity, fears, night terrors, enuresis, reading and speech problems, truancy, and disturbed or bizarre behaviour were moderately or markedly improved in 40.8% of the 130 subjects. The authors concluded that chlordiazepoxide was effective in decreasing anxiety and “emotional overload”.¹¹

I have emphasised the sentence ‘[n]one had an excellent response’ because this one sentence connotes that despite the wide-spread marketing devices employed and the pharmaceutical and medical industries over-prescription of this drug as a wonder-cure for a myriad of problems, as seen in the long list of ailments this drug was trialled on children for, it has a high failure rate. The problems that the study lists as being helped by Librium can all be attributed to the numb state the child would have been in, not to any actual improvement in the child. The protagonist in *The Queen’s Gambit*, Beth Harmon, is herself an anxious child who struggles to sleep and needs something to help her cope and this is what Librium offers her, because ‘[i]t loosened something deep in her stomach and helped her doze away the tense hours in the orphanage’,¹² ‘doze’ being the key word in her description of taking Librium. It is also important to note that the authors of the study found that Librium is ‘effective in decreasing anxiety and ‘emotional overload’¹³ which is a clear link to the argument proposed in this essay that Librium and the other benzodiazepine anxiolytics are a pharmaceutical treatment for hysteria, metastasised from the long list of previous treatments.

In *The Queen’s Gambit* we are introduced to the tranquiliser given to the children on page 6, but it is only given a name on page 134 of the novel, when Beth is given a Librium prescription by a doctor in Mexico following her adoptive mother’s death, which she then, as an eighteen year old in a foreign country, takes to a string of pharmacies to get as many pills as she possibly can: ‘She had spent three hours the day before, after signing the papers,

11 Wayne H., Green, *Child and Adolescent Clinical Psychopharmacology*, p. 302. Emphasis my own.

12 Walter Tevis, *The Queen’s Gambit*, p. 6.

13 Wayne H. Green, *Child and Adolescent Clinical Psychopharmacology*, p. 302. Emphasis my own.

going from *farmacia* to *farmacia*, buying the limit of one hundred pills in each'.¹⁴ This upsetting image of calmly but resolutely wandering from pharmacy to pharmacy to procure the Librium is a stark reminder of her childhood addiction to the tranquiliser, as well as signalling that she has not been able to forget it. As a child, Beth is in no position to be able to understand the addictive properties of the pills she is given, or what would be considered a dangerous misuse of them. Beth quickly learns how to draw out the 'beneficial' effects of the pill:

She waited there in the dark, alone, monitoring herself, waiting for the turmoil in her to peak. Then she swallowed two pills and lay back until the ease began to spread through her body like the waves of a warm sea.¹⁵

That night for the first time she took three pills [...] Little prickles went across the hairs on the back of her neck; she had discovered something important.¹⁶

Beth is consumed with thoughts about taking the tranquiliser pills, planning and carefully executing her consumption of them to ensure a good high, which is alarming when you remember that she is eight to ten years old at the start of the novel. The fact that she 'monitors herself'¹⁷ as her body and mind react to the higher levels of Librium in her system is highly calculating and leads her to experiment further in her drug misuse, saving more and more pills to take at a time. Not once in the novel does she feel she has had a bad high from Librium; even when she overdoses on the pills as a ten year old and has to have her stomach pumped, she is kept numb and tranquil by the chemical reactions already taking place in her brain, barely noticing the 'gray rubber tube' they made her swallow: 'it was easy'.¹⁸ This early-life introduction to heavy prescription tranquilisers and the resulting addiction is seen across

14 Walter Tevis, *The Queen's Gambit*, p. 136.

15 Ibid. p. 10.

16 Walter Tevis, *The Queen's Gambit*, p. 11.

17 Ibid. p. 10.

18 Ibid. p. 41.

the board in prescription pill abuse in teenagers since the mid-twentieth century, as seen in this recent study: 'over 2 million teens (aged 12 to 17 years; 9.3%) in the United States reported past year NMUPD [non-medical use of prescription drugs], with teens accounting for over 15% of all past year prescription drug abusers (CASA, 2005)'.¹⁹ In *The Queen's Gambit* Beth and the other children at the orphanage are victims to the need to pathologise and quickly treat (or suppress) any emotional or behavioural displays deemed too intense by the patriarchal society they live in. This treatment is the continuation of the historic othering of those deemed weak by the patriarchy: women and children. Beth's gender also ties her plight to the historic need to treat hysteric women, which I will analyse further in the next two sections, as I look at the treatment of young and elderly women.

I feel great!

Life is marvelous!

and yet bull's eye,

the hex.²⁰

In the 1960s and 1970s, when benzodiazepines were quickly gaining traction in the pharmaceutical industry, there were many other seismic shifts taking place, especially surrounding women's rights in relation to their labour and over their bodies. In the Western world these movements included gaining access to the contraceptive pill and legalizing abortions for non-medical emergencies, two substantial moments in the fight for women's autonomy over their bodies within the medical sphere. These fights for women's rights grew from an overwhelming combination of pressures applied from within the home, the work environment, and within society. The mounting pressures on women in the 1960s and 1970s

19 J.L. McCauley et al., 'The role of traumatic event history in non-medical use of prescription drugs among a nationally representative sample of US adolescents', *Journal of Child Psychology and Psychiatry*, 51 (2010), 84-93, (p. 2).

20 Anne Sexton, 'The Hex', *The Complete Poems*, (Boston: Houghton Mifflin, 1981), p. 313-14, ll. 45-48.

also led to the creation of a crucial but often forgotten movement, the Wages for Housework movement, which argued that patriarchal society was taking advantage of the affective labour women had to perform within the home and that all women deserved to have their labour acknowledged by society and the government, by applying a monetary value to it. This was a time when women were scrutinising the patriarchal societal structures in place and fighting them on a largely reproductive front, whether reproductive health or reproductive labour. It is in this climate of mounting women's autonomy that marketing became incredibly effective at driving consumerism within the capitalist system of the Northern Hemisphere. The pharmaceutical industry now had the ability to approach consumers (not patients, consumers) through targeted ads. Metzl writes that during the course of the 1950s:

articles about pharmaceutical miracle cures filled leading mass circulation news magazines (*Newsweek*, *Time*, *Science Digest*) and women's magazines (*Cosmopolitan*, *Ladies' Home Journal*). These magazines reached vast audiences and were immensely influential in presenting a new type of doctor-patient interaction to middle-class America.²¹

This new interaction was producer-consumer rather than producer-doctor-patient, as pharmaceutical companies sought maximum profit from their products. This was analysed earlier in this essay in the vast array of ailments that tranquilisers are prescribed (but in essence marketed) for, regardless of the results and conclusions reached by the trials conducted. In the poem 'The Hex', by Anne Sexton, the speaker refers to her own use of Librium as she struggles with her mental health, and the weight she feels in having inherited the 'Nana-hex' from her grandmother. Librium is referred to in only two lines in the last stanza of the poem, but it makes a lasting impression on the reader as the benzodiazepine anxiolytic

21 Metzl, 'Mother's Little Helper', p. 241.

is clearly named. In this section of the essay I will be analysing the mental state of the speaker in Sexton's poem and the effect Librium has on her.

Sexton's confessional poetry often alludes to illnesses, whether physical or mental, just as she does in the poem 'The Hex'. Sexton's use of strong imagery, each new image created in just a short line, constructs succinctly the impression that the speaker is a woman suffering from a mental health issue, possibly a depression of sorts, that she attributes to her mentally ill namesake, her grandmother. The name the speaker has given these low feelings, 'The Hex', is reminiscent of other names given to depression, such as 'the black dog' (referring to the malign influence of the constellation Sirius) or simply 'feeling blue'; states you cannot shake off, just like a hex placed on you. In the final stanza Sexton writes about the speaker's attempts to treat her low feelings: 'Brandy is no solace. / Librium only lies me down / like a dead snow queen'.²² Her attempts to treat her ailment ranges from attempts to self-treat using alcohol, to the medically approved prescription of Librium.²³ These two lines are reminiscent of the way Beth Harmon felt when she was taking Librium in Walter Tevis's *The Queen's Gambit*: the numbness to life created by this tranquiliser expertly manifested in just the description of the 'dead snow queen':²⁴ cold, numb, untouchable. The difference with Beth's reaction to the tranquiliser Librium and the speaker of Sexton's poem is that here this very physical reaction is unwanted by the speaker; it is clear from her tone and from the final lines of the poem that she is not happy to take Librium to treat her hex, instead surrendering herself to the inevitability of this hex following her around for the rest of her life, an inherited trait from her Nana, just like her green eyes: 'Yes! I am still the criminal. / Yes! Take me to the station house. / But book my double'.²⁵ This feeling of inevitability, that this hex she is plagued with is hereditary, and the wide range of unusual symptoms coupled with the psychological detours into her troubled relationship with her grandmother and the reference to a psychiatrist visiting her dying grandmother in the second stanza of the poem, as well as the duality of the young

22 Sexton, 'The Hex', p. 313-14, ll. 50-2.

23 Ibid. ll. 51-2.

24 Ibid. ll. 52.

25 Ibid. ll. 53-55.

child witnessing this happening to her elderly grandmother connects this hex to the variety of ailments previously shoved under the umbrella term of hysteria. As Maines explains in her work *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction*, '[Hysteria] was a paradigm that explained everything and therefore nothing',²⁶ and can thus be applied in this poem to the feelings expressed by the speaker. Just as hysteria is an umbrella-term for undesirable female behavioural traits, Librium and the other benzodiazepine drugs are a cure-all band-aid slapped on to hide these undesirable female behavioural traits: two sides of the same coin. This is a clear continuation of the othering of the female body and the way women interact with the world, as seen in the repulsion the speaker feels not only for her grandmother but for her own state of mind:

Sitting on the stairs at thirteen,
hands fixed over my ears,
the Hitler-mouth psychiatrist climbing
past me like an undertaker,
and the old woman's shriek of fear:
You did it. You are the evil.²⁷

This internalized repulsion is a by-product of the stigmatisation of these behaviours by the patriarchy. The final line in the above quote: 'You did it. You are the evil'²⁸ is repeated three times in the poem, taking on a mantra-like quality, furthering the impression that the speaker has internalised the repulsion she felt on witnessing her grandmother's deteriorating mental state, inheriting that self-destructive psychological cycle: 'It's all a matter of history'.²⁹ As previously stated, hysteria is an incredibly elastic, blanket diagnosis that has been used repeatedly through time to other women of all ages, to remove the undesirable traits expressed

26 Maines, *The Technology of Orgasm*, p. 45.

27 Sexton, 'The Hex', p. 313-14, ll. 27-32.

28 Ibid. l. 32.

29 Ibid. l. 49.

by women within a patriarchal society. The speaker in Sexton's 'The Hex' is a woman struggling with her mental state, but unable to name exactly what is happening to her, using metaphors and imagery to create an impression of her mental state. The speaker's attempts to self-medicate using brandy, her adverse reaction to Librium, and her continued vague descriptions of what ails her indicates that this was a misprescription of Librium. The Librium numbs her and masks her socially undesirable thoughts and feelings, rather than helping her treat her symptoms. This is another instance in which behaviours and thoughts deemed hysteric and undesirable are treated with the benzodiazepine anxiolytic Librium, in the hopes that she will recede into the background along with her undesirable traits; this is echoed in the experiences of Beth Harmon in the last section, and the Papamichael grandmother in the next section.

'Today [Yiayia Annoulla] will go to church, polish Pappou's³⁰ makeshift altar and sit in a stupor, milling over the events of 20 July 1974'.³¹

Age is a determining factor in many issues relating to the prescription and (mis)use of medication. The aged body requires a different approach than a young body, as seen in the previous sections on children and young women and the use of the benzodiazepine anxiolytic Librium. Numerous reasons for clinicians to stop prescribing benzodiazepines to elderly patients have been posited in research and backed up by organisations such as the American Geriatrics Society, with one incredibly important factor in the argument being the effect benzos have on the elderly patient's memory, a problem not mentioned in the Kraft et al. study on childhood use of Librium. In this section I will be using research published in the Mayo Clinic's *Concise Review for Clinicians* to analyse the use of Librium in Eve Makis's novel *Eat, Drink and be Married*, and the effect this prescription has on an elderly woman, on her body, and on her interactions with the world around her. This analysis will be linked to the previously posited argument of the elasticity of hysteria and how the continued overprescription and

30 'Pappou' is Greek for grandfather.

31 Makis, Eve, *Eat, Drink and be Married*, (San Francisco: Black Swan, 2004) p. 277.

misprescription of Librium to women of all ages is a continuation of the othering of the female body seen in earlier hysteria treatments. This analysis does not apply to situations in which Librium is needed and improves the quality of life of the patient, but in situations where the prescription did not help or had an adverse effect on the patient, as it does on Yiayia Annoulla.

The interaction with Librium in Makis's *Eat, Drink and be Married* begins with the migratory journey of the grandmother figure, Yiayia Annoulla, from Cyprus to England in 1974. Yiayia Annoulla leaves Cyprus as a refugee following the Turkish invasion of the northern part of Cyprus in 1974 following tensions with Greece,³² after initially spending six months in a refugee camp, having been forcefully evacuated from her village, which then becomes part of Turkish-controlled Northern Cyprus. Her life is forever changed in the summer of 1974 as she loses her home, village, and most importantly, her husband, who is still missing in the 1980s when the novel is set. The trauma she experiences and the many losses she has to face culminate in a state of mental and emotional deterioration when she arrives in the UK to live with her children and grandchildren:

For more than a year Yiayia refused to hang her clothes in the wardrobe [...] She slept on my bedroom floor [...] rarely woke up before midday and then only to slurp a bowl of soup and go back to sleep. When she finally accepted her interim fate and stopped taking Librium she became the woman I know today. An early riser, a keen cook, a spiritual mentor.³³

The Librium prescription provided by the National Health Service upon her arrival in the UK indicates an understanding of the deep psychological effects of her displacement and months spent in a refugee camp, as well as the continued heartache over her husband's

32 Operation Attila was launched by Turkish forces in Cyprus on the 20th of July 1974, following the Greek Junta funded coup by the Greek-Cypriot National Guard and EOKA-B to unite Cyprus with mainland Greece (enosis). The events of 1974 led to mass displacements in the Greek-Cypriot, Turkish-Cypriot, and Armenian-Cypriot communities on the island and the continuation of the already established division of the island by the UN Buffer Zone, the Green Line.

33 Makis, Eve, *Eat, Drink and be Married*, pp. 284-5.

disappearance. Where the prescription goes awry – and we can chalk this up to a misprescription of Librium – is in the clear effect it has on her ability to function and her quality of life. She has survived a terribly traumatic period in recent Cypriot history, but the prescription of Librium is not helping her come to terms with it, but rather helping her to avoid emotionally and psychologically dealing with her new, and sadly permanent, reality. This is also made clear from Yiayia Annoulla's refusal to unpack or make herself comfortable in her daughter's flat. If she is not comfortable, then this flat will never feel like home, and therefore will never feel permanent. The Librium misprescription enables Yiayia Annoulla's evasion of her feelings and memories as it has such a strong effect on her, making her numb and drowsy, which is why she sleeps so much and appears so apathetic to her granddaughter at the time. It is clear that her state of mind and emotive displays upon arriving in her host country were deemed unnecessary and too much; othered again and again by her age, gender, ethnicity and her refugee status, her situation is worsened by the prescription of Librium to manage her otherness. The traits listed, coupled with the distress she must have been exhibiting upon arrival in the UK again links the prescription of Librium to a woman who would have otherwise been labelled as suffering from hysteria at an earlier time. As described by Geels et al. in *Technology Analysis and Strategic Management*, benzodiazepines such as Librium was and still is a cure-all:

Sleeplessness, nervousness, overexertion, stomach and back pains, hypertension and heart problems, and psychotic disorders (schizophrenia, manic depression) became indications for the administration of members of the expanding 'benzo-family'. The 'wonder drugs' were prescribed and used as answer to everything, including the 'normal' emotional reactions to life's everyday challenges. German physicians came to use the following aphorism: '*Wenn man nicht weiss, wie, was, warum, dann gibt man immer Valium*' (when you don't know how, what and why, then it is time for Valium). Such popular

representations mirrored consumption statistics. From the early 1960s up to late 1970s Librium, Valium, Mogadon and other benzos led the drug list in Western countries.³⁴

It is clear in the above quote that Librium and the other benzodiazepine drugs were marketed for an extensive list of ailments, many of which do not have a direct correlation between them, such as stomach and back pains with the treatment of schizophrenia. This explanation of the medical community's approach to the benzodiazepine drugs as a cure-all and the clear adverse reaction exhibited by Yiayia Annoulla highlights that this is a misprescription, one that has not benefited her or improved her quality of life. In the Mayo Clinic's journal *Concise Review for Clinicians*, Markota et al. argued in a 2016 article for the prescription of benzodiazepines to elderly patients to be discontinued, due to numerous problems such as: long-term dependency and withdrawal; increased risk of falls and fractures; increased reaction time; disrupted balance and gait; sedation; impaired vision; and short-term cognitive deficiencies in memory, attention and learning, that were not as pronounced in younger patients.³⁵ As seen from the list of problems, benzodiazepine anxiolytic use in elderly patients very much affects their quality of life and their ability to interact with the world around them, as seen in the complete numb disinterest exhibited by Yiayia Annoulla. This excessive prescription points to a lack of understanding within the medical profession of the horrors and shock Yiayia Annoulla experienced – the stress of displacement and life in a refugee camp, but also of her as a foreign elderly woman. The female body is always othered; coupled with age and ethnicity, Yiayia Annoulla is faced with further barriers in advocating for herself in a clinical setting. The clear worsening of Yiayia Annoulla's mental state points to this being a case in which it is not that medical intervention is not needed, but that Librium is not helping. For that reason, it is a misprescription of a drug that has been proven to be over-prescribed

34 Geels et al., 'Cultural Enthusiasm, Resistance and the Societal Embedding of New Technologies: Psychotropic Drugs in the 20th Century' 145-165, (p. 157).

35 Matej Markota MD, et al., 'Benzodiazepine Use in Older Adults: Dangers, Management, and Alternative Therapies', *Concise Review for Clinicians*, 91 (2016), 1632-39, (p. 1634).

by the medical community, a misprescription that has led to Yiayia Annoulla's behaviour correlating to behaviour previously considered medically hysterical.

The prescription and (mis)use of Librium to women of all ages is clearly a problem propagated by the combination of living in a patriarchal and capitalist, fast-paced society, where problems have to be dealt with quickly so that the capitalist market is not affected. This attitude towards health problems has become increasingly clear during the Covid-19 pandemic, as countries repeatedly choose the welfare of their economy over the welfare of their people. When looking at the scale of a global pandemic and how society and people in leadership positions have reacted to it, it is no longer a question of *why* women are over-prescribed Librium and other benzodiazepine anxiolytics to moderate their behaviour, in cases that do not necessarily fit the prescription of Librium but the cure-all mentality developed around it, but rather *how* we can change the attitude towards these emotive displays and behaviours that are deemed unnecessary. This will also continue to be an important question when the true scale of the impact the pandemic and numerous lockdowns have had on mental health becomes evident, as benzos continue to be incredibly popular prescription drugs. The medicalization of the female body is not a new phenomenon, as the female body is not only continuously othered by patriarchal society, it is also still shrouded in mystery for men, despite attempts to constrict and control the female body. It is this mysteriousness and lack of understanding that led to the extensive list of ailments attributed to the vague term of hysteria, which to this day carries a negative connotation solely associated with women. As argued in this essay, the othering of the female body throughout a woman's lifecycle is a problem seen throughout history and even in the century following the dissipation of the medical diagnosis of hysteria, with Librium and the other benzos just acting as the latest manifestation of this othering of the female body, which is not likely to end anytime soon.

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**‘SOAKING IN EACH OTHER’: (IN)VISIBLE CONSTELLATIONS
AND THE POWER OF SIGHT IN LUCY BEECH’S**

REPRODUCTIVE EXILE.

HOLLY ISARD

CONTENT WARNING

The following text features discussions of infertility treatments and discusses images of violence towards animals.

In April 2020, as most of Europe went into the first lockdown, Ukraine's borders closed. In May, photographs and videos from inside Kiev hotel rooms began to circulate online – they showed rows and rows of new-born surrogate babies in plastic beds with live-in nurses working round the clock, caring on rotation: a literal 'baby line'.¹ A scandal ensued. News stations across the world broadcast bereft parents from Italy, Britain and the United States unable to collect their babies born to surrogates. Lockdown made visible, on a global scale, the concealed gestational labour that takes place in surrogacy clinics, as well as assisted reproductive technologies (ARTs) reliance on transnational networks, and the injustice of 'borders' – albeit only when they block white reproductive futurism.² The articles that tracked Ukraine's surrogacy scandal emphasised the 'hidden' nature of a 'secret industry': the commercial baby business had been 'exposed'.³ The surrogacy industry in Ukraine mirrors that of a number of Eastern European countries whose constantly shifting laws enable intended parents to travel from across the world to receive fertility treatment. Lower costs and slippery regulations have led to an increasingly profitable industry known as 'fertility tourism', 'reproductive tourism', or 'cross-border reproductive care'.⁴

The focus of this paper is a fictional clinic in the Czech Republic, a popular destination for reproductive tourists because of its more liberal legislation. 'The Future Life Group' sits on the former site of a sanatorium surrounded by bright white rock coveted for its purifying qualities. Run by an all-female workforce, the clinic welcomes 'intended parents' to realise 'their dream of conceiving a child that resembles them'.⁵ The Future Life Group forms the

1 In the 1970s, Wages for Housework, a Marxist feminist movement, declared that under capitalism childbearing is part of a 'baby line' and 'every miscarriage a workplace accident'. Silvia Federici, *Revolution at Point Zero: Housework, Reproduction and Feminist Struggle* (Brooklyn: Common Notions, 2012).

2 Oksana Grytsenko, 'The Stranded Babies of Kyiv and the Women Who Give Birth for Money', *The Guardian*, June 15 2020, <<https://www.theguardian.com/world/2020/jun/15/the-stranded-babies-of-kyiv-and-the-women-who-give-birth-for-money>> [accessed 3 January 2021].

3 Grytsenko, 'The Stranded Babies of Kyiv and the Women Who Give Birth for Money'.

4 The terminology surrounding reproductive tourism has been debated amongst Science and Technology Studies scholars, see Amy Speier, *Fertility Holidays* (New York: New York University Press, 2016), p. 4.

5 Lucy Beech, *Reproductive Exile*, 2018. Lafayette Anticipations, 2018. Commissioned by Lafayette Anticipations, Paris; De La Warr Pavilion, Bexhill-on-Sea; and Tramway, Glasgow. Produced by Lafayette Anticipations.

setting of *Reproductive Exile* (2018), a 30-minute film by the artist Lucy Beech.⁶ *Reproductive Exile* follows Anna, one of these 'intended parents' as she makes the cross-border journey to access gestational surrogacy, provided by 'hosts' (surrogates), that form part of the clinic's services.

Beech's script for the film is built up from interviews with reproductive tourists, marketing material for surrogacy brokers and international patients, posts on community forums, and scientific papers.⁷ We follow Anna as she injects hormones in her bedroom, drives across borders, is welcomed at the clinic, meets a reproductive techno-prosthetic and undergoes fertility treatment. Whilst the majority of the film plays out chronologically, it is interrupted throughout by an array of shots that show various behind the scenes moments in the production line – horses farmed for their urine, mice laid out on lab tables and under-the-skin medical imaging; moments I term 'interruptions' throughout this paper. While the majority of the film follows Anna as she mediates her reproductive care, these 'interruptions' break from the storyline to reveal either close-ups of the insides of bodies or the activities of various workers who enable Anna's reproductive tourism, but who she never sees. In refusing a clear or stable viewpoint, Beech disrupts a straightforward understanding of the fertility industry. The interruptions draw attention to a network of workers: human, non-human and machine, who circulate behind-the-scenes, their invisible and undervalued reproductive labour powering the global fertility chains that the fictional clinic makes up just one part of. 'Global fertility chains', coined by Sigrid Vertommen, Vincenzo Pavone and Michal Nahman, describes a network or chain-based approach to the reproductive bioeconomy: 'a nexus of intraconnected practices, operations, and transactions between enterprises, states, and households across the globe, through which reproductive services and commodities are produced, distributed, and consumed'.⁸

6 Beech, *Reproductive Exile*.

7 Sophie Lewis, 'Lucy Beech "Reproductive Exile" Introduced by Sophie Lewis', Vdrome <<https://www.vdrome.org/lucy-beech/>> [accessed 9 December 2020].

8 Sigrid Vertommen, Michal Nahman and Vincenzo Pavone, 'Global Fertility Chains: An Integrative Political Economy Approach to Understand the Reproductive Bio-Economy', *Science, Technology and Human Values*, 20 (2021), 1-34 (p. 2).

Using a global fertility chain framework reveals unevenly developed reproductive geographies, the global fertility industry's reliance on women's waged and unwaged reproductive labour, and the role of multiple actors at multiple scales. This paper argues that *Reproductive Exile*, through the filmic technique of 'interruptions', makes visible these multiple actors and their labour as they move through and across borders in the global fertility chain enabling Anna, Beech's protagonist, to access gestational surrogacy and other reproductive services at the clinic. I start with the surrogate who is deliberately omitted from the film, before moving to a hormone-producing reproductive machine, and then to a multispecies network whose labour is connected through liquids that flow through the film. I then look to the idea of the 'visual' itself – first to the way whiteness is foregrounded in the film, materialising the fertility industry's reliance on and reproduction of racialized borders and extractive histories of colonialism and slavery. Next, I show how *Reproductive Exile* draws attention to the importance of the visualising power of reproductive technologies in the global fertility chain and their political implications. The film concludes with a flooding, a culmination of the interruptions that populate the rest of the film. Arguably, in this moment *Reproductive Exile* presents an alternative outcome, the potential for an emancipatory technological repurposing that seizes on cross-species liquid kinship. Crucially, through Beech's manipulation of techniques of screening and sight, I argue this alternative is dependent on recognizing the role that *seeing* plays in an emancipatory reclaiming.

(In)visible work in the clinic: screening gestational labour

In the text that accompanied the screening of *Reproductive Exile* at Tramway in Glasgow, a commentary that documents the writer Naomi Pearce's experience watching the film, Pearce describes a 'constellation of invisible female bodies' that make up *Reproductive Exile*.⁹ The most obviously absent is that of the gestational surrogate, Anna's 'host'. She never appears on screen, not even in an interruption – instead we *hear* about her, although only in

9 Naomi Pearce, 'Reproductive Exile' (De La Warr Pavilion, 2018), <<https://www.naomipearce.co.uk/Reproductive-exile>> [Accessed 07/07/21].

reference to her body as the site of production: the hormones derived from horse's urine that she injects to thicken the lining of her uterus, readying it for the egg's implantation; these hormones 'working', the 'syncing' of her cycle. What emerges is the ways in which biocapitalism depends on the erasure of the surrogate as a subject and her transformation into a vessel, a 'host', which in the film is portrayed through her absence.

The term 'biocapitalism' has been used over the past decade to describe the inclusion of biological materials in the circulation of capital enabled by advances in technologies from the 1970s onwards. In 1978 the invention of in vitro fertilisation (IVF) paved the way for a number of advances in reproductive technologies and services, the biological process of human fertility became manipulable in new ways for capital.¹⁰ For the baby brokers of *Reproductive Exile*, the primary interest in the fertility of their clients is not to help realise 'dreams', as they proclaim, but rather to extract as much of the value that is produced across global fertility chains as possible, what Catharine Waldby has termed *biovalue*.¹¹ As with many capitalist production lines, keeping these processes of value extraction hidden is key to their success.

In making reference to the surrogate as Anna's 'host' but never visibilising her on screen, the pregnant body is concealed, the 'gestational labour' of the surrogate is configured as passive, and processes of 'production', 'reproduction' and 'care' are deliberately obscured. 'Gestational labour' is a term coined by Sophie Lewis to refer to the social reproductive labour of pregnancy, where reproductive labour describes the activities that both maintain the current workforce and nurture future workers or those unable to work. Social reproduction as a theoretical framework has been used by feminists since the 1970s to explore the ways in

10 Sophie Lewis, *Fully Surrogacy Now* (London: Verso, 2019). See also: Catherine Waldby and Melinda Cooper, *Clinical Labour: Tissue Donors and Research Subjects in the Global Bioeconomy* (Durham and London: Duke University Press, 2014); Sarah Franklin, *Dolly Mixtures: The Remaking of Genealogy* (Durham: Duke University Press, 2010); Sarah Franklin, *Biological Relatives: IVF, Stem Cells and the Future of Kinship* (Durham: Duke University Press, 2013); Kalindi Vora, *Life Support: Biocapital and the New History of Outsourced Labor* (Minneapolis: University of Minnesota Press, 2015).

11 Catherine Waldby, 'Stem Cells, Tissue Cultures and the Production of Biovalue', *Health*, 6 (2002), 305–23 (p. 310).

which the daily and generational renewal of human life is essential to capitalism.¹² This encompasses both particular activities and wider infrastructures that maintain and reproduce life, including childcare, housework, caring for oneself and others but also, crucially, species reproduction. Put simply, as Lewis shows, gestational labour asserts the ‘labour power’ and work of pregnancy, the qualitative doing of gestating.¹³ Gestational labour can be used to refer to the work of gestating both within commercial industries as visualised in *Reproductive Exile*, and within pregnancy that is not considered commercial.¹⁴ Through the interruptions that take place throughout *Reproductive Exile*: horses farmed for their semen and urine, scientists extracting hormones from mice, manipulated embryos, and the clinic’s workers being trained, Beech makes visible the different kinds of labour that take place across borders in these global fertility chains. All the while, the pregnant body and the gestational labour it performs remains absent.

Evatar: the mother of all microHumans

In place of her surrogate, Anna is introduced to Eve, short for ‘Evatar’ (Fig. 1), a bespoke techno-prosthetic, programmed to perform Anna’s reproductive system. Instead of the surrogate’s gestational labour it is this reproductive machine that is shown to generate value. Instead of the surrogate, Anna is led to believe that it is Eve doing all the work. As Pearce highlights, Eve is based on a real piece of technology developed by researchers at the Woodruff Lab at Northwestern University, Illinois.¹⁵ Beech’s repurposed version is quite

¹² For an overview see: *Social Reproduction Theory*, ed. by Tithi Bhattacharya (London: Pluto Press, 2017); Silvia Federici, *Reproduction at Point Zero*; *Social Reproduction: Feminist Political Economy Challenges Neo-Liberalism*, ed. by Kate Bezanson and Meg Luxton (Montreal: McGill-Queen’s University Press, 2006).

¹³ Sophie Lewis, *CYBORG LABOUR: Exploring surrogacy as gestational work* (doctoral thesis, University of Manchester, 2016), p. 24.

¹⁴ Under capitalism and in the scholarship on reproductive technologies and surrogacy there is often a clear distinction drawn between so-called ‘normal’ pregnancy and ‘assisted’ pregnancy – however, as Lewis argues, ‘assisted reproduction’ ceases to be categorically separate from other forms of reproduction. Sophie Lewis, *Full Surrogacy Now* (London: Verso, 2019). See also: Sigrid Vertommen and Camille Barbagallo for the ways in which waged and unwaged reproductive labour exist in a dialectical relationship. Sigrid Vertommen and Camille Barbagallo, ‘The in/Visible Wombs of the Market: The Dialectics of Waged and Unwaged Reproductive Labour in the Global Surrogacy Industry’, *Review of International Political Economy*, 2021, 1–41.

¹⁵ Pearce, ‘Reproductive Exile’ (De La Warr Pavilion), unpaginated.

different to the original, for one thing it is much more aesthetically pleasing. Beech has replaced a plastic, orange-tinted low-fi chip with a sleek stainless-steel machine; the visuals are intricately rendered. Beech worked with a visual effects designer, 'a specialist in creating digital models of viscous fluids' to create the yellow liquids that pump through Eve.¹⁶ The way the machine looks is important, Anna is transfixed – as the clinic director explains the technology to Anna her voice slowly fades out as Anna focuses solely on the machine she sees on the screen in front of her.

Woodruff Lab's Evatar is designed for the culturing of multiple tissues together for extended periods of study, replicating the female reproductive system using ovary, fallopian tube, uterus and cervix tissues – Evatar can mimic the menstrual cycle and pregnancy-like conditions. Developed to be used in drug discovery and toxicology studies, Evatar is positioned to both naturalize and gender reproductive labour. The Woodruff Lab describes their invention as follows:

*She's innovative. She's three-dimensional. She's made of human cells. She has a functional reproductive tract that includes an ovary, fallopian tube, uterus and cervix [...] She produces and responds to hormones and has a normal 28-day hormone cycle. She can metabolize drugs [...] And she fits in the palm of your hand. She's the future of drug testing in women and personalised medicine, and her name is Evatar. Just as Eve is thought to be the mother of all humans, Evatar is the mother of all microHumans (emphasis added).*¹⁷

In *Reproductive Exile* this last sentence is spoken verbatim by the clinic director as she introduces Anna to Eve. In the film Beech adapts this extracorporeal technology. With

¹⁶ Pearce, 'Reproductive Exile' (De La Warr Pavilion), unpaginated.

¹⁷ Pearce, 'Reproductive Exile', unpaginated; Kelly McKinnon, 'Evatar: The Mother of MicroHumans | Woodruff Lab', 2013 <<https://www.woodrufflab.org/Evatar-MPS>> [accessed 3 January 2021]. Emphasis mine.

cells taken from Anna, Eve reproduces her exact 28-day menstrual cycle – helping to build a bespoke drug treatment programme that makes it easier to sync Anna’s cycle with that of her surrogate. We learn that Eve is plugging a gap in scientific research as so far this: ‘has always involved mostly male derived cells and male animals, female mice were considered to be unreliable [...] it’s difficult to believe that for so long we’ve relied on male cells to understand female physiology. Until now’.¹⁸ As is illustrated by the effort made to gender and naturalize Evatar, automation of the reproductive system makes explicit the ways in which gestation and other biologically reproductive processes (ovulation, menopause) are resources that can be pursued by capital. This naturalizing is key: labour that takes place within the clinics that purchase biological capacity and material goes unrecognized as work *because* it is naturalized. Lewis writes, ‘the exceptionality and care-worthiness of gestation remains something that has to be *forcibly* naturalized’.¹⁹ By the end of the film Anna is aware of this naturalization, in conversation with Eve she describes what takes place around her as ‘women’s work’, work that ‘doesn’t come naturally, even if sacrifice is sold as part of the female constitution’.²⁰

After this initial meeting Eve becomes increasingly connected to Anna’s and the surrogate’s bodies as the three ‘sync’, sharing hormones, liquids, and cycles. As the boundaries between the body and machine collapse an embodied capitalism emerges, Eve attempts a totality of access, machine and body as one form a productive direct, almost unmediated exchange.²¹ From this point in the film shots of the clinic’s corridors, facilities, and

18 Beech, *Reproductive Exile*.

19 So far are procreation and population changes from being automatic or ‘natural’, writes Silvia Federici, ‘that, in all phases of capitalist development, the state has had to resort to regulation and coercion to expand or reduce the work-force’. Silvia Federici, *Caliban and the Witch* (New York: Autonomedia, 2004), p. 91; Lewis, *Full Surrogacy Now*, 2018, p. 7.

20 Beech, *Reproductive Exile*.

21 ‘Embodied capitalism’ refers to the centrality of the body in current labour formations – this can include life itself as productive force, as in biocapitalism, see: Cooper and Waldby, *Clinical Labour*, 2014; Kaushik Sunder Rajan, *Biocapital: The Constitution of Postgenomic Life* (Durham: Duke University Press, 2006); Catherine Waldby and Robert Mitchell, *Tissue Economies: Blood, Organs, and Cell Lines in Late Capitalism* (Durham: Duke University Press, 2006) – but also the embodied character of all work, and the ways in which the reorganization of the body is key to sustaining the productivity of labour, see: Vassilis Tsianos and Papadopoulos, ‘Precarity: A Savage Journey to the Heart of Embodied Capitalism’, *Transversal Texts* <<https://transversal.at/transversal/1106/tsianos-papadopoulos/en>> [accessed 24 June 2021].

its surrounding environment are set to Anna's inner monologue as she confides in Eve. Speaking directly to Eve, Anna conjures 'her' image both literally on the screen and in words: 'I can visualise your body stand in for mine. Your shiny plastic chambers pushing liquids and hormones through my tissues' as close-up shots of Eve's silver chambers fill the screen, emphasis is placed on the visual.²² Anna imagines their boundaries collapsing into each other, part of a constellation of actors along a liquid global fertility chain as hormones extracted from the urine of menopausal women and pregnant mares move between Eve, Anna and her 'host' – visualised in the liquid channels of the machine.

Liquid networks, chemical ecologies

While the surrogate and her gestational labour is screened from view, the interruptions that punctuate the film make visible other workers in the global fertility chain who are usually obscured – the interruptions are cut seamlessly with the main storyline so at first it is difficult to recognize what Anna is witness to and what she is not. The first interruption shows a horse writhing on top of a 'phantom mare', a large brown oblong that serves as a substitution for a live horse, allowing the breeder to collect semen. The camera stays close to the horse's face before cutting to a clinical setting; a white mouse is laid on its back with an oxygen mask to its nose, two sets of hands in blue surgical gloves stretch back the mouse's stomach and slice the skin with surgical scissors (Fig. 2). The scene changes – this next interruption is more abrupt – we see through the eye of a microscope; surgical instruments are magnified and pull apart what appear to be tiny cells (Fig. 3). Next, we see the sperm in clear plastic bags packed into polystyrene boxes to be stored in freezers, and some shots later a mare being inseminated by a male stable hand. These animal actors populate the film in multiple interruptions – and later, once we begin to hear Anna's interior monologue, in descriptions too. The work performed by these animals, hidden from the eyes of intended parents at the clinic, is made visible.

²² Beech, *Reproductive Exile*.

Beech focuses on one biological product in particular: urine, and the liquid connection it forms across animal, human, and machine. We hear reference to urine from Anna throughout the film: ‘a friend says it’s made from concentrated urine, the stuff I’m injecting, the stuff that syncs our cycles, highly purified from menopausal women, can that be true?’.²³ Liquids form a constant backdrop to *Reproductive Exile* – from shots of swimming pools and running taps, to bags of semen and urine. Anna lies in a bath of yellow liquid, which in turn resembles the liquid that flows through Eve (Beech chose to replace the blue liquid of Woodruff Lab’s Evatar with this amber yellow). Later, with more confidence Anna tells Eve, ‘pregnant mare’s urine is concentrated with hormones that will strengthen my host’s uterus ready for my eggs’.²⁴ Donna Haraway has documented the networks urine creates across fertility chains; she weaves together a story of urinating pregnant Canadian women, menopausal Americans and pregnant mares farmed for their urine in rural Wisconsin – connected through Premarin, an oestrogen medication.²⁵ Martha Kenney looks to notions of ‘chemical ecologies’ to describe the ways in which we are all constituted by and in relation to chemicals, and in an interview with Beech, Lewis describes the film as a ‘hormonal multispecies pharmaceutical relationship’.²⁶ These relations are imagined by Anna through the sharing of hormones: ‘I wonder where these women are Eve’ she says, ‘supplying us with hormones, peeing into bottles, it feels strange that traces of them are moving through my system and now yours’.²⁷ It is not only the women who Anna imagines but also the horses, ‘do you think horses are given concentrated women’s urine so they can conceive?’²⁸ Geographic and bodily boundaries are built up by Anna through the interactions that take place between horse, surrogate, and machine, before they are collapsed; Haraway writes, ‘bodies as objects of

23 Beech, *Reproductive Exile*.

24 Beech, *Reproductive Exile*.

25 Donna Haraway, ‘Awash in Urine: DES and Premarin® in Multispecies Response-Ability’, *Women’s Studies Quarterly*, 40 (2012), 301–16.

26 Martha Kenney, ‘Fables of Response-Ability: Feminist Science Studies as Didactic Literature’, *Catalyst: Feminism, Theory, Technoscience*, 5 (2019), 1-39 (p. 9); Sophie Lewis, ‘Lucy Beech’, *Vdrome* < <https://www.vdrome.org/lucy-beech> > [accessed 4 September 2021].

27 Beech, *Reproductive Exile*.

28 Beech, *Reproductive Exile*.

knowledge are material-semiotic generative nodes. Their boundaries materialise in social interaction'.²⁹

As the film continues, through these liquid connections, Anna begins to break down the boundaries between horse, surrogate, and machine. She imagines her own body, Eve's and her host's as one: 'I can visualise your body stand in for mine, your shiny plastic chambers passing liquid and hormones through my tissues'.³⁰ At this moment the liquid in language is mirrored by the images that play out on screen as women swim in a clear blue pool. Beech makes visible the invisibilised chemical ecologies, where they come from, how they enable and move through cycles of production, consumption, growth, and waste. In doing so *Reproductive Exile* creates a multispecies entity, whilst drawing attention to the work involved and the ways in which biocapitalism deliberately obscures these relations.

Reproducing borders: white reproductive futurism

As with bodily borders, the fertility industry both relies on geographic borders and their circumvention. Contracting a gestational surrogate is illegal in most countries. Early in the film, as part of their training, the clinic's workers learn about the slippery laws and regulations that enable 'The Future Life Group' to run in the Czech Republic, they are told that 'surrogacy is an option here thanks to our legislators keeping things open'. The director reels off a list of other clinics: 'New Genetics Global, Bangkok, Thailand; Mobile Desires and Global Reproduction, Kathmandu, Nepal; Fertility Friends, Phnom Penh, Cambodia', all of which are 'fertility centres and agencies that have liquidated in the last three weeks'.³¹ The director is

29 Haraway, 'Situated Knowledges', p. 595. This multispecies entity composed from the crossing of bodily borders recalls Julia Kristeva's development of the 'abject' in 1982. The abject refers to the horror that permeates the boundary between the self and other when a boundary is crossed or threatened. 'Abjection' Kristeva writes, 'draws me toward the place where meaning collapses'. Similarly, and building upon Kristeva's work, Judith Butler's work on forming identities through the transgression of boundaries is relevant. In this liminal space, where the boundary between internal and external is blurred transformation is possible. Despite the obvious connections to be made it is beyond the scope of the article to comment on this further. Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. by Leon S. Roudiez (New York: Columbia University Press, 1982), p. 2; Judith Butler, *Gender Trouble* (New York: Routledge, 1999).

30 Beech, *Reproductive Exile*.

31 Beech, *Reproductive Exile*.

demonstrating how quick the laws are to change, ‘continually in process’ and so ‘often open to circumvention’. We learn that as ‘these countries, once destinations on the global fertility map, close their borders’ The Future Life Group intends ‘to intercept [their] clients in reproductive exile, those stateless eggs frozen in limbo, those people caught at the borders with few if any options left of realising their dream of conceiving a child who resembles them’.³² Indeed, fertility clinicians do manipulate legal loopholes, moving not only eggs across borders but also surrogates, risking their health whilst enabling the production line to continue.³³ *Reproductive Exile* is in many ways a story about borders – as well as the crossing of bodily borders, international borders are crossed easily for the purpose of reproductive futurism, represented in Anna’s journey by car to reach the clinic, and in the boxes of hormones in Fedex packages delivered across borders, bought illicitly on eBay, ‘just in date’. *Reproductive Exile* demonstrates how these many borders figure in the composition, organisation, and profiteering of the fertility industry, enabled by advances in reproductive technologies. The film ends with Anna driving home, crossing a final border – we are reminded of the globalising nature of surrogacy, how it illuminates borders and who is able to cross them.

Who is able to cross these borders is decided along racial lines. The film is startlingly white, The Future Life Group itself sits on bright white rock, ‘fertile with minerals’ coveted for its ‘clarifying’ properties, we are told that ‘the biological hormones that our intended parents will be using at the clinic will be purified using kaolin from this site’.³⁴ Pearce argues that *Reproductive Exile* ‘unfolds within the context of white supremacy’, pointing to the whiteness that inseminates the film’s images: ‘white mouse fur, lab coats, sperm. White bedsheets, latex, ear buds. White walls, radiators, clock [...] white skin of the clinic’s co-ordinators, the phantom surrogates’. And, crucially, the women who visit the clinic ‘desperate to have a child who resembles them’.³⁵ This can be read through what Lee Edelman has termed ‘reproductive

32 Beech, *Reproductive Exile*.

33 Lewis, *Full Surrogacy Now*; Sharmila Rudrappa, ‘How India’s Surrogacy Ban Is Fuelling the Baby Trade in Other Countries’, Quartz <<https://qz.com/india/1109531/surrogate-mothers-at-risk-in-india-after-the-commercial-surrogacy-ban-is-extended/>> [accessed 24 June 2021].

34 Beech, *Reproductive Exile*.

35 Pearce, ‘Reproductive Exile’ (De La Warr Pavilion), unpaginated.

futurism' – the idea that all political projects are organised around the ideology of heterosexual reproduction, where the future is imagined in the figure of the 'Child'.³⁶ This 'Child' is nearly always presented as white. José Esteban Muñoz challenges Edelman's erasure of race, class, and gender in the construction of reproductive futurism: 'all children are not the privileged white babies to whom contemporary society caters [...] The future is only the stuff of some kids. Racialized kids, queer kids, are not the sovereign princes of futurity'.³⁷ Reproductive technologies and practices including surrogacy are embedded within histories of colonialism – they rematerialize forms of racialization and colonial inequalities, enabling some to reproduce while preventing others.³⁸ Alys Eve Weinbaum has argued that the fact that the new reproductive landscape exists at all is 'precisely due to extant and long-lasting histories of colonial empire and settlement', and Sigrid Vertommen asserts, "'new" knowledge travels with and through "old" colonial encounters and relations' – global fertility chains also travel back in time.³⁹ The distribution of social capital allows some to reproduce whilst preventing others and biocapitalism relies on histories of colonialism and slavery in order to oppress, extract, gender, and racialize the marketisation of ARTs and other processes. In the film's accompanying text Pearce references Anita Allen whose book *Choosing White Babies* describes how a couple's skin colour determines their travel route for fertility care, with women choosing 'the Czech Republic for white egg donors, for ones who resemble them'.⁴⁰ The continual reference to whiteness in the visuals of *Reproductive Exile*, the 'egg aspiration unit'

36 Lee Edelman, *No Future: Queer Theory and the Death Drive* (Durham, NC: Duke University Press, 2004).

37 Quoted in Helen Hester, *Xenofeminism* (London: Polity, 2018), p. 52; José Esteban Muñoz, *Cruising Utopia: The Then and There of Queer Futurity* (New York: New York University Press, 2009), pp. 94-95.

38 Alys Eve Weinbaum, *The Afterlife of Reproductive Slavery* (London: Duke University Press, 2019); Ada C. Dieke and others, 'Disparities in Assisted Reproductive Technology Utilization by Race and Ethnicity, United States, 2014: A Commentary', *Journal of Women's Health* (2002), 26 (2017), 605–8; Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Vintage Books, 1997).

39 Weinbaum; Sigrid Vertommen, 'Assisted Reproductive Technologies at the Frontier: Towards a Decolonial Approach', *Science as Culture*, 24 (2015) 532-37 (p. 535).

40 Pearce, unpaginated; Anita L Allen, 'The Black Surrogate Mother', *Harvard Blackletter*, 8 (1991), 17–31.

and the desire of the intended parents to have a child that ‘resembles them’ makes clear global fertility chain’s reliance on racial divisions and (ongoing) colonial histories.

Sight: visualising technologies

So far, this paper has shown how *Reproductive Exile* makes visible the invisible labour and racialized borders that sustains the global fertility industry – Beech achieves this by manipulating techniques of sight and screening, obscuring the gestational surrogate whilst making visible the cross-border work of fertility brokers, animals, and machines. In what follows I turn to Beech’s use of vision itself.

Notions of sight and screening are well documented in feminist scholarship on biological reproduction, particularly in relation to foetal ultrasound.⁴¹ In 1987 Rosalind Petchesky explored the role of rapid advancements in ultrasound imaging on the cultural climate of reproductive politics. Ultrasound technology transformed the foetus into a *public presence* whilst simultaneously removing the body of the gestational parent from the screen.⁴² In 1985 Donna Haraway argued that pregnancy was becoming integrated into a ‘high-tech view of the body as a biotic component or cybernetic communications system’, rendering the gestator passive: ‘who controls the interpretation of bodily boundaries in medical hermeneutics [becomes] a major feminist issue#.’⁴³ *Reproductive Exile* can be read through these early interventions into the power of visual culture in the politics of reproduction. Instead of ultrasound however, Beech explores visualising techniques of more miniscule proportions. In an early interruption, the screen fills with pink and we see shots of ovarian follicles, Anna’s cursor hovers over individual egg-shaped blobs – she pauses on one particular follicle and

41 Rosalind Pollack Petchesky, ‘The Power of Visual Culture in the Politics of Reproduction’, *Feminist Studies*, 2 (1987), 264–92; Sarah Franklin, ‘Fetal Fascinations: New Medical Constructions of Fetal Personhood’, in *Off Centre: Feminism and Cultural Studies*, ed. by Sarah Franklin, Celia Lury, and Jackey Stacey (London: Harper Collins, 1991), pp. 190–205; Carol Stabile, ‘Shooting the Mother: Fetal Photography and the Politics of Disappearance’, *Camera Obscura*, 28, 178–205; Barbara Duden, *Disembodying Women: Perspectives on Pregnancy and the Unborn*, trans. by Lee Hoinacki (Cambridge, MA: Harvard University Press, 1993).

42 Petchesky, ‘The Power of Visual Culture’, p. 268.

43 Donna Haraway, ‘A Manifesto for Cyborgs: Science, Technology, and Socialist Feminism in the 1980s,’ *Socialist Review*, 80 (1985), 65-107 (p. 169).

moves her cursor around the outside of it, digitally stroking it before zooming in closer and closer (Fig. 4). Here, beyond a diagnostic image, it appears that the recording of the follicles and embryos become an image, for Anna, of her future child.

In her work on prenatal imaging Lucy van de Wiel has shown how two influential reproductive technologies: egg freezing for 'fertility preservation' and time-lapse embryo imaging for embryo selection, have transformed understandings of reproductive time and personhood in tandem with the fertility industry's increased expansion.⁴⁴ Through visual mediation of cellular life, the extracorporeal reproductive process is brought into view, and in the minds of patients visiting the fertility clinic these images connote personhood. While previously these images would have been 'hidden' from intended parents, they are now shared, an on-screen spectacle of reproductive imaging emerges. As Wiel writes, they appear as 'embryonic individuals', the technologies that visualise them 'run the risk of reproducing maternal erasure and ascription of personhood to prenatal life', gestational labour is obscured and 'the visual — rather than embodiment' becomes 'the key mode of accessing the desired potential future child'.⁴⁵ Anna Furse, an artist whose own work documents her experience of IVF writes, 'imaging technology feeds the imagination, makes what would be invisible to the naked eye have form and shape. It connects us to parts of ourselves at a cellular level visibly and beguilingly'.⁴⁶ These filmic interruptions, beyond disrupting the chronological narrative of *Reproductive Exile* also play with temporality in another way. The images we see from inside the body are often sped up or slowed down, enabling us to see clearly what lies beneath the microscope. Wiel has documented the effect the images these technologies produce have on reproductive temporalities: the increased use of reproductive technologies and their position in the cultural imaginary has 'stretched' the nine months associated with reproduction, 'shifting

44 Lucy van de Wiel, 'Prenatal Imaging: Egg Freezing, Embryo Selection and the Visual Politics of Reproductive Time', *Catalyst: Feminism, Theory, Technoscience*, 4.2 (2018), 1–35.

45 Wiel, 'Prenatal Imaging', p. 19.

46 Anna Furse, 'Art of A.R.T', *Gender Forum: Anybody's Concerns*, 6 (2003), 3–25, (p. 5).

existing temporal limits to childbearing and conception', allowing increased intervention and therefore value-extraction.⁴⁷

Haraway writes: 'vision is *always* a question of the power to see – and perhaps of the violence implicit in our visualising practices'.⁴⁸ As has been shown, biocapitalism relies on techniques of sight (making some things visible whilst hiding others). Contemporary biomedicine, through technological advancements, has rendered the very smallest parts of the body visible and therefore intelligible, extractable and value-producing, 'capable of intervention at a molecular level' which, as Nikolas Rose and Carlos Novas argue, 'makes it amenable to the production of economic value'.⁴⁹ Throughout *Reproductive Exile* the majority of the filmic interruptions are seen through the lens (or the eyes) of medical technologies: embryonic imaging, *in vitro* technologies, microscopes, endoscopy – Beech continually draws attention to these mechanisms of sight. From the close-up shots of ovarian follicles, to cells manipulated down a microscope, and cameras that jerk through the body's inner tubes, vision is figured as a tool of biocapitalism (Figs. 3, 4 & 5).

Beech also plays with screens as metaphor of the visible and invisible. *Reproductive Exile* begins with a screen – the opening shot of the film is of Anna's phone propped up on a pile of bed sheets – a video plays out (screen within a screen); a woman, her face obscured, lies on her stomach, her partner having just injected her with hormones, blood trickles down her side (Fig. 6). The rest of the film is populated with screens – phone screens, television screens, the screening abilities of the visualising technologies already mentioned. Anna watches YouTube tutorials that show the best way to swab a cervix, we watch her use a translation app on her phone: she translates the text on a box of hormones, the letters come in and out of focus skipping between the Cyrillic and English alphabets. Later her phone hovers over a magazine, a fat baby dressed head to toe in pink sits smiling as Anna translates

47 Wiel, 'Prenatal Imaging', p. 5.

48 Donna Haraway, 'Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective', *Feminist Studies*, 14 (1988), 575–99, (p. 585).

49 Nikolas Rose and Carlos Novas, 'Biological Citizenship', in *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems*, ed. by Aihwa Ong and Stephen J. Collier (Oxford: Blackwell, 2005), pp. 439–63 (p. 455).

the word 'childbirth'.⁵⁰ That so much of the information conveyed in *Reproductive Exile* comes through screens references the manipulation of sight and the importance of visuals in global fertility chains. Later, at a horse show, an organised day trip by another of the intended parents, Anna pauses to look into the eye of a horse bathed in blue light, projected on a screen above her head (Fig. 7). Eyes themselves become screens, visual technologies: we first see Eve through a reflection in Anna's eyes as she stares longingly at this techno-version of her own reproductive system, the eye of the horse, sometimes reflecting Anna, appears throughout. These eyes, positioned against the 'eyes' of reproductive technologies and iPhones, foreground notions of seeing.

Haraway looks to technologies as enabling a cyborg vision, an extension of human sight, she writes:

The 'eyes' made available in modern technological sciences shatter any idea of passive vision; these prosthetic devices show us that all eyes, including our own organic ones, are active perceptual systems, building in translations and specific ways of seeing, that is, ways of life. There is no unmediated photograph or passive camera obscura in scientific accounts of bodies and machines; there are only highly specific visual possibilities, each with a wonderfully detailed, active, partial way of organising worlds.⁵¹

In *Reproductive Exile*, through screening devices and the use of the eyes of a multitude of human and non-human actors we see how biocapitalism manipulates vision, revealing certain narratives and obscuring others. Hiding the surrogate from view conceals her gestational labour. Simultaneously, visibility of the interior body gives personhood to follicles, embryos, and cells, whilst also enabling increased intervention and production of value at a molecular level. It becomes clear that there is no passive way of seeing when it comes to

50 Pearce, 'Reproductive Exile' (*De La Warr Pavilion*), unpaginated.

51 Haraway, 'Situated Knowledges', p. 583.

'accounts of bodies and machines'; rather, as Haraway attests, there are specific visual possibilities and ways of organising worlds.⁵² Beech makes visible biocapitalism's reliance on being able to see, and, as the following section will argue, the importance of attending to this when trying to conceive of an alternative.

Technological repurposing, liquid possibility

Whilst *Reproductive Exile* is about the ways in which technologies of biocapitalism extract value from the living (and from the living's waste) across global fertility chains, there is also a radical potentiality that runs with the liquid through the film. Through the continual interruptions, interior monologues and liquid boundary-crossing another possibility emerges. Angela Dimitrakaki has argued that a technology-orientated yet split emancipatory imaginary is where iterations of social reproduction and feminist art practice currently converge.⁵³ This technology-oriented position, as Dimitrakaki demonstrates, has created a particular sticking point within Marxist feminist analyses – as that which surrounds technology and its potential within an anti-capitalist imaginary. Dimitrakaki highlights proponents on either side of the debate: Laboria Cuboniks, the Xenofeminist collective who with influences from Shulamith Firestone and Donna Haraway look to technological repurposing as key to social reproductive emancipation (albeit part of a wider assemblage of change).⁵⁴ For Laboria Cuboniks the desired revolution is a reproductive one that sees all sex categories rendered unnecessary and reproductive processes materially redistributed through technoscience. In contrast, Silvia

52 Haraway, 'Situated Knowledges', p. 583.

53 Specifically, there are 'two' iterations of social reproduction and art, as documented by Marina Vishmidt. The first iteration is art which concerns the reproductive of life (both social and biological), in other words the thematisation of reproductive labour in art. The second, the 'reproduction of the conditions of production' concerns the reproduction of the mode of production overall – and includes the institution of art as a form of reproduction, which Vishmidt extends from Louis Althusser's analysis of the reproduction of ideology. The second iteration can be understood as 'the reproduction of *life per se*' and complicates early definitions of social reproduction. Marina Vishmidt, 'The Two Reproductions in (Feminist) Art and Theory since the 1970s,' *Third Text*, 31, 1 (2017); Angela Dimitrakaki, 'Social Reproduction Imaginaries, Technologies, Collectivities: Reflections on Melanie Gilligan's 'The Common Sense'', in *Mourning Money: New Roles for the Artist* (presented at the Conference 1, Aarhus, Denmark, 2018).

54 Laboria Cuboniks, *The Xenofeminist Manifesto: A Politics of Alienation* (London: Verso, 2018); Haraway, 'A Manifesto for Cyborgs'; Shulamith Firestone, *The Dialectic of Sex* (London: Verso, 2015); Hester, *Xenofeminism*.

Federici remains sceptical of technological development as a carrier of social progress – viewing the notion (originally put forward by Marx) that technology developed by capitalism could be restructured and re-channelled towards different goals as idealising.⁵⁵ Although it never offers us clear answers *Reproductive Exile* can be read through questions of feminist re-purposing – not just of technologies but also of cross-species networks (perhaps even of global fertility chains). In my reading of the film the importance of how these relations are visualised is a key part of their re-imagining: Anna’s interior monologue, where the main narrative is subverted and questioned, begins when she meets Eve – when she sees Eve – as is explored above, with the focus on eyes and screens emphasis is placed on the moment of sight. Furthermore, rather than use the visuals of the original Evatar, Beech has redesigned the technology – its aesthetics are given prominence and emphasis is placed on the ebb and flow of the liquid filled chambers.

While the main narrative of *Reproductive Exile* demonstrates the use of these technologies for a biocapitalist extraction of value from life, there are interruptions that (quite literally) disrupt this framing. Once Anna has met Eve and we are welcomed into her interior monologue a liquid multispecies imaginary that crosses between animal, human, and machine emerges and, as we have seen, Anna welcomes these bodily crossings. The critique here is not of the technologies themselves, or of animals’ role in facilitating reproduction, but of the systems that use them. It raises the question: is it possible to re-purpose technologies created to reproduce a mode of production reliant on the gendering of social reproduction and the oppression of women and animals? While there is yet to be work exploring the repurposing of the Evatar technology, there are examples of technological feminist repurposing taking place in the present. ‘GynePunk’, a Catalan-based feminist collective have created reproductive health tools and preventative gynaecological care kits in their ‘biohacking lab’ for those without access to primary care (immigrants without health coverage, refugees in camps, trans people

55 Marina Vishmidt, ‘Permanent Reproductive Crisis: An Interview with Silvia Federici’, *Mute*, 2013, <<https://www.metamute.org/editorial/articles/permanent-reproductive-crisis-interview-silvia-federici>> [accessed 23 June 2021]; Karl Marx, *Capital: A Critique of Political Economy*, trans. by Ben Fowkes (London: Penguin, 1986), Volume 1.

and sex workers). Of particular note is their 3D-printed speculum – repurposing a technology to allow for the auto-administration of Pap smears.⁵⁶ For Helen Hester GynePunk’s speculum constitutes a ‘Xenofeminist technology’ – that is a tool that can be repurposed, circumvent gatekeepers, offer an intersectional application and work across multiple scales.⁵⁷ Similarly, Neda Atanasoski and Kalindi Vora position the speculum as a ‘dissident technology’.⁵⁸ While stressing the ways in which technological transformations in the present are predetermined by techniques of differential exploitation and dispossession under capitalism, Atanasoski and Vora give space to design imaginaries that ‘break from historically sedimented dynamics of freedom and unfreedom woven into the fabric of technological modernity’.⁵⁹ Available on the creative commons, a sharing network designed for free education access, the speculum made via ‘three-dimensional printing, along with internet-based distribution of guides for use and complimentary practices of diagnosis and treatment, becomes a technology of both decolonising bodies and health care, as well as communalising knowledge’.⁶⁰ Is it possible to imagine Evatar being repurposed in a similar way? How might the technology be used and understood in different hands?⁶¹ While *Reproductive Exile* does not explicitly articulate an emancipatory technological repurposing, it does refigure the fertility patient’s relationship to the technology, animals, and chemical ecologies that facilitate her reproduction. If there is dissident-possibility in Evatar it is clear from the film that it involves transforming more than just the device.

56 In reference to the afterlife of reproductive slavery, GynePunk is dedicated to Anarcha, Betsy and Lucy, three enslaved women who were experimented on for fistula repair without anaesthesia by the gynaecologist J. Marion Sims in Alabama between 1845 and 1849, Sims developed the original speculum, Weinbaum; Ewen Chardronnet, ‘GynePunk, the cyborg witches of DIY gynecology’, *Makery*, 2015 <<https://www.makery.info/en/2015/06/30/gynepunk-les-sorcieres-cyborg-de-la-gynecologie-diy/>> [accessed 23 June 2021].

57 Hester, *Xenofeminism*, p. 78.

58 Kalindi Vora and Neda Atanasoski, *Surrogate Humanity* (Durham: Duke University Press, 2019).

59 Vora and Atanasoski, *Surrogate Humanity*, p. 23.

60 Vora and Atanasoski, *Surrogate Humanity*, p. 22.

61 These questions have been attended to by Claire Horn and Giulia Cavaliere in relation to the artificial womb – both have persuasively argued that feminists can reclaim the subject of the artificial womb from anti-abortion discourse towards a more emancipatory framing. Cavaliere argues that full ectogenesis can be part of a feminist future in which care labour is collectivised and Reproductive Justice is valued. Claire Horn, ‘Ectogenesis Is for Feminists’, *Catalyst: Feminism, Theory, Technoscience*, 6 (2020), 1-15; Giulia Cavaliere, ‘Gestation, Equality and Freedom: Ectogenesis as a Political Perspective’, *Journal of Medical Ethics*, 46 (2019), 76-82.

Conclusion

The film ends in an overflowing: both in liquid form and in a proliferation of interruptions. As Anna lies in a hospital bed undergoing egg retrieval a sudden onslaught of quick successive shots shows an array of different intracorporeal images. Next, we are on the road, bathed in the yellow light of a tunnel overlaid with Anna's interior monologue as she speaks directly to Eve, her host, the impregnated horse, the female mouse: 'biological materials move between us as we cross borders', 'now we are composed of each other'.⁶² The sound becomes loud and slow, a deep rush as an interruption shows a bare leg and hand moving through a bath of yellow liquid (Fig. 8). Another interruption and an X-ray scan of the bottom half of a body morphs, the noise of a heartbeat gets louder and louder as another scan, this time from the inside of a female mouse, warps the organs in and out of focus; 'our syncing is a myth, a fiction that implies sacrifice is part of being female'.⁶³ Anna goes on: 'we're defined and triggered by these links, odourless, invisible, untraceable links'.⁶⁴ All the while we see liquids being pumped in and out of Anna as she lies on the hospital bed (Fig 9) until, at the words 'we are soaking in each other', the film cuts to Eve whose yellow liquid begins to rise. In a climactic shot Eve fully overflows, yellow liquid cascading from her compartments she is flooded entirely (Figs. 9 & 10). A quick succession of images ends with Anna's body in the bath, a rush of noise, and her waking at the wheel, emerging from the other side of the tunnel as she crosses the border before the film begins again: looping back to the iPhone screen that began the journey.

Perhaps it is possible to read this final overflow, this 'soaking', as a point of rupture, of potentiality. Lewis coins the term 'amniotechnics' to 'evoke a cyborg ecology of liquid that is métis (experimenting from below) and traceable – from barrier reefs to blastocysts, from

62 Beech, *Reproductive Exile*.

63 Beech, *Reproductive Exile*.

64 Beech, *Reproductive Exile*.

reservoirs to individual veins, brains and kidneys'.⁶⁵ Through these numerous interruptions, *Reproductive Exile* surfaces the cross-species, technological entanglements that enable the production lines of biocapitalism, the invisible labour that continually takes place, and its reliance on ongoing histories of white supremacy and colonialism. At the same time, through Anna's interior monologues and the visualising of liquid networks, it is possible to imagine a way in which these relations, these co-constitutions could become part of a multispecies world that practices, as Haraway writes, 'better care of kind-assemblages (not species one at a time)'.⁶⁶ This might involve a process of 'active repurposing' which Hester argues requires 'using old means for new ends'.⁶⁷ *Reproductive Exile*, this paper has attempted to show, foregrounds a crucial but oft-overlooked component of this repurposing – that is the 'visual possibilities' that Haraway points to. Just as vision is crucial to techniques of biocapitalism and oppression, so must the active repurposing of these technologies and networks consider the visual. Realising Haraway and Hester's vision means beginning, first, to see differently.

65 Sophie Lewis, 'Amniotechnics', *The New Inquiry*, 2017
<<https://thenewinquiry.com/amniotechnics/>> [accessed 3 January 2021].

66 Donna Haraway, 'Anthropocene, Capitalocene, Plantationocene, Chthulucene: Making Kin', *Environmental Humanities*, 6.1 (2015), 159–65 (p. 162).

67 Hester, *Xenofeminism*, p. 92.

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Figures

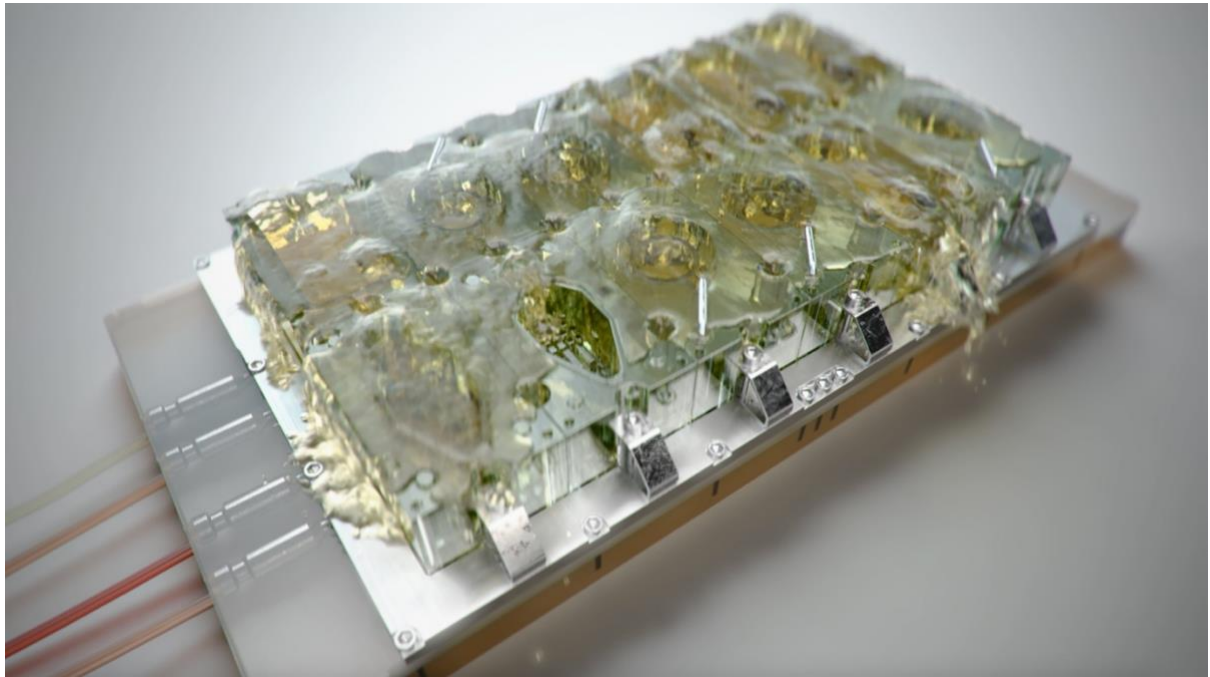


Figure 1: Lucy Beech, Reproductive Exile, 2018, image courtesy of the artist.



Figure 2: Lucy Beech, Reproductive Exile, 2018, image courtesy of the artist.



Figure 3: Lucy Beech, Reproductive Exile, 2018, image courtesy of the artist.

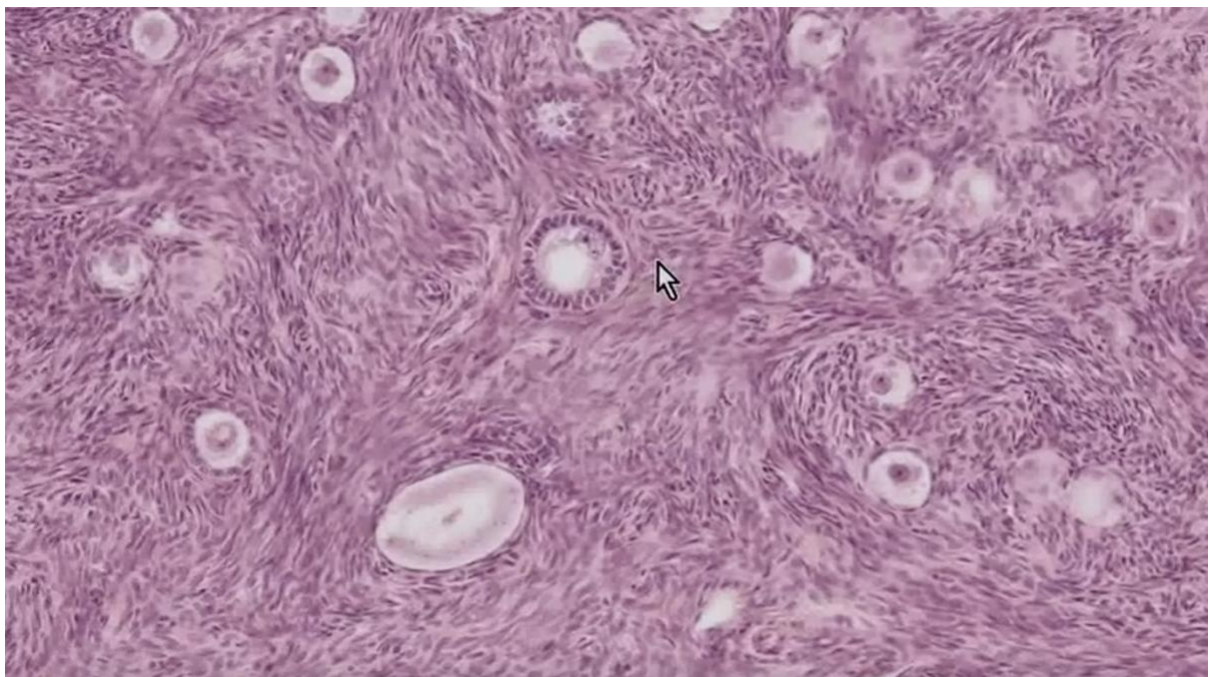


Figure 4: Lucy Beech, Reproductive Exile, 2018, image courtesy of the artist.



Figure 5: Lucy Beech, Reproductive Exile, 2018, image courtesy of the artist.



Figure 6: Lucy Beech, Reproductive Exile, 2018, image courtesy of the artist.



Figure 7: Lucy Beech, Reproductive Exile, 2018, image courtesy of the artist.

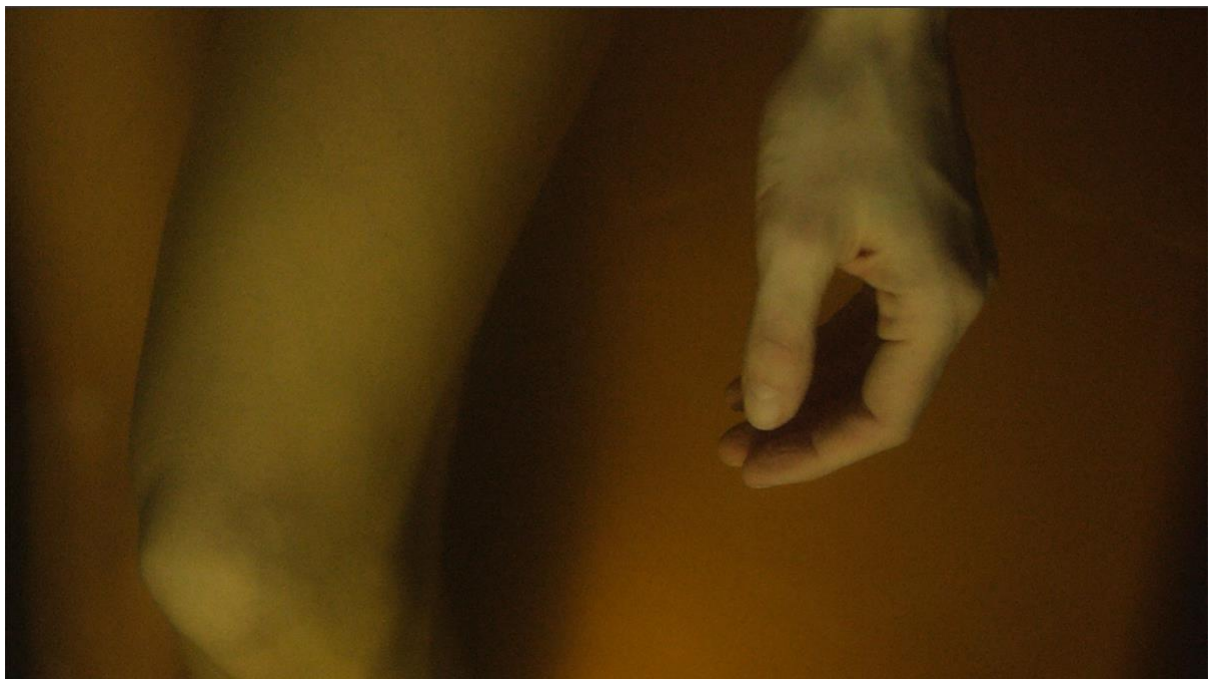


Figure 8: Lucy Beech, Reproductive Exile, 2018, image courtesy of the artist.



Figure 9: Lucy Beech, Reproductive Exile, 2018, image courtesy of the artist.



Figure 10: Lucy Beech, Reproductive Exile, 2018, image courtesy of the artist.

‘ALL AROUND, THOUGH OFTEN INVISIBLE’: USING *COLD*

***FEET: SERIES NINE* IN THE SPIRITUAL CARE OF CANCER**

SURVIVORS

EWAN BOWLBY

This article explores how arts-based interventions can be used in the spiritual care of cancer survivors. I first outline a pragmatic and thematic approach to spiritual care that employs the language of spiritual care to ‘draw attention to aspects of patients’ experiences that are currently overlooked’.¹ Then, I use series nine of the television drama *Cold Feet* (2020)² to illustrate how popular and accessible fictional narratives can address these neglected areas of experience. After noting how this series ‘struck a chord’ with some viewers who found their experiences of cancer reflected in its storyline, I argue that this is because the series accurately portrayed aspects of the realities of the ‘remission society’, Arthur Frank’s term for those patients who are ‘effectively well but could not be considered cured’: a growing group of people who are ‘all around, though often invisible’.³ Dramatic and life-saving improvements in the medical treatment of cancer have created an ‘epidemic of survival’, but with this comes a need for new care resources engaging with the ‘web of ongoing influences’ that continue to affect patients long after diagnosis and treatment.⁴ Employing patient testimonies as a hermeneutical lens reveals how accessible, mass-media stories like *Cold Feet* could contribute to these resources by reflecting and reframing patients’ lived experiences,⁵ helping them to process, discuss, and even reappraise the lasting impact of cancer on their lives. Using Frank’s concept of ‘borrowed stories’, in an analytical approach based on the theory of spiritual affordances, I suggest how televisual narratives – and specifically *Cold Feet* – can meet the spiritual needs of cancer survivors.

1 John Swinton, V. Bain, S. Ingram, and S. D. Heys, ‘Moving Inwards, Moving Outwards, Moving Upwards: the Role of Spirituality During the Early Stages of Breast Cancer’, *European Journal of Cancer Care*, 20 (2011), 640–652 (p. 643).

2 *Cold Feet: Series Nine*, Created by Mike Bullen, *Granada Television* (first aired 13 January 2020) [references to *Cold Feet* from this point are given in the text (as episode: minute)].

3 Arthur Frank, *The Wounded Storyteller*, 2nd edn. (Chicago: Chicago University Press, 2013), p. 8.

4 Sarah Drew, ‘“Having cancer changed my life, and changed my life forever”: survival, illness legacy and service provision following cancer in childhood’, *Chronic Illness*, 3 (2007), 278-295 (p. 278).

5 For more on the capacity for popular, mass-media television series to reflect patients’ lived experiences, see Beverley Smith, ‘M*A*S*H and its Metaphors’, *Postgraduate Journal of Medical Humanities*, 2 (2016), 84-98; Ewan Bowly, ‘Drugs, Death, Denial and Cancer Care: Using Breaking Bad in the spiritual care of cancer patients’, *Critical Studies in Television*, 15 (2020), 223-238.

A thematic, arts-based approach to spiritual care

The need to provide cancer patients with spiritual care, addressing areas of patients' experiences that have been 'perceptually absent' from healthcare practices,⁶ is now widely recognized.⁷ Whilst modern medicine has been dominated by the 'restitution narrative', that portrays the treatment of physical symptoms and curing of disease as the conclusion of the patient's story,⁸ there is a growing awareness that new forms of care that engage with the lasting emotional and existential impact of serious illness are required. This renewed interest in the relationship between spirituality and health, and in the benefits of 'spiritual care', is reflected in the field of cancer care. The authors of a review of 27 papers exploring 'Spirituality and well-being in cancer patients' found that there was a positive correlation between the two in most cases,⁹ whilst a separate review established that '[r]esearch has demonstrated the importance of the relationship between a diagnosis of cancer (at all its stages) and the spiritual domain'.¹⁰

Yet despite evidence that cancer patients both want and need spiritual care,¹¹ the best means of delivering this remains unclear, as significant practical and methodological problems pertaining to spiritual care remain unresolved.¹² Management in healthcare institutions 'often has great trouble in giving content and a place in policy' to spiritual care,¹³ so that – in major healthcare settings – spiritual care is 'often limited to a brief question on a hospital admission

6 John Swinton, 'BASS Ten Years On: A Personal Reflection', *Journal for the Study of Spirituality*, 10:1 (2020), 6-14 (p. 9).

7 Richard Egan, Anna Graham-DeMello, Sande Ramage and Barry Keane, 'Spiritual Care: What Do Cancer Patients and Their Family Members Want? A Co-Design Project', *Journal for the Study of Spirituality*, 8 (2018), 142-159.

8 Drew, "Having cancer changed my life, and changed my life forever", p. 279.

9 Anja Visser, Bert Garssen, and Ad Vingerhoets, 'Spirituality and Well-Being in Cancer Patients: A Review', *Psychooncology*, 19 (2009), 565-72.

10 Catherine F. Musgrave and Elizabeth A. McFarlane, 'Oncology and Nononcology Nurses' Spiritual Well-Being', *Oncology Nursing Society*, 30 (2003), 523-27 (p. 523).

11 Alan B. Astrow, Ann Wexler, Kenneth Texeira, M. Kai He, and Daniel P. Sulmasy, 'Is Failure to Meet Spiritual Needs Associated with Cancer Patients' Perceptions Of Quality of Care?', *Journal of Clinical Oncology*, 25 (2007), 5753-57.

12 Daniel J. Bakker, 'Spirituality and Meaning in Health Care Perception and Policy', in *Spirituality and Meaning in Health Care: A Dutch Contribution to an Ongoing Discussion*, ed. Jake Bouwer (Leuven: Peeters, 2008), pp. 29-47.

13 Bakker, 'Spirituality and Meaning in Health Care Perception and Policy', p. 29.

form'.¹⁴ Difficulties in defining the concept of 'spirituality' have also hampered progress, with the term taken to mean everything from something 'very similar to religion',¹⁵ to a 'universal human characteristic'¹⁶ by those working in spiritual care. What exactly spiritual care should entail, and how it should be delivered, is far from clear, so 'further research into this field ought to be stimulated and intensified'.¹⁷

Instead of trying to reach a consensus concerning the precise definition of spirituality, it may be more productive to stress the value of spiritual care as a functional and pragmatic idea. Indeed, John Swinton argues that the true importance of spiritual care is found by emphasising 'what the concept does', rather than trying to establish an ontological description.¹⁸ The key role of the language of spiritual care is its capacity to 'draw attention to aspects of patients' experiences that are currently overlooked',¹⁹ and through this to 'uncover what is meaningful to the patient'.²⁰ The term 'spirituality' thus becomes a 'mode of conscientization' enabling carers to address crucial things that have been 'perceptually absent from [their] vision and practices'.²¹ This approach helps to show that spirituality is a 'practically significant' and 'extremely important' concept in healthcare, even if it means 'whatever the person asked thinks it should mean'.²²

This flexible, pragmatic use of language can be put into practice using a thematic approach to the spiritual care of cancer patients. Picking out those components and experiences which frequently feature in cancer patients' lives creates a framework which can

14 Nessa Coyle and Betty R. Ferrell, *The Nature of Suffering and the Goals of Nursing* (Oxford: Oxford University Press, 2008), p. 3.

15 Harold Koenig, David B. Larson and Michael McCullough, *The Handbook of Religion and Health* (New York: Oxford University Press, 2012), pp. 45-47 (p. 46).

16 Christian Puchalski, L. Norris and K. Walseman, 'Communicating about Spiritual Issues with Cancer Patients', in *New Challenges in Communication with Cancer Patients*, ed. A. Zwitter (New York: Springer US, 2008), pp. 91-103.

17 Jake Bouwer, *Spirituality and Meaning in Health Care: A Dutch Contribution to an Ongoing Discussion* (Leuven: Peeters, 2008), p. 141.

18 John Swinton, *Spirituality and Mental Health Care* (London: Jessica Kingsley Publishers, 2001), p. 163.

19 Swinton et al., 'Moving inward', p. 643.

20 Puchalski et al., 'Communicating about Spiritual Issues with Cancer Patients', p. 102.

21 Swinton, 'BASS Ten Years On', p. 9.

22 Swinton, *Spirituality and Mental Health Care*, p. 230.

accommodate unique situations and diverse perspectives. William Breitbart's experimental Meaning-Centred Group Psychology sessions,²³ and George Fitchett's work on a thematic framework for spiritual care, have demonstrated how the 'practical division of spirituality into themes' such as 'courage and growth', and 'experiences and emotions' can be implemented successfully as 'tangible care provision'.²⁴ This suggests that a thematic approach can be a useful means of introducing a degree of structure, bringing the idea of spiritual care closer to something deliverable in practice, whilst also respecting the individuality of each patient.

Once these themes have been outlined, the next question to answer will be how they could be translated into a practical strategy. How can these themes be presented to patients in a manner which provokes reflection, initiates conversation, and maps out different ways of exploring an area of experience, yet does not overdetermine the possible range of personal responses? In the context of cancer patients' need for spiritual care, using popular, accessible artforms such as novels, films, and television series to stimulate and enrich the discussion of themes around life with cancer can be hugely beneficial. Like the concept of spirituality, these artforms delineate an area of experience whilst remaining 'vague, multi-vocal and imprecise'.²⁵ The right piece of art adds depth and detail to a thematic approach to spiritual care, laying out each topic in a compelling and inviting manner, whilst also ensuring that the care offered remains 'descriptive' rather than 'prescriptive'.²⁶

Drawing on this thematic, arts-based approach to spiritual care, I have designed several new care resources. As part of a research collaboration with Maggie's cancer care charity, my new 'Fiction Library' resource is currently being trialled in four Maggie's centres

23 William Breitbart and Michael Masterson, 'Meaning-Centred Psychotherapy in the Oncology and Palliative Care Setting', in *Clinical Perspectives on Meaning: Positive and Existential Psychotherapy*, ed. P. Russo-Neto, S. E. Schulenberg, and A. Batthyany (Zurich: Springer International Publishing, 2016), pp. 245-261.

24 Henk Jochemsen, M. Klaasse-Carpentier, B. S. Cusveller, A. van de Scheur, and J. Bouwer, 'Questions of life and death in the terminal phase – Towards quality criteria for spiritual care in the terminal palliative care from the patient's perspective', in *Spirituality and meaning in health care: A Dutch contribution to an ongoing discussion*, ed. J. Bouwer (Leuven: Peeters, 2008), pp. 85-104.

25 John Swinton, 'Spirituality in Healthcare', *Journal for the Study of Spirituality*, 4 (2014), 162-73 (p. 163).

26 Bakker, 'Spirituality and Meaning in Health Care Perception and Policy', pp. 33-34.

across Scotland and is also accessible online through the Maggie's Online Community.²⁷ The Fiction Library is a collection of popular novels, films, and television series, with an accompanying guidebook, that invites readers to explore specific spiritual themes relevant to their personal experiences of cancer, using fictional narratives, characters, and imagery. The Fiction Library includes the eighth series of *Cold Feet* (2019), which was presented to those using the resource as a means of exploring 'the ways that cancer can alter our perspective on how we live our life and use our time'.²⁸

After series eight showed actress Fay Ripley, as Jenny Gifford, struggling to come to terms with the original cancer diagnosis, and then enduring the emotional and physical impact of chemotherapy, Ripley described several instances of members of the public approaching her to relate their own cancer stories.²⁹ And because Ripley interpreted this as a sign that Jenny's story had 'struck a chord' with those who had experience of cancer, she felt a 'weight of responsibility' when it came to reprising her role.³⁰ Motivated by this sense of responsibility, the creators of *Cold Feet* took a deliberate decision to engage with an area of experience that rarely features in popular media portrayals of cancer. The writers wanted to 'come back to the story' rather than gloss over the aftermath of Jenny's treatment, as this was a 'rather untalked about thing', yet a profoundly relevant subject for some viewers.³¹ Ripley made clear that she supported this decision, saying 'Jen's journey is continuing, because as with real life, it doesn't just end'.³²

27 To access the guide, see: Ewan Bowlby, *Maggie's Fiction Library: Guide* (Printed by St Andrews University Print and Design, 2019). Available at <https://community.maggiescentres.org/news/overview/36/Maggies-Fiction-Library-Trial>. This trial is funded by the Arts and Humanities Research Council (AHRC) through the Scottish Graduate School for the Arts and Humanities (SGSAH) Doctoral Training Partnership. Ethical approval was granted by the University of St Andrews Research Ethics Committee, and Maggie's UK Research Lead, on behalf of the Maggie's Research Group.

28 Ewan Bowlby, *Maggie's Fiction Library: Guide*.

29 Gloria Dunn, 'I end up hugging people on trains', *The i*, 11 January 2020, 51.

30 Abigail Gillibrand, 'Cold Feet's Fay Ripley teases aftermath of Jenny's breast cancer: 'She doesn't know what life holds'', *Metro*, 8 January 2020, <https://metro.co.uk/2020/01/08/cold-feets-fay-ripley-teases-aftermath-jennys-breast-cancer-doesnt-know-life-holds-12026344/> [accessed 12 November 2020].

31 Gillibrand, 'Cold Feet's Fay Ripley teases aftermath of Jenny's breast cancer'.

32 Rebecca Lawrence, 'Cold Feet viewers left in tears during season nine premiere as Jenny undergoes chemotherapy following breast cancer diagnosis', *MailOnline*, 14 January 2020,

Of course, no single story could presume to convey adequately what ‘real life’ entails for each patient in this situation. Yet the public response to *Cold Feet*’s version indicated that Jenny’s story resonated with many viewers’ experiences of cancer. It appears that there is something here that merits further investigation, as the series clearly illuminated aspects of survivors’ lives that might otherwise have remained invisible. After the first episode of the ninth series aired, Ripley received ‘hundreds of messages’ praising her ‘realistic portrayal’ of life beyond treatment,³³ and viewers ‘took to Twitter in their droves’ to laud the storyline and Ripley’s performance.³⁴ Ripley herself commented that she felt ‘hugely relieved’ by the popular response, saying ‘I don’t appear to have let people down’.³⁵ Whilst advertising and emphasising this connection formed part of a slick promotional campaign designed to generate interest in the series’ return, there does seem to be plenty of anecdotal evidence suggesting it is not simply a cynical fabrication. The Maggie’s online blog featured an article noting that cancer support specialists had heard from several people ‘who have or are experiencing similar things’ to Jenny, and who had been ‘emotionally touched’ by *Cold Feet*, because series nine brought to light feelings ‘many people don’t always acknowledge’, whilst depicting life as a survivor in a ‘realistic, compassionate way’.³⁶

This productive, meaningful relationship – between the ‘real’ concerns of some survivors, and the manner in which these are presented in *Cold Feet* – is important because it could facilitate the process of ‘reclaiming’ through which members of the remission society question their place in medical narratives.³⁷ Research continues to point to a ‘persisting abyss’ between patients’ personal stories of illness and recovery and the services offered by

<https://www.dailymail.co.uk/tvshowbiz/article-7883911/Cold-Feet-viewers-left-tears-season-nine-premiere-Jenny-undergoes-chemotherapy.html> [accessed 12 November 2020].

33 Nika Shakhnazarova, ‘Cold Feet season nine premiere leaves viewers ‘in tears’ as Jenny undergoes chemotherapy’, *The Mirror*, 15 January 2020, <https://www.mirror.co.uk/3am/celebrity-news/cold-feet-season-nine-premiere-21283507> [accessed 9 November 2020].

34 Lawrence, ‘Cold Feet viewers left in tears during season nine premiere as Jenny undergoes chemotherapy following breast cancer diagnosis’.

35 Shakhnazarova, ‘Cold Feet season nine premiere leaves viewers ‘in tears’ as Jenny undergoes chemotherapy’.

36 Sue Long, ‘Cold Feet storyline strikes a chord’, *Maggie’s Online Community: Blog*, 12 February 2020.

37 Frank, *The Wounded Storyteller*, p. 11.

contemporary healthcare institutions.³⁸ Whilst the number of people living with and beyond cancer is increasing, these people have 'complex needs' that endure and evolve over time,³⁹ but a narrow biomedical focus on the treatment of symptoms is not enough to address their situation. Accessible, popular media stories offer one alternative means of meeting their needs; analysing *Cold Feet* in terms of what it might offer to someone contending with the complexities of life beyond treatment is an effective way of illustrating this.

'Borrowed Stories' and Affordances: analysing *Cold Feet* in terms of survivors' experiences

When people come to tell their unique cancer story, they are inevitably 'indebted' to other stories they have heard and are influenced by cultural templates and expectations, taking from a range of sources to construct a synthesis that accurately captures their experiences.⁴⁰ This process is what Frank calls the 'indigenization of borrowed stories': a means of 'co-constructed storytelling' in which people adopt elements from other stories.⁴¹ The concept of borrowed stories is a useful one, because it highlights the new meanings created when an ill person discovers a story that resonates with a certain aspect of their lives. It encourages us to see several types of narrative as resources available for 'perpetual reinvention through co-construction'.⁴² Thinking in terms of borrowed stories makes it easier to appreciate the significance of 'easily accessible' narratives, like Jenny's storyline in *Cold Feet*, that can seem 'closer to how 'ordinary people' experience their illnesses' than to 'how doctors experience their patients' illnesses'.⁴³ These accessible cultural resources can

38 Sidsel Ellingsen, A. L. Moi, E. Gjengedal, S. I. Flinterud, E. Natvik, M. Råheim, R. Sviland, and R. J. T. Sekse, "Finding Oneself After Critical Illness": Voices From the Remission Society', *Medicine, Healthcare and Philosophy* (Published online 7 October 2020).

39 Frank Hansen, Gro K. Rosvold Berntsen and Anita Salamonsen, 'Patient pathways as social drama: a qualitative study of cancer trajectories from the patient's perspective', *International Journal of Qualitative Studies on Health and Well-being*, 14:1 (Published online 11 July 2019).

40 Richard Freadman, 'Spanning Cancer: Cancer as an Episode in an Individual Life Story', *Society*, 52 (2015), 490-497 (p. 490).

41 Frank, *The Wounded Storyteller*, p. 199.

42 Frank, *The Wounded Storyteller*, p. 199.

43 Johanna Shapiro, 'Movies Help us Explore Relational Ethics in Healthcare', in *The Picture of Health: Medical Ethics and the Movies*, ed. Henri Colt, Silvia Quadrelli and Friedman Lester (Oxford: Oxford University Press, 2011), pp. 19-29 (pp. 22-23).

provide the language, examples, or emotions that medical narratives do not, speaking into the gaps left by this mismatch between dominant narratives and the breadth of patients' experiences. Borrowed stories are also, as Frank points out, more flexible than the traditional restitution narrative, because they can be selected from, reshaped, and reapplied to fit each individual's needs.⁴⁴ And in a contemporary society in which 'most people's poets' – their sources of inspiration and ideas – are 'the creators of mass media stories',⁴⁵ *Cold Feet* is precisely the kind of story that people are likely to be drawing on as they seek to reclaim their experiences of illness.

The concept of borrowed stories balances the 'intensely personal' nature of these experiences against an awareness that our capacity to tell these stories depends on shared cultural resources that provide language and structure,⁴⁶ suggesting the need for analytical methods that also respect this balance. One good way of studying the meanings created in the interaction between personal needs and a public, shared resource is to adopt an ecological analytical approach based on 'affordances'. This is because the idea of an affordance serves as a conceptual tool that 'goes beyond the objective/subjective dichotomy', focussing instead on functional significance.⁴⁷ Originating in James Gibson's ecological theory of perception, affordances are 'properties taken with reference to the observer', used to describe what an object 'offers' a perceiver: what it 'provides or furnishes' to meet their needs.⁴⁸ So, when reapplied to the arts, affordances emphasise a perceiver's 'constructive engagement' with a work, as opposed to their 'passive reception' of an already extant meaning.⁴⁹ They can be used to evaluate the 'constructive' use of materials from borrowed stories, casting the ill

44 Frank, *The Wounded Storyteller*, p. 199.

45 Frank, *The Wounded Storyteller*, p. 201.

46 Frank, *The Wounded Storyteller*, pp. xxiii-xiv.

47 Mark Reybrouck, 'Musical sense-making and the concept of affordance: an ecosemiotic and experiential approach', *Biosemiotics*, 5: 3 (2012), 391-409 (p. 394).

48 James J. Gibson, *The ecological approach to visual perception* (London: Laurence Erlbaum Associates, 1986), pp. 127-143.

49 I am indebted to the work of theologian Gavin Hopps on the application of affordances to religious experiences of the arts, and specifically music, for these insights into its value as an analytical method. See Gavin Hopps, 'Spilt Religion', in *The Extravagance of Music*, ed. David Brown and Gavin Hopps (London: Palgrave MacMillan), pp. 229-95 (pp. 231-32).

person as an engaged, active participant who brings new resonances and meanings into the story – precisely the process of ‘perpetual reinvention’ Frank envisages when he explains the value of borrowed stories.

Conversely, affordance theory also highlights the power of stories to act upon the perceiver. Johanna Shapiro, advocating the use of popular films in the teaching of medical ethics, argues that accessible narratives from films can provoke emotions that have real depth and resonance ‘because they are inexorably attached to the personal narratives of our own lives’.⁵⁰ These narratives, Shapiro suggests, ‘can provide valuable access to viewers’ affective lives’, by ‘lighting up’ feelings or thoughts that might otherwise be buried and neglected.⁵¹ This positive assessment of the potential for stories to access these deeply-held emotions is shared by Frank, who believes that stories ‘analyse us’ by revealing what we find attractive and what we resist in a portrayal of illness.⁵² This model of constructive engagement between personal experiences and accessible fictional stories appears to describe accurately the manner in which some viewers affected by cancer responded to *Cold Feet*. Because the story resonated with their lived experiences in meaningful ways, it afforded these viewers language and ideas that helped them to tell their own story. As Ripley put it, ‘what I’m playing is a story – for other people it’s their real lives’.⁵³ Therefore, studying the use of affordances as a conceptual tool in *Cold Feet* facilitates a detailed examination of precisely what the series could offer to an ill person struggling to clarify and communicate an inchoate and uncertain personal narrative.

50 Shapiro, ‘Movies Help us Explore Relational Ethics in Healthcare’, p. 23.

51 Shapiro, ‘Movies Help us Explore Relational Ethics in Healthcare’, p. 23.

52 Arthur Frank, *The Renewal of Generosity: Illness, Medicine and How to Live* (Chicago: Chicago University Press, 2004), p. 6.

53 Shakhnazarova, ‘Cold Feet season nine premiere leaves viewers ‘in tears’ as Jenny undergoes chemotherapy’.

'You're done with cancer now': *Cold Feet* as a challenge to the restitution narrative

Crucial to understanding what *Cold Feet* can afford members of the remission society is the series' resistance to the influential restitution narrative that portrays discharge as the conclusion of a patient's personal journey, and thus 'crowds out other stories' that encompass the long-term impact of illness.⁵⁴ When, in the opening scene of series nine, Jenny returns home having completed her final round of chemotherapy, she is instantly confronted with several signs of the pervasive nature of this narrative. Whilst Jenny has been looking forward to 'a nice cup of tea' and a rest, her family and friends have organised a surprise party to celebrate 'the big moment'. Grins, cheers, and champagne greet her arrival, accompanied by confident assurances that she will 'soon return to normal' (episode 1: minutes 2-3). The tone of the celebration and the visual and verbal expressions of Jenny's friends and family all reinforce the 'sick role expectation': the belief that people are 'either well or sick', and the associated assumption that a discharged patient will instantly 'return to their normal obligations'.⁵⁵ As if to underline the influence of this reductive binary, one of Jenny's friends, Adam, uses a toast to welcome her 'back to the land of the living' (1: 4-5). His remarks imply the stark separation of the sick and healthy that Susan Sontag describes using a metaphor of travel between two countries, in which we each desire to 'use only the good passport' but must, if we become ill, 'identify ourselves as citizens of the other place'.⁵⁶ Adopting this notion of two distinct realms in his well-intentioned but crude toast, Adam situates Jenny's return firmly within the restitution narrative – a narrative that Frank argues cannot accommodate the real experiences of those in the remission society.⁵⁷

The series not only raises this problem of 'citizenship', but it also employs the qualities of the televisual medium to challenge assumptions surrounding Jenny's return to 'normal'. Her arrival home is accompanied by the relentlessly upbeat pop song '*Everything is Gonna Be Alright*' by Giuni Russo, and this excessively cheerful extra-diegetic accompaniment adds a

54 Frank, *The Renewal of Generosity*, p. 83.

55 Frank, *The Renewal of Generosity*, p. 9.

56 Susan Sontag, *Illness as Metaphor* (New York: Vintage Books, 1978), p. 3.

57 Frank, *The Renewal of Generosity*, pp. 9-10.

sense of irony to the scene, as it amplifies the confidence shown by Jenny's friends and family. The sentiment of the song is the same as that which motivates Jenny's mother to say to her daughter, 'you're done with cancer now, love', as the overall effect of the mutually reinforcing music, lyrics, and dialogue create an overwhelming aesthetic experience that captures the pressure that the 'sick-role' expectation exerts on Jenny. Yet Jenny's voice cuts through this noise in subtle ways. Her mother's smiling surety is juxtaposed with Jenny's tired, strained face in the foreground, whilst her weary, whispered reply – 'let's hope it's done with me' – introduces a very different perspective on her situation (1: 2-3). Her evident emotional and physical fatigue is redolent of the 'wide range of mental, physical, social and functional impairments' cancer patients report after discharge.⁵⁸ Direct testimony from patients tells of leaving hospital and returning home as precipitating 'a constant balancing between health and illness, and being either in or out of control',⁵⁹ and this instability seems to be what Jenny is contending with. Because her experiences of returning home clearly cannot fit within a narrative that overlooks these long-term impacts, her storyline could afford affirmation to members of the remission society struggling with the 'constant balancing' their liminal condition demands of them.

A more intimate evocation of the complexity of living in this liminal state comes as the welcome party finally concludes, leaving Jenny alone in her bedroom, in front of a mirror. With the camera focussed on her reflection, a long, uninterrupted shot shows Jenny sighing deeply, then slowly removing a wig to expose the wispy remnants of her hair (1: 6-7). She is visibly distressed as she takes off the disguise concealing the physical legacy of her treatment. This scene was singled out for praise by critics and social media users when it first aired, lauded as a sequence that 'reflected the reality for many people'.⁶⁰ Ripley's visceral performance clearly embodied the enduring consequences of serious illness in a manner that resonated with many viewers' private realities. Patient testimonies include people searching for ways to

58 Ellingsen et al., 'Finding Oneself After Critical Illness', pp. 1-2.

59 Ellingsen et al, 'Finding Oneself After Critical Illness', p. 2.

60 Lawrence, 'Cold Feet viewers left in tears during season nine premiere as Jenny undergoes chemotherapy following breast cancer diagnosis'.

express the physical impact of cancer treatment, with one breast cancer survivor saying, 'I grieve for what I have lost through this experience...my body has been assaulted by the surgery, chemo and radiation', whilst another explains that 'being a cancer survivor means I live with, absorb, and make as normal as possible the many side effects and ravages to my body'.⁶¹ As Jenny slowly reveals these ravages, she offers a studied, silent story to those who cannot reconcile their reality with what is 'normal' and expected. Frank contends that, in these circumstances, it is the body that instigates the attempt to 'give a voice to an experience that medicine cannot describe'.⁶² Without dialogue, this scene nonetheless afforded a form of 'voice' to survivors unable to put into words the grief and enduring trauma caused by their irrevocably altered appearance.

A further source of emotional upheaval in survivors' lives that is frequently overlooked, yet is foregrounded in *Cold Feet*, is the schedule of regular scans intended to detect the recurrence of disease. Whilst this rarely features in normative narratives, the unsettling influence of this schedule on survivors' lives is keenly felt in Jenny's story. Explaining the implications of these scans, Frank suggests that – whilst modern medicine 'definitively' distinguishes sickness from wellness – in the remission society 'the background and foreground of illness and health constantly shade into each other'.⁶³ The scans cancer survivors undertake are one direct cause of this fluctuation, creating periods of time when mortality and anxiety invariably loom large again in their consciousness. Breast cancer survivor Elizabeth Tyson describes how traumatic this can be, relating how 'the fear comes and goes... but twice a year, at checkup time, it's ferocious'.⁶⁴ Jenny's response to her forthcoming mammogram evokes this fear. When she receives a call giving her the date for her appointment, she dismisses this as 'routine' to her family, but the overall audio-visual effect of this scene betrays her concern. The conversation takes place during a montage in which

61 Julie Silver, *What Helped Get Me Through: Cancer Survivors Share Wisdom and Hope* (Atlanta: American Cancer Society, 2008), pp. 308, 316.

62 Frank, *The Renewal of Generosity*, p. 18.

63 Frank, *The Renewal of Generosity*, p. 9.

64 Elizabeth Tyson, 'Heal Thyself', *Living Fit* (1994), quoted in Frank, *The Renewal of Generosity*, p. 10.

another character's voice, reading aloud from a novel, spills over into the subsequent shots, so that it functions as an extra-diegetic commentary on Jenny's behaviour, describing a wife who is 'outwardly happy, but harboured a terrible fear deep in her soul' (6: 2). The sight of Jenny concealed from her family in the foreground, in a poorly lit corner of the kitchen, emphasizes the tension between the façade she is using to hide her anxiety, and the 'terrible fear' she feels. The device of the narrative voice carried over, in conjunction with this sight, creates a synthesis of dialogue, extra-diegetic commentary and visual imagery that can function as an affordance, conveying powerful feelings of isolation that a survivor may relate to. Indeed, this sense of isolation is discernible in real patients' testimonies. One patient writes that 'many people, friends and family have told me that 'it's over now' since I'm four years post diagnosis', yet insists 'it's not over, as I still have fear of recurrence'.⁶⁵ Frank notes that people in this situation are 'often invisible',⁶⁶ their true feelings hidden from view, but watching Jenny retreating to the shadows ironically affords greater visibility to those who share her fears.

'I wish you were dead!': family, community, and shared stories in *Cold Feet*

Frank is careful to include the 'families that share the worries and daily triumphs of staying well' in his account of the remission society,⁶⁷ and the same is true of the writers of *Cold Feet*. The series portrays Jenny reshaping her existing relationships to fit her altered circumstances, as well as discovering new forms of friendship and community, thus involving the audience – vicariously – in this sensitive, challenging undertaking. Accessible fictional narratives can allow viewers to 'explore emotions in nonthreatening ways, in privacy, without judgement',⁶⁸ and this form of affordance is particularly valuable when it comes to navigating complexities and changes in our relationships. Exploring our response to unfamiliar situations at a safe distance from real relationships, without risking others' feelings, can leave us better

65 Lori Hope, *Help Me Live: 20 Things People with Cancer Want You to Know* (Berkeley: Celestial Arts, 2005), p. 225.

66 Frank, *The Renewal of Generosity*, p. 8.

67 Frank, *The Renewal of Generosity*, p. 8.

68 Shapiro, 'Movies Help us Explore Relational Ethics in Healthcare', p. 23.

prepared to face new challenges in our social or familial interactions. Survivors testify to the difficulties they encounter following treatment, when ‘previous activities and habits suddenly become unfamiliar’ so that they must ‘learn very basic things all over again’.⁶⁹ Negotiating this re-learning inevitably involves those who share a patient’s domestic space, so any resource that might ease tensions by pre-emptively raising relevant issues can be of real value to all those affected.

Family is a central theme in *Cold Feet* and Jenny’s husband and children are integral to her story, which features dramatic illustrations of the friction serious illness can cause within long-established, loving relationships. One such moment of drama comes about because Jenny’s daughter, Chloe, appears ashamed of her mother’s changed appearance, asking ‘aren’t you gonna put some hair on’ when Jenny prepares to leave the house without wearing her wig. It transpires that Chloe is being bullied at school because of Jenny’s cancer, so she is mortified when Jenny overhears a cruel joke made at her expense and confronts the culprit. Jenny shocks the bully by approaching him and removing her wig to reveal the exposed scalp, saying ‘it’s not that funny, is it?’, yet this only compounds her daughter’s distress, as she screams at Jenny, ‘you have no idea how embarrassing you are, sometimes I wish you were dead!’ (1: 17-19). The forceful visual impact of Jenny’s bold gesture, coupled with the heightened emotions and harsh dialogue, impress on the viewer the strength of feeling driving each character’s behaviour. Yet someone identifying with Jenny’s frustration might find this unsettling scene prompts them to adopt a more measured, conciliatory approach, diffusing tensions before they intensified. And – as the starting point for these cathartic conversations – this could also offer families an important resource for supporting the work of rebuilding relationships following discharge, helping to avoid unpleasant public confrontations or other more antagonistic means of working through these problems.

Cold Feet series nine not only examines the unfamiliar challenges survivors can encounter in their existing relationships, it also alerts viewers to the possible benefits of new

⁶⁹ Ellingsen et al., ‘Finding Oneself After Critical Illness’, p. 5.

forms of community. An important narrative thread revealing these benefits is set in motion when Jenny's mother, noticing that her daughter is struggling to readjust to life after treatment, encourages her to 'talk to people who understand': to join a support group. Jenny is instinctively resistant to this idea, however, as she is worried that what she is feeling isn't 'normal' and is scared of being around other survivors 'spouting their hippy-dippy bollocks about a second chance in life' (2:27). She exhibits a wariness of support groups that psychologists and caregivers often observe in real patients, despite the fact that many patients who join these groups come to value them as places to 'acknowledge and release their pain', where they can 'say, with impunity, whatever they want'.⁷⁰ Not all survivors will find a support group that suits their needs, but Jenny's story shows what the right group could offer. Overcoming her reservations, she attends a survivors' group, telling members about her confused emotional state. We watch Jenny explain that she has been unable to work out how she feels, after the 'joy' and 'relief' of finishing treatment faded. Contrasting this lack of emotional clarity with the time of her diagnosis, when she had 'a dozen nurses and specialists' telling her it was 'normal to be afraid and angry', Jenny acknowledges her uncertain, fragile state (2: 41). In drawing attention to this contrast, Jenny betrays a lack of confidence that Frank would regard as typical of an ill person's first attempts to tell their story. Frank argues that, as the survivor begins to try to 'take responsibility for what illness means in their life', the influence of 'Modernist medicine' is still present, so that 'the postmodern claim to one's own voice is halting, self-doubting, and often inarticulate'.⁷¹ Having been directed authoritatively as to which emotions were 'normal' during diagnosis and treatment, Jenny becomes a fictional paradigm of the self-doubting ill person searching for the words to do justice to her experiences.

This reflection of real survivors' struggles is itself valuable, but of greater significance is the connection this scene implies between the support a group can offer, and the

⁷⁰ Jefferey Kane, *How to Heal: A Guide for Caregivers* (New York: Allworth Press, 2003), quoted in Hope, *Help Me Live: 20 Things People with Cancer Want You to Know*, p. 65.

⁷¹ Frank, *The Renewal of Generosity*, pp. 7-13.

overcoming of this inarticulacy. As Jenny's speech to the group gathers momentum, becoming increasingly fluent, the camera cuts away from her to show – instead of the other group members the viewer would expect to see – Jenny's family. Then, the shot cuts back to Jenny, before switching seamlessly to show the support group members again, as if Jenny is speaking to both parties simultaneously (2: 41-42). The clever visual trickery represents Jenny finding her voice in two different social settings, as her dialogue with the support group and greater openness with her family are interwoven, thus framed as part of the same empowering process. As an affordance, her character's development as a storyteller offers a viewer who identified with her initial hesitancy a possible path towards clarity, and a model for how to set about finding a voice. Patient testimony underlines the value of this model, and of 'being in a group of peers (survivors)' for 'sharing and processing experiences',⁷² with one survivor saying that being in a support group 'really helped me understand a lot of those feelings I didn't even know I had'.⁷³ Jenny's storyline reveals and highlights these possible benefits. The soapy, sentimental qualities of the scene could also generate the kind of emotional bolstering required for someone in need of encouragement to seek out support, providing the same kind of gentle nudge that Jenny's mother gave to her daughter.

'What are you going to do all day?': *Cold Feet* and the search for new narratives

The writers of *Cold Feet* did not brush over the challenges involved with finding a new sense of purpose following cancer treatment, instead allowing viewers to inhabit a range of perspectives on 'moving on'. The idea that cancer somehow 'teaches you how to live', becoming the 'beginning of a new life path' is commonplace in survivor literature.⁷⁴ Yet such notions threaten to obscure the difficulty many survivors have in integrating the 'traumatic cancer experience' into 'the longer 'span' of a life-narrative'.⁷⁵ Indeed, patient testimony

72 Ellingsen et al., 'Finding Oneself After Critical Illness', p. 5.

73 Silver, *What Helped Get Me Through*, p. 9.

74 See, for instance: Pamela Brown, *Facing Cancer Together* (Minneapolis: Augsburg Fortress, 1999), p. 68.

75 Freadman, 'Spanning Cancer', p. 491.

indicates that people recovering from serious illness often have to 'craft and recraft their personal stories' throughout this longer 'illness trajectory',⁷⁶ as they test out various narrative frameworks for their particular circumstances. Watching Jenny's search for a story could give viewers in this position a tool that facilitated this recrafting, affording them opportunities to examine their response to diverse forms of the illness narrative, and to select from these in order to construct their own unique version.

As she readjusts to life after treatment, Jenny does not immediately rediscover a clear sense of purpose, but lurches between different schemes as she contends with boredom and disorientation. When her mother enquires about Jenny's plans, she reacts defensively, saying she can do 'absolutely anything' now that she is 'Jenny 2.0' (2: 4). The next time we see Jenny, however, the visual imagery undercuts this illusion of freedom and conviction. Sitting alone at home, looking listless and disheartened, she is framed as a survivor bereft of purpose and unable to find her 'new life path' (2: 10). Casting around for something to fill her days, Jenny alights on the idea of writing a form of pathography, pitching this to her friend Karen, an editor. However, Jenny's rambling, vague explanation, and Karen's lukewarm response both disclose the flaws in this proposal. Jenny says that she thought that by 'whacking down all the thoughts and feelings [she] went through' she 'might help other people' (2: 17-18). But the viewer has already witnessed her struggling to process or express these thoughts and feelings, so can recognize this as an ill-conceived attempt to project an assurance she does not possess. In trying to mould her experiences into a 'quest narrative' – Frank's notion of a story that will 'accept illness and seek to use it', finding positive ways to 'meet suffering head on'⁷⁷ – Jenny fails to do justice to the confusion and contradiction still shaping her emotional landscape. As a character engaged in a search for a story, she exposes the limitations of specific narratives, including those promoted as empowering corrections to dominant medical narratives. Her unsuccessful experimentation with these options affords viewers a more critical, questioning perspective to inhabit, from which to survey the narratives made available through culture,

76 Ellingsen et al., 'Finding Oneself After Critical Illness', p. 1.

77 Frank, *The Renewal of Generosity*, p. 115.

medicine, and the arts. The healthy suspicion this naturally cultivates of both specific stories, and the overall privileging of narrative as a hermeneutical model, could also prove particularly relevant to those patients who reject the use of narrative for accessing and organising their experiences.⁷⁸

This critical perspective on popular narratives also characterises the series' satirical treatment of the 'bucket list' convention. Brought into the cultural mainstream by Hollywood comedy *The Bucket List* (2007), ticking off items on a bucket list has entered the cultural consciousness, perceived as a proactive, defiant response to cancer. Its influence is underlined in *Cold Feet* when Jenny, feeling threatened by her impending scan, tries to start compiling a list of the things she wants to do before she dies, seemingly as a form of coping mechanism. Yet when she begins discussing this scheme with Pete, they struggle to take it seriously, as the exercise quickly descends into making jokes about ludicrously ambitious schemes. Jenny also finds her attention being drawn back to banal, domestic matters, so that she ends up using the sheet intended for her bucket list to write a reminder to buy bin bags and pasta at the shops (6: 13-14). The scale and complexity of the bucket list 'quest' narrative simply does not fit the patterns of their lives, as the series' writers emphasised by exploiting the comic potential of this incongruity. The characters' rejection of a narrative so ill-suited to their situation affords a comic perspective on the search for stories, inviting a more discerning, clear-sighted approach to this search. With a self-reflexive irony, the series advertises the potential pitfalls of 'borrowing' from popular culture, casting those in the remission society as actively engaged in critically appraising, then adopting, reinterpreting, or rejecting the illness narratives they happen upon.

Conclusion

⁷⁸ See Angela Woods, 'The limits of narrative: provocations for the medical humanities', *Medical Humanities*, 37 (2011), 73-78; Claire Charlotte McKechnie, 'Anxieties of communication: the limits of narrative in the medical humanities', *Medical Humanities*, 40 (2014), 119-24.

This article sets out a methodological approach that allows fictional cancer stories to be evaluated with reference to the specific spiritual needs of cancer patients. Analysing these stories in terms of how they might reflect or reframe patients' lived experiences provides a means of critically assessing different narratives, and of identifying those that might stimulate reflection, discussion, and reappraisal of neglected areas of experience. Using *Cold Feet* to illustrate this approach, I have shown how a television drama can shed light on the particular challenges long-term cancer survivors face following discharge. This series is just one story selected from the huge range available in popular media, but it is an especially apposite case-study because there is evidence that people affected by the issues raised were finding value in Jenny's storyline. The series 'struck a chord' with survivors and analysing its spiritual affordances reveals why this was the case. The challenge to the restitution narrative it presents, allied to an exploration of the complexities of relationships after treatment, and of the difficulties of finding a new story, offers material to borrow that could help survivors to find their voice and navigate new, unfamiliar challenges. Therefore, the series is also an illustration of the capacity for accessible, fictional narratives to be used to engage with an area of experience that contemporary healthcare, and society as a whole, frequently struggles to address.

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**'BE MY PHILOSOPHY, BE MY SCIENCE': REFLECTIONS ON
CHRONIC PAIN IN ALPHONSE DAUDET'S *IN THE LAND OF
PAIN*.**

LEONARD FARRUGIA

Pain retains ongoing critical significance as a symptom at the very heart of the medical humanities. In his editorial to a recent special issue of *Medical Humanities* on 'Pain and its Paradoxes', Daniel Goldberg notes the polymorphous nature of pain as it is experienced and understood: '[p]ain is an essential pathway to redemption for many' yet 'for others it exists only as a devastating, hollowing experience that defies meaning'.¹ Alphonse Daudet (1840-97) and his writing express and embody this duality to the letter. This article examines Daudet's *La Doulou* (referencing Julian Barnes' translation, *In the Land of Pain*), an account of the French author's struggle with the ravages of neurosyphilis.² It discusses the disease's sociocultural context and reflects on the relevance of Daudet's autopathography to contemporary discourse on chronic pain. The article details and dissects key clinically-inflected thematic spheres of influence that feature throughout the text. Building on Steven Wilson's recent scholarship on what had hitherto been a critically-neglected text, it appraises *La Doulou* as an unorthodox text that bypasses traditional narrative structures, crossing critical boundaries to better convey the disjointed experience of pain.³ I argue that, through its intertextuality, rejection of linear narration and incompleteness as a text, *La Doulou* complements the vision of 'critical entanglement' put forward by Anne Whitehead and Angela Woods in their introduction to *The Edinburgh Companion to the Critical Medical Humanities* (2016).⁴ I hope to demonstrate how these entanglements, or decussations (to use an apt neuroanatomical term), mark out *La Doulou* as a text worthy of further study.

1 Daniel S. Goldberg, 'Pain and the Human Condition', in *Pain and its Paradoxes*, ed. by Daniel S. Goldberg, special issue of *Medical Humanities*, 44 (2018), 72-73 (p. 72).

2 Alphonse Daudet, *In the Land of Pain*, ed. and trans. by Julian Barnes (London: Jonathan Cape, 2002).

3 Steven Wilson, *The Language of Disease: Writing Syphilis in Nineteenth-Century France*, Research Monographs in French Studies, 62 (Cambridge: Legenda, 2020), p. 92.

4 Anne Whitehead and Angela Woods, 'Introduction', in *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Whitehead and others, (Edinburgh: Edinburgh University Press, 2016), pp 1-31 (p. 9).

Medical History of a Literary Syphilitic

A French novelist mostly renowned for his witty and nostalgic depictions of his native sunny Provence, Daudet first made his mark on the Parisian literary scene with his *Lettres de mon moulin* [Letters from my Windmill], and eventually went on to become one of the most widely read authors of his time. He has since been classic reading in French school programs but is now little known outside his native France. *La Doulou* (the Provençal word for *douleur*, pain) was published in 1930, thirty-three years after his sudden death on 16 December 1897. The project was originally conceived as an honest confession relating the author's trials and tribulations with the pain and disability of *tabes dorsalis* – a form of syphilis affecting the nervous system and resulting in progressive loss of coordination and eventual paralysis.

What emerged over the years was a collection of notes with a poignancy and realism that strikes a chord with anyone familiar with chronic pain. Alphonse's son Léon Daudet (1867 – 1942), who went on to achieve notoriety as a polemicist and co-founder of the nationalist periodical *Action française*, relates his father's struggles in his 1915 memoir *Devant la Douleur*, describing *La Doulou* as a 'terrible and implacable breviary'.⁵ The course of Daudet's illness was long and protracted. He was under the care of the finest specialists of his time, among them his friend Jean-Martin Charcot, founder of modern neurology, and tried all their recommended treatments to no observable benefit. These included the excruciating Seyre suspension, imported from Russia by Charcot, which involved 'being suspended in the air for four minutes, the last two solely by the jaw'.⁶ He was also advised dietary changes to no avail, and finally resorted to the Brown-Séguard treatment, a course of painful injections with an elixir extracted from guinea pigs. The mainstay of his long-term treatment relied on hefty doses of chloral, bromide and morphine, the effects of which are vividly described throughout the text.

5 Léon Daudet, *Devant la Douleur* (Paris: Nouvelle Librairie Nationale, 1915), as cited and translated by Julian Barnes in Daudet, *In the Land of Pain*, p. XIV.

6 Daudet, *In the Land of Pain*, p. 7.

Daudet is thought to have joined the ranks of French literary syphilitics (which included Baudelaire, Flaubert, Maupassant and de Musset, among others)⁷ at the age of seventeen, having acquired it from, he assures friend and fellow sufferer Jules de Goncourt, 'a lady of high rank'.⁸ It was Philippe Ricord, the pioneer of syphilography and the first to classify syphilis into its three stages, who first diagnosed Daudet with syphilis, possibly in 1861.⁹ He was treated with mercury as had been customary since the sixteenth century, and the disease mostly lay dormant for a time. During this time he wrote, published to increasing acclaim, married his wife Julia and had three children, while also continuing 'an active, carefree, careless sex life'.¹⁰ The timing of the emergence of neurosyphilis is difficult to date precisely, but early symptoms may be traced many years before the formal diagnosis of full-blown *tabes dorsalis* by Charcot in 1885, the same year that he declared him 'lost'. Daudet recalls: '[w]arning signs going back a long way. Strange aches; great flames of pain furrowing my body, cutting it to pieces, lighting it up'.¹¹ Other sources, like *The Goncourt Journal*, show the ineluctable progression of the disease and its intermittent crises.

Despite the high prevalence of syphilis during Daudet's lifetime (Flaubert's tongue-in-cheek entry in his *Dictionnaire des idées reçues* reads: '[s]yphilis: everyone, more or less, suffers from it', the connection between syphilis and *tabes dorsalis* was not immediately apparent.¹² *Tabes* had originally been described by Moritz Heinrich Romberg (1795-1873) in 1840, but the first tentative link was not suggested until 1858 by Guillaume Duchenne de Boulogne (1806-75), who was the first to coin the term 'locomotor ataxia'. First clinical and epidemiological evidence was provided by Jean-Alfred Fournier (1832-1914) in 1875, with

7 Physicians may recognize Alfred de Musset, author of *La Confession d'un Enfant du Siècle* [The Confession of a Child of the Century] (1836), through the eponymous de Musset's sign - rhythmic nodding or bobbing of the head in synchrony with the beating of the heart as a result of aortic regurgitation due to syphilitic aortitis.

8 Edmond & Jules de Goncourt, *Pages from the Goncourt Journals*, trans. by Robert Baldick (New York: New York Review of Books, 2006), p. 220 (31st January 1876).

9 Sebastian Dieguez & Julien Bogousslavsky, 'The One-Man Band of Pain', in *Neurological Disorders in Famous Artists*, ed. Julien Bogousslavsky (Basel: Karger, 2005) pp. 17-45.

10 Daudet, *In the Land of Pain*, p. viii.

11 Daudet, *In the Land of Pain*, p. 6.

12 Gustave Flaubert, *Dictionary of Accepted Ideas*, trans. by Jacques Barzun (New York: New Directions, 1954), p. 84.

proof of his hypothesis only arriving after the discovery of *Treponema pallidum*, the causative agent of syphilis, by Schaudinn and Hoffmann in 1905.¹³ Charcot continued to reject the connection between syphilis and *tabes* right up until his death in 1893.

Diagnosis: The Pain of a Poetic Aetiology

In her first study of *La Doulou* from a medical point of view, Mary Trivas suggests that Charcot's tentative diagnosis was rather of 'a burning and poetic aetiology'.¹⁴ Ever loyal to his esteemed friend Charcot, Daudet only secretly favoured Fournier's more scientifically-articulate opinion.¹⁵ Yet despite awareness of the diagnosis and its mode of transmission, the word syphilis itself is altogether absent from *La Doulou*, with one commentator noting: 'Barely suggested here and there, it is the great absentee of the text, as if the disease withdrew into the indivisible core of pain, black violence and only certainty'.¹⁶ Daudet himself laments: 'Not once, neither at the doctor's, the baths, nor the spas where the disease is treated, has it ever been given its name, its real name. I have a 'disease of the bone marrow''.¹⁷

Despite being rife in French nineteenth-century society and having been described as 'the greatest literary disease of all time', there is a dearth of first-hand literary accounts of how the disease was experienced.¹⁸ In her 2003 biography of the disease, Deborah Hayden notes:

Syphilis was life's dark secret. The word was taboo, with the terrifying diagnosis at most whispered to an intimate friend, and then only with assurances of the

13 Ricardo Nitrini, 'The History of Tabes Dorsalis and the Impact of Observational Studies in Neurology'. *Archives of Neurology* 57, no. 4 (2000): 605-606.

14 Mary Trivas, *Le Dououreux Calvaire D'Alphonse Daudet: Auto-Observation d'un Tabetique de Qualite* (Paris: Véga, 1932) p. 26.

15 Dieguez & Bogousslavsky, 'The One-Man Band of Pain', p. 29.

16 Jérôme Solal, 'L'Heure de la douleur: *La Doulou* d'Alphonse Daudet', in *Alphonse Daudet pluriel et singulier: rencontres de Cerisy-la-Salle*, ed. by Christian Chelebourg (Paris and Caen: Lettres Modern Minard, 2003), pp. 107-22 (p. 119).

17 Daudet, *In the Land of Pain*, p. 24.

18 Jean Goens, *De la syphilis au sida: cinq siècles des mémoires littéraires de Vénus* (Bruxelles: Presses Interuniversitaires Européennes, 1995), p. 200.

utmost secrecy. It was too shameful to record by name in a diary and was alluded to in correspondence only by code.¹⁹

This sense of taboo stands in stark contrast with more positively-interpreted elements of the disease. In *The Language of Disease: Writing Syphilis in Nineteenth-Century France* (2020), Robert Wilson discusses the perceived association between syphilis and creativity as manifest in the romanticized notion of the *génie syphilitique*, together with a sense of pride and sexual bravura being expressed on first acquiring the initial syphilitic chancre.²⁰ This is nowhere more evident than in Maupassant's notorious show of bravado in this letter, dated 2 March 1877, to librarian Robert Pinchon: 'I've got the pox! At last! Not the contemptible clap... no, no, the great pox, the one François I died of. The majestic pox... and I'm proud of it, by thunder'.²¹

Maupassant's initial exuberance gives way to more sobering reflections as he develops the later stages of the disease. He goes on to develop alopecia suggestive of secondary syphilis, followed by visual loss and severe headaches, informing Flaubert in February 1880 that he 'can see almost nothing out of the right eye'.²² Further deterioration was observed by ophthalmologist Edmund Landolt in 1888 when he detects that his pupils no longer react to light.²³ He eventually succumbed to the infection's most dreaded form, general paralysis of the insane – the complication Daudet had most dreaded but thankfully been spared. He died in detainment, his last words reported to have been '*des ténèbres, des ténèbres*' [darkness, darkness].

19 Deborah Hayden, *Pox: Genius, Madness, and the Mysteries of Syphilis* (New York: Basic Books, 2003), p. xv.

20 Wilson, *The Language of Disease: Writing Syphilis in Nineteenth-Century France*, p. 95.

21 Guy de Maupassant, letter to Robert Pinchon, 2 March 1877, as cited in Daudet, *In the Land of Pain*, p. 85.

22 Maupassant, letter to Flaubert, 18 February 1880, in Gustave Flaubert and Guy de Maupassant, *Correspondence*, ed. by Yvan Leclerc (Paris: Flammarion, 1993), p. 231.

23 Physicians will recognize this as the development of Argyll Robertson pupils, a tell-tale sign of neurosyphilis.

Syphilis' status as, to quote Wald Lasowski, 'the great unmentionable', no doubt owes much to its association with debauchery and sexual immorality.²⁴ This is evident in the expressions denoting syphilis in common usage through the ages: *la sorcellerie* [witchcraft], *la diablerie* [devilry], and *les fiebres Saint-Job* [Job's fevers].²⁵ This colours Daudet's perception of his suffering as penance for past excesses. He tells Edmond de Goncourt of a dream in which he was caught up in the Last Judgement and had to defend himself against a sentence of 3500 years in hell for the 'crime of sensuality'.²⁶ Anatole France also relays that shortly before he died, Daudet declared: 'I am justly punished for having loved life too much'.²⁷ The iconography of Daudet as *Ecce Homo* and *Il Crociato*, discussed through the lens of what Wilson terms the 'spiritual aesthetics of pain', is indebted to this theological framework of redemption through pain, and allows Daudet to embellish his diagnosis with an additional layer of meaning that perhaps a scientific model alone was unable to provide.²⁸

While diagnoses of a 'burning and poetic aetiology' are less likely to be offered to patients today when compared to *fin-de-siècle* France, a liminal space of diagnostic ambiguity continues to haunt many patients suffering from chronic pain. I argue that, even when a medical diagnosis is offered and accepted, the pain experience will, as for Daudet, be coloured by, and understood through, languages that digress from the purely scientific. I will next consider the difficulties encountered on that journey.

The Limits of Language: Recourse to Metaphor

Pain has an element of blank;

It cannot recollect

24 Patrick Wald Lasowski, *Syphilis: essai sur la littérature française du XIXe siècles* (Paris: Gallimard, 1982), p. 117.

25 Claude Quézel, *History of Syphilis*, trans. by Judith Braddock and Brian Pike (Cambridge: Polity Press, 1990) pp. 9-16.

26 Edmond & Jules de Goncourt, *Journal: mémoires de la vie littéraire*, ed. by Robert Ricatte, III, (Paris: Fasquelle & Flammarion, 1956) p. 963 (21st January 1889).

27 Dieguez & Bogousslavsky, 'The One-Man Band of Pain', p. 28.

28 Wilson, *The Language of Disease: Writing Syphilis in Nineteenth-Century France*, p. 111.

When it began, or if there was

A time when it was not.

It has no future but itself,

Its infinite realms contain

Its past, enlightened to perceive

New periods of pain.

Emily Dickinson²⁹

In the above poem, Emily Dickinson (1830-86), the prolific but intensely private poet from Amherst, Massachusetts, dwells on the all-consuming nature of pain, and how completely it blots out everything extraneous to it. Pain is personified to the extent that it appears to replace the identity of the sufferer, thereby enacting a process of depersonalization. This is reminiscent of her other often quoted line about pain: 'there is a pain – so utter – it swallows substance up'.³⁰ Daudet's ruminations on pain evoke a similar experience. He also personifies pain, describing it as having 'a life of its own', with 'each patient discover[ing] his own'.³¹ He views pain and disease as a distinct Other with an agenda of its own, and is sceptical of the tactic of passive acceptance:

The ingenious efforts a disease makes in order to survive. People say, 'Let nature take its course'. But death is as much a part of nature as life. The forces of survival and destruction are at war within us and are equally matched.³²

29 Emily Dickinson, *The Poems of Emily Dickinson*, ed. R. W. Franklin (Cambridge, Massachusetts: Belknap Press of Harvard University Press, 2005), p. 125.

30 Dickinson, *The Poems of Emily Dickinson*, p. 459.

31 Daudet, *In the Land of Pain*, p. 26.

32 Daudet, *In the Land of Pain*, p. 26.

One can appreciate here both the Manichean duality of life and death as well as the metaphorical imagery of warfare, which has ever been a central aspect in how we construct and interpret our discourse on pain and disease. This was a key concern in Elaine Scarry's seminal study *The Body in Pain: The Making and Unmaking of the World* (1985), outlining how metaphors of weaponry and damage are core components of pain discourse. Scarry goes on to declare that 'physical suffering destroys language'.³³ Likewise, in his anthropological study of language and pain, David La Breton states:

Pain is a radical failure of language. [...] It [...] renders the individual powerless to describe pain's torturous intimacy. [...] Beneath its blade, the splitting of the self causes a fragmentation of language. [...] A complete breakdown of word and thought.³⁴

A similar sentiment is expressed by Daudet in relation to his pain: 'Sheer torture... there are no words to express it, only howls of pain could do so'.³⁵ Daudet then goes on to critique the inevitable distance between emotion and language:

Are words actually any use to describe what pain (or passion, for that matter) really feels like? Words only come when everything is over, when things have calmed down. They refer only to memory, and are either powerless or untruthful.³⁶

Notwithstanding, or perhaps in response to, his mistrust of ordinary language as a vehicle for an accurate representation of pain, Daudet resorts to metaphor to express his

33 Elaine Scarry, *The Body In Pain: The Making and Unmaking of the World*. (Oxford: Oxford University Press, 1985) p. 201.

34 David Le Breton, *Anthropologie de la douleur* (Paris: Métailié, 1995), p. 39.

35 Daudet, *In the Land of Pain*, p. 15.

36 Daudet, *In the Land of Pain*, p. 15.

predicament. Metaphor adorns his ailing self, his plight and his illness, and adds nuance to his descriptions. One such instance is his artful comparison of the erratic nature of pain to a singer's voice, varying 'according to the acoustics of the hall'.³⁷ This insight reveals an appreciation of the degree to which the experience of pain is shaped by the psychological landscape one inhabits, reflected in today's clinical practice in the use of antidepressants and cognitive behavioural therapy as treatment adjuncts for chronic pain.

Daudet also identifies himself with fellow sufferers from history and literature. He compares his agonies to the torment of the Cross, but also more comically to a ridiculous 'wounded Don Quixote, sitting on his arse in his armour at the foot of a tree'.³⁸ This imagery extends to the perception of his illness – describing his thoracic pains as 'this breastplate has had me in its grips for months. I can't undo the straps; I can't breathe'.³⁹ He feels increasingly powerless and lacking agency in his actions, creatively depicting his locomotor ataxia as reacting 'like a berserk marionette'.⁴⁰ The terror of crossing the road as an invalid reminds him of the 'ghoulish little old women' in Baudelaire's *Les Fleurs du mal*.⁴¹ His emerging paralysis evokes the fate of Daphne in Ovid's *Metamorphoses*, imprisoned into a laurel tree as she fled Apollo's pursuit.⁴²

Metaphor does not merely embellish Daudet's persona, but also that of his illness and how it is perceived. His illness is announced as 'the Invasion';⁴³ his pain both a 'cruel guest' and 'the most despotic of Imperial hostesses',⁴⁴ his '*carcere duro*' turned '*durissimo*'.⁴⁵ The pain itself is experienced differently – as 'great flames of pain furrowing [his] body, cutting it to

37 Daudet, *In the Land of Pain*, p. 15.

38 Daudet, *In the Land of Pain*, p. 14.

39 Daudet, *In the Land of Pain*, p. 14.

40 Daudet, *In the Land of Pain*, p. 9.

41 Daudet, *In the Land of Pain*, p. 10.

42 Daudet, *In the Land of Pain*, p. 43.

43 Daudet, *In the Land of Pain*, p. 6. For a detailed analysis of the language of borders and invasion in French literature, see 'The Pathology of Borders' (Chapter 1) in Wilson, *The Language of Disease: Writing Syphilis in Nineteenth-Century France*, p. 17.

44 Daudet, *In the Land of Pain*, p. 42.

45 Daudet, *In the Land of Pain*, p. 24. 'Hard imprisonment', referring to incarceration of Risorgimento patriots.

pieces, lighting it up',⁴⁶ as well as 'an impish little bird hopping hither and thither'.⁴⁷ In this regard, Daudet imbues his symptoms with an artistry worthy of the Impressionists, of whom he was one of the first admirers. Indeed, in the words of Steven Wilson, applied primarily to imagery of the Crucifixion but perhaps generalisable to other visual imagery:

In Daudet's '*littérature impressioniste*' [Impressionist literature], the visual is integrated into the text; it provides its own aesthetic language for communicating the experience of being in pain, a visually engaged poetics that [...] allow us to see the limits of considering pain solely through the bodily or the text.⁴⁸

The limits of language are therefore acknowledged and responded to through a broadening of the medium of engagement, providing us with alternatives to textual narrative when this proves lacking.

A Burden Best Not Shared? Community and Exile

Isolation and solitude are well-documented in patients with chronic pain. Rather than sever himself from the crowd, Daudet is described by his son as having been at the epicentre of the activity at the Hôtel Mas in Lamalou, the spa where he was sent by Charcot: '[f]rom the first evening, we would be surrounded by about sixty people, familiar faces smiling at us through their torments. It was the most extraordinary display of moral attraction I have ever been permitted to witness'.⁴⁹

Daudet reflects on the sense of community that a shared illness can create:

46 Daudet, *In the Land of Pain*, p. 6.

47 Daudet, *In the Land of Pain*, p. 28.

48 Wilson, *The Language of Disease: Writing Syphilis in Nineteenth-Century France*, p. 121.

49 Léon Daudet, as quoted by Julian Barnes in Daudet, *In the Land of Pain*, p. 78.

At the start of each season at Lamalou the patients, in all their weirdness and diversity, draw comfort from the demonstration that their respective illnesses all have something in common. Then, when the season's over and the baths close, this whole agglomeration of pain breaks up and disperses. Each of these patients turns back into a loner, someone isolated and lost amid the noise and turbulence of life, just a strange creature with a funny illness, almost certainly a hypochondriac, whom one has to feel sorry for but is really rather boring. Only at Lamalou is he understood, only there are people really interested in his disease.⁵⁰

This same reflection is echoed elsewhere in the text through the following pithy truism: 'Pain is always new to the sufferer, but loses its originality to those around him. Everyone will get used to it except me'.⁵¹

The antithesis to this appreciation of community is, however, just as easily traceable throughout the text. The author increasingly ruminates on the merits of solitude: that state where he is free of embarrassment, scrutiny and guilt of being a burden. At its most extreme, this drive towards solitude is manifested through the metaphor of a mole-like existence: 'I'd like to be earthed in like a mole, and live alone, all alone'.⁵² This sense of illness as exile from society at large is distilled in Xavier Aubryet's *La Maladie à Paris*, a text which Daudet reads and comments on throughout the text. A journalist and editor with an affinity for social commentary, Aubryet laments the 'social death' he suffered at the hands of his illness: 'Illness and Paris are mutually exclusive terms; Paris only likes healthy people, because it only likes success, and illness is as much a failure as poverty'.⁵³

50 Daudet, *In the Land of Pain*, p. 73.

51 Daudet, *In the Land of Pain*, p. 19.

52 Daudet, *In the Land of Pain*, p. 42.

53 Xavier Aubryet, *La Maladie à Paris* (Paris: Le Figaro. Supplément littéraire du dimanche, 20th November, 1880) <<https://gallica.bnf.fr/ark:/12148/bpt6k273914j/f3.textePage>> (accessed 06 July 2021), as quoted by Julian Barnes in Daudet, *In the Land of Pain*, p. 36.

Against this backdrop of isolation, however, we are struck by how Daudet's consideration towards others outweighs the burden of his disease: 'Suffering is nothing. It's all a matter of preventing those you love from suffering'.⁵⁴ He becomes increasingly sensitive to the fragility of life and to sickness among his loved ones. He laments his incapacity to help, yet consoles himself with the knowledge that his empathic core is stronger than ever:

Painful hours spent at Julia's bedside... Fury at finding myself such a wreck, and too weak to nurse her. But my ability to feel sympathy and tenderness for others is still well alive, as is my capacity for emotional suffering, for emotional torment... and I'm glad of that, despite the terrible pains that returned today.⁵⁵

This tension between the merits of community and isolation is given free rein at the end of *La Doulou*, with the text breaking off with a dramatic dialogue between two ataxic sufferers debating the merits of having a family during the experience of an illness. The first ataxic argues that consideration towards one's family leads to concealing one's pain and that one is obliged, out of kindness and out of pride, to suffer alone at the risk of becoming a nuisance. Additionally, one would also have the 'endless anxieties of the family man'. He concludes that 'the only real way to be ill is to be by yourself'.⁵⁶ On the other hand, the second ataxic counters that the responsibilities of the family man are protective as they distract one from his pain, as well as allowing him to receive the love and affection that the solitary sufferer longs for. In a way reminiscent of the aporia of Socratic dialogues, the text ends without a resolution, passing the baton on to us to reflect on the experience of exile during chronic ill-health.

Literature provided Daudet with the perfect resolution to this conflict. At once solitary yet connected, physically passive yet spiritually active, the act of reading and writing, including the writing of *La Doulou* itself, may well be perceived as a key activity through which Daudet

54 André Ebner as quoted by Julian Barnes in his introduction to Daudet, *In the Land of Pain*, p. x.

55 Daudet, *In the Land of Pain*, p. 25.

56 Daudet, *In the Land of Pain*, p. 77.

engages with his illness. It allows him to engage at a distance, a distance which limits the humiliation he suffers at the hands of his illness:

Neuropathy. I find it impossible to write an address on an envelope when I know that people will read and examine it; whereas in the intimacy of a notebook I can guide my pen as I choose.⁵⁷

Daudet also remained an avid consumer of texts throughout his illness. He would read late into the night when his mind was at its most lucid – usually in between his two doses of chloral. He felt connected with the suffering of fellow writers Leopardi, Flaubert, Rousseau and Heinrich Heine: his literary ‘doppelgangers in pain’.⁵⁸ He likewise refers to Montaigne as his ‘old friend’ with ‘a special pity for suffering’.⁵⁹ The ongoing intertextuality within the text, coloured by allusions to various authors and their literary works, situates Daudet within a large community of fellow sufferers and explorers, providing companionship during his experience of exile.

Pain as Mentor: In Praise of the Struggle

Nervous illness raises to the power of two – squares, as the algebraists put it – both the qualities and faults of those it touches. It sharpens them like pencils, as my father used to put it... noble, generous, disinterested souls acquire, in the face of incessant pain, a strengthened sense of altruism; an almost saintly goodness blossoms forth. Such was the case with Alphonse Daudet.

Léon Daudet, *Devant le Douleur*⁶⁰

57 Daudet, *In the Land of Pain*, p. 28.

58 Daudet, *In the Land of Pain*, p. 38.

59 Daudet, *In the Land of Pain*, p. 42.

60 Léon Daudet, *Devant La Douleur* as quoted by Julian Barnes in Daudet, *In the Land of Pain*, p. 16.

La Doulou begins with the following opening line: Μαθηματα – Παθηματα. – The elemental truths. – Pain.⁶¹

The above is a variant for a common Greek tag that stands for 'suffering is instructive'. In fellow syphilitic Alfred de Musset's poem *La Nuit d'octobre* (1837), the Muse chastises the young Poet in the same vein: 'Man is a pupil, pain is his master, [a]nd no one knows himself until he has suffered'.⁶² This is, perhaps, the central question of the text: dare we interpret any ennobling qualities in relation to pain, and if so, how does it influence our stance in relation to pain as an existential and clinical problem?

In *The Culture of Pain* (1991), David Morris notes that: '[p]ain in effect spends its existence moving in-between the extremes of absolute meaninglessness and full meaning'.⁶³ Daudet similarly fluctuates in his stance towards what his pain means. He claims 'pain leads to moral and intellectual growth. But only up to a certain point'.⁶⁴ He recognizes that chronic pain quickly stops being a mentor but a negative force to be reckoned with – at best a nuisance, at worst a disabling experience that leaves room for little else. He moves on to condemn his suffering and rejects the relative insight that pain affords: 'I shouldn't inflict on people what I've endured, this painful, all too self-aware end to my life. People should be treated as if they were sick'.⁶⁵

Juxtaposed against this rejection, however, is an awareness that sharing his struggles through his writing allows him to 'do something with the suffering, to make it matter'. In his article on *La Doulou*, Michael Worton goes on to state:

What is important and valuable about *La Doulou* is that Daudet does not deny pain, that he forces himself to speak it here – haltingly, fragmentedly, painfully

61 Daudet, *In the Land of Pain*, p. 1.

62 Alfred de Musset, 'La Nuit d'octobre' (1837) in *Œuvres complètes*, ed. by Philippe van Tieghem (Paris: Seuil, 1963), p. 158. 'La Nuit d'octobre' is the last of four poems in his *Les nuits* cycle, chronicling the poet's gradual recovery from intense heartbreak over four disparate nights.

63 David Morris, *The Culture of Pain* (Berkeley, Los Angeles, Oxford: University of California Press, 1991), p. 35.

64 Daudet, *In the Land of Pain*, p. 43.

65 Daudet, *In the Land of Pain*, p. 46.

[...] Daudet undoubtedly believes that suffering can open up an ethical dimension within the sufferer, in the sense that an individual's pain – which has no point in itself – can nonetheless take on a charge of meaning if it becomes the occasion for the empathetic, even suffering response of a reader.⁶⁶

It is perhaps the same openness towards meaning that animates the following statement: '[p]ain, you must be everything for me. Let me find in you all those foreign lands you will not let me visit. Be my philosophy, be my science'.⁶⁷ His son Léon argues that illness rarefied his father's inherent goodness and made him even more benevolent than before, recalling his father encouraging and consoling the sick in the little garden of the Hôtel Mas, 'giving them glimpses of some possible holding-off or drawing-back of their fate'.⁶⁸

Likewise, in *Contre Saint-Beuve* (1954), Marcel Proust (1871 – 1922) describes Alphonse Daudet as 'this handsome invalid beautified by suffering, the poet whose approach turned pain into poetry, as iron is magnetized when brought near a magnet'.⁶⁹ Proust describes how Daudet left the room and continued conversing through the open doorway while injecting himself with morphine, returning with sweat on his brow but exuding 'the serenity of victory'. Impressed by his stoicism, he went on to remark:

I remembered to what extent bodily pain, so slight compared to his that no doubt he would have enjoyed it as a respite, had made me deaf and blind to other people, to life, to everything except my wretched body, towards which

66 Michael Worton, 'Of Sapho and Syphilis: Alphonse Daudet on and in Illness', *L'Esprit Créateur*, 37 (1997), pp. 45-46.

67 Daudet, *In the Land of Pain*, p. 42.

68 Léon Daudet, *Devant la Douleur* as quoted by Julian Barnes in Daudet, *In the Land of Pain*, p. 79.

69 Marcel Proust, *Against Saint-Beuve and Other Essays*, trans. by John Sturrock (London: Penguin, 1988), p. 42.

my mind was stubbornly bent, like a sick man lying in bed with his face turned to the wall.⁷⁰

Daudet declares that 'life consists of antagonism' and it is through an acceptance of this truth that he embraces his struggle and braces himself for the worst.⁷¹ His views anticipate those of philosopher Albert Camus (1913-60) in his essay *The Myth of Sisyphus*, published 12 years after *La Douleur* in 1942.⁷² Camus addresses man's futile search for meaning and clarity in the face of a world devoid of eternal truths or values. He opens by declaring that 'there is only one really serious philosophical problem, and that is suicide'.⁷³ Goncourt tells us that suicide was also on Daudet's mind:

Daudet confides in me that 3 or 4 years ago his wife, having clearly seen into his heart and read the desire to make an end of it by suicide, forestalled his confession, and made such an eloquent plea for him to live for her sake and that of the children, that he renounced his intention of killing himself.⁷⁴

This is corroborated by his entry in *La Douleur*: 'Musing on suicide. One doesn't have the right'.⁷⁵ It is ultimately community rather than exile – Daudet's commitment to his family – that motivates Daudet to discount suicide as an option. Rather, he embraces the stance of Camus' Sisyphyeen absurd hero by accepting his burden with unsettling composure: 'I don't care if my cannon-fire lands short, and the whole ship is falling apart, I'm going down fighting'.⁷⁶

70 Proust, *Against Saint-Beuve and Other Essays*, p. 86.

71 Daudet, *In the Land of Pain*, p. 49.

72 Albert Camus, *The Myth of Sisyphus and Other Essays*. trans. by Justin O'Brien (New York: Alfred A. Knopf, 1955).

73 Camus, *The Myth of Sisyphus and other essays*, p. 1.

74 de Goncourt, *Journal: mémoires de la vie littéraire*, letter dated 1st December 1893, as quoted by Barnes in Daudet, *In the Land of Pain*, p. 10.

75 Daudet, *In the Land of Pain*, p. 10.

76 Daudet, *In the Land of Pain*, p. 7.

Camus' essay concludes: 'The struggle itself [...] is enough to fill a man's heart. One must imagine Sisyphus happy'.⁷⁷ Daudet's friend and secretary André Ebner describes Daudet as 'a veritable minister of charity' in the final twelve years of his life, wanting to be 'nothing more than a vendor of happiness'.⁷⁸ He goes on to state:

His passion for his work, for the discussion of ideas, and his desire to read something new every day were stronger than his illness. He stopped examining it, and transformed his unceasing torments into a goodness which increased with each day.⁷⁹

This suggests that, despite the duress of '*dictante dolore*' [pain dictating], Daudet was able to sublimate his pain (of a morally-dubious aetiology) to become a more virtuous person. In so doing, we perceive the iconography of the Crucifixion, what Wilson terms 'the spiritual aesthetics of pain', enacted not only within the text, but within Daudet's own lived experience.⁸⁰

Conclusion

In an era where discourse on pain has been largely taken over by a medical model of aetiology and treatment, with a 'language of pain' often reduced, in the words of Susannah Mintz, 'to numbers, faces and words on various pain rating scales', it is especially critical not to overlook insight into how pain is experienced and lived.⁸¹ While this initially took the form of the illness narrative (in what has been referred to as the 'first wave' of medical humanities), the centrality of linear narrative to 'provide privileged access to the subjective experience of

77 Camus, *The Myth of Sisyphus and Other Essays*, p. 24.

78 Daudet, *In the Land of Pain*, p. 45.

79 André Ebner as quoted by Julian Barnes in Daudet, *In the Land of Pain*, p. 78.

80 Wilson, *The Language of Disease: Writing Syphilis in Nineteenth-Century France*, p. 121.

81 Susannah B. Mintz, *Hurt and Pain: Literature and the Suffering Body* (London & New York: Bloomsbury, 2013), p. 10.

illness' has since been subjected to critique, most notably by Angela Woods, among others.⁸² Sara Wasson more recently argued in favour of a re-evaluation of 'the value of textual fragments [...] considered outside a narrative framework', and for 'making a space for story that does not fit the expected form of 'story' at all'.⁸³

I argue that Daudet's *La Doulou* is one such text. Daudet is noteworthy in *fin-de-siècle* French literature for being the first to present a vivid first-hand account of the 'pained embodiment of syphilis'.⁸⁴ Despite the virtual disappearance of chronic pain due to neurosyphilis as a clinical entity, Daudet's autopathographic meanderings through the land of pain highlight questions about how pain is lived and interpreted that remain pertinent to scholars, healthcare workers and lay readers alike. In this article, we have broached the difficulties around stigma and uncertain diagnosis and seen how pain threatens to disrupt literal language in favour of metaphorical, or visual, language. Pain's social aspects were discussed in terms of community and exile, followed by a discussion of how literary activity itself can interact with notions of fellowship. Finally, we have seen how Daudet's analyses of his suffering, while insufficient to quell his pain, enabled him, in the words of Mitterand, 'to impose upon it a level of bearable coexistence as it sits alongside the double desire for lucidity and art'.⁸⁵

In a famous quote inscribed above the door to the house in Nîmes where he was born, Daudet invites future generations to continue the celebration of life that he himself attempted to enact: 'I only know one thing, and that is to shout to my children, 'Long live Life!''⁸⁶

One must imagine Daudet happy.

82 Angela Woods, 'The Limits of Narrative: Provocations for the Medical Humanities', *Medical Humanities*, 37 (2011), 73-78 (p. 73).

83 Sara Wasson, 'Before Narrative: Episodic Reading and Representations of Chronic Pain', *Medical Humanities*, 44 (2018), 106-12 (pp. 106-107).

84 Wilson, *The Language of Disease: Writing Syphilis in Nineteenth-Century France*, p. 102.

85 Henri Mitterand, 'Jourir/souffrir: le sensible et la fiction', in *Pleasure and Pain in Nineteenth-Century French Literature and Culture*, ed. by David Evans and Kate Griffiths (Amsterdam: Rodopi, 2008), pp. 31-52 (p. 36).

86 Daudet, *In the Land of Pain*, p. 49.

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**CODES, CLINICS AND CULTURE: THE MULTI-FACETED
MEDICALIZATION OF HOMOSEXUALITY IN INDIA 1970-1990**

RIANNA PRICE

CONTENT WARNING

This article contains reference to homophobia and conversion therapy.

The medicalization of homosexuality offers a unique perspective for understanding the ways in which medicine is socially and culturally constructed, and how this influences treatment, discourse, and practice. In this article, I will argue that by discerning the techniques, motivations, and outcomes of psychiatric treatment of homosexuality, we can gain a deeper understanding of the relationship between law, medicine, and culture. In the following section, I will briefly discuss medicalization as a socio-cultural process, where the meanings and outcomes produced are culturally, temporally, and geographically dependent. The principal sources used are published Indian psychiatric reports from two prominent Indian psy-journals, the *Indian Journal of Psychiatry*, and the *Indian Journal of Clinical Psychology*. I will begin by considering the formulations of identity contained in these sources. These culturally formed identity matrices are coded by the colonial relationship between Britain and India, most specifically, that formulated by the colonial-era law, Section 377 of the Indian Penal Code, which criminalized homosexuality.

The medical literature focuses predominantly on male same-sex desire. I do, however, offer a brief exploration of the lack of female patients, including observations by Indian psychiatrists, which address the paucity of women in their studies. According to these practitioners, the motivations which drove men to treat themselves were absent for women. The bulk of the essay concerns itself with a broad range of motivations, treatment techniques and outcomes. I will assess the Indian psychiatric literature and offer a comparison with British psychiatric literature to highlight the cultural and medical differences which emerge when treating homosexuality. Offering this contrast is important to contextualise the different narratives of medicalization and demedicalization. Postcolonial homophobia and heterosexism is present in the majority of former British colonies. However, the international and postcolonial networks of psychiatry is an underappreciated aspect of non-Western medicalization. India and Britain have a shared ancestry of medico-psychiatric and legislative practice, making a postcolonial comparison a fertile ground for understanding their intersections with social reality. Comparing them also provides a counterpoint to discourses of medicalization which focus on Euro-North America.

Context

In India, homophobia is a colonial import, reified through legislation and administration during the nineteenth and early twentieth centuries. Alongside legal frameworks and training for medical and psychiatric institutions, colonial attitudes to homosexuality and heteronormative archetypes were rearticulated by postcolonial powers. In this essay, I will explore how the medicalization of homosexuality in India was constructed through psychiatric practice, discourse, and legislation. The 'sociocultural process' of medicalization 'consists of defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to 'treat' it'.¹ The 'problem', or health condition, which is targeted by biomedical intervention is a naturally occurring phenomena, such as homosexuality, depression or menopause. Conrad and Schneider argue that 'the greatest social control power comes from having the authority to define certain behaviours, persons and things', which can lead to the medicalization of behaviours which were previously categorised as a 'sin' or a 'crime', or were not categorized at all because they occurred naturally.² Alongside other social issues such as suicide, same-sex desire underwent a paradigmatic shift from sin, to crime and finally, to disorder. Although the construct of sin is a Western idea, situated in Christian scripture, the notion of homosexuality as being against God or nature was enshrined in British colonial thought in India. British intervention in India was heavily proselytizing, and '[s]uch a reading of gender and sexuality suited the imposition of British power'.³ Even in the wording of the 'unnatural offenses' act which prohibits same-sex sexual contact suggests behaviour or actions which go against nature and, implicitly, a higher power or religious figure. The constructed stages of homosexuality overlapped with each other across geographies, although the predominant

1 Peter Conrad, 'Medicalization and Social Control', *Annual Review of Sociology*, 18 (1992), 209-32 (p. 211).

2 Cited in Peter Conrad, 'Medicalization and Social Control', *Annual Review of Sociology*, 18 (1992), 209-32 (p. 216).

3 Paul Boyce, 'Moral Ambivalence and Irregular Practices: Contextualizing Male-to-Male Sexualities in Calcutta/India', *Feminist Review*, 83 (2006), 79-98 (p. 90).

focus of medicalization for same-sex desire tends to focus on Western experiences. Western domination in medicalization is presented as the reason for focus on geographies such as America and Europe. However, this negates the colonial history of medicalization and, conversely, the influence of colonial law and medicine on the creation of therapeutic practice. My research is concerned with the postcolonial period in which the influence of colonial tropes, attitude and institutions are pivotal for the construction of medical categories.

The evidence for this research is drawn from archived psychiatric and psychological sources, which I examine to investigate the role of culture in diagnosing and treating homosexuality in India in the 1970s and 1980s. Through these reports, we can explore the cultural and medical role of both the practitioner and the patient; seeking to understand the broader dynamics which encouraged patients to seek a cure for their same-sex desires. The bibliographical references in the reports allow me to trace out the Western initiatives which were utilized by Indian psychiatrists, and how these were manipulated to serve a contextual socio-cultural and inherently Indian ambition. The primary ambition of practitioners was to eradicate homosexuality and inculcate heterosexuality for the purposes of heteronormative marriage and procreation. The reason for this was that heterosexuality was codified as the normal, or natural, expression of human sexuality and that anything outside of this definition was a perversion. Those forms of sexuality deemed perverse were often the focus of religious, legal, and medical institutions, who sought to alter this facet of sexuality.

Understanding Identity – A Brief Overview

In focusing on Indian psychiatric documentation, I refute the commonly held belief that medicalization was only present in the West, and that former colonies have different engagements with medicalization.⁴ Sweet and Zwilling state that:

⁴ Michael J. Sweet and Leonard Zwilling, 'The First Medicalization: The Taxonomy and Etiology of Queerness in Classical Indian Medicine', *Journal of the History of Sexuality*, 3 (1993), pp. 590-607.

Although both Indian and Western medical systems viewed atypicality as a congenital pathology, Indians did not take the step tempting to cure or confine queer people, as did Europeans and Americans, with medical sanction, from the late nineteenth to the twentieth centuries.⁵

Categories of sexual deviance such as 'homosexual' were imported to India via British colonialism, through the medico-judicial regime and the networks of knowledge it established. However, much of the influence of the West was mitigated by the desires and ambitions of the Indian practitioners.⁶ These differences offer unique insight into Indian culture and social attitudes, as well as those of the physicians themselves. Contemporary labelling of sexual and gender identities in India also follows Western naming conventions. The adoption of these labels and constructions of identities have been incorporated for a number of reasons, including the attempts to decriminalise sodomy. Paul Boyce and Akshay Khanna state that:

[L]egal, activist and academic emphases on the emerging visibility of homosexual subjects in India contributes toward creating a condition whereby same-sex sexual subjects are apprehended as discrete, empirically distinct social actors. This is at the risk of losing myriad idioms of gender and sexualness that do not necessarily speak to personhood.⁷

These binary understandings occlude the experiences of non-gender and sexuality conforming persons in India, and how juridical and medical provisions impacted their identity formation. In this article, the role of British colonial intervention is explored through legislative practice, as well as through colonial reiterations of appropriate sexual and gendered

5 Sweet and Zwilling, 'The First Medicalization', p. 606.

6 Rianna Price, 'Medical Imagination. Homosexuality in the Indian Journal of Psychiatry. 1970-1980', *En-Gender!* 3 (2020), pp. 1-15.

7 Paul Boyce and akshay khanna, 'Rights and Representations: Querying the Male-to-Male Sexual Subject in India', *Culture, Health and Sexuality*, 13 (2011), 89-100 (p. 90).

behaviours which are located in the figure of the *hijra* or eunuch.⁸ These conversations provide the necessary context to the rest of the article, which focuses exclusively on the ways in which Indian psychiatric ambitions differed from their Western counterparts. I will briefly explore sexual identity formation before moving on to describe the colonial frameworks of law and medicine which defined a range of sexual and gender deviancy.

Identity formulations which are based on, or located in, sexual preference are in many ways, a purely Western invention and not a universal historical phenomenon.⁹ The solidification of sexual preference into an identity occurs in the nineteenth century. Michel Foucault, in his seminal work on sexuality, asserts that 'the sodomite had been a temporary aberration; the homosexual was now a species'.¹⁰ Same-sex preference has been documented and transformed, through various paradigmatic shifts, into a concrete social identity. For Foucault, the medicalization of same-sex preference was one of the contributing factors which led to those who had same-sex desires being labelled as 'homosexuals'.¹¹ Foucauldian thought has been rightly criticized for its Western-centric views on the creation of metropolitan sexualities. Ann Laura Stoler argues that locating Western sexual discourse exclusively in the metropole is problematic; Western heteronormativity was generated in reaction to non-Western sexual expressions.¹² Stoler's work demonstrates the importance of the colony as a site of sexual discourse, as colonial influences and pressures shaped Western conceptions of sexualities.¹³

8 Jessica Hinchy, *Governing Gender and Sexuality in Colonial India: The Hijra 1850-1900*, (Cambridge: Cambridge University Press, 2019); Gayatri Reddy, *With Respect to Sex Negotiating Hijra Identity in South India* (Chicago: The University of Chicago Press, 2010).

9 Annamarie Jagose, *Queer Theory: An Introduction* (New York: New York University Press, 1996), p. 15.

10 Michel Foucault, *The Will to Knowledge: The History of Sexuality: Volume One*, trans. by Robert Hurley (London: Penguin, 1990), p. 43.

11 Foucault, *The Will to Knowledge*, p. 43.

12 Ann Laura Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Durham and London: Duke University Press, 1995).

13 Stoler, *Race and the Education of Desire*, p. 4.

Data Analysis – Indian Medical Texts

The colonial law which criminalized same-sex acts in India, the Indian Penal Code Section 377, was instituted in 1861 and not fully abolished until 2018. The act states that the ‘carnal intercourse against the order of nature with any man, woman, or animal’, where ‘penetration is sufficient to constitute the carnal intercourse necessary to the offence’ is a crime, punishable by a fine and prison for up to ten years.¹⁴ The wording of the act suggests that the primary target of the law is not the same-sex act. The use of ‘against the order of nature’ refers to anal intercourse, but the emphasis is not necessarily on same-sex pairings. In the *Lyon’s Medical Jurisprudence for India, with Illustrative Cases* (both the fourth and sixth edition), however, the discussion of the law is almost exclusively centred around male-male sodomy.¹⁵ In the section ‘Unnatural Sexual Offences’ the text opens with the ‘desire for unnatural sexual intercourse, so repugnant to the normal mind, may be acquired, or it may be due to perverted sexual instincts in which a man may be psychically a woman and *vice versa*’.¹⁶ This focus directs the reader to same-sex pairings by offering a medical explanation for same-sex desire. In this text, we see the ways in which law and medicine intersect and involve one another. *Lyon’s Medical Jurisprudence for India, with Illustrative Cases*, a medical text that is concerned with the law, reveals that the interwoven discourses around same-sex behaviour are imbricated with notions of morality, criminality, and disorder.

Colonial-era legislation focused predominantly and almost exclusively on sodomy (and therefore penetrative sex) as a deviant form of sexuality worth criminalization. Across Indian medical texts, specifically the *Indian Journal of Psychiatry*, the passive agent of sodomy is shown more contempt than the active agent, possibly due to the conflation of penetration with

14 Cited in Suparna Bhaskaran, ‘The Politics of Penetration: Section 377 of the Indian Penal Code’, in *Queering India: Same sex Love and Eroticism in Indian Culture and Society*, ed. by Ruth Vanita (New York and London: Routledge, 2002), 15-30 (p. 15).

15 I.B Lyon (et al.), *Medical Jurisprudence for India: with Illustrative Cases*, 4th edition (Calcutta: Thacker, Spink & Co, 1909); L.A. Waddell, *Lyon’s Medical Jurisprudence for India, with Illustrative Cases*, 6th edition (Calcutta: Thacker, Spink & Co, 1918).

16 Wadell, *Lyon’s Medical Jurisprudence for India*, p. 341.

effeminacy.¹⁷ In fact, 'habitual' passive anal intercourse in the *Indian Journal of Psychiatry* material is considered an indicator of 'poor prognosis' for treatment, alongside 'the presence of a steady homosexual partner'.¹⁸ As Kelsy Burke argues, 'in contemporary Western culture, the prevailing and predictable sexual narrative depends upon the man having the role of penetrator, dominating women'.¹⁹ In relations between men, this idea is problematized and, in order to combat this, the 'assumed dominance/submission dynamics have been used to justify associating homosexual men participating in sodomy with the 'feminine/submissive' persona or role'.²⁰ Simply put, male-male sexual relations were characterized by the same Western binary within which male-female relations were understood. By enforcing this binary, passive male agents are deemed to be effeminate and a challenge to masculinity, opening them up to scorn and opprobrium.

In the *Indian Journal of Psychiatry*, a 1982 report, 'Male Homosexuality: A Psychiatric Study of Thirteen Cases', three medical practitioners (Pradhan, Ayyar and Bagadia) conflated homosexuality and effeminacy.²¹ They noted '[f]ive patients had effeminate gestures, mode of speech and a liking for sewing, knitting and doing household chores usually done by women'.²² Another report notes that, '[m]ale adults who habitually practise sodomy often affect effeminate manners, dress like women, etc.: and, as already pointed out, the passive agents in India are frequently eunuchs'.²³ Here, notions of effeminacy are expanded upon in embodied ways of living. The association of 'habitual sodomite[s]' with effeminacy excoriates them from their masculinity.²⁴ Even after seven decades of medical practice and discourse,

17 P. V Pradhan, K.S Ayyar and V. N Bagadia, 'Homosexuality: Treatment by Behavior Modification', *Indian Journal of Psychiatry*, 24 (1982), pp. 80-83.

18 Pradhan, Ayyar and Bagadia, 'Homosexuality: Treatment by Behavior Modification', p. 83.

19 Kelsy Burke, *Christians Under Covers: Evangelicals and Sexual Pleasure on the Internet*, (University of California Press, 2016), p. 134.

20 Emily Beth Santor, 'Sodomy: Defining Masculinity and Femininity', *Relics, Remnants, and Religion: An Undergraduate Journal in Religious Studies*, 2 (2016) pp. 1-2.

21 P. V Pradhan, K.S Ayyar and V. N Bagadia, 'Male Homosexuality: A Psychiatric Study of Thirteen Cases', *Indian Journal of Psychiatry*, 24 (1982) pp. 182-186.

22 Pradhan, Ayyar and Bagadia, 'Male Homosexuality', p. 184.

23 Pradhan, Ayyar and Bagadia, 'Male Homosexuality', p. 341.

24 Cited in Anjali R. Arondekar, *For the Record: On Sexuality and the Colonial Archive in India* (Durham: Duke University Press, 2009), p. 69.

male same-sex relations were equated with a skewed femininity and an apparent unwillingness to conform to heterosexual sociality or sexuality. Contemporary Western discourse had criticised these conceptualizations by the time these reports were published. In a book review of MacCulloch and Feldman's work *Homosexuality: Therapy and Assessment*, written in 1971, I. M. Marks wrote, '[t]he authors confuse sexual orientation with gender identity, and go so far as to lump together homosexuality and transsexualism [...] In fact in males these conditions usually occur independently'.²⁵ Despite these contrary assertions from contemporaries, effeminacy and male-male sexual desire is consistently conflated in the Indian reports in which constructions of femininity are socially and culturally constructed.

In the *Indian Journal of Psychiatry* and the *Indian Journal of Clinical Psychology* repeated references are made to effeminacy: 'he spok[e] very softly and was well dressed'²⁶, 'Subject 1 was given assertive therapy for his submissive behaviour'.²⁷ Their timidity, submissiveness and preference for passive anal intercourse all mark them as effeminate, without any recourse to physical examination. Similarly, a study in the Central Jail Bareilly (Uttar Pradesh), S. P. Srivastava wrote about the '[s]ex abnormalities' committed within a penal institution, offering insight into characterisations of those who participate in same-sex acts.²⁸ Taking place in a location where access to heterosexual sex is impossible, Srivastava wrote about the 'actives' and 'passives' who entered '[h]omosexual alliances [...] as a marriage unit'.²⁹ Srivastava notes that, while in outside society, 'actives' are seen to be masculine men, and 'passives' are feminine and undertake their roles in the relationship accordingly, it is not the case within prison.³⁰ Despite the punitive measures taken within the prison, there was never recourse to physical examination. Similarly, in the medical sphere,

25 I. M. Marks, 'Book Reviews: M.P. Feldman and M. J. MacCulloch: *Homosexuality: Therapy and Assessment*', *Behaviour, Research and Therapy*, 10 (1972), 296 (p. 296).

26 K. Rangaswami, 'Difficulties in Arousing and Increasing Heterosexual Responsiveness in a Homosexual – A Case Report' *Indian Journal of Clinical Psychology*, 9 (1982) p. 148.

27 M. Mehta, and S. Nimgaonkar Deshpande, 'Homosexuality – A Study of Treatment and Outcome', *Indian Journal of Psychiatry*, 25 (1983), 235-8 p. 236.

28 S. P. Srivastava, 'Sex Life in an Indian Male Prison', *Indian Journal of Social Work* (1974), 21-33 (p. 21).

29 Srivastava, 'Sex Life in an Indian Male Prison', p. 25.

30 Srivastava, 'Sex Life in an Indian Male Prison', p. 26

physical examination of the genitals is unnecessary as the patients are volunteers who have already admitted to same-sex predilections or behaviours; there is no necessity for proof of homosexual contact.

Men who volunteered for treatment in the psychiatric and psychological literature of postcolonial India were viewed as needing 'relief from their distress', a pleasant euphemism for a procedure which is now widely regarded as a form of torture.³¹ Section 377 of the Indian Penal Code was still active when much of this literature was written and, as can be expected, the published reports of treatment make explicit reference to the law. The Pradhan study states: '[h]omosexuality in India, is illegal and the dominant cultural attitude is condemnatory', while the Mehta study notes '[h]omosexuality has been a subject of debate for times immemorial'. None of the authors offer a dissenting opinion or question the validity of the law. Nor do they endorse it. Interestingly, the criminality of the act is not mentioned by patients as an overarching concern. In the Mehta study, the educational background, age and occupation of the participants suggest that the patients' relatively privileged, upper-caste position meant that the threat of legal action was unlikely or avoidable.³² As can be seen in Table 1, most of the subjects are educated to at least BA level and the majority are employed, suggesting that they are not as likely to come into confrontation with the law.

While this may be the case, they were certainly prey to other forms of social pressure. The authors of the Pradhan study assert that:

Today, the attitude of the law and the heterosexual majority towards this condition creates a stress situation preventing normal integration of homosexuals into the community. Added to this is the onus of heterosexual marriage which is so much a social law.³³

31 Pradhan, Ayyar and Bagadia, 'Homosexuality', p. 80.

32 Mehta and Deshpande, 'Homosexuality', p. 236.

33 Pradhan, Ayyar and Bagadia, 'Male Homosexuality', p. 182.

Although it is not elaborated what 'normal integration of homosexuals' into a heterosexual community should look like or, indeed, why it is necessary, the background given is useful for elucidating contemporary cultural attitudes. The predominant cultural attitudes towards same-sex behaviour are negative.

The focus on heterosexual marriage provides a new discursive focus when talking about postcolonial Indian culture. In the West, the identities, labels, and categorizations of sexuality are formulated and solidified in concrete absolutes.³⁴ These identities are encapsulated in the very language used to describe the conflation of sexual acts and identities. As Al-Baset states, 'The term 'gay' is rich, value-loaded, and pregnant with meanings. So, too, is the 'homosexual' born of the 'temporary' aberration that the sodomite was, and evolved into a pervert 'species;' a natural occurring anomaly'.³⁵ In India, these identity matrices are more complex and less stable. Colonial notions of binary sex and gender obfuscate the broad ranges of thought and practise within Indian society. Paul Boyce argues that 'the whole idea of identifying oneself according to sexual object choice appeared cognitively dissonant' and that 'male-to-male sexuality in India can be understood in these terms, as a sexual possibility intrinsically bound up with heteronormative contexts, rather than as necessarily separated out as an individual and social sense of self, identity, or sexuality'.³⁶ Indian men view their social selves as more important than their sexual selves; many will pursue heterosexual relationships, marriage and procreation, despite a preference for same-sex interactions. Indian society is therefore morally ambivalent when it comes to same-sex behaviours and, crucially, they are not constructed as a threat to the heterosexual norm. While homophobia exists in India, its antecedents do not originate from the same concoction of law, medicine, and religion as Western homophobia.

34 Zaid Al Baset, 'Section 377 and the Myth of Heterosexuality', *Jindal Global Law Review*, 4 (2012), 89-109 (p. 92).

35 Al Baset, 'Section 377 and the Myth of Heterosexuality', p. 93.

36 Boyce, 'Moral Ambivalence', pp. 93-94.

Many of the patients mentioned in the *Indian Psychiatric Journal* express a wish to be married, a desire which has become a contemporary concern.³⁷ The motivation to engage in heterosexual relations and conform to societal pressure to marry is viewed as a positive force in treatment by the authors. Indeed, it was received to indicate that the patients 'were highly motivated for treatment'.³⁸ In other cases, patients were already married, and struggled to engage in intercourse. In one published case study of treatment, which appeared in the *Indian Journal of Clinical Psychology*, Rangaswami attempts to 'treat a case of homosexuality' using 'Anticipatory Avoidance techniques' to overcome 'the homosexual interest'.³⁹ Despite utilizing some of the most widely-practiced techniques in psychological medicine, Rangswami concluded that 'increasing the heterosexual interest was not possible'.⁴⁰ The Rangaswami case is doubly interesting because the patient approached the psychologist despite the fact that he had already married and had a child with his wife. The marriage was arranged, reluctantly, and his 'parents pressurised him to get married'. He had no attraction to his wife and went through with the marriage to please his parents.⁴¹ When married, he 'gave many reasons for his disinterest in sex', however his wife was persistent because the 'social stigma of her not having a child' was causing her distress.⁴² Although a child was conceived, and born, the 'total lack of sexual interest aroused a suspicion in his wife about his potency or physical illness', leading to him looking for medical help.⁴³ According to Rangaswami, the patient 'expressed a desire to get over his problem at least for the sake of his wife and wished to have a normal family life'.⁴⁴

In this extremely detailed psychological support, the motivations for Indian patients revolve explicitly around their social status and ability to lead 'normal' heterosexual lives. The

37 Ila Nagar and Debanuj DasGupta, 'Public Koti and Private Love: Section 377, Religion, Perversity and Lived Desire', *Contemporary South Asia*, 23 (2015), pp. 426-441.

38 Mehta, and Deshpande, 'Homosexuality', p. 237.

39 Rangaswami, 'Difficulties in Arousing', p. 147.

40 Rangaswami, 'Difficulties in Arousing', p. 147.

41 Rangaswami, 'Difficulties in Arousing', p. 148.

42 Rangaswami, 'Difficulties in Arousing', p. 148.

43 Rangaswami, 'Difficulties in Arousing', p. 148.

44 Rangaswami, 'Difficulties in Arousing', p. 148.

case study differs from the norm of Western literature in that the remit of the psychologist, Dr Rangaswami, is two-fold: removing homosexual feeling and 'increasing heterosexual responsiveness'.⁴⁵ To accomplish this, Rangaswami 'selected' a range of methods, including the 'fading method' and 'Anticipatory Avoidance techniques' to remove homosexual attraction while also utilizing 'instructions to increase his heterosexual skills'.⁴⁶ The use of two distinct methods to rid the patient of homosexual feeling is interesting, as it shows that the practitioners were open to using mixed methods and experimenting to get the desired results. Rangaswami begins with the fading method, posited by Barlow and Agras:

In this method the patient was asked to select two sets of male and female pictures, nude and seminude of his choice which were most attractive to him. The male pictures were exposed. While viewing the pictures he reported to experience sexual arousal and having partial erection. At this juncture the female pictures were gradually superimposed on the slide of the male pictures. The slide with male picture was gradually withdrawn.⁴⁷

The fading method does not use any aversive components, such as medication or electro-shock therapy. The patient 'reported that he could not find any interest towards female pictures but continued to show interest in the male pictures only' and so, Rangaswami moved on to Anticipatory Avoidance techniques as delineated by Feldman and MacCulloch.⁴⁸ The patient 'was told that he would see a male picture [and] after several seconds he might receive an electric shock, if the picture was unattractive he was asked to indicate to remove the picture'.⁴⁹ After the picture was removed, it would be immediately replaced with the most attractive female photograph. This process was repeated until 'he found that the male picture

45 Rangaswami, 'Difficulties in Arousing', p. 127.

46 Rangaswami, 'Difficulties in Arousing', p. 127.

47 Rangaswami, 'Difficulties in Arousing', p. 148.

48 Rangaswami, 'Difficulties in Arousing', p. 148.

49 Rangaswami, 'Difficulties in Arousing', p. 149.

was not at all attractive to him. He was reminded to remove the male picture when it was not attractive and hence he could avoid a shock'.⁵⁰ The techniques illuminated by Rangaswami are, for the most part, the ones followed by all of the Indian practitioners in these sources, with some adaptations and modifications. In this instance, the outcome for the patient was that he 'could develop total aversion for homosexuality but continued to report that he was not sexually aroused towards females'.⁵¹ Interestingly, Rangaswami concludes that the results of treatment were a failure, concluding that:

Although aversion for homosexuality was developed, the overall success was not there, hence, the success achieved is not significant in view of lack of heterosexual responsiveness. Therefore the treatment was unsuccessful. There is need for development of effective therapeutic techniques to increase heterosexual responsiveness in these types of cases.⁵²

For Indian practitioners, success was not just achieved through the repression of same-sex desire and contact, but through the re-routing of sexual desire to more appropriate forms of sexuality.

Here we can see the different goals in transnational treatment practises: the principal Western psychiatric ambition is to rid the patient of homosexual feeling. Indian psychiatry attempted to inculcate true heterosexual desire, not simply to suppress same-sex desire. In India, therapy aimed to allow patients to conform to societal pressures and desires with the singular aim of marriage and childrearing. In the Mehta study, this ambition is clearly outlined: 'Essentially, the treatment of homosexuality is aimed at restraining and then abstaining from homosexual behaviour while simultaneously heterosexual behaviour is encouraged. In addition, social training etc is also employed to make heterosexual behaviour more

50 Rangaswami, 'Difficulties in Arousing', p. 149.

51 Rangaswami, 'Difficulties in Arousing', p. 149.

52 Rangaswami, 'Difficulties in Arousing', p.151.

attractive'.⁵³ This case study had a threefold approach: firstly, removing same-sex desire; secondly, encouraging opposite-sex desire and, most importantly; thirdly, 'social training' to inculcate not only opposite-sex desire, but associated socio-cultural behaviours. Heteronormative behavioural ideas were not elaborated on in detail but the repeated references in both this text as well as others, such as the *Indian Journal of Clinical Psychology*, indicates that the end goal is always the same: marriage.

Conversely, sources found in Western publications, such as *Behaviour Research Therapy* and the *British Journal of Psychiatry*, are preoccupied with 'reducing the frequency of deviant sexual behaviours'.⁵⁴ These 'sexual deviates' include: '6 Homosexuals, 16 Exhibitionists, 8 Pedophiles [*sic*], 5 Voyeurs, 4 Transvestites, and Fetishists', which are all subject to various therapies and techniques.⁵⁵ W. L. Marshall, who wrote about aversion treatments in 1970s Canada, described three components of Western therapies (which included the work of seminal scholars such as MacCulloch and Feldman). The first component is the aversion therapy itself, which pairs 'deviant stimuli with a noxious event', when the subject views homosexual material, they are subjected to an electric shock in order to create a negative reaction.⁵⁶ The second component, Marshall states, is permitting 'the patient to avoid the shock by producing a response which terminates the exposure to the deviant material'.⁵⁷ Here, Marshall emphasised patient control over some aspects of the treatment - namely that they can stop the shock by moving past the erotic same-sex material. The third, and most interesting, component, 'involves the presentation of slides depicting appropriate heterosexual material consequent upon termination of the deviant pictures'.⁵⁸ The 'appropriate heterosexual material' suggests that one of the ambitions of Western psychiatry

53 Mehta and Deshpande, 'Homosexuality', p. 235.

54 W. L. Marshall, 'The Modification of Sexual Fantasies: A Combined Treatment Approach to the Reduction of Deviant Sexual Behavior', *Behaviour, Research and Therapy*, 11 (1973), 557-564 (p. 557).

55 D. R. Evans, 'Masturbatory Fantasy and Sexual Deviation', *Behaviour, Research and Therapy*, 6 (1969), 17-19 (p. 17).

56 Marshall, 'Modification of Sexual Fantasies', p. 557.

57 Marshall, 'Modification of Sexual Fantasies', p. 557.

58 Marshall, 'Modification of Sexual Fantasies', p. 557.

is heterosexual acculturation. However, within the titles of the publications, 'The Modification of Sexual Fantasies: A Combined Treatment Approach to the Reduction of Deviant Sexual Behavior', 'Controlled Comparisons of Aversive Therapy and Covert Sensitization in Compulsive Homosexuality' and, of course, 'Aversion Therapy in Management of 43 Homosexuals', the emphasis on aversive techniques, rather than behavioural therapies, is clear.⁵⁹ Western medical literature is devoted to the removal of same-sex desire and the hope of creating 'appropriate' behaviour, but practitioners invest less in this technique than their Indian counterparts. Lack of behavioural techniques and social training to inculcate heterosexual behaviours was noted by practitioners at the time, with Karl H. Mandel commenting: '[f]inally, we should not forget that therapy for homosexuals, who themselves wish to be treated, can only be of durable success if we complete the treatment by adapting them heterosexually'.⁶⁰

Indian practitioners were far more concerned with outcomes, and these outcomes differ from those in the West. While Western physicians rely on patients self-reporting a lack of same-sex desire, or an increase in opposite-sex desire, the ambitions of Indian practitioners are that their patients marry and procreate. In the Western texts discussed thus far, there has been no mention of marriage in the results sections of the studies. However, marriage is mentioned far more often in the Indian medical literature. There has already been a discussion of marriage as a 'spur', or motivation for treatment, whether it is through failure 'to consummate an arranged marriage' or the 'onus of heterosexual marriage which is so much a social-law'.⁶¹ For the practitioners, marriage serves a secondary and, one could argue, more important function: a measurement of successful treatment. In the 'Discussions' section of the

59 W. L. Marshall, 'The Modification of Sexual Fantasies: A Combined Treatment Approach to the Reduction of Deviant Sexual Behavior', *Behaviour, Research and Therapy*, 11 (1973), 557-64; Nathaniel McConagh, Michael S. Armstrong and Alex Blaszczyński, 'Controlled Comparison of Aversive Therapy and Covert Sensitization in Compulsive Homosexuality', *Behaviour Research Therapy*, 19 (1981), 425-434; M. J. MacCulloch and M. P. Feldman, 'Aversive Therapy in the Management of 43 Homosexuals', *British Medical Journal*, 2 (1967) 594-597.

60 Karl H. Mandel, 'Preliminary Report on a New Aversion Therapy for Homosexuals', *Behaviour, Research and Therapy*, 8 (1970), 93-95 (p. 94).

61 Mehta 'Homosexuality', p. 235; Pradhan and Deshpande, 'Male Homosexuality', p. 182.

Mehta study, where the results of the study are analysed by the practitioner, the opening reads:

Successful reorientation was achieved in all four subjects. Of these, subject 3 was married and subject 1 and 2 were due to get married respectively (happily married now) [...] Subject 4 has stopped his homosexual practice and even though he wants to get married, he hasn't been able to find a partner.⁶²

There is an implicit suggestion that successful reorientation requires marriage in order for the treatment to be considered complete. Interestingly, the importance of the consummation of same-sex acts is less important than the act of marriage itself. After treatment, 'Subject 3 has better social interaction with his wife and also feels sexual attraction for her', yet the question of whether he could fully consummate their relationship is not answered.⁶³ The focus is on his improved 'social interaction' and, the study concludes that '[a]cquisition of social skills (e.g. assertive training for submissive behaviour and feminine way of dressing) is of great potential in assisting the transition from homosexual to heterosexual social adaptation'.⁶⁴ Again, the emphasis is on the social, rather than sexual, aspects which undergird heteronormative behaviours.

Therefore, a hierarchy of desirable outcomes is established in the Indian psychiatric literature; the most positive outcome is heterosexual marriage, secondly is the ability to consummate a sexual relationship with the opposite sex and, lastly, is the suppression or absence of same-sex desire. Within the concluding sections of the Pradhan study, it states '[e]ight (61%) of our thirteen patients showed very good improvement and of these four got married or engaged with treatment and had successful sexual intercourse with a female on a

62 Mehta, 'Homosexuality', p. 237.

63 Mehta, 'Homosexuality', p. 237.

64 Mehta, 'Homosexuality', pp. 237-38.

six month to one year follow-up'⁶⁵. Interestingly, this differs from the Mehta study, as opposite-sex contact is directly proposed as one of the positive outcomes of treatment. However, it further evidences the point that marriage is integral to treatment, as both a motivator and an outcome. Supporting this, in the Pradhan study, the 'patients were below 30 and had good prospects of marriage. The contribution of the need to improve due to indirect social pressures has been stressed in the motivation'.⁶⁶ Prior to this, in the 'Motivation and Improvement' section, it is noted 'some patients had an urgent and pressing need to get cured, e.g. impending marriage or engagement, indirect family pressures and an ardent desire to set up a house and settle down in life like other normal people'.⁶⁷ Heterosexuality, marriage, setting up a house in this traditional coupling is exclusively for 'normal people', a deeply revealing comment which further delineates that same-sex desire is considered an aberration within the psychiatric literature.

Motivations and outcomes are just two of the distinctions which can be drawn between Western and Indian psychiatric literature. There were differences in techniques, such as utilizing both aversive techniques as well as behavioural therapy, which were not used as widely in the West. In British psychiatric literature, there is evidence that the patients were forced to attend these therapies due to court order, rather than seeking out treatment for personal reasons. The Indian programmes repeatedly comment that the patients come of their own volition; 'four young adults between the age of twenty four and twenty eight years who came voluntarily for help to get over their homosexual behaviour, were treated' at the Institute of Mental Health in Madras.⁶⁸ The motivation of the patients is often credited by the physicians as one of the biggest factors in successful treatment, with 'the outcome of the treatment [seeming] to be dependent on two important factors – motivation and psychological sophistication'.⁶⁹ The voluntary nature of the programmes in India may, in some cases, explain

65 Pradhan, 'Homosexuality', p. 81.

66 Pradhan, 'Homosexuality', p. 83.

67 Pradhan, 'Homosexuality', p. 82.

68 L.M. Sakthivel, K. Rangaswami and T.N. Jayaraman, 'Treatment of Homosexuality by Anticipatory Avoidance Conditioning Technique, *Indian Journal of Psychiatry*, 21 (1979), 146-148 (p. 146).

69 Mehta, 'Homosexuality', p. 237.

their success rates, which were much higher than their Western counterparts. In the Mehta study, for example, there is a 100% successful outcome, which stands in contrast to MacCulloch and Feldman's seminal study, which reports an 'unusually high' number of patients with significant improvement, at 58%.⁷⁰ If motivation were to be considered one of the main factors, it may have played a role in these results. However, the discrepancy in numbers should also be noted; in the Mehta study there were four participants, whereas MacCulloch and Feldman had 43 participants. The difference in numbers could have limited the time spent with each patient and, therefore, a disparity of experience. It is also interesting that the MacCulloch and Feldman study occurs in 1967, when homosexuality was decriminalized in the UK. However, they make no note of this during their study and so it is not clear how they attained such high patient numbers for their study. Considering these further observations and questions, further research is needed in order to truly understand the long-lasting, and global, legacy of the medicalization of homosexuality.

Conclusion

The relationship between law and medicine in colonial and metropolitan spaces created a palpable connection which echoes the postcolonial period. I have drawn direct parallels with language use, themes of treatment and references to the unique relationship between medicine and law. The psychiatric ambitions, as well as the pressures faced by patients, present in postcolonial India have contributed to a unique medical and cultural atmosphere. This essay has explored the multiple debates which have emerged about identity, practice and the medicalization of homosexuality. The lack of focus on medicalization in non-Western geographies can no longer be ignored, and the global nature of biomedical and psychiatric discourse merits further discussion and research. The reason for this is simple, the effects of medicalization are apparent in Indian society, causing harm to vulnerable individuals. While identity matrices and medical procedures were imported through

70 M. J. MacCulloch and M. P. Feldman, 'Aversion Therapy in Management of 43 Homosexuals', *British Medical Journal*, 2 (1967), 594-97 (p. 597).

colonialism, they each have legacies which transcend colonial understandings. Western formations of identity and concepts of demedicalization conflict within the current Indian cultural milieu and traditional values of heteronormativity and family. It is clear, through the differing ambitions of patients and physicians alike, as well as the changes made to therapeutic techniques, that Indian practitioners created their own psychiatric discourse. Medical practice, especially in the case of homosexuality, is culturally and socially constructed. The pressures exerted by legislation and society at large create a 'fecund site for the articulation of homophobia', which impacts medical practitioners who view homosexuality as a sickness, and attempt to cure it, whether to lessen distress or for other, more problematic, reasons.⁷¹ The distinct social pressures and medical treatments in modern India have, much like colonial law, prevailed long past their expiration date. While the law may have changed, albeit far too late, the scope of the change is limited, as it does not protect LGBTQI* individuals from discrimination, curative violence and ostracization. Moreover, medical professionals have not wholly committed to characterizing homosexuality as a natural form of sexual expression, leaving LGBTQI* individuals vulnerable to further medical harm.

71 Al-Baset, 'Section 377', p. 97

Appendix

No.	Sex	Education	Age	Occupation	Marital Status	Sibling Position
1.	M	B.A.	19	Unemployed	Unmarried	Youngest among 2 brothers & 2 sisters
2.	F	M.A.	21	Receptionist at 5-star hotel	Unmarried	Youngest among 3 sisters
3.	M	B.A.	26	Business	Married	Second among 3 brother[s] & 1 sister
4.	M	M.A.	28	Clerk	Unmarried	Eldest among 2 brothers & 3 sisters
5.	M	Intermediate	30	Business	Unmarried	Second among 3 brothers & 2 sisters
6.	M	B.A.	19	Student	Unmarried	Youngest of 2 brothers

Copied from M. Mehta and S.N. Deshpande 1

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Appendix

- Table 1: *Demographic Characteristics of the subjects*, in M. Mehta and S.N. Deshpande, 'Homosexuality – A Study of Treatment and Outcome', *Indian Journal of Psychiatry*, 25:3 (1983), 235-38

**CHRISTINA ROSSETTI: FEASTS OF BURDEN FROM 'THE
DEAD CITY' TO 'GOBLIN MARKET'**

JESSICA MEHTA

CONTENT WARNING

This article contains reference to eating disorders and sexual assault.

Christina Rossetti is best known for her devotional poems and the titular 'Goblin Market' which opened her adult debut collection *Goblin Market and Other Poems* (1862). The allegorical work follows two sisters in a fairytale world where one succumbs to a gluttonous feast of goblin fruit while the other takes on the role of saviour. It is in many ways an evolution and extension of Rossetti's early poem 'The Dead City', which her grandfather Gaetano Polidori had privately published in the juvenilia collection *Verses* (1846) for circulation amongst family. 'Goblin Market' has long been considered a poem about anorexia since the 1970s, though Rossetti was never diagnosed with an eating disorder or neurosis herself. This is not surprising given that she died just ten years after the term 'anorexia nervosa' was coined and well before Freud's publication of child developmental stages. I do not aim to retro-actively diagnose her with any sort of disorder myself. I am nevertheless of the opinion, as are others, that Rossetti exhibited numerous traits that are in keeping with what is known of eating disorders today, and particularly anorexia. If we consider her writing as possibly informed by an eating disorder and crafted with an anorectic lens, this allows for a broadened examination of her work.

Christina Rossetti was diagnosed with a number of other illnesses, ailments, and diseases from childhood onwards that overlapped quite well with what we now understand as eating disorder (ED) markers and symptoms. She herself recorded having neuralgia at fourteen years old, when it was clear that she underwent 'some sort of emotional and physical crisis'.¹ Neuralgia is a type of nerve pain (neuropathy) and may seem unrelated to an ED, but contemporary research shows a link between the two, with one study finding that peripheral neuropathy is a complication of anorexia nervosa.² Neuropathy is also one of the most common symptoms that accompany neurasthenia, one of the many illnesses that overlapped with EDs in the Victorian era (or perhaps was confused with them).³ Dante Rossetti's paintings

1 Anna Krugovoy Silver, *Victorian Literature and the Anorexic Body* (Cambridge: Cambridge University Press, 2002), p. 140.

2 Mackenzie Bell, *Christina Rossetti: A Biographical and Critical Study* (London: Thomas Burleigh, 1898), p. 827.

3 Silver, *Victorian Literature and the Anorexic Body*, p. 48.

of his sister showcased such strikingly quintessential features of the neurasthenic (and possibly anorectic) woman that the images were used as defining examples of the disease in medical texts such as Gregory Savage's, in which Savage describes how '[t]he body wastes, and the face has a thin anxious look, not unlike that represented by Rossetti in many of his pictures of women. There is a hungry look about them which is striking'.⁴ Savage does not specify any particular model, but we know that Christina Rossetti, with her frail and slender body in her youth, was 'one of [Dante] Rossetti's favourite models'.⁵



A sketch of Christina Rossetti by Dante Rossetti circa 1866⁶

4 George Henry Savage and Edwin Goodall, *Insanity and Allied Neuroses* (London: Cassell, 1907), p. 90.

5 Walter Vandereycken. and Ron van Deth, 'Who Was the First to Describe Anorexia Nervosa: Gull or Lasègue?', *Psychological Medicine*, 19 (1989), 837-45.

6 This sketch is held by The Bridgeman Art Library and is public domain. The drawing is indicative of Dante Rossetti's renderings of his sister.

William Rossetti recalled that his sister was just shy of 15 years old when 'her constitution became obviously delicate,' citing several maladies including consumption, and dubbing her an almost constant 'invalid' from this point forward.⁷ Supporting these assertions by the Rossettis, Paula Cohen claims that the poet 'probably developed anorexia nervosa in her teens and continued to suffer from the illness in some form ever afterward'.⁸

Illnesses and diagnoses that converge with ED symptoms continued throughout her life. At 42 years old, the poet was diagnosed with Graves' Disease by a physician, William Jenner, who was known to recommend fasting for health.⁹ Jenner had only seen two other cases of Graves' disease in his life. As per the usual prescription of the era, he recommended a change of scenery and fresh air. Rossetti wrote to him from Folkestone, her convalescent destination, to report that her appetite was improving and her walk was steadier, but 'still I am weak [...] and less ornamental than society may justly demand'.¹⁰ When Jenner saw her shortly after her return, he told Rossetti's brother William that she was 'looking very bad [...] as to looks, she continues amiss'.¹¹ Graves' disease, a disorder of the immune system that is linked to hyperthyroidism, is not fully understood to this day. It is impossible that a doctor in 1872 would have a full grasp of the disease. However, contemporary researchers *have* found a potential connection between Graves' disease and anorexia, and a 'number of studies have reported alterations in thyroid function in patients with eating disorder'.¹² Rossetti also suffered from insomnia, which often accompanies anorexia and bulimia. She struggled with hair loss

[https://commons.wikimedia.org/wiki/File:Dante_Gabriel_Rossetti_Christina_Rossetti_\(1866_circa\).jpg](https://commons.wikimedia.org/wiki/File:Dante_Gabriel_Rossetti_Christina_Rossetti_(1866_circa).jpg) [accessed 24/09/21].

⁷ Christina Rossetti, *The Poetical Works of Christina Georgina Rossetti: With Memoir and Notes &c., by William Michael Rossetti* (London: Adamant Media, 2002) p. 1.

⁸ Rossetti, *Poetical Works*, p. 10.

⁹ Mackenzie Bell, *Christina Rossetti*, p. 163.

¹⁰ Lona Musk Packer, *Christina Rossetti* (Oakland: University of California Press, 1963), p. 286.

¹¹ Packer, *Christina Rossetti*, p. 286.

¹² Kiyotaka Nemoto et al, 'Letter to the Editor: Eating Disorder with Hyperthyroidism', *Psychology and Clinical Neurosciences*, 25 (2003), 341-42 (p. 341). A few papers have potentially linked EDs with hyperthyroidism. In one study, there is evidence that anorexia and Graves' disease are intricately connected, with researchers stating that the 'hypermetabolic state of Graves' disease seems to be suppressed by the hypometabolism of anorexia' (Kuboki et al. 9). According to these researchers, there may be a 'causal [sic] relationship between Graves' disease and anorexia nervosa ... it is conceivable that body weight gain in the treatment of Graves' disease triggered the onset of anorexia nervosa' (Tomifusa Kuboki et al, 'Two Cases of Anorexia Nervosa Associated with Graves' Disease'. *Endocrinol Japon*, 34 (1987), 9-12 (p. 12).

in the 1870s, enduring 'long, sleepless, pain-haunted nights [... her] hair was falling out, so that she had to wear a cap'.¹³ Hair loss on the scalp is a common trait in severe anorexia as the body's nutrients cannot be spared for unnecessary, cosmetic bodily processes.¹⁴

During this time, Rossetti also complained of a 'fluttering in her heart' and regularly fainted, which are also typical anorexia symptoms.¹⁵ William Rossetti reported in the early 1870s that she had 'almost total want of appetite, prostration of strength, and very frequent vomiting'.¹⁶ It is impossible to know whether the vomiting was induced or not, but bulimia is a common comorbidity of anorexia. According to William's writings, 'unable to take nourishment, she had to be fed small amounts of food every two hours [...] she was in a terribly low condition, accompanied by frequent vomitings'.¹⁷ It would be another 12 years before she died at the age of 64, and by then she claimed she was becoming stout and christened herself a 'fat poetess [...] seated by the grave of buried hope'.¹⁸ Some critics such as Gilbert and Gubar claim it was not just a grave of buried hope that awaited Rossetti as she, 'banqueting on bitterness, must bury herself alive in a coffin of renunciation'.¹⁹ That coffin did not arrive quickly. Rossetti lived into her sixties.

Those six decades encompassed the Victorian fasting revival. Rossetti was expected to have virtually no appetite in keeping with the women of her class. Florence Hartley's *The Ladies' Book of Etiquette, and Manual of Politeness* (1860) instructed Victorian women to 'Never put large pieces of food into your mouth [...] eat slowly, and cut your food into small pieces'.²⁰ Children's literature of the era created a foundation that encouraged even very young girls to restrict their food intake, such as in the story 'The Little Glutton' (1860) in which

13 Packer, *Christina Rossetti*, p. 287.

14 The body *will* attempt to keep warm by any means when severe lack of nutrients leads to hair loss on the scalp. This includes odd bodily hair growth, and lanugo, which can happen when a dangerous lack of fat prevents natural body temperature regulation.

15 Packer, *Christina Rossetti*, p. 287; DSM-5 p. 378.

16 Packer, *Christina Rossetti*, p. 290.

17 Packer, *Christina Rossetti*, p. 290-291.

18 Packer, *Christina Rossetti*, p. 342.

19 Sandra M Gilbert and Susan Gubar. *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century literary Imagination*. (London: Yale University Press, 1979), p. 575.

20 Florence Hartley, *The Ladies' Book of Etiquette, and Manual of Politeness* (Boston: GW Cottrell, 1860), p.10.

it is advised that a 'young lady should be ashamed of exhibiting so lively a pleasure at the sight of anything to eat' (*The Girl's Birthday Book* 315). Men, of course, were not subjected to the same restrictions, and in the companion book *The Gentleman's Book of Etiquette, and Manual of Politeness*, they were advised: 'if you eat too sparingly, your host may think that you despise his fare'.²¹

Given these instructions, Victorian men – including the Rossetti men – were allowed to indulge. Dante Rossetti wrote in 1854 of his pleasant years in Hastings, where according to Joseph Knight he spent his days eating and reflecting.²² The Rossetti patriarch Gabriele Rossetti was known for coming home with his pockets full of lollipops for the children.²³ William Rossetti's memoir of his relationship with Dante Rossetti mentions women being present in just two of fourteen dinners, and he recalls that his brother used an astounding three knives and three forks at both breakfast and dinner where he was 'very hearty at all times over his meals'.²⁴ The men in Christina's *poetry* are also far from starving. In her most famous poem, 'Goblin Market' (1862), when protagonist Laura approaches the goblin men, they are sitting down for what seems to be a night-long feast:

'Nay, take a seat with us,
Honour and eat with us,'
They answered grinning:
'Our feast is but beginning'.²⁵

21 Cecil Hartley, *The Gentleman's Book of Etiquette, and Manual of Politeness* (Boston: DeWolfe, Fiske, & Co, 2012), p. 53.

22 Joseph Knight, *Life of Dante Gabriel Rossetti* (London: Walter Scott, 1887), p. 80.

23 Georgia Battiscombe, *Christina Rossetti: A Divided Life* (New York: Holt, Rinehart and Winston, 1981), p. 22.

24 William Rossetti, *Rossetti Papers: A Compilation by William Michael Rossetti* (New York: Charles Scribner's Sons, 1903), p. 319.

25 Christina Rossetti, R.W Crump and Betty Flowers, *The Complete Poems* (London: Penguin Classics, 2001), pp. 14-15.

Even in some of Rossetti's earliest work, such as 'The Dead City' (1846) which is included in *Complete Poems* it is the frozen *men*, not women, who had clearly been set to dine before they were mysteriously and horrifically turned to stone. As the young, unnamed protagonist enters an enigmatic tent, she finds a luscious feast and countless people frozen. The food is detailed as exquisite, but Rossetti also describes the men as feasting their eyes upon the beautiful women, too. This is exemplified in lines such as, 'There a young man sat apart / With a forward look unweeting'.²⁶ It was a maiden fair twirling a lock of hair that he was admiring as she played the passive role of being present largely for his enjoyment. He was not the only guest taking pleasure in the sight of a woman:

Here an old man slept, worn out
With the revelry and rout;
Here a strong man sat and gazed
On a girl, whose eyes upraised
No more wandered round about.²⁷

The men in the poem who were *not* distracted by the young women are described as literally sitting down to feast, such as in the lines 'Here a dead man sat to sup, / In his hand a drinking cup;'.²⁸ *None* of the women in the poem are depicted as eating, but instead fit into the few roles allotted to them in the Victorian era such as passive ornaments and mothers. Much like her personal life, where Rossetti sat stone-still as a model for her brother's portraits, in Victorian literature at large women were fit solely as idle adornments or metaphorical meals – even in the nightmarish feasts of her own poetic creations.²⁹

26 Rossetti, *Complete Poems*, p. 601.

27 Rossetti, *Complete Poems*, p. 602.

28 Rossetti, *Complete Poems*, p. 602.

29 Dante Rossetti chose his sister as the model for many of his drawings and paintings, including his frontispiece pencil sketch for her book *Verses* where she is depicted sporting curls and 'some thinness of contour' (William Rossetti lxi). It was her modelling of the Virgin Mary in his *The Girlhood of Virgin Mary* that led to what has been called, according to Packer, his first successful Pre-

It should not, then, be so surprising that the poet likely imbued many of her own experiences and thoughts into her creative work, including a disordered relationship with food. As C. M. Bowra says of her, '[n]o woman could write with this terrible directness if she did not to some degree know the experience which she describes'.³⁰ This 'directness' is evident throughout her oeuvre, though such candour was not always readily claimed by Rossetti herself.

As we move from focusing on Rossetti's personal life to her work, including her most famed poem, it is important to keep Bowra's claim in mind. How much of Rossetti's personal experience is reflected in her writing? In recent decades, much of the scholarly attention given to Christina Rossetti's 'Goblin Market' has dwelt on whether or not anorexia is the poem's central theme. This has become a burning question since Paula Marantz Cohen claimed in 1985 that reading through an anorectic lens 'radically alters our understanding' of the poem.³¹ Publicly, Rossetti herself was mostly silent about her poem, except for a letter to Edmund Gosse, two decades after its composition, in which she told him, 'in my own intention Goblin Market was no allegory at all'.³² Rossetti was responding to Gosse's recent description of the poem as a 'parable'.³³ No doubt, she felt exposed by interpretations that broached biographical motives, which may have moved her to declare that a poem about goblins was nothing more than a poem about goblins. However, there is evidence that during the period when she wrote and published 'Goblin Market', allegory and symbolism were in fact critical to her work and literary approach. When 'The Prince's Progress' was published in 1866, just four years after the publication of 'Goblin Market', she fully *embraced* symbolism. Rossetti wrote to her brother, Gabriel Rossetti, about 'The Prince's Progress' regarding the importance of the

Raphaelite painting (1963, p. 35). Rossetti appeared as not just angelic in the painting, but as a veritable Virgin Mary incarnate.

30 Cecil Maurice Bowra, *The Romantic Imagination* (London: Oxford University Press, 1949), p. 285. This comes from Bowra's collected, transcribed lectures he gave in 1948–1949 as Charles Eliot Norton Professor of Poetry at Harvard University.

31 Paula Marantz Cohen, 'Christina Rossetti's 'Goblin Market': A Paradigm for Nineteenth-Century Anorexia Nervosa', *University of Hartford Studies in Literature*, 17 (1985), p. 1.

32 David Amigoni, *Victorian Literature* (Edinburgh: Edinburgh University Press, 2011), p. 135.

33 Edmund Gosse, *Collected Essays of Edmund Gosse Vol. III: Critical Kit-Kats* (New York: Charles Scribner's Sons, 1914), p. 149.

green fields, saying, 'it gives a subtle hint (by symbol) that any more delays may swamp the Prince's last chance'.³⁴ She went on to reveal to her brother that, '[o]f course I don't expect the general public to catch these refined clues, but there they are for minds such as mine'.³⁵ This 'clue' left by Rossetti opens the door for considering other allegorical possibilities, ranging from whether 'Goblin Market' may have actually been a poem that uses frequent food imagery to provide an anorexic aesthetic.

'Goblin Market' was not her first poem to showcase a tempting but treacherous feast. Fifteen years earlier, her grandfather Gaetano Polidori had privately published the volume of juvenilia, *Verses* (1846), which included 'The Dead City'. She never saw fit to collect it herself. In a letter of 4 April 1865 to her brother Dante Rossetti, she wrote: 'I don't think we need this time to resort to The Dead City'.³⁶ This rejection may have been prompted by similarities with the much more ambitious and successful 'Goblin Market'. Both poems centre on young female characters tempted by ominous yet near-irresistible fruits; in 'The Dead City', the sole protagonist runs away in fear and prays, while 'Goblin Market' has two sister-protagonists and one does succumb not only to eating, but to binge-eating. Bingeing leads to restriction and almost starvation for the weaker sister, Laura, who can only be saved by the near self-sacrifice of the iron-willed Lizzie. Both poems contain the demand for restraint and renunciation from food. Yet there are stark differences between them, perhaps the most obvious being a shift from the first-person to third-person narrative. Rossetti may have sought to discourage biographical readings of the poem – and all of its anorectically-charged elements.

To what extent is it possible or helpful to find Rossetti's own troubled relationship with eating in these poems? She wrote 'The Dead City' in her early teens, at a time when, as Cohen notes, her 'health and her personality underwent a radical change: she became withdrawn, overly sensitive, overly polite and exacting in religious matters'.³⁷ She kept this exacting

34 Jan Marsh, *Christina Rossetti: A Literary Biography* (London: Faber, 2012), p. 325.

35 Marsh, *Christina Rossetti*: p. 325.

36 William Rossetti, *Rossetti Papers*, p. 100.

37 Cohen, 'Christina Rossetti's 'Goblin Market'', p. 10.

Tractarian faith for the rest of her life, and as part of her commitment she practised periods of fasting, believing that this duty also improved her wellbeing: ‘An eminent physician once told me that there are people who would benefit in health by fasting: a second motive, yet surely not an unlawful one’.³⁸ We also know that her own minister, William Dodsworth, encouraged ‘frequent fasting’ in his followers.³⁹ There is no direct evidence that Rossetti practised fasting as a *teenager*, but it has been said that a doctor (likely Charles Hare) who attended to Rossetti when she was 16–18 years old noted she was ‘more or less out of her mind’ due to a type of ‘religious mania’.⁴⁰ She was also diagnosed as anaemic when she was 15 after her first medical appointment with Hare, which is a common condition for those who are malnourished, anorectic, and/or bulimic.⁴¹

Anna Krugovoy Silver has argued that while Rossetti’s poetry often includes feasting and fasting imagery, these images are rooted mostly in religious rituals which oblige a restricted food intake.⁴² What she does not consider is that EDs are compatible with, and even potentially sanctioned by, the devout Christianity embodied by Rossetti. A number of factors may play a role in nudging a person towards a disorder already present, perhaps dormant, within them. Anorexia can sometimes be a family disease, and as such it can be roused via certain occurrences and figures in a person’s life – whether a charismatic minister such as Dodsworth or the classic anorectic commonality of an excessively protective, overbearing mother. Both dynamics may have been present in Rossetti’s life, as we know that their mother strictly forbade the children from eating sweets.⁴³ Still, her brother William Rossetti also

38 Christina Rossetti, *The Face of the Deep* (Hawthorne: HardPress Publishing, 2012), p. 203.

39 Silver, *Victorian Literature and the Anorexic Body*, p. 137.

40 Battiscombe, *Christina Rossetti: A Divided Life*, p. 35. Godfrey Bilchett, a good friend of Rossetti’s first biographer, Mackenzie Bell, handwrote in entirety on his own copy of Bell’s book: ‘The doctor who attended on Christina Rossetti when she was about 16–18 said she was then more or less out of her mind (suffering, in fact, from a form of insanity, I believe a kind of religious mania)’.

41 Battiscombe, *Christina Rossetti: A Divided Life*, p. 35.

42 Silver, *Victorian Literature and the Anorexic Body*, p. 137.

43 Battiscombe, *Christina Rossetti: A Divided Life*, p. 22.

stressed that while his sister adored all her family, it was her mother whom she loved 'far beyond all the rest'.⁴⁴ Nearly all of Rossetti's books are dedicated to the family matriarch.

One element that further strengthens the ties between food and religious imagery in Rossetti's poems is the fact that fruit plays such a central role. This is true of both 'The Dead City' and 'Goblin Market', and can be easily seen when comparing the rapturous repetition of fruit in each poem:

And the apricot and pear
And the pulpy fig were there;
Cherries and dark mulberries,
Bunchy currants, strawberries,
And the lemon wan and fair.⁴⁵

Crab-apples, dewberries,
Pine-apples, blackberries,
Apricots, strawberries;—
All ripe together⁴⁶

Although 'The Dead City' is half the length of its better-known successor, the similarities are striking down to the chant-like celebration of fruit. However, unlike 'Goblin Market', 'The Dead City' includes just one (living) character: the young, female, unidentified protagonist. As she rambles through the woods, she discovers a hidden city with a 'noiseless' marketplace (in stark contrast to the bustling market where Rossetti placed goblins 15 years later). When she finds a tent, the breeze whispers at her to enter and see for herself how so many people died 'for luxury and pride'.⁴⁷ Upon entering, the first thing she sees is a vast

44 Rossetti, *Poetical Works*, p. 459.

45 'The Dead City' in *Complete Poems*, p. 600.

46 'Goblin Market' in *Complete Poems*, p. 5.

47 'The Dead City' in *Complete Poems*, p. 599.

banquet, comprised almost entirely of fruit, which is described in detail before she notices the stone diners:

Fruits of every size and hue,
Juicy in their ripe perfection,
Cool beneath the cool reflection
Of the curtains' skyey blue.⁴⁸

Once she has finished admiring the feast, she realises that the diners have been turned to stone: 'Each sat moveless in his place, / Silently, as if spellbound'.⁴⁹ She runs away in fear, and when she turns around to look, the tent has disappeared. Alone once more, her surroundings have returned to normal. The poem ends rather bluntly:

All these things that I have said
Awed me, and made me afraid.
What was I that I should see
So much hidden mystery?
And I straightway knelt and prayed.⁵⁰

As a lone protagonist in 'The Dead City' without the support of the strong and good sister provided in 'Goblin Market', she manages to avoid the tempting feast and its bounty of fruit. However, it is *fear* and not strength that allows her to shut out the stony guests, causing the tent (and feast) to disappear.

Dualism plays deeply seated roles in 'The Dead City', 'Goblin Market', and many other of Rossetti's poems. The dualism motif is clear even in the most overt aspects of Rossetti's

48 Rossetti, *Complete Poems*, p. 600.

49 Rossetti, *Complete Poems*, p. 595.

50 Rossetti, *Complete Poems*, pp. 602-603.

works: the titles. Consider 'Life and Death', 'Is and Was', 'Twice', and 'Today and Tomorrow' as examples. Word pairings such as these are a clear way not only to suggest temporal division, but also to create structural balances. However, the dualities in 'The Dead City' are largely cursory, simplified, and do not necessarily align with the protagonist but rather her environment: birds being described as both 'like a flame' and 'colourless;' grounds detailed as 'green and fertile' as well as a 'desert drear'.⁵¹ The protagonist of 'The Dead City' faces a conflict on her own when she discovers the feast of the dead, but the poem falls far short of achieving much of a climax or conclusion as she simply runs away, meeting the conflict only briefly and choosing to bypass it. 'The Dead City' may be a precursor of sorts to Rossetti's best-known poem, but it is largely the addition of a sister that refines, elevates, and completes 'Goblin Market' via a more discriminating dualism. Specifically, it is the differences (the dualities) between the sisters that creates a goal (Lizzie saving her sister), a conflict (battling the goblins while resisting the fruit herself), and a climax and resolution by besting the goblins. Had Laura simply eaten the goblin fruit and starved to death, it would not make for much of a story or poem – and certainly would not attract what Rossetti dubbed a 'special felicity'.⁵²

The duality of Laura and Lizzie is promoted to such a degree that while the two sisters are never explicitly named as twins, they are close in age by all descriptions, their names are alliteratively twinned, and their twindom is suggested:

Golden head by golden head,
Like two pigeons in one nest
Folded in each other's wings,
They lay down in their curtained bed:
Like two blossoms on one stem,

51 Rossetti, *Complete Poems*, pp. 595-98.

52 Anne C. McCarthy, *Awful Parenthesis: Suspension and the Sublime in Romantic and Victorian Poetry* (Toronto: University of Toronto Press, 2018), p. 150. In a letter to Dante Rossetti dated 6 March 1865, Christina Rossetti compared 'Goblin Market' with 'The Prince's Progress,' writing 'I readily grant that my *Prince* lacks the special felicity (!) of my *Goblins*'.

Like two flakes of new-fall'n snow,
Like two wands of ivory
Tipped with gold for awful kings.⁵³

Although the same sophisticated degree of duality is not present in 'The Dead City,' it *does* address similar topics to 'Goblin Market', particularly when describing cursed feasts. The very first food mentioned *at each feast* is the apple – Eve's forbidden fruit – is naturally enough, at the start of everything.⁵⁴ Upon entering the supper tent, the protagonist of 'The Dead City' finds:

In green emerald baskets were
Sun-red apples, streaked and fair;
Here the nectarine and peach
And the ripe plum lay, and on each
The bloom rested everywhere.

Grapes were hanging overhead,
Purple, pale, and ruby-red;
And in panniers all around
Yellow melons shone, fresh found,
With the dew upon them spread.⁵⁵

Rossetti stresses the placement of the fruits in 'The Dead City'. The apples were *in* the baskets, fruits *lay on* one another, blooms *rested*, and there was dew *upon* the melons. Placing fruits and their accoutrements on or upon items suggests care and decisive planning. In

53 Rossetti, *Complete Poems*, p. 10.

54 Rossetti, *Complete Poems*, p. 5 and p. 100.

55 *Complete Poems*, p. 600.

contrast, 'Goblin Market' features a catalogue of fruits listed in a near-frenzy, seemingly thrown into carts and baskets with no attention to presentation:

Morning and evening
Maids heard the goblins cry:
Come buy, come buy:
Apples and quinces,
Lemons and oranges,
Plump unpecked cherries,
Melons and raspberries,
Bloom-down-cheeked peaches,
Swart-headed mulberries,
Wild free-born cranberries,
Crab-apples, dewberries,
Pine-apples, blackberries,
Apricots, strawberries;—⁵⁶

'Goblin Market' tempts the protagonists by the sheer volume and diversity of fruits, beginning with apples. Eve's fruit is mentioned early in the fourth line of 'Goblin Market', but does not appear until near the end of 'The Dead City'. In 'The Dead City', the younger protagonist still likely had a few years before she will become a mature woman tempted by the Fall. There is time before she finds the forbidden fruit, both within her own life and the poem, whereas 'Goblin Market' features maids at the precipice of womanhood and descent from grace.

When describing what she sees amongst the banquet, immediately before spotting the apples she notices that 'In the midst a fountain rose / Of pure milk, whose rippling flows / In a

⁵⁶ Rossetti, *Complete Poems*, p. 5.

silver basin rolled'.⁵⁷ Milk, particularly mother's milk, is intimately connected to EDs, yet the protagonists' mothers are entirely missing from both poems. However, Lizzie may have been representative of a motherly role in 'Goblin Market', charged with rescuing Laura who cannot resist the enticing call of the goblins and their fruits. Although apples are the first fruit listed in the goblins' call, the fruit Laura succumbs to are apple-like and deliberately unnamed: 'Then sucked their fruit globes fair or red'.⁵⁸ Only Lizzie is strong enough to resist the goblin's fruit seduction, and it is solely through her purity and refusal to eat that she can liberate Laura, ensure a happy ending, and bring about (as it can be inferred) entrance into heaven for them both.

The temptations of the feast at hand become much more expansive *and* seductive in 'Goblin Market', featuring new elements of eroticism which were (understandably) missing in 'The Dead City'. It is this eroticism which helps tempt Laura, who is not strong enough to resist as a respectable Victorian girl should. In 'The Dead City', the protagonist is equipped with the perspective of a child, and when she passes the castle she describes it as extravagant: 'Golden was the turreting, / And of solid gold the base'.⁵⁹ However, in 'Goblin Market', it is the protagonists *themselves* who hold and create the gold, and Laura who gives it away with ease. When she has no coins to pay the goblins for their fruit, they suggest she make the purchase with a golden curl:

'You have much gold upon your head,'
They answered all together:
'Buy from us with a golden curl'.
She clipped a precious golden lock,
She dropped a tear more rare than pearl⁶⁰

57 Rossetti, *Complete Poems*, p. 600.

58 Rossetti, *Complete Poems*, p. 8.

59 Rossetti, *Complete Poems*, p. 598.

60 Rossetti, *Complete Poems*, p. 8.

The dropping of a tear dubbed rarer than pearl is indicative of a first sexual encounter and loss of innocence. 'Goblin Market' depicts Laura tearfully and readily agreeing to the goblins' request to trade her golden lock for a fruit binge. In the years between Rossetti's two poems, the poet had re-distributed the golden riches from an exterior force (the palace) directly into the characters, emboldening Laura and Lizzie with immense power *and* vulnerability. It is this delicate balance where a young woman often perches, instilled with a newfound power thanks to her budding womanhood yet more vulnerable than ever now that others (like goblin men) have taken notice. When Laura makes the trade with her hair, she does much more than purchase fruit – she binges on it:

She sucked and sucked and sucked the more
Fruits which that unknown orchard bore;
She sucked until her lips were sore;
Then flung the emptied rinds away⁶¹

The description of Laura's binge is similar to a binge-eating disorder (BED) episode, with Laura seeming to lose not only control but total awareness of her surroundings. BED episodes can be akin to blackouts, with the binge eater, usually so careful of counting calories and consumption, losing track of what and the amounts they are eating. The binge eater becomes nearly interchangeable with the food, the lines where one begins and the other ends blurred.

Throughout 'Goblin Market', there is a regular overlap and near-confusion between women's bodies and food, suggesting that they *are* perhaps one and the same to some degrees and in some instances. Two girls, one ruined or rotten, yet salvageable, and the other pure, are represented within the goblins' fruits themselves, especially in the lines of the 'Plump unpecked cherries / [...] / Bloom-down-cheeked peaches, / [...] / All ripe together'.⁶²

61 Rossetti, *Complete Poems*, p. 8.

62 Rossetti, *Complete Poems*, p. 5.

Comparing fruit to young women has long been common, especially as a metaphor linked to puberty and coming of age. The ripening of both a fruit and a girl is indicative of the peak of womanhood and sexuality. Deborah Thompson stresses that 'maids and fruits alike are praised for their gold, their virginal purity and youth, their freshness, and their sweetness. Lizzie, even more than Laura, is figuratively identified with fruit'.⁶³ Likening the girls to these untouched fruits is a means of emphasising their perfection and purity while at the same time tempting the onlooker to impinge, consume, and destroy. It is the contradiction of adolescence and blossoming womanhood, a time when a young woman clings to the innocence and familiarity of childhood while being forced through various changes via adolescence into adulthood.

When Laura finishes her binge, she immediately tempers her swift entry to womanhood by attempting to regress to childhood. She tries to undo what cannot be undone by keeping a fruit's kernel-stone.⁶⁴ This kernel-stone represents budding, fruition, and life. It holds the seeds from which future life may bud, but Laura's kernel-stone ultimately fails to flourish:

One day remembering her kernel-stone
She set it by a wall that faced the south;
Dewed it with tears, hoped for root,
Watched for a waxing shoot,
But there came none;⁶⁵

The failed kernel-stone led A. D. Schwabe to suggest that Rossetti's poem addresses 'the sterility brought about by amenorrhea (the cessation of the menses) which is a primary

63 Deborah Ann Thompson, 'Anorexia as Lived Trope: Christina Rossetti's 'Goblin Market'', *Mosaic: An Interdisciplinary Critical Journal*, 24 (1991), 89-106 (p. 102).

64 Rossetti, *Complete Poems*, p. 9.

65 Rossetti, *Complete Poems*, p. 12.

symptom of anorexia'.⁶⁶ Stopping menses is a major goal for many anorectics, and not menstruating is an undeniable sign of childhood. It is also a feat that requires excessive solitude. Eating and meal-taking are largely social affairs, and to restrict to such a degree that amenorrhea occurs, a person must opt out of most social obligations. Rossetti stresses the newfound solitude of Laura following the fruit binge, which also mirrors the common occurrence of anorectic restriction after a binge as these cycles are almost always private and shameful. In the poem's eating and restriction scenes, Rossetti clearly describes events that most suffering from an ED are familiar with, such as when Laura 'Longed to buy fruit to comfort her, / But feared to pay too dear'.⁶⁷ Paying too dearly is a very understandable fear for the anorectic who is afraid of paying with weight gain or the need to purge. One avenue for bypassing this heavy payment is to avoid the temptation altogether, which may be what Laura achieves when she is no longer able to hear the call of the goblin men. Her increasingly thin, grey hair is in keeping with advanced stages of anorexia, while Laura's obsession with food even as she refuses to eat is also common for anorectics. She dreams of the goblin food that she cannot have, ignoring the ample non-goblin food that *is* available. Sitting down sullenly, she is committed to her starvation and simply 'would not eat'.⁶⁸

Like many anorectics, Laura turns hunger itself into a sort of proxy pleasure in place of consumption of food. She suddenly rejects the domesticity of her role as a woman, adopting the familiar anorectic tactic of escaping into illness. Up until Laura's binge, she seemed happy to have performed womanly chores – it was only after eating the fruit that she refused. It is especially worth noting that most of the chores Laura dodges through her illness revolve around food. Prior to her binge, on a daily basis, the sisters are described as:

Neat like bees, as sweet and busy,

Laura rose with Lizzie:

66 Arthur D. Schwabe et al. 'Anorexia Nervosa', *The Annals of Internal Medicine*, 94 (1981), 371-81 (p. 379).

67 Rossetti, *Complete Poems*, p. 13.

68 Rossetti, *Complete Poems*, p. 13.

Fetched in honey, milked the cows,
 Aired and set right the house,
 Kneaded the cakes of whitest wheat,
 Cakes for dainty mouths to eat,
 Next churned butter, whipped up cream,
 Fed their poultry, sat and sewed.⁶⁹

As Laura continues to deteriorate, refusing to eat *or* attend to household tasks, she is not alone in mirroring the actions of an anorectic. Her sister Lizzie is portrayed as the good girl, offering salvation through a near self-sacrifice, but in actuality she also plays a common role of someone with an ED: that of the psyche's regression to the morals and innocence of childhood. Lizzie may embody the role of the pure sister by risking her own well-being to save Laura, but this is far from a strictly selfless act for Lizzie, as there are rarely purely selfless acts that do not in some way also serve the needs or desires of the person making the sacrifice. In many cases, and perhaps in Lizzie's, saving her sister can help her avoid guilt. Risking her own life is also a potential means of proving her status as good, placing her in a Christ-like role of the sacrificial lamb (who manages to escape actual sacrifice). When Lizzie is able to resist the goblin's fruits, as well as their assault (which is described similar to a rape), she positions herself as better than Laura – braver in the face of incredible temptations and attacks:

 Tho' the goblins cuffed and caught her,
 Coaxed and fought her,
 Bullied and besought her,
 Scratched her, pinched her black as ink,
 Kicked and knocked her,

69 Rossetti, *Complete Poems*, p. 10.

Mauled and mocked her,
Lizzie uttered not a word;
Would not open lip from lip
Lest they should cram a mouthful in:⁷⁰

Laura reasonably fears the goblins, and during their onslaught faces many of the same fears as the anorectic having her body overcome or out of control, but she persists even as they 'Held her hands and squeezed their fruits / Against her mouth to make her eat'.⁷¹ An allegorical reading here is easy enough to expound.

Rossetti's description of the attack is distinctly sexual and depicts a woman firmly resisting assault. However, at the same time the goblins are attempting to force-feed Lizzie in much the same way that many family members of anorectics try to press them to eat. When Lizzie succeeds in resisting, this once more shows how much stronger she is than her sister. After winning the battle with the goblins without allowing a morsel to pass her lips, Lizzie returns to Laura covered in fruit juice and offers herself in a nearly sacramental fashion. She seduces her sister with demands to hug her, kiss her, and suck the juices from her body – the same type of demanding seduction the goblins had just used on Lizzie. An element of guilt is slipped into Lizzie's words as she makes sure Laura knows: 'For your sake I have braved the glen / And had to do with the goblin merchant men'.⁷² Lizzie's guilt-laden temptation is impossible for Laura to resist. Promptly, Laura springs from her chair in gratitude and asks her sister:

Lizzie, Lizzie, have you tasted
For my sake the fruit forbidden?
Must your light like mine be hidden,

70 Rossetti, *Complete Poems*, p. 16.

71 Rossetti, *Complete Poems*, p. 16.

72 Rossetti, *Complete Poems*, p. 17.

Your young life like mine be wasted,
Undone in mine undoing
And ruined in my ruin
Thirsty, cankered, goblin-ridden?—⁷³

Lizzie has secured Laura's debt to her, and this everlasting gratitude is evident in the final stanza when, years later, Laura is with their children and 'Would tell them how her sister stood / In deadly peril to do her good'.⁷⁴ However, Lizzie only achieves this debt by objectifying herself, turning herself into food, and offering the sacrificial meal off her body:

Did you miss me?
Come and kiss me.
Never mind my bruises,
Hug me, kiss me, suck my juices
Squeezed from goblin fruits for you,
Goblin pulp and goblin dew.
Eat me, drink me, love me;
Laura make much of me:⁷⁵

In this plea, Lizzie adopts the language and self-sacrificing tendencies of the ultimate good girl with verbiage that is close to mothering, positioning herself once more as above her sister. This appeals to Laura, who has regressed to a childlike state and craves parental doting and feeding. Laura embodies the anorectic's longing to return to that safe, childlike state, and desires protective parenting. Together, Laura and Lizzie are representative of the whole anorectic family, complete with the polar opposites of control and indulgence (parent and child)

⁷³ Rossetti, *Complete Poems*, p. 17.

⁷⁴ Rossetti, *Complete Poems*, p. 19.

⁷⁵ Rossetti, *Complete Poems*, p. 17.

– a paradigm which also exists within the individual with an ED. However, from Laura’s perspective, although she binged on Lizzie it was not an enjoyable experience:

Her lips began to scorch,
That juice was wormwood to her tongue,
She loathed the feast:
Writhing as one possessed she leaped and sung,
Rent all her robe, and wrung
Her hands in lamentable haste,
And beat her breast.⁷⁶

At the heart of this scene is a woman in the throes of an unstoppable binge while Lizzie – her other half – is the feast. This sister-feast is described as tasting of wormwood even though it is the sustenance that Laura needs and craves. She cannot stop eating, similar to the impossible enigma faced by those during a BED episode. What happens when a person both fears food and needs it to such a degree that once consumption begins it cannot be stopped? Anorectics typically take extra measures to restrict after a BED episode to compensate for their lack of control, and Laura does the same. These self-induced deprivations also serve as atonement, but the anorectic (and Laura) have more than restriction at their disposal.

Bulimia, especially through regurgitation, is one of the fastest and most obvious ways to undo the sin of eating, and it seems like Laura exhibits this ED comorbidity immediately after her binge:

Swift fire spread thro’ her veins, knocked at her heart,
Met the fire smouldering there

⁷⁶ Rossetti, *Complete Poems*, p. 18.

And overbore its lesser flame;
She gorged on bitterness without a name:
Ah! Fool, to choose such part
Of soul-consuming care!
Sense failed in the mortal strife:
Like the watch-tower of a town
Which an earthquake shatters down,
Like a lightning-stricken mast,
Like a wind-uprooted tree,
Spun about,
Like a foam-topped waterspout,
Cast down headlong in the sea,
She fell at last;
Pleasure past and anguish past,
Is it death or is it life?⁷⁷

Purging does not require the familiar image of a finger down the throat. Bulimics have a host of tools at their disposal, including certain elixirs (like today's Ipecac) that can induce vomiting, and perhaps Laura's suckling of the second-hand juices from her sister works similarly. The swift fire is similar to the acrid burning felt in the throat when vomiting, and the smouldering of her heart is suggestive of heartburn. Stomach pangs, heartburn, and acid reflux are some of the most common symptoms of bulimia. The description of Laura gorging on bitterness might be attributed to the wormwood flavour of the juices but is also suggestive of the bitter taste of stomach bile. When a bulimic fully empties her stomach, she is often consoled by the sight and taste of bile – a sign that there is absolutely nothing left in the stomach.

⁷⁷ Rossetti, *Complete Poems*, p. 18.

There is ample evidence Rossetti struggled with EDs throughout her life. This particular scene in 'Goblin Market', if it is indeed referencing bulimia, could be identified as a particular purge *or*, as Cohen suggests, as a type of anorexic exorcism, 'albeit a temporary one, since once the binge-eating/vomiting cycle has been established, it is very difficult to break'.⁷⁸ Exorcism is really a misnomer, as exorcisms are meant to be a total expulsion – though they can of course fail. A better phrase for Cohen's explanation is an ED episode as Laura reaches for purification that she deems only accessible via bulimia. To fulfil the ultimate destiny of being good wives and mothers, genuine renunciation is required. This could feasibly be achieved should Laura never indulge in an ED episode again, whether it be binge eating, anorexia, or bulimia.

Many with an ED describe the disorder as akin to having a ghost inside them, controlling them, and according to Bordo, these alien invaders are always described as male – somewhat, perhaps, like goblins.⁷⁹ EDs, whether likened to ghosts or goblins, never go away entirely. EDs are a mental disorder, like clinical depression, that can be *managed* at best, and evidence of this lifelong struggle is found in the final lines of 'Goblin Market'. Years later, as wives and mothers (while the husbands are conspicuously missing), Laura and Lizzie reminisce about their youth:

Those pleasant days long gone
Of not-returning time:
Would talk about the haunted glen,
The wicked, quaint fruit-merchant men,
Their fruits like honey to the throat
But poison in the blood.⁸⁰

78 Cohen, 'Christina Rossetti's 'Goblin Market' p. 10.

79 Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley: University of California, 1993).

80 Rossetti, *Complete Poems*, p. 19.

This is emblematic of the cyclical, enduring nature of EDs. Even as a grown woman, Laura does not have autonomy over herself, indebted as she is to her sister and existing within the poem almost exclusively as an uncontrollable glutton, a binge eater. She is a warning to the children, the epitome of what they should avoid – but also perhaps a foreshadowing of their fate. The final lines (543–67) of ‘Goblin Market’ hint at a kind of happily ever after, describing Laura and Lizzie as wives and mothers with ‘Their lives bound up in tender lives’.⁸¹ However, woven within these lines are also suggestions of an entrapment. Certainly, as mothers, they are bound to worry about their children, but not necessarily to the degree implied with the line ‘Their mother-hearts beset with fears’. They recall their youth as ‘Those pleasant days long gone’.⁸² There was little pleasant about their youth, at least as it was described in the poem, but still those days are deemed comparatively pleasant in contrast to their new roles as wives and mothers. When Laura encourages the children to sing, she has them ‘cling together,’ which suggests a panic or desperation.⁸³ Making the children cling to one another indicates that she does so out of fear, as a means to protect them, rather than simply encouraging them to play and sing. The underlying tones of the final lines gives one pause at Rossetti’s use of the word ‘felicity’ to describe ‘Goblin Market’. There is no way to know whether she had meant felicity as defined by intense happiness – or a particular keen feature in the poem to effectively express her intentions.

A close reading of these final lines implies that perhaps Rossetti meant felicity in the latter sense, and if that is the case there is much more evidence pointing towards Laura and Lizzie serving as harbingers of EDs more than anything else. Laura’s fear for the children, her warnings of the goblins’ fruit, and the demand to praise her sister-saviour might all be representative of the passing down of EDs from mothers to children. Recent research has supported evidence that EDs do indeed have genetic components. The last stanza describes

81 Rossetti, *Complete Poems*, p. 19.

82 Rossetti, *Complete Poems*, p. 19.

83 Rossetti, *Complete Poems*, p. 20.

both as mothers, but Laura is the only sister mentioned by name. It is she who warns the 'little ones,' presumably both her own and Lizzie's children, of what happened during *her* early prime – not *their* (Laura's and Lizzie's) early prime. The wording of this final stanza may suggest that Lizzie and Laura were literally two parts of the same person: the out-of-control Laura with an ED, and her inner good half Lizzie with impeccable fortitude. The chant's entirety reads:

For these is no friend like a sister
In calm or stormy weather;
To cheer one on the tedious way,
To fetch one if one goes astray,
To lift one if one totters down,
To strengthen whilst one stands.⁸⁴

This chant may not simply be about the virtues of a good sister or good half but may also be commending the inner anorectic who is (almost) always in full control. It is Lizzie who can restrict her food intake with anorectic steadfastness, and the unruly Laura who cannot help but binge. Those with anorexia have extraordinary adherence and strength to sustain severe restriction. If need be, they also have the ability to 'fetch one if one goes astray' through a variety of methods including regurgitating after a binge.

If Laura and Lizzie are two halves of the same person, the dualistic nature come whole, this brings a foreboding note to the otherwise seemingly quaint scene of story-telling. Here, we may be seeing not only a passing on of EDs, but the early roots of Laura's children's own struggles with food obsession and restrictions. Ultimately, Laura's salvation was only made possible through sisterly intervention, approved eating, and, finally, possibly vomiting via the fiery antidote to start the cycle all over again. There is much more to be taken from the poem when examined through an anorectic lens than simply the basic ED constructs of

84 Rossetti, *Complete Poems*, p. 20.

consumption, restriction, and regurgitation cycles. If 'Goblin Market' is an ED poem at its core, of course the framework of common anorectic and bulimia practices will be highly prevalent (and they are). However, look beyond these parameters and Laura and Lizzie are representative of just a single ED event in what is likely a lifelong cycle that began in childhood.

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**‘IT’S NOT SAFE IN THIS HOUSE’: SUPERNATURAL DISGUISES
AND INTIMATE PARTNER VIOLENCE IN *THE BOY* AND *THE
INVISIBLE MAN***

HAYLEY SMITH

CONTENT WARNING

This article contains explicit reference to physical, emotional and sexual domestic abuse.

Home is the place where when you go there, you have to finally face the thing in the dark.¹

In Peter Saunders's investigation into the significance of the word 'home' in contemporary English culture, interviewees were asked the question '[w]hat does the home mean to you?'² Unsurprisingly, perhaps, some of the most common responses included: love, comfort, privacy, and safety.³ The suggestion that the home is representative of familiarity and contentment is fairly well established: in 1903, for example, Charlotte Perkins Gilman wrote that the home should offer its occupants 'rest', 'peace' and 'comfort'.⁴ Similarly, we tend to see variations of the classic phrase 'home is where the heart is', a quotation associating the home with love and affection.⁵ It is hardly shocking, then, when horror films and Gothic literature invert these conventional associations by featuring individuals trapped in haunted or dangerous houses (or a similar space that is meant to provide its inhabitants with security, such as a hotel, a cabin, or a guest house) in order to evoke anxiety and fear. One subgenre of horror reliant upon the trope of the endangered house is termed home invasion, where an unidentifiable assailant breaks into private property with the intention of harming the occupants. Not only does this subgenre draw attention to a collective fear, but home invasion films additionally visualise the violation of a setting considered to be 'sacred', ultimately demonstrating how 'the outside world is more dangerous and unpredictable than ever before'.⁶

What happens, though, if individuals are not under threat from *external* forces, but rather, they are terrorised by entities originating from *within* the domestic sphere? While films

1 Stephen King, *IT* (London: Hodder & Stoughton, 1986), p. 110.

2 Peter Saunders, 'The Meaning of "Home" in Contemporary English Culture', *Housing Studies*, 4 (1989), 177–92 (p. 179).

3 Saunders, 'The Meaning of "Home" in Contemporary English Culture', p. 179.

4 Charlotte Perkins Gilman, *The Home, its Work and Influence* (New York: Charlton Company, 1910), p. 3.

5 The origin of this saying is disputed, however the earliest use of the phrase as we know it can be found in J. T. Bickford's *Scandal* (1857). See: 'Home', in *Oxford English Dictionary* (Oxford: OUP, 2020), <<https://www.oed.com/view/Entry/87869?rskey=qf5vix&result=1&isAdvanced=false#eid>> [accessed 24 October 2020].

6 Karen Kemmerle, 'Terror from Inside: 10 Home Invasion Classics', *Tribeca Film* <<https://tribecafilm.com/news/512c06ba1c7d76d9a90002e4-terror-from-inside-10-hom>> [accessed 24 October 2020]; Paula Marantz Cohen, 'Conceptual Suspense in Hitchcock's Films', in *A Companion to Alfred Hitchcock*, ed. by Thomas Leitch and Leland Poague (Chichester: Wiley-Blackwell, 2011), pp. 126–38 (p. 136).

like Stanley Kubrick's adaptation of Stephen King's *The Shining* (1980) and Andrés Muschietti's recent adaptation of King's *IT* (2017) have been commended for utilizing horror to depict child abuse, very little attention has been paid to the representation of intimate partner violence (IPV) within contemporary horror films.⁷ In a discussion surrounding mass media representations of gendered violence, Lisa M. Cuklanz notes how cinematic links between male power and violence, male desire, and female victimisation have been extensively examined by film critics.⁸ The scholarship which Cuklanz surveys, however, tends to focus upon cinematic representations of sexual violence, the 'male gaze', and the degradation of women, rather than IPV and coercive control.⁹ That being said, Diane L. Shoos's *Domestic Violence in Hollywood Film: Gaslighting* offers an extensive critical investigation into films portraying male partner violence against women.¹⁰ Although the films appear to condemn the abuse shown within them, Shoos argues, they actually reinforce the attitudes which we profess to no longer accept.¹¹ Similarly, Phyllis Frus concludes that representations of domestic violence in American films often choose to 'perpetuate the myths of woman battering' instead of exploring such anxieties and their relationship to other forms of violence against women.¹²

While these significant contributions demonstrate the critical interest in cinematic representations of male partner violence and female victimisation, the authors choose to study films such as biopics, psychological thrillers, and melodramas, for example, rather than horror films featuring the supernatural. In this article, however, I investigate how two contemporary horror films, *The Boy* (2016) and *The Invisible Man* (2020), employ supernatural hauntings –

7 Gretchen Felker-Martin, 'The Thing in the Dark: How Art Confronts Child Abuse', *Nylon Entertainment* <<https://www.nylon.com/horror-films-child-abuse>> [accessed 25 October 2020].

8 Lisa M. Cuklanz, 'Mass media representation of gendered violence', in *The Routledge Companion to Media and Gender*, ed. by Cynthia Carter, Linda Steiner, and Lisa McLaughlin (Abingdon: Taylor and Francis, 2013), pp. 32–41 (p. 36).

9 Cuklanz, 'Mass media representation of gendered violence', pp. 32–41.

10 Diane L. Shoos, *Domestic Violence in Hollywood Film: Gaslighting* (Cham: Palgrave Macmillan, 2017).

11 Shoos, *Domestic Violence in Hollywood Film*.

12 Phyllis Frus, 'Documenting Domestic Violence in American Films', in *Violence and American Cinema*, ed. by J. David Slocum (London: Routledge, 2001), pp. 226–244, (p. 240).

or, rather, allegedly supernatural hauntings – to illustrate forms of IPV and coercive control.¹³ For the purposes of this paper, I intend to focus upon supernatural imitations of stalking, psychological, and digital forms of abuse. Even though acts of physical violence are inflicted upon the women within these films, I argue that *The Boy* and *The Invisible Man* seek to open a dialogue surrounding less overt, but equally terrifying, methods of IPV and coercive control. While there are other examples of supernatural horror films involving instances of male violence, such as *Amityville II: The Possession* (1982), I have chosen to explore *The Boy* and *The Invisible Man* because their narratives similarly utilize what *appears* to be the supernatural in order to disguise methods of IPV and coercive control. Both films consequently seek to explore and highlight the difficulties in recognizing these (often covert) abusive behaviours as well as the effects that they have on victims.

In *Daughters of the House: Modes of Gothic in Victorian Fiction*, Alison Milbank distinguishes the “‘female’ Gothic’ from the “‘male’ Gothic’.¹⁴ The former can be identified, Milbank writes, as a story which follows a pursued female heroine as she tries to flee from a dangerous and confined domestic space.¹⁵ Concentrating upon ‘the heroine and the house’, ‘female’ Gothic narratives differ from their ‘male’ Gothic counterparts, which instead ‘[chart] the attempt of the male [...] to penetrate [an encompassing] interior’.¹⁶ Through the lens of

13 The WHO defines IPV as ‘any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship’. This covers acts of physical violence, sexual violence, emotional/psychological abuse, or controlling behaviours. Controlling behaviours include (but are not necessarily limited to): isolating the victim from friends and family; monitoring their movements; or controlling their finances, medical needs, education, and/or employment. I use the term IPV rather than ‘domestic violence’ because domestic violence can be used to describe child or elder abuse, whereas I am solely exploring how these films portray abuse in an intimate relationship. Coercive control is defined as ‘an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim’. This intertwines with the examples of controlling behaviour listed previously, but Women’s Aid also notes that technological abuse, dehumanisation, and threatening and/or intimidating behaviour are other methods of coercive control. For more on IPV, see: World Health Organisation and Pan American Health Organisation, *Intimate Partner Violence* <https://www.who.int/reproductivehealth/publications/violence/rhr12_36/en/> [accessed 25 October 2020]. For information relating to coercive control, see: Women’s Aid, *What is it?* <<https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control/>> [accessed 25 October 2020].

14 Alison Milbank, *Daughters of the House: Modes of the Gothic in Victorian Fiction* (Hampshire: Palgrave Macmillan UK, 1992), pp. 1–25.

15 Milbank, *Daughters of the House*, p. 10.

16 Milbank, *Daughters of the House*, p. 13; p. 11.

IPV, *The Boy* and *The Invisible Man* visualise both the 'female' Gothic and the 'male' Gothic by depicting the heroine's fear and entrapment alongside the abuser's (albeit, concealed) pursuit of his victim. Indeed, in *The Boy*, directed by William Brent Bell, audiences follow Greta, a young American woman who recently left her violent partner, as she travels to England to take a job as a nanny at an isolated estate belonging to an elderly couple called Mr. and Mrs. Heelshire. On her arrival, Greta is introduced to a doll, rather than a child, whom Greta is instructed to look after while the Heelshires are on holiday. She is told that their real son, Brahms – whom the doll is named after – died in a fire twenty years earlier. Upon her arrival, Greta is provided with a list of ten rules, including 'Kiss [Brahms] Goodnight', 'Never Leave Brahms', and 'No Guests'.¹⁷ Initially ignoring the rules, she spends time on the phone to her sister, Sandy, who informs Greta that her abusive former partner, Cole, is trying to find out her new location. Strange events soon begin to occur: a child is heard crying, Greta's belongings go missing, and the doll moves by itself. Soon, Cole arrives at the house intending to force Greta to return to America. When Cole angrily smashes the doll to pieces, the now-adult Brahms emerges from behind a wall, and it finally becomes apparent that Brahms survived the fire and has, in fact, been secretly living within the house for the entirety of Greta's stay, manipulating the doll and stalking and controlling Greta.

Inspired by H. G. Wells's novel *The Invisible Man* (1897), Leigh Whannell's film revolves around Cecelia after she flees from her wealthy, successful, and abusive partner, Adrian Griffin. Cecelia takes refuge in the home of her childhood friend, James, where she learns that Adrian has taken his own life. Cecelia's respite is short lived, however, when she believes that she is being watched and unexplainable, frightening incidents begin to occur. She deduces that Adrian's suicide was staged and that he used his knowledge of optics to become invisible and stalk and terrorise her. These claims are rebuked but she is determined to find evidence to prove her theory. When she investigates her home and finds a suit fitted with hundreds of tiny cameras, her suspicions are confirmed; Adrian has somehow managed

¹⁷ *The Boy*, dir. by William Brent Bell (Entertainment Film Distribution, 2016) [on DVD]. All future references will be to this version of the film.

to invent a digital suit that renders the user invisible. During an attempt to share this information with her sister, Emily, Adrian frames Cecilia for Emily's murder, subsequently forcing Cecilia to be committed to a psychiatric hospital as she awaits trial.

Even though the terrifying events in *The Boy* and *The Invisible Man* appear, at first, to be of a supernatural nature, they are simply disguises adopted by the respective abusers. Both Brahms's doll and Adrian's suit of invisibility are used as devices to stalk, manipulate, control, and frighten their victims, consequently providing viewers with representations of deceptive, and therefore often less recognizable, patterns of IPV and coercive control. These films ultimately identify how haunted houses do not have to be plagued by the paranormal to be frightening; sometimes horror is created by people living within the walls of our own homes.

'We'll be watching you': Voyeurism, Stalking, and Surveillance

Throughout both *The Boy* and *The Invisible Man*, stalking and surveillance are hugely significant tactics of abuse implemented by the respective 'supernatural' entities. At the beginning of *The Boy*, Greta is immediately surveyed and objectified when she arrives at the Heelshires's residence in a taxi. The driver moves the rear-view mirror so he can look at Greta sleeping in the back seat, and after glancing at her face, he angles the mirror to see her chest. This perverse and intrusive moment demonstrates an explicit violation of the privacy of Greta's body and foreshadows a pattern of voyeurism, stalking, and surveillance that is exerted upon Greta by both Brahms and Cole. In fact, within moments of stepping inside the Heelshires's house, Greta passes a mounted stag head and viewers see her reflection in a close shot of the animal's eye. Although viewers are unaware of Brahms's stalking at this point (or even of his existence), the appearance of the stag seemingly observing Greta determines not only her visibility – and simultaneously, her stalker's invisibility – but it also gestures towards identifying her as human prey. Just like the stag, Greta is to be stalked and hunted. Women's Aid writes that stalking is a criminal offence consisting of 'a pattern of persistent and unwanted attention that makes you feel pestered, scared, anxious or harassed', and behaviours include regularly

giving undesired gifts, making unwanted contact, and following or spying on someone.¹⁸ While it is classified as a separate form of IPV, stalking is often also identified as emotional abuse because it can cause stress, anxiety, fear and/or other types of mental health issues, including depression.¹⁹

In *The Boy*, Brahms and Cole make unwanted contact with Greta and follow and/or spy on her. One particularly disturbing incident takes place while Greta is getting ready for an evening with Malcolm, the grocery delivery man, as she is on the phone to her sister, Sandy:

Sandy: What are you doing?

Greta: Just getting dressed.

Sandy: You gonna wear your coral dress? [...] Oh, and let me guess, you're drinking a nice glass of red wine?

Greta: Maybe.

Sandy: I know your 'going-on-a-date' routine.

During this conversation, viewers see the doll – sitting upright on his bed – observing Greta and listening to her conversation by watching her reflection in her bedroom mirror. Supernatural dolls repeatedly appear in horror films: *Dolls* (1987), Chucky from *Child's Play* (1988), and in recent years, the haunted doll from the *Annabelle* movies.²⁰ Possessing features that are 'very close to human, but not quite exact', figures like dolls conjure a 'feeling of strangeness or creepiness'; or as Freud wrote, a sense of the 'uncanny'.²¹ With their humanoid appearance, the innocence and inoffensiveness of dolls can be easily reversed

18 Women's Aid, *What is Stalking?* <<https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/stalking/>> [accessed 25 October 2020].

19 Lambers Royakkers argues that stalking is a 'form of mental assault, in which the perpetrator repeatedly, unwantedly, and disruptively breaks into the life-world of the victim'. See: Lambers Royakkers, 'The Dutch Approach to Stalking Laws', *California Criminal Law Review*, 3 (2000).

20 *Annabelle* was released in 2014, *Annabelle: Creation* in 2017, and most recently, *Annabelle Comes Home* in 2019.

21 Stephen T. Asma, *On Monsters: An Unnatural History of Our Worst Fears* (New York: OUP, 2009), p. 191; Sigmund Freud, *The Uncanny*, trans. by David McLintock (London: Penguin Books, 2003), pp. 121–62.

within horror films. Indeed, when the doll monitors Greta on the phone to her sister, *The Boy* offers a strikingly sinister contrast between Sandy, who represents our affectionate knowledge of those we love and the ways in which they behave, and Brahms, who fixates on Greta and studies her as an item. As Greta is situated within the supposedly private space of her bedroom, she can also be identified as an object of Brahms's sexual desire, suggesting that he derives pleasure from looking at Greta, an act called scopophilia. This is reinforced later into the film when the camera adopts the voyeur's perspective – at this point the suggestion is that the voyeur is the doll, only later do viewers realise that it is actually the adult-Brahms – and we see Greta and Malcolm kissing in her bedroom. This act of observation can be identified as an example of the 'male gaze': a term introduced by Laura Mulvey to describe the representation of women as objects of masculine, heterosexual desire and fascination in literature and the visual arts.²² When Brahms spies upon Greta as she kisses Malcolm, she is perceived as an erotic object; determining, therefore, how Brahms's gaze reflects his position of power, and in turn, Greta's vulnerability. In horror films, Carol J. Clover writes, the masculine gaze can often be identified as 'assaultive'.²³ By watching Greta in her bedroom and eroticising her, Brahms's gaze similarly functions as a violation and an assault upon both Greta's privacy and her body. This penetrative gaze foreshadows Brahms's demand for sexual control; not only does the doll interrupt Malcolm and Greta as they are kissing – presumably, out of jealousy and anger – but Brahms's violence culminates at the end of the film as the adult-Brahms forces Greta to follow the final rule: 'Kiss Brahms Goodnight'. The doll *should* be the object within *The Boy*, but in a disturbing role reversal it is Greta who ends up dehumanised, consequently demonstrating how she functions as Brahms's toy.

The stalking and possession depicted by the seemingly supernatural doll often resembles the abusive behaviour of Greta's former partner, Cole. Although Cole is absent until the end of *The Boy*, and Greta only describes him to Malcolm as '[n]ot a good guy', his

22 Laura Mulvey, 'Visual Pleasure and Narrative Cinema', *Screen*, 16 (1975), 6–18.

23 Carol J. Clover, *Men, Women, and Chain Saws: Gender in the Modern Horror Film* (Princeton: Princeton University Press, 2015), p. 181.

impact upon Greta and her family can be identified from the very beginning. Audiences learn of Cole's fixation with Greta when her sister tells her ' [Cole's] been calling non-stop. He even came by the house', adding 'I guess he doesn't care about the restraining order'. In a similar conversation, Greta's sister admits that Cole continues to try and find out Greta's new location. His constant attempts to communicate with Greta are mirrored by Brahms; in fact, Brahms calls Greta on several occasions, initially remaining silent so that all Greta hears is breathing. In *Unrequited Love: On Stalking and Being Stalked*, Gregory Dart writes that the absence of sound reminds victims of their stalker's latency.²⁴ Not only is silence 'a prelude to violence', Dart notes, but it also serves to highlight that the 'price of [...] freedom ha[s] not yet been paid'.²⁵ Perhaps unsurprisingly, Greta makes the assumption that her anonymous caller is Cole rather than questioning if it could be someone else, consequently identifying Cole and Brahms as almost interchangeable characters. Even the language they use is identical, with Cole stating in one scene '[y]ou're not leaving me, Greta', paralleling the rule 'Never Leave Brahms'.

The extent of Brahms's surveillance of Greta becomes apparent when she and Malcolm attempt to escape and end up losing their way in a maze of secret corridors hidden within the walls of the Heelshires's house. They find a room that Brahms has been secretly living in and Greta sees a mannequin on his bed wearing her coral dress and fashioned with a hairstyle like her own. Terrified, Greta says '[Brahms has] been watching me this whole time'. Her shattering realisation refutes the existence of an innocent and supernatural presence, and instead enables Greta to recognize Brahms's monstrous obsession with her. The horrifying revelation in this scene is that Brahms's stalking continued undetected for so long, a stark reminder of the deceptive nature of abuse, resonating with so many survivors of IPV.

24 Gregory Dart, *Unrequited Love: On Stalking and Being Stalked: A Story of Obsessive Passion* (London: Short Books, 2003), p. 64.

25 Dart, *Unrequited Love*, p. 64.

The Invisible Man wastes no time in demonstrating the extent of Adrian Griffin's obsession with the confinement of his partner. As Cecelia desperately flees her home in the middle of the night, viewers see the excessive digital security measures operating across the entire house: CCTV monitors the corridors; locks are fitted to prevent access to certain rooms; and a camera has even been installed directly over the couple's bed, a moment hinting at the perversity of Adrian's voyeurism as well as Cecelia's visibility. Although the house is spacious and airy, contrasting with the cramped, confusing spaces often found in horror films, Cecelia is imprisoned because of Adrian's ability to monitor her every movement. As Francis T. McAndrew explains, certain places and spaces in horror films play a vital role in inducing fear.²⁶ Haunted houses, for example, incite fear because the paranormal entities tend to violate our personal space.²⁷ These 'feelings of discomfort', McAndrew adds, 'are symptomatic of the fact that we are constantly – even if unconsciously – scanning our surroundings and assessing our ability to flee if it should become necessary'.²⁸ Cecelia's house *should* be easy to escape from because nothing appears to violate the immediate space around her; in fact, when Cecelia flees from her home, the film deliberately incorporates negative space into the frame to demonstrate the open surroundings through which Cecelia travels. However, the intrusive nature of Adrian's surveillance assures viewers that Cecelia cannot move without being watched, consequently inviting us to scan the negative space for her pursuer. This visual style, often used in horror films, emphasises how Cecelia is both haunted and hunted. Viewers are consequently reminded that Adrian – although operating covertly – is never too far away: a moment which crucially visualises the threat of the terrifyingly omnipresent stalker.

Bearing in mind the extensive surveillance measures operating across the couple's home, it is hardly a surprise to learn that Adrian embarks upon a campaign of digital abuse

26 Francis T. McAndrew, 'The Psychology, Geography, and Architecture of Horror: How Places Creep Us Out', *Academic Studies Press* <<https://www.academicstudiespress.com/asp-blog/how-places-creep-us-out>> [accessed 30 October 2020].

27 McAndrew, 'The Psychology, Geography, and Architecture of Horror'.

28 McAndrew, 'The Psychology, Geography, and Architecture of Horror'.

following Cecelia's escape. This is alluded to as soon as Cecelia leaves Adrian. As she uses her laptop, she worries that her online movements could be monitored and reads an article titled '[a]re you being watched? Here's how prying eyes can hack into your webcam'.²⁹ Technology-facilitated abuse, also known as tech-abuse or digital abuse, has become an increasingly prevalent method of coercive control within a world ever-reliant upon technology. The Domestic Abuse Bill identifies tech-abuse as a form of 'coercive or controlling behaviour using smart technology'.³⁰ Smart technology and internet-connected devices can be 'misused to spy on people, track their movements, exert control over them or coerce them'.³¹ These devices are only able to function safely within a domestic environment if users can be trusted not to interfere with or abuse the technological capabilities that they possess.³² In *The Invisible Man*, Adrian exploits digital technology, at first within his own home, as viewers notice his fixation with monitoring his partner, but later in the place that Cecelia takes refuge, at the home of her childhood friend. In one scene, Cecelia has been left alone in the house with an ostensibly supernatural entity that has been stalking her, physically assaulting her, and psychologically tormenting her. Unsure of her assailant's location, Cecelia calls Adrian's mobile number and hears his phone ring in the attic. After she investigates, she finds his phone and comes across images taken of her whilst she was sleeping. In a moment which resembles the perverse violation of Greta's sleeping body by the taxi driver in *The Boy*, Adrian's photographs of Cecelia are equally sinister and intrusive as they record a moment of non-consensual voyeurism. Not only does this reflect Adrian's obsession with monitoring Cecelia, but *The Invisible Man* also identifies how our increasingly digital world presents abusers with ever-evolving technological methods of violating, sexualizing, and objectifying the female

29 *The Invisible Man*, dir. by Leigh Whannell (Universal Pictures, 2020) [on DVD]. All future references will be to this version of the film.

30 Magistrates Association, *Update on the Domestic Abuse Bill* <<https://www.magistrates-association.org.uk/News-and-Comments/update-on-the-domestic-abuse-bill>> [accessed 31 October 2020].

31 I. Lopez-Neira et al, "'Internet of Things": How abuse is getting smarter', *Safe – The Domestic Abuse Quarterly*, 63 (2019), 22–26 (p. 24).

32 Lopez-Neira et al, 'Internet of Things', p. 24. For more on tech-abuse, see: Refuge, *Tech Abuse* <<https://www.refuge.org.uk/our-work/forms-of-violence-and-abuse/tech-abuse-2/>> [accessed 31 October 2020].

body. Indeed, in a discussion surrounding social media misuse in contemporary horror films, Hannah Bonner notes that ‘sur- and selfveillance in horror films post-2010 [...] update the anachronistic killer in the social media age’ by ‘dispersing the lethal gaze over social media and digital platforms’.³³ The exploitation of technology in *The Invisible Man* similarly demonstrates how the abusive ‘male gaze’ continues to adapt to its contemporary, tech-savvy climate.

While Adrian’s misuse of technology can be identified in these moments of disturbing voyeurism and obsessive observation, the most crucial representation of the digital abuse inflicted upon Cecelia takes the form of a mysterious, invisible (and therefore seemingly supernatural) attacker. The original *Invisible Man* refers to the Adrian Griffin of H. G. Wells’s 1897 novel. In this text, readers follow a scientist as he conducts an experiment upon his own body and soon renders himself invisible. The enduring sci-fi/horror icon of ‘The Invisible Man’ offers, as Robert Sirabian notes, a ‘moral warning about the individual’s desire to transgress human boundaries in the name of science’.³⁴ Whannell’s film embraces a similar interest in sci-fi by exploring the dangers of abusing technology; in fact, in the film, Adrian’s suit is worn for the purpose of stalking and controlling Cecelia. Adapting the sci-fi tropes found in Wells’s novel and translating them into a film concerned with IPV and coercive control enables Whannell’s *The Invisible Man* to simultaneously stress the prevalence of tech-abuse, consider the ever-evolving technologies which may, in the wrong hands, facilitate violence, and illustrate the difficulties in recognizing this ‘invisible’ form of manipulation and control.³⁵

Like Wells’s original *Invisible Man*, the Adrian Griffin in Whannell’s adaptation is similarly recognized as a successful scientist, evidenced by the numerous awards on display

33 Hannah Bonner, ‘#Selfveillance: Horror’s Slut Shaming Through Social Media, Sur- and Selfveillance’, in *Gender and Contemporary Horror in Film*, ed. by Samantha Holland, Robert Shail, Steven Gerrard (Bingley: Emerald Publishing Limited, 2019), pp. 85–100 (p. 89).

34 Robert Sirabian, ‘The Conception of Science in Wells’s *The Invisible Man*’, *Papers on Language and Literature*, 37 (2001), 382–403 (p. 382).

35 Refuge recently noted how tech-abuse has risen ninety-seven percent ‘compared with the average number in the three months before the outbreak of the [Covid-19] pandemic’. See: Jamie Grierson, ‘Tech playing growing role in UK domestic abuse cases, experts say’, *Guardian*, 12 May 2021 <<https://www.theguardian.com/society/2021/may/12/tech-playing-growing-role-in-uk-domestic-abuse-cases-experts-say>> [accessed 20 May 2021].

across his house. Undoubtedly showcasing Adrian's inventive creativity, this extensive exhibition also reflects his own narcissism. When Cecelia investigates her home, therefore, she is hardly shocked to find that Adrian has invented a suit consisting of hundreds of tiny mobile cameras: ingenious devices which enable the wearer to move around undetected. Commenting upon the connection between photography and stalking in the film *One Hour Photo* (2002), Bran Nicol notes that the camera may be identified as an 'instrument of invasion'.³⁶ In *One Hour Photo*, a man called Sy Parrish works as a photo technician at a supermarket where he becomes increasingly obsessed with a local family after developing their photographs for several years. Parrish 'explains that the term "snapshot" originally [...] related to hunting', Nicol writes, thereby situating the photographer as not only an intrusive voyeur, but also as a dangerous predator.³⁷ This connection between cameras and the act of stalking can be identified in several other horror/thriller films, such as *Peeping Tom* (1960), *Hidden* (2005), and *Disturbia* (2007), however the devices in these films are not always used malevolently. In *Disturbia*, for example, the surveillance introduced by a teenage boy ultimately reveals the identity of a serial killer living on his street. But just like *One Hour Photo*, *The Invisible Man* demonstrates how photography and cameras possess the potential to operate as deceptive and predatory weapons as they provide Adrian with a convenient device to stalk and hunt Cecelia: identifying her, like Greta, as prey.

Discussing the night that she decided to leave Adrian, Cecelia says that he was 'studying' her, adding that he made it clear she could 'never leave him', a phrase echoing the control demanded by Brahms and Cole in *The Boy*. Repeating Adrian's words, Cecelia says he told her that 'wherever I went, he would find me. That he would walk right up to me, and that I wouldn't be able to see him'. While the suit does, of course, allow Adrian to physically stalk Cecelia, the assailant haunting her also draws attention to the power of cyberstalking.³⁸

36 Bran Nicol, *Stalking* (London: Reaktion Books, 2006), p. 97.

37 Nichol, *Stalking*, p. 97.

38 Cyberstalking can be described as: '(a) repeated threats and/or harassment, (b) by the use of electronic mail or other computer-based communication, (c) that would make a reasonable person afraid or concerned for his or her safety'. See: Cynthia Southworth and others, 'Intimate Partner Violence, Technology, and Stalking', *Violence Against Women*, 13 (2007), 842–56 (p. 843).

Indeed, advancements in technology enable abusers to find their victims no matter where they are: using GPS tracking, hacking into digital children's toys, even by misusing smart speakers like Alexa. As Dart notes, cyberstalking offers perpetrators the 'promise of instant intimacy' by dissolving the distance between stalker and victim.³⁹ The suit crucially confronts how our technological world offers abusers increasingly convenient and imperceptible methods of manipulation, ultimately highlighting a new age of IPV and coercive control: one which entails the monstrous digitization of abuse.

'He makes me feel like I'm the crazy one': Gaslighting and Psychological Control

In 1938, Patrick Hamilton's play *Gas Light* (also known as *Angel Street*) introduced the term gaslighting. The story revolves around Jack Manningham and his wife, Bella, a nervous woman controlled by her husband. It does not take long before readers/viewers determine that Jack's goal is to convince Bella that she is completely delusional: this goes so far that Jack even tells Bella that the gas light in their house is dimming. The 1940s subsequently gave rise to the Gothic or 'paranoid' woman's film (such as George Cukor's 1944 adaptation of Hamilton's play, *Gaslight*), a genre in which a woman is perceived as paranoid because she claims to be threatened by a male figure, usually her husband or partner.⁴⁰ Perpetrators of abuse depend upon their victims feeling paranoid – or, at least, the accusation of paranoia – in order to maintain their control. As Stephanie A. Sarkis notes, gaslighting is 'a tactic in which a person or entity, in order to gain more power, makes a victim question their reality', adding that this method of psychological abuse is inflicted slowly so that the victim is unaware

³⁹ Dart, *Unrequited Love*, p. 60.

⁴⁰ A recent example of the legacy of this cinematic genre can be seen in the psychological horror/thriller, *Unsane* (2018), in which a woman is confined to a secure facility hospital after she is pursued by her stalker. For literature related to the Gothic or 'paranoid' woman's film, see: Mary Ann Doane, *The Desire to Desire: The Woman's Film of the 1940s* (Bloomington: Indiana University Press, 1987); Diane Waldman, "'At Last I Can Tell It to Someone!': Female Point of View and Subjectivity in the Gothic Romance Film of the 1940s", *Cinema Journal*, 23, 2 (1984), 29–40; and Andrew Walsh, 'Films of Suspicion and Distrust: Undercurrents of Female Consciousness in the 1940s', *Film and History*, 8, 1 (1978), 1–8.

of the full extent of the abuser's control.⁴¹ Sandra Horley has described this method of emotional abuse as an attack on 'your personality rather than your body', leading victims to question their own perception and judgement, confusing them and making them increasingly vulnerable and, as a result, additionally susceptible to manipulation.⁴²

In *The Boy* and *The Invisible Man*, both Brahms and Adrian employ this form of psychological abuse and gaslight their respective victims to control them, utilizing seemingly supernatural disguises in order to do so. The doll in *The Boy* plagues Greta by attempting to confuse her and distort her perception of reality. Following the scene discussed earlier, in which we see Greta on the phone to Sandy as she prepares for an evening with Malcolm, bizarre events occur as Greta finds her clothes missing and notices that the attic ladder has been extended down to the landing below. Soon after, Greta is mysteriously trapped in the attic overnight and released the following morning, when she finds that her clothes have been returned. Malcolm visits to check on Greta and the house, and when Greta questions how her clothes could disappear and then reappear, Malcolm says '[y]ou know, I used to sleepwalk when I was a boy'. At this point in the film, Greta is yet to consider whether the house may be harbouring a supernatural presence, so without any reasonable explanation to account for Greta's missing clothes or her entrapment, it is somewhat understandable that Malcolm decides that something is amiss in Greta's version of events. Although Malcolm does not appear to realise it, however, his response actually shows how people may inadvertently conform with the culture of disbelief facing victims of abuse as he doubts Greta's perception of the evening's events, inadvertently silencing her.⁴³ It could even be argued that Malcolm's

41 Stephanie A. Sarkis, '11 Warning Signs of Gaslighting', *Psychology Today* <<https://www.psychologytoday.com/gb/blog/here-there-and-everywhere/201701/11-warning-signs-gaslighting>> [accessed 7 November 2020].

42 Kashmira Gander, 'Gaslighting: what is it and how can it change a victim's perception of reality?', *Independent*, 9 October 2018 <<https://www.independent.co.uk/life-style/health-and-families/gaslighting-and-how-can-it-change-victim-s-perception-reality-domestic-abuse-violence-a8575206.html>> [accessed 7 November 2020].

43 The phrase 'culture of disbelief' is often used to refer to survivors of rape, sexual assault, and/or sexual abuse whose claims have been unsupported by the justice system. While Greta is not claiming to be a victim of sexual assault in *The Boy*, she is confused and frightened by Brahms's behaviour. Malcolm's inability to listen to Greta's feelings demonstrates how victims of a range of incidents involving abuse and violence may face criticism and dismissal.

explanation for the unaccountable occurrences reinforces the gaslighting inflicted upon Greta because he attempts to assure her that her perception of reality is incorrect, thereby undermining her reliability.

To re-establish her credibility after the strange happenings within the Heelshires's home, Greta sets up an experiment to convince Malcolm that she is not delusional and to confirm her theory that the house is haunted by the spirit of the child-Brahms. She places the doll in one room and draws around the body so that she can be certain if it has moved by itself. Suggesting that there is a supernatural presence residing within the house, Greta tells Malcolm 'I know, you must think I'm crazy. I would think the same thing', before opening the door to the room in which she has placed the doll, only for the pair to find it in the same position. As Diane Waldman explains in a discussion on the Gothic woman's film, by manipulating the woman's visual and auditory environment, together with 'telling the women they forget things or inexperience them', the husband/lover attempts to 'negate their experience'.⁴⁴ Borrowing the trope of female 'suspicion' found in this cinematic genre and simultaneously perpetuating the notion of the 'mad' or 'hysterical' woman, this scene from *The Boy* depicts Greta as an increasingly unreliable character because her claims appear paranoid and fictitious. Of course, this portrayal is driven by the gaslighting inflicted by Greta's abuser: a reminder of both the confusion experienced by victims as well as the accusations of paranoia employed to control them.

Just as Brahms utilizes the disguise of a paranormal, playful doll to hide Greta's belongings and gaslight her (she tells Malcolm 'my necklaces, my shoes, my clothes kept disappearing'), Adrian hides Cecelia's belongings. When Cecelia attends a job interview and is asked to present her portfolio, she finds that her drawings are missing. She apologises to her interviewer, saying '[u]h, I know that I... I know I put them in here'. Cecelia's fragmented and confused speech demonstrates how uncertain she is about her own version of events, and undoubtedly this moment forces her interviewer to question her reliability as an applicant.

44 Waldman, 'At Last I Can Tell It to Someone!' p. 34.

Adrian's deliberate interference in Cecelia's interview also demonstrates an additional form of IPV and coercive control: financial and economic abuse.⁴⁵ Unable to secure the job, Cecelia relies on the money from Adrian's will, ultimately forcing her to be economically dependent upon her former partner. This money is provided upon the condition that she is not involved in any 'criminal charges [...] or being ruled to be mentally incompetent', and so, when Cecelia is framed for the murder of her sister and detained at a secure hospital, Cecelia is informed that 'any further payments are to be halted', meaning that the fund she set up for James's daughter, Sydney, is terminated. Cecelia consequently loses her financial independence, forcing her into an excruciatingly difficult position. While *The Invisible Man* does not illustrate economic abuse to the same extent as it does with digital and psychological abuse, this image of Cecelia's economic dependence confronts an additional method of control and emphasises the difficulties faced by victims reliant upon their abuser for financial assistance.

Having used the suit to jeopardise Cecelia's interview, Adrian continues to employ his disguise to diminish Cecelia's reliability and isolate her from her friends and family. This strategy proves to be highly effective; indeed, upon deciding that the seemingly supernatural presence must be Adrian, Cecelia visits her sister to tell her the theory. Ignoring the suggestion that Adrian is still alive, Emily tells Cecelia that she should be on 'medication', implying that Cecelia is mentally unstable. Distraught, Cecelia returns to James's house, only to be cheered up momentarily by Sydney. As they stand to leave Cecelia's bedroom, Adrian physically assaults Sydney but frames Cecelia for this staged attack. Pleading her innocence as James and Sydney leave the house, she says '[i]t was him. He's here, I swear to you', to which James shouts '[h]ey! You need to calm down. You're scaring my daughter', a comment alluding to Cecelia's inability to control her emotions. Just as Malcolm initially doubts Greta's version of events – portraying her, therefore, as the 'hysterical' woman – both Emily and James similarly

45 Financial abuse 'involves a perpetrator using or misusing money which limits and controls their partner's current and future actions and their freedom of choice'. See: Women's Aid, *What is financial abuse?* <<https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/financial-abuse/>> [accessed 7 November 2020].

propagate this idea by refusing to believe Cecelia, ultimately culminating in Cecelia's isolation from her loved ones.

The incredulity over Cecelia's allegations further illuminates the culture of disbelief facing victims of abuse. James and Emily's doubt arises because they cannot comprehend the possibility that Cecelia is being abused by Adrian, a man whose supernatural avatar reflects the anonymity of abusers and confronts the difficulties in recognising subtler, more covert forms of abuse, such as cases of IPV and coercive control. Joshua Rivera writes that victims are 'routinely questioned and undermined', adding that abusers avoid detection using 'a different kind of visibility: an absence of scrutiny'.⁴⁶ Indeed, Adrian manages to maintain his invisibility, not only because his suit physically disguises him and his abuse, but because the world around Cecelia continues to rebuke her claims and fails to examine the unexplainable and harmful occurrences happening to her. This crucially demonstrates how Adrian's invention represents the invisibility afforded to abusers in our contemporary world. Victim-blaming remains an ongoing battle for those who have suffered at the hands of abusers, survivors are forced to contend with a society that may dismiss their claims, legal systems struggle to convict perpetrators in cases which have little discernible 'evidence', and abusers in positions of power – like Adrian, a wealthy, renowned scientist – are granted an invisibility which Whannell's film both illustrates and challenges. In a painful twist, it is almost Cecelia who is invisible as she is ignored by her loved ones, the police, and medical authorities, consequently

46 In his article, Rivera largely focuses upon the dismissal and suppression of female voices. I appreciate that this article examines films depicting illustrations of IPV and coercive control inflicted by men upon women – and statistically, IPV and coercive control are primarily carried out by men upon women – however, it is worth noting that there are examples in both film and literature of abuse and/or stalking carried out by women or by men upon other men. I would argue that the horror film *Creep* (2014), for example, illustrates male-male IPV and abuse. In *Creep* a young videographer is tormented, stalked, and murdered by a man who claims to love him. Alternatively, the film *Fatal Attraction* (1987) depicts an obsessive and violent woman as she refuses to end a brief affair with a married man. In a similar vein, Gregory Dart's aforementioned book *Unrequited Love* recalls his own story of being stalked by a female student, and one of the stories from Bernadine Evaristo's *Girl, Woman, Other* (2019) depicts female-female IPV and coercive control. See: Joshua Rivera, 'The Invisible Man haunts us the way abusers always have', *The Verge* <<https://www.theverge.com/2020/3/5/21166333/invisible-man-review-abuse-uncanny-valley-the-assistant-harvey-weinstein>> [accessed 8 November 2020]. For more information on the gendered nature of abuse, see: Women's Aid, *Domestic Abuse is a Gendered Crime* <<https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/>> [accessed 29 November 2020].

confronting the cruel reality of dismissing the voices of those who have been abused. In a particularly harrowing scene, viewers see Cecelia dragged down the corridor of a secure facility hospital after her sister is murdered. As her doctors sedate (and silence) her, she begs them '[y]ou have to listen to me! [...] He's right there. He's gonna hurt me'. Ironically, Cecelia's name derives from a word of Latin origin meaning 'blind'.⁴⁷ The reality is, however, that Cecelia is the only character who can really see what is happening to her. Ultimately, *The Invisible Man* forces us to open our *own* eyes and scrutinise patterns of IPV and coercive control that may, in fact, be occurring right in front of us.

Conclusion: Exposing Abuse

The title of this article borrows a quotation from a scene towards the end of *The Boy*. Shortly after the doll interrupts Malcolm and Greta as they kiss in her bedroom, Malcolm begs Greta to leave the Heelshires's residence, telling her '[i]t's not safe in this house'. Only now does Malcolm predict that Greta may be in any danger, however she has been the victim of abuse throughout the entire film, Malcolm has just been unable to see it. As Brahm and Adrian utilize paranormal disguises to plague their victims, their machinations appear even more covert and confusing, subsequently enabling these respective abusers to manipulate and control others while remaining invisible. Consequently, *The Boy* and *The Invisible Man* initiate a dialogue surrounding the subtlety of IPV and coercive control. Both films seek to demonstrate how IPV and coercive control can operate undetected within a space which we hope to consider the safest, and in doing so, these films confront the stark reality that this is, sadly, not the case in all too many homes.

⁴⁷ Deriving from the Latin word 'caecus', meaning 'blind'. In Roman Catholicism, St Cecelia is also the patron saint of music and blindness, further connecting Cecelia in *The Invisible Man* with sight.

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