TRABAJO FIN DE GRADO

MENTAL ILLNESS IN ENGLISH LITERATURE: ATTITUDES AND REPRESENTATIONS

ANDREA PÉREZ GARCÍA

TUTORA ACADÉMICA: ALEJANDRA MORENO ÁLVAREZ

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Introduction

This BA dissertation aims to examine mental illness, its representations in English language literature and the public's attitudes across time. Regarding the structure of the contents addressed, this undergraduate thesis comprises two separate chapters. In the first one, I introduce the main subject by establishing the theoretical framework on which the literary analysis I develop in chapter two is based. Likewise, each chapter is further divided into three interrelated sections. Having clarified that, in chapter one I provide a brief historical panorama on the evolution of mental health's treatment and understanding. Then, I offer some examples of literary works dealing with mentally ill characters to explore their portrayal in accordance with the author's historical period; and last but not least, I dedicate one section to the study of gender perspective in relation to mental health. Considering chapter two, the two first sections consist of an introduction to the main literary pieces I deal with in this dissertation: Herman Melville's 1853 short story "Bartleby, the Scrivener", and Miriam Toews' 2014 novel *All My Puny Sorrows,* respectively. Finally, in the third and last section, I offer a comprehensive comparison between the characters of these two literary works, as these narratives' striking intertextuality is worthy of examination. That said, it is important to note that the approach I adopt in my thesis is limited to a Western perspective.

With regards to the literary corpus of this BA dissertation, I am working exclusively with fiction, so my analysis leaves aside self-help literature. Furthermore, my idea to write about this particular topic and corpus sprang from my own interest in a research work I developed at the University of Leeds during my Erasmus Exchange Programme, as part of the module *Quiet Rebels and Unquiet Minds: writing to contemporary anxiety.* The reason why I chose to compare Melville's and Toews' works is because, although both works were published in completely different historical contexts, there is a strong parallel between the two. Collectively, "Bartleby, the Scrivener" and *All My Puny Sorrows* revolve around characters whose idiosyncratic behaviours can be understood as a direct consequent of depression. The major difference, however, is that whereas Toews' novel openly addresses depression and suicide, Melville's short story is not explicit on those issues. Therefore, this has led me to examine

the stigma surrounding mental health in literature and its evolution and social perception over time.

Given that mental health is the basis of my research, it is essential to indicate what exactly is included in the definition of mental illness that I am using throughout this dissertation. Hence, taking as a reference the text revision of the *Diagnostic and Statistical Manual of Mental Disorders* (2022), my definition of mental health encompasses all the diagnoses described in the DSM-5-TR except for those within the categories of neurodevelopmental and neurocognitive disorders, such as autism spectrum disorder and dementia, respectively. Accordingly, the diagnoses I deal with in my analysis do not affect cognitive abilities. Instead, the disorders I mention in my arguments are mostly characterised by altering the patient's mood and/or behaviour. In addition, these conditions are not necessarily innate and can be acquired at any point in people's life. Thus, they can be cured or treated with medication or other techniques, such as psychotherapy.

With this in mind, I consider this BA dissertation to be relevant in terms of mental health awareness not only because I examine very closely literary works dealing with mentally ill characters, but also because I compare and contrast the differences in mental health representation over the last centuries. Therefore, my findings show how the social perception of mental health is constantly evolving with time and how such changes are notably evidenced in literature, which is a key element in capturing and influencing social attitudes.

Chapter 1. Theoretical framework.

In this chapter, I will briefly examine the evolution in the social perception of mental health across time, focusing on the last three centuries. To illustrate these attitudinal changes, I will provide examples of renowned literary works in English that deal in one way or another with mentally ill characters. Furthermore, I will dedicate one section to the analysis of mental health from a gender perspective. Exploring these issues will clarify what lies behind the author's portrayal of these types of characters and how the public reaction might have varied depending on the historical moment when such works were read. For instance, given that "Bartleby, the Scrivener" dates back to the 19th century and *All My Puny Sorrows* was published in 2014, it is evident that both literary works address depression and suicide in very different ways.

1.1. Understanding mental illness.

People around the world have been suffering mental health conditions since time immemorial. Whilst it is important to appreciate that mental disorders have always existed, we must note that their social perception has been changing as humankind has evolved throughout history. However, despite all external factors, we can safely say that mental illness is something inherent to the human being and, as such, it will always be a reality.

In response to the recurrence of different psychopathologies in society, numerous authors across time have depicted mentally ill characters in their works either implicitly or explicitly. This has been the case of William Shakespeare, Virginia Woolf, and Sylvia Plath, among many others. Given that literature and society have always gone hand in hand, exploring these literary works allows us to gain a deeper understanding of the evolution of mental health over the years. This happens precisely because the way mental illness is socially perceived seems to determine the literary output of a historical period. Similarly, the way literature itself addresses mental health issues has the potential to influence society as a whole. Therefore, in this sense, there is a clear interrelationship between literature and the real world.

As the aim of this dissertation lies in the analysis of two North American literature works from the nineteenth and twenty-first century respectively, I will be placing particular emphasis on the public perception of mental health throughout these two centuries. Nevertheless, I also consider it essential to offer a brief panorama of the general attitudes towards mental illness across Western contemporary history.

Since a significant part of what humankind knows about their past comes from written materials, the most primitive notions about mental illness date back to the Middle Ages. As revealed in medieval hagiographical literature, 'psychiatric disorders were perceived at the time as demonic possession' and thus were treated with exorcism (Espí and Espí, 2014, p.279). This mythologised view contributed to the creation of a negative image of the mentally ill that would take centuries to dissolve. In this way, between the seventeenth and eighteenth centuries, people with mental conditions were treated with fear, hostility, and even compared to criminals. Furthermore, the understanding of sanity adopted by the Age of Reason in Europe in turn shaped the category of madness, a category to which these people belonged (Foucault, 1965, p.65). With this in mind, pejorative terms such as mad, insane, or crazy, some of which can still be heard nowadays, began to be applied to individuals who suffered from mental disorders.

With the arrival of the Industrial Age at the end of the eighteenth century, however, mental asylums began to be established across Europe and North America. Although this may have seemed hopeful, mental hospitals did nothing but contribute to this segregation between the *normal* and the *mad* population. In fact, these facilities became 'the place to put any *undesirable* people' (Thaller, 2015, p.65, my emphasis). This in turn reinforced the Othered nature of those who were admitted to the asylums, as they were considered less than human and therefore opposed the hegemony. Considering all of this, psychiatric hospitals have had an enormous impact on literature and popular culture in general, and thus I will be examining this phenomenon in more depth in the next chapter. Moving on to the nineteenth century, the rise of medicine and medical practitioners brought some hope for mental health patients. Although much remained to be studied about mental illnesses, psychiatrists began to treat mental illness as 'an illness of the brain', hence offering 'a more humanitarian approach' to their patients (Zechmeister, 2018, pp.21-22).

When referring to the twentieth century, it is undeniable that the historical context played a crucial role in the treatment of mental illness. Due to the trauma of the two World Wars, the number of veterans struggling with post-traumatic stress disorder increased exponentially, and this is reflected in post-war literature. On the other hand, the scientific developments of the twentieth century meant an authentic breakthrough for medicine and especially for psychiatry. During this period, the father of psychoanalysis, Sigmund Freud, published his revolutionary theories about the human mind. As opposed to what had been happening until the end of the nineteenth century, Freud insisted on the curable nature of most mental illnesses, at least in the case of male patients. For him, the key was to make the unconscious mind conscious through the return of 'the repressed', which was mainly achieved using these three practices: the 'talking cure', dream interpretation, and the evaluation of unintended actions (Freud, 1910, pp. 191-200). As can be appreciated, these techniques, particularly the first one, slightly resemble the current psychotherapy method. Apart from that, the Austrian neurologist provided detailed descriptions of pathologies such as melancholia, which is today most likely identified with depression. Nevertheless, he was also heavily criticised for stirring controversy around certain sexist diagnoses, as was the case of hysteria in his female patients. But whether we like it or not, it seems undeniable that Freud made 'vital contributions to contemporary understanding of (…) various types of psychopathologies and to a fuller understanding of the dynamics of therapeutic process' (Blatt, 1998, p.747).

With regards to the twenty-first century, today's perception of mental health issues is far more sensible than several decades ago. Not only scientific developments in medicine and psychiatry, but also the increased recognition of interdisciplinary fields of study like medical humanities, have greatly contributed to the demythologisation of mental illness. The term medical humanities appeared for the first time around the 1960s in the United States, but its popularisation took place in the late twentieth century. From this moment upwards, this interdisciplinary doctrine has been consistently applied when dealing with any kind of medical procedure or treatment, undoubtedly making things easier for doctors, patients, and the overall population. Accordingly, the adoption of the medical humanities in the treatment of psychopathologies has proven that 'effective destigmatisation initiatives arguably need to take a multifaceted approach' (Jansson, 2019). As a result, medical humanities have been decisive in breaking the taboo

surrounding mental illness, as people are gradually becoming more and more familiar with the functioning of these traditionally stereotyped disorders.

In conclusion, this concise panorama shows a conceptual picture with the purpose of broadening our knowledge about the changes in mental illness perception from a diachronic perspective with special emphasis on the last three centuries.

1.2. Literary examples of mental illness in English literature.

Despite today's general open-mindedness towards mental health, we cannot disregard psychopathology's dark past. As I pointed out in the previous section, the prevalence of these illnesses among society has turned them into a recurring theme in literature. However, the presence of these topics is not always obvious to the reader. For example, most people are acquainted with William Shakespeare's *Hamlet*, a play thought to be written in the early seventeenth century. When studying this tragedy, some of the major themes traditionally ascribed to it used to be revenge, doubt, and madness. Nevertheless, twenty-first century literary critics would certainly examine this madness as an actual mental disorder. Even though Prince Hamlet's original intention was to fake his own insanity, his psyche undergoes noticeable changes by the end of the play. In fact, contemporary authors have even referred to "the Hamlet Syndrome" as 'the idea that malingering – feigning madness – can be both a cause and an effect of an actual mental disorder' (Wilson and Fradella, 2016, p.90). Apart from that, applying the current advances in psychiatry, contemporary critics have also diagnosed Hamlet with depression, bipolar disorder, or even schizophrenia. This should come as no surprise, though, since his father's murder and his lover Ophelia's suicide – among many other tragic events – certainly had a strong impact on the protagonist.

Let us now consider one of the most iconic literary pieces regarding mental illness and its representation. Written by Charlotte Brontë in 1847, *Jane Eyre* has become one of those endlessly reread classics that continue to attract the attention of literary critics and scholars. This has been largely due to the figure of Bertha Mason, who is arguably one of the most studied characters in the novel since its publication. Although not the protagonist, Bertha Mason plays a decisive role in the novel: she is the former wife of Edward Rochester, the novel's male protagonist. However, soon after their wedding, Mr.

Rochester locks her up in the house's attic because of her alleged insanity. While Bertha Mason is completely detached from reality, Edward Rochester intends to marry Jane Eyre, the new governess, without revealing the existence of his original wife. That said, what is most particular about Mason are not her interactions with the rest of the characters – as these are virtually nonexistent – but the fact that her forced confinement leads her to set the house on fire and commit suicide. Throughout the novel, Bertha Mason adopts an Othered nature and is completely dehumanised and reificated. Besides that, her Jamaican creole heritage is not an advantage for her, for it reinforces her figure as a stranger. What is more, she is depicted as a violent beast that should be feared, hence she clearly opposes the Victorian feminine ideal and values. Overall, the hostility Bertha Mason is treated with in *Jane Eyre* exhibits the presence of stereotypes typical of the decades leading up to the novel's publication. However, as a contemporary literary critic, one should reflect more deeply upon this character and wonder whether it is possible that Mason's mental state was actually a result of her strict isolation in the attic rather than an innate mental illness. In fact, the intriguing nature of Bertha Mason in *Jane Eyre* has inspired numerous authors to write about her from different literary perspectives, as is the case of Jean Rhys' *Wide Sargasso Sea* (1966) and Sandra Gilbert and Susan Gubar's *The Madwoman in the Attic* (1979).

Another literary work that displays the effects of mental illness on a female character is the 1892 short story "The Yellow Wallpaper", written by the American author Charlotte Perkins Gilman. In this case, the protagonist's mental condition's deterioration constitutes the heart of the short story. Perkins, inspired by her own personal experience with postpartum depression, foregrounds and criticises the detrimental way in which women with mental health issues used to be treated. Given that the protagonist's husband himself was a doctor, she is prescribed a "rest cure", so she ends up walled up inside her room. Not surprisingly, this treatment turns out to be the opposite of what she needed in order to get better, so her depressive state worsens dramatically. In this sense, the protagonist of "The Yellow Wallpaper" fairly resembles Bertha Mason, as both characters' mental conditions are trivialised by a male character who simultaneously exercises his power upon them, hence reducing them to passive, helpless beings.

Moving on to the 20th century, it is worth mentioning Virginia Woolf's *Mrs. Dalloway*, a 1925 novel that accurately illustrates the damaging effects that the First

World War had on its veterans. Septimus Warren Smith, one of the characters in the novel, is said to suffer from "shell shock", a specific term referring to the post-traumatic stress disorder experienced by the soldiers after the War. Through this character, Woolf – who struggled with mental health issues herself – aimed to criticise once again the social and clinical perception of mental illness, as Septimus' serious condition is essentially neglected by those around him, including doctors. Therefore, Woolf's hopelessness regarding mental health treatment was most likely reflected in this character, as Septimus ends up committing suicide due to the lack of an effective treatment for his trauma.

Also from the 20th century, it is fundamental to comment on Sylvia Plath's *The Bell Jar*, a semi-autobiographical novel published in 1963 that deals with mental illness in a particularly explicit way. Esther Greenwood, an extremely perfectionist young woman, undergoes a series of tragic events in her life that lead her to develop numerous psychological disorders. As the novel progresses, her symptoms of anxiety, depression, bipolar disorder, and insomnia gradually worsen. Esther, although sceptic of the effectiveness of psychiatric treatments, tries many different alternatives, from electroconvulsive therapy and insulin consumption to shock treatments and hospitalisation. *The Bell Jar* presents an open ending, so the reader is not entirely sure of what happens to Esther in the future. One thing we do know, however, is about Sylvia Plath's tragic ending, who committed suicide a couple of years after her novel's publication.

Considering all these examples, it is a fact that the representation of mental illness in literature is increasingly becoming faithful to the actual nature of these diseases, thus proving useful in destigmasiting those who suffer from them. A new degree of explicitness became particularly notable in the 21st century, with literary works offering detailed descriptions of the characters' sufferings and inner battles. Nonetheless, that these works are explicit does not mean that mental illness is accurately or appropriately depicted – and such is the case of Jay Asher's *Thirteen Reasons Why,* published in 2007. This novel revolves around Hannah Baker, a young teenager who, before committing suicide, records herself in order to reveal the reasons why she decided to put an end to her life. The author narrates the novel retrospectively, as the plot focuses on how the rest of the characters progressively listen to the tapes, thus making the reader understand what really happened to the protagonist. Since its publication, *Thirteen Reasons Why* became

a great bestseller, but this novel was appraised as it was criticised, as some people, among them psychologists, argued that it offered a very pessimistic view on life and a glamorised portrayal of serious health problems (Serani, 2019). However, despite the controversy surrounding this book, its massive popularity led to the production of a television series under the same title. Given that this series has been available on Netflix since its release in 2017, it awakened the initial debate on the novel's portrayal of mental illness. In fact, the book and the TV series have been said to address depression and suicide in a way that romanticises rather than destigmatises these sensitive subjects, hence eliciting many criticisms from the viewers. As Sarah Katherine Taller argues, the main problem is that '*Thirteen Reasons Why* conveys little interest in what would have been possible for Hannah had she received any form of professional treatment, such as therapy' (2015, p.153).

Leaving aside exceptions such as the one discussed above, twenty-first-century literature is largely contributing to normalise mental health, offering the reader new kinds of characters they can relate to. Some instances of this contemporary literature include Sara Baume's *A Line Made by Walking* (2017), a novel that examines the boundary between situational unhappiness and mental illness. Frankie, the protagonist, is a depressed artist who seems to be going through an existential crisis. Given that this character uses photography as a coping mechanism, Baume explores the connection between mental disorders and creativity as well as the power of art therapy. Another very recent example of this type of literature is Ottessa Moshfegh's *My Year of Rest and Relaxation* (2018), whose self-isolated protagonist can only find relief in sleeping. Apart from accurately depicting depression, anxiety, and insomnia, this novel offers an insight into the world of psychiatry and medication. Moreover, the author delves into the social expectation of always being productive and the effects this may cause on individuals. Although there are numerous twenty-first-century novels dealing with mental health, I consider these two literary works to offer a comprehensive understanding of mental illness in the modern world. Furthermore, their main characters relate to the protagonist of Miriam Toews' *All My Puny Sorrows* (2014), the novel I will examine in chapter 2.

As all these chronologically ordered literary examples show, there has been an undeniable evolution in the way mentally ill characters are represented in literature. Although the portrayal is not always accurate, more and more authors are willing to write

about mental health in their fiction, for it should be considered as important as physical health. Similarly, by including characters who suffer from different psychopathologies, writers can vindicate the relevance of these traditionally silenced voices, something that enriches literature and society alike.

1.3. Mental health and gender perspective.

As I concluded in the previous section, authors such as Toews (2014), Baume (2017), and Moshfegh (2018) are able to write openly about mental illness and how it is experienced. However, this is only a recent phenomenon that would not have been possible without the inclusion of alternative minority voices in literature, as was the case with feminism. The *mad*, like women, were perceived as *Othered entities*; but before further developing this argument, it is crucial to understand the notion of the Other. Zygmunt Bauman, a Polish philosopher and sociologist, defined Otherness as an abstract element that creates dichotomies within a specific society. In this sense, 'woman is the other of man (…), abnormality the other of norm (…), illness the other of health, insanity the other of reason' (Bauman, 1991, p.14). Hence it follows that if these binary oppositions determine how society works, they may also shape the way human thought is constructed. As Bauman pointed out, the mentally ill exists in the *negative* side of the dichotomy: a dichotomy that is wrongfully governed by those who fit in the *positive* side of it; in this case, the mentally stable. This in turn prevents the Other from being understood, as their voices are completely silenced by a hegemonic discourse that approaches mental illness with hostility and fear. As the psychologist Nicola Morant (1995, p.7) puts it:

> Otherness arises from a sense of alienation and an inability to imagine what the experience of mental illness is like. The mentally ill are represented as different and Other because they are thought to experience the world differently and have a different way of being, which representors feel unable to understand using their own models of the world and past experiences.

That is why the presence of these voices in literature is so necessary, because it subverts those simplistic binary oppositions Bauman referred to. In this way, literature has the power to educate the masses and make them more empathetic about conditions that were completely stigmatised. As a result, characters that would have been simply labeled as *mad* are now mostly given the recognition they deserve.

That said, given that we now understand what Otherness is and how it operates within society, it is relevant for the purpose of this BA dissertation to examine those individuals who, until quite recently, were doubly Othered. In other words, if we want to offer a comprehensive study of mental illness, we cannot ignore the fact that, over the past, patriarchy had determined the diagnoses and treatments received by mentally ill women. Therefore, taking into account the predominant phallogocentric discourse in the Western tradition, it is no surprise that 'the psychiatric conceptualizations of different mental illnesses are fashioned in ways that are often gender-biased' (Busfield, 1982, p.63). As we have seen in the previous section, mentally ill female characters tended to be notably dehumanised in literature. For example, in Charlotte Brontë's *Jane Eyre*, the character of Bertha Mason essentially resembles a beast, rather than a human being. Moreover, the possibility of providing her with a suitable medical treatment is not even discussed. Instead, the male protagonist's only concern is to keep her locked up and hidden under the pretext of her dangerous behaviour. Nevertheless, the main reason why Mr. Rochester silences Bertha Mason is that he intends to marry another woman. This certainly resonates with what Phyllis Chesler discussed in her book *Women and Madness* (1972), as she argued that, very often, 'authoritarian, violent, drunken, and/or insane husbands had their wives psychiatrically imprisoned, sometimes forever, as a way of punishing them for being too uppity – and in order to marry other women' (p.11). On the other hand, the narrator of "The Yellow Wallpaper" does receive a treatment for her condition. However, such treatment is exclusively regulated by her husband, and it merely consists of strict rest; so, in a way, the husband here uses his wife's disorder as an excuse to control and limit her actions. With this in mind, besides having to deal with the inherent suffering that mental illness itself provokes, women have also had to bear the burden of their own gender.

Even nowadays, there are numerous scientific studies suggesting that women are more prone to develop mental health problems than men. For instance, according to the

figures published by the National Institute of Mental Health, the prevalence of mental illnesses among U.S. adults was 10% higher in women in 2020. However, any research that does not go beyond the numbers falls into the risk of oversimplifying this matter, as numerous factors must be contemplated when dealing with gender and mental illness. In *Women and Madness*, Chesler describes how, since the Middle Ages, women who slightly stepped outside the norm were automatically branded as witches. She also tells how, even in the nineteenth century, 'a man had the legal right to lock his perfectly sane wife or daughter away in a mental asylum' (1972, p.10). Therefore, no matter what women were really going through, they barely had autonomy over themselves. Likewise, the influence of psychoanalysis in the twentieth century did not help at all. Sigmund Freud's phallocentric ideals reduced women's mental health issues to one single affection: they were envious of the phallus. Consequently, in Freud's view, there was not much to be done in order to cure women, as they were longing for something they could never own. Although this idea seems unreasonable, it certainly had an impact on mental health professionals of the last century, who 'were taught to view women as somehow naturally mentally ill. Women were hysterics, manipulative, either cold or smothering as mothers, and driven to excess by their hormones' (Chesler, 1972, p.8). Men, on the contrary, were assumed to be fully functional and healthy.

Going back to the National Institute of Mental Health's data, we should not be surprised that mental illnesses are more common among female patients, as women's struggles have been silenced and overlooked since time immemorial. Nevertheless, what these studies need to account for are the reasons behind such figures. In the Western tradition, women have consistently been victims of an oppressive, patriarchal society that has characterised them as innately 'masochistic, dependent [and] passive' individuals (Chesler, 1972, p.7). As a result, a lack of self-worth becomes a potential risk for mental illness to develop. Men, on the opposite, have been traditionally identified with strength, courage, and independence, to mention only a few traits. Nevertheless, the existence of this hegemonic masculinity which naturally stems from patriarchy undermines men, too. Those idealised, fabled standards very often lead men to experience serious emotional blocks, thus preventing them from reporting their psychological symptoms. Accordingly, one backlash of hegemonic masculinity is that 'women may be more likely than men to report certain acts, behaviors, and feelings that lead to their being categorized as mentally

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ill' (Phillips and Segal, 1969, p.58). This in turn increases the numeric disparity between the diagnoses of psychological affections in men and women, which again reinforces the gendered division traditionally associated with mental illness. At the same time, however, contemporary feminist theorists have based their work on debunking previous assumptions regarding women and psychopathology. In her essay "Body Against Body", the Belgian psychoanalyst Luce Irigaray objects to Freudian phallocentric ideas regarding madness. So, as collected by Kelly Oliver in *French Feminism Reader* (2000, p.242), Irigaray argues:

> Each sex has a relation to madness. Every desire has a relation to madness. But it would seem that one desire has been taken as wisdom, moderation, truth, leaving to the other sex the weight of a madness that cannot be acknowledged or accommodated.

Similarly, the French literary critic Hélène Cixous wrote a play entitled *Portrait of Dora* (1978) in which she re-examines Freud's case study of Dora, a pseudonym given to a young female patient who allegedly suffered from hysteria. In this study, Freud concluded once again that the source of Dora's condition was directly related to her jealousy towards her father's affair with another woman. Hence, Cixous' *Portrait of Dora* offers a feminist analysis of the case given that, by the end of the play, she subverts the roles of Freud and Dora. In this sense, Freud remains 'the suffering figure, repressed but implicit in his own system [and] his desire for his own femininity' (Evans, 1982, p.70).

That being said, it is a fact that gender has always been a decisive element in the field of psychopathology. In today's Western society, patriarchy and capitalism work hand in hand to silence Otherness. Unfortunately, even if patriarchy were fully eradicated, capitalism is too deeply ingrained in our society. However, what we can certainly change is the way in which we perceive those traditionally minoritarian discourses – and literature plays a crucial role in this respect. Over the past few decades, we have started to witness the emergence of what could be considered a new literary genre. Many female writers, sick and tired of the mistreatment that mentally ill women had been consistently receiving, began to voice their own personal experiences, thus normalising the voice of the mad. Thanks to their contributions, we now have access to numerous literary works

that cover issues such as psychiatric hospitalisations, psychotherapy, and medication from the faithful and unbiased perspective of women. Such is the case of Miriam Toews' *All My Puny Sorrows* (2014), whose relevance I shall discuss deeply in the next chapter.

Chapter 2. Literary analysis.

In this chapter, I will focus on Herman Melville's short story "Bartleby, the Scrivener" (1853) and Miriam Toews' novel *All My Puny Sorrows* (2014), two works that I will analyse jointly in order to illustrate the aspects discussed in the theoretical framework. The choice of this particular literary corpus is not arbitrary, though. In the first place, these two literary pieces were published more than one century apart, which will help us recognise the evolution of mental health perception over the last one hundred and fifty years. As stated in the previous chapter, the twentieth century marked an important turning point in the treatment and understanding of mental illness, so the depiction of mentally ill characters in literature has changed significantly in recent centuries. However, most importantly, what has led me to devote an entire chapter to these two literary works is the fact that Miriam Toews includes direct intertextuality with Melville's writing in her novel. Therefore, we do know that the Canadian author is familiar with the story of Bartleby, and so the striking parallelism between the plot and protagonists of both works is by no means a coincidence.

2.1. "Bartleby, the Scrivener: A Story of Wall Street". An introduction.

"Bartleby, the Scrivener: A Story of Wall Street" is an 1853 short story written by Herman Melville, one of the most distinguished American novelists of the nineteenth century. This story was originally published anonymously in *Putnam's Monthly Magazine of American Literature, Science and Art*. However, three years later, "Bartleby, the Scrivener" was printed together with five other short stories written by Melville in the collection *The Piazza Tales* (1856). Besides Bartleby's story, this collection includes renowned pieces of fiction such as "The Encantadas" (1854) and "Benito Cereno" (1855), among others.

"Bartleby, the Scrivener: A Story of Wall Street" follows the life of Bartleby, a peculiar, young man who has just been hired as a copyist by a lawyer on Wall Street. The unnamed lawyer, owner of a law firm and narrator of the story, becomes a crucial character, as it is only through his experience that we get to know Bartleby. In the office, Bartleby's duty consists merely in copying legal documents by hand. Initially, he is the

most efficient and productive copyist, but one day, after being asked to examine some copies by his boss, he replies to him: 'I would prefer not to' (Melville, 1856, p.20). This answer leaves the lawyer and his coworkers completely bewildered, as his polite, unjustified words, along with a surprisingly relaxed tone, were certainly not expected. From that moment onwards, Bartleby becomes a stranger; an Othered entity constantly refusing to act in the face of orders and requests. Hence, whether such commands are related to work or to his personal life, he always uses his simple yet obnoxious excuse of 'I would prefer not to'. Not surprisingly, the initial shock produced by this phrase soon turns into annoyance, for Bartleby's refrain is seen as a mere sign of laziness and unwillingness to cooperate. As the story progresses, Bartleby is gradually absorbed by an extreme passivity: he refuses to write anymore, he barely eats, and he does not want to leave the office – not even at night when his shift is over. In utter desperation, the narrator makes several unsuccessful attempts to help Bartleby, and the lawyer even offers his employee to move in with him. Nevertheless, Bartleby refuses and ends up in prison, where he dies alone, as he ultimately 'prefers not to' live anymore. Even though the plot may seem simple at first sight, it is not. Upon closer examination, Bartleby is a complex and idiosyncratic character that has been studied by many literary critics, therefore leading to numerous interpretations. As Martina Janeska puts it in her essay "Diagnosing Bartleby" (2018), 'Melville's genius manages to offer us political, psychological, economic and other ways of reading it' (p.23). However, for the purpose of this BA dissertation, I will focus on the psychological perspective.

Considering the prevailing social attitude towards mental illness during Melville's lifetime, the dichotomy between *the normal* and *the mad* was still notably widespread. In this sense, Melville establishes a strong contrast between the lawyer, depicted as a rational employer; and Bartleby, whom the narrator essentially describes as a lost cause. Accordingly, the lawyer's feelings toward Bartleby go from 'pure melancholy and sincerest pity' to 'fear' and 'repulsion' (Melville, 1856, p.27). Although any contemporary reader would easily realise that Bartleby could be a victim of a mental disorder, there is no explicit mention of any specific psychopathology throughout the short story. This could be explained, as mentioned in the first chapter, by the fact that the stigma surrounding mental illness was fairly prominent in the nineteenth century. Nonetheless, today there are good arguments supporting the idea that Bartleby was indeed

mentally ill. Some symptoms indirectly described by the narrator, such as passivity, lethargy, lack of appetite, and extreme social withdrawal, have led numerous critics to diagnose Bartleby with 'depression, anorexia, agoraphobia, (or even) schizophrenia' (Janeska, 2018, p.23). On the other hand, others have identified Bartleby's traits with developmental disabilities like autism. That was the case of Stuart Murray, who supported this hypothesis in his 2008 book *Representing Autism*. However, I will focus mainly on Bartleby's depressive symptoms, for I believe depression is the most accurate diagnosis.

To start with, it must be acknowledged that everything we know about the character of Bartleby derives from the lawyer's perception of his employee. Hence, this diagnosis is likely to be inherently biased and subjective. Furthermore, 'diagnosing a fictional character is also a very controversial practice and is viewed by some critics as very constricting' (Janeska, 2018, p.32). With this in mind, we encounter a first-person narrator who is unable to understand his new employee's behaviour. He is completely uneducated about mental health, which again should not be blamed if we consider the story's chronotope. However, the lawyer's inability to empathise with Bartleby is perhaps one of the main reasons why the protagonist's condition grows steadily worse. Interestingly, Bartleby's coworkers Turkey and Nippers have their own health problems as well: whereas the former was affected by the ravages of old age, the latter suffers from chronic indigestion. Although these conditions drain the employees' productivity, the lawyer expresses his understanding since those are physical affections. Bartleby's depression, by contrast, remains invisible to the eyes of the narrator. It is not until the second part of the story that the lawyer seems to realise that a non-physical element might be responsible for Bartleby's behaviour:

> What I saw that morning persuaded me that the scrivener was the victim
> of an innate and incurable disorder. I might give alms to his body; but his
> body did not pain him; it was his soul that suffered, and his soul I could
> not reach (Melville, 1856, p.27).

Despite that, the narrator never gets to interpret Bartleby's 'I would prefer not to' as what it truly was: an obvious warning signal for those around him. In this way, "Bartleby, the Scrivener" could be read as a critique of society's ignorance as to the

manifestation of depression and other psychopathologies. Similarly, Melville might be also criticising those who disregard mental disorders just because they are not as *legitimate* as physiological illnesses. As a result of this generalised unawareness, it is common for mental health patients to feel unheard and marginalised by the *sane* part of the population, which in turn leads them to isolate themselves even more. Hence, in the case of Bartleby, his extreme detachment from society affects him to the point of committing suicide. Thus, through the short story's tragic ending, Melville seems to be warning readers of the fatal consequences of neglecting mental health – something quite revolutionary considering that this story was written in the nineteenth century.

That said, the story of Bartleby reveals Melville's extensive knowledge of mental health matters. In fact, there is evidence that the American author struggled with bipolar disorder himself, which led him to undergo periods of depression interspersed with outbreaks of euphoria. Such evidence was presented by the British researcher Clare Dolman, who studied the impact of Melville's mental illness on his most acclaimed novel *Moby Dick* (1851). As she explains, bipolar disorder has been proved to have an important genetic factor; so, if we look at Melville's genealogical tree, he was not the only victim of depression in his family. For instance, 'Herman's cousin Henry was declared legally insane, and Herman's own son Malcolm killed himself with a pistol at the age of eighteen' (Dolman, 2011, pp. 107-108). Accordingly, the presence of stereotypically mad characters can be found throughout Melville's entire literary output. In the case of *Moby Dick*, for example, 'Melville seems to swing between hope and despair, perhaps reflective of his oscillating moods' (Dolman, 2011, p.110). However, as "Bartleby, the Scrivener" demonstrates, Melville never addressed the question of mental health in an open and transparent manner, something that might be explained by the prevailing prejudices of the era. Even so, the great significance of Melville's short story has been reviewed by literary critics as an accurate representation of the nineteenth century's attitude towards mental illness.

2.2. *All My Puny Sorrows.* An introduction.

All My Puny Sorrows is a 2014 novel written by the Canadian author Miriam Toews. The book is narrated by Yolandi Von Riesen, sister of Elfreida Von Riesen (the novel's protagonist). Elfreida, nicknamed Elf, is a middle-aged woman who has everything anyone could ever want in life. She stands out for her beauty, intelligence, and her successful career as a professional pianist. Moreover, she is married to a caring and loving husband who supports her at every stage of her life. On the contrary, Yolandi sees herself as a complete disappointment in comparison with her gifted sister. She is a single mother in the process of a divorce, her career as a writer is not prosperous at all, and because of that, her economic situation is not as favourable as Elfreida's. Nevertheless, it is Elf and not Yoli who is living in a deep clinical depression that makes her want to end her life. In this sense, Toews dismantles the widespread assumption that success necessarily equates with good mental health.

The narrator never discloses the reasons behind her sister's depression; however, we do know that her father had previously committed suicide, so again a genetic component might be considered. Like her father, Elf has already gone through numerous suicide attempts, which have led her to be hospitalised on many occasions. The only activity that provides her momentary happiness is playing the piano, for music becomes the language that expresses what can be neither said nor written; or, as Yoli describes it, 'the soundtrack to her secret revolution' (Toews, 2014, p.13). Nevertheless, by the end of the story, Elf's depression becomes so severe that she is not even able to perform anymore. Hence, despite her love for music and her sister's tremendous efforts to make her see the good things in life, Elf has no interest in healing and all she wants is for Yoli to take her to Switzerland, where physician-assisted suicide is legal. As the novel progresses, the narrator is torn between the desire to fulfill her sister's wishes and her hope of seeing Elf fully recovered one day: 'she wanted to die and I wanted her to live and we were enemies who loved each other' (Toews, 2014, pp.37-38). The complicated nature of this dilemma generates high levels of anxiety in Yoli, as she only wants to protect her sister. Therefore, one of the strengths of *All My Puny Sorrows* is that Toews does not only focus on the sufferings of the mentally ill protagonist, but she also examines the emotional pain experienced by those dealing with a suicidal relative. Regarding the

ending of this novel, it is not a happy one: Yolandi begins to seriously consider taking her sister to Switzerland, but she cannot afford the trip. Meanwhile, Elf's depression only aggravates, and she is submerged in absolute passivity. On her birthday, Elf asks the nurses to let her out of the hospital just for a day so that she can share that special day with her family. Nonetheless, she finds this as the ideal opportunity to finally commit suicide, and this time she manages to do it without any impediment.

Elf's tragic ending deeply affects Yoli. Unable to process her sister's procedure, the narrator keeps ringing the hospital where Elf used to be treated. In these calls, Yolandi wants to speak to her sister, but when she is told that Elfreida is not there anymore, she becomes filled with rage and asks why they had let someone as ill as her sister leave the hospital. The book ends with Yoli dreaming about Elf and her on the plane on their way to Zurich so that the protagonist can have a peaceful and dignified death. In this regard, *All My Puny Sorrows* can also be read as a critique of the health care system: Elf's case exposes some nurses and psychiatrists' lack of professionalism, as they are unable to propose any helpful alternatives to her and her family. By the same token, the author seems to be criticising the generalised yet misguided belief that mental health patients need to take responsibility for their own feelings and subsequent inability to cooperate. As Toews (2014, p.214) puts it:

> What does co-operation have to do with her getting well? Is co-operation even a symptom of mental health or just something you need from the patients to control every last damn person here with medication and browbeating?

As can be noticed, Miriam Toews deals with mental health matters in a very open way. Unlike Melville, the Canadian author alludes to the protagonist's clinical depression from the very beginning. However, what these authors do have in common is that both experienced the reality of mental illness very closely. Besides bearing her father's suicide, Toews went through her sister Marjorie's suicide. In this sense, *All My Puny Sorrows* can be largely considered an autobiographical novel – the author would be Yoli, and Marjorie would be Elf. However, even if the plot of this novel revolves around a serious and tragic situation, its tone is not depressing at all. Hence, despite the harshness of the events,

Toews turned her grief into a 'magnificently written story (…), shockingly funny, deeply wise, and utterly heartbreaking' (Klein, 2014). As the author stated in an interview for *The Guardian*, she 'wanted people to not be afraid of the subject matter (…) so [they] could come out together in some other, less dark place' (in O'Keeffe, 2015). In consequence, one of the book's biggest accomplishments is that readers can enjoy the storyline while becoming conscious of the harsh reality of mental illness. On the other hand, Toews revealed in that same interview that there was indeed an additional motivating element in writing her novel: '[she] had so much anger towards the mental health system in Canada, the cruelty of it, the way patients are treated, infantilised, (…) [and] criminalised' (2015). Therefore, the underlying criticism towards the health care sector was certainly not unintended. In addition, given that this book deals with the topic of physician-assisted suicide, the author positioned herself in the interview. According to her, she is 'delighted that in Canada the supreme court recently overturned the law that made it illegal to assist dying – and not only in cases of physical illness' (2015). As a result, Toews' liberal approach highlights the changes in the twenty-first-century mindset and attitude towards mental health. Thus, *All My Puny Sorrows* is undoubtedly an excellent novel to understand how depression manifests itself and how it affects not only those who suffer from it, but also their social environment. Such has been the critical and public acclaim of this novel that its influence goes beyond the book, for a film with the same title was released in 2021. Written and produced by the Canadian filmmaker Michael McGowan, *All My Puny Sorrows* (2021) is a direct adaptation of Toews' 2014 novel.

That being said, it is not difficult to recognise A*ll My Puny Sorrows'* resonances with Melville's "Bartleby, the Scrivener". Both literary works, whether directly or indirectly, depict mentally ill characters whose condition has an evident functional impact on their daily lives. The similarities between both pieces will be further discussed in the next and final section of this BA dissertation.

2.3. Analysing the character of Elf through the lens of Bartleby.

In this last section[1], I will analyse Elf, the protagonist of *All My Puny Sorrows,* through the lens of Melville's "Bartleby, the Scrivener". As stated before, my main reason for examining these two literary pieces collectively is the direct intertextuality that can be found in Toews' novel. While it is true that both works are already very similar in terms of their characters and plot, the fact that Toews decided to include an explicit reference to Bartleby in *All My Puny Sorrows* makes the parallelism even more obvious. In this way, after briefly contextualising the scene where this intertextuality occurs, I will explore other implicit references and similarities that can be found in this novel.

The intertextuality occurs at the end of chapter 3, when Yoli phones the hospital in hope of talking to her sister. Nevertheless, a nurse suggests trying again later because Elf would 'prefer not to come to the common room to answer the call' (Toews, 2014, p.48). At this reply, Yolandi is perplexed and asks the nurses again to talk to her sister. However, they refuse to bring Elf the phone because 'if [they] had to bring the phone to patients every time they got a call, [they] wouldn't have time for anything else'; and, besides that, 'they'd rather have patients made an effort' (Toews, 2014, p.48). Having heard this, Yolandi throws her phone into a river in a burst of anger and her mind begins to wander. This is the moment in which she realises Elf's intertextuality on Bartleby, which leads Yoli to state one of the most symbolic quotes in *All My Puny Sorrows*: 'Bartleby the Scrivener preferred not to until he preferred not to work, not to eat, not to do anything, and died under a tree' (Toews, 2014, p.48). This revealing quote shows us that Toews was indeed knowledgeable about Melville's "Bartleby, the Scrivener", a story she must have identified with due to her complicated relationship with her sister Marjorie. In this regard, it was that particular sentence that inspired me to examine all the similarities and common motifs that can be found in both literary works.

First, it is crucial to acknowledge that just as there will be many people who have not read *All My Puny Sorrows*, there will be some others who have not read "Bartleby,

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[1] The basis of the arguments I here explore have been presented in my research work for the module *Quiet Rebels and Unquiet Minds: writing to contemporary anxiety,* at the University of Leeds in 2021.

the Scrivener". Nonetheless, reading Toews' novel without knowing about Melville's short story is not a problem because, although intertextuality can be found throughout the whole book, explicit references to Bartleby only occur on page 48. Despite that, I consider that being familiar with the character of Bartleby can certainly enrich the reading process of *All My Puny Sorrows*, for it allows readers to appreciate the clear parallelism between the two protagonists.

Considering the main characters of these two works, there is an evident correlation between Elf and Bartleby, as an increasing indifference dominates their existence, turning them into victims of a society that seeks productivity at all costs. Equally, the plot of both literary pieces roughly follows the same pattern: the protagonists, despite the tireless efforts made by those around them, are absorbed by an extreme passivity that leads to the tragic ending of them dying alone. Nevertheless, a deeper reading emerges once we contemplate the possible reasons behind those characters' passive resistance. On the one hand, as innumerable studies suggest, 'avoidance may be an important construct in the psychosocial conceptualization of depression' (Ottenbreit and Dobson, 2003, pp. 293). With this in mind, the characters' apathy largely owes to their poor psychological state. On the other hand, however, this passive behaviour could also be understood as a form of rebellion – but, in this case, a quiet rebellion. Although this concept appears to be intrinsically oxymoronic and contradictory, it makes complete sense when applied to characters such as the ones we are examining. According to Janeska, Bartleby's – and by extension Elf's – 'I would prefer not to' 'is seen as an excellent example of passive resistance as a protest form' (2018, p.31). In this way, although these characters are outwardly the perfect embodiment of passivity, their behaviour could be in fact taken as an 'active, potentially revolutionary force' rather than a mere sign of victimisation. (Gullestad, 2010, p. 403, as cited in in Janeska, 2018, p.32). Taking this into account, just as Bartleby's well-known refrain could be seen to challenge America's unrestrained capitalism, Elf's response to the nurses is, as Toews herself declared, a challenge against the Canadian health care system.

Going back to the concept of "quiet rebellion", the fact that none of these characters formulates an assertive "no" when asked to cooperate is precisely what produces the "quiet" nature of their revolution. Given that they avoid confrontation, the lawyer finds Bartleby's behaviour difficult to handle, as 'it was his wonderful mildness

chiefly, which not only disarmed [him], but unmanned [him], as it were' (Melville, 1856, p.25). The same applies to Yoli, who feels frustrated and utterly helpless after her phone call to the hospital. Similarly, if we look more closely at the statement 'I would prefer not to', this seemingly innocuous sentence uses a surprisingly well-mannered tone, which again contributes to the quietness of the rebellion. This could be explained by the fact that 'people suffering from mental disorders often develop an almost excessive politeness as a defense mechanism' (Janeska, 2018, p.30). Predominantly, mental health patients tend to behave more politely to avoid hurting those who show them their support, for their conditions already make them feel guilty enough. In the case of Bartleby, his polite attitude only creates bewilderment, but that is purely because he is the only one who understands what he is going through. Elf, however, is aware of the potential damage her depression might be causing to others (especially to Yoli), so she uses politeness as a bridge that affectionately separates her from her sister. Thus, as with her depression, Elf's internal thoughts and feelings remain invisible to the rest. Accordingly, this emotional repression allows her to pretend she is sane, which in turn prevents her, at least for some time, from harming her loved ones.

Regarding these characters' communication skills, the quietness of these characters' rebellion is very often displayed as the most ominous silence. In both literature and real life, it is important to recognise not only the value of words, but that of the gaps in between, only then will we be able to view and enter the inner worlds of Bartleby and Elf. As mentioned before, Bartleby never engages in conversation, and, if he does, his interventions are very brief and monotonous. On the other hand, Elf can talk intelligently about any subject but, at some points in the novel, she follows the example of Bartleby by either not wanting or being able to communicate. Most of the time, she simply – and deliberately – does not say anything. Both for Elf and Bartleby, this lack of communication results in their physical isolation. Probably as a behavioural symptom of depression, Bartleby chooses to isolate himself at all costs, never leaving the four walls of his office on Wall Street. This image can also be found in Toew's novel, for Elf also chooses to cut herself off from others; but, in her case, the four walls between which she isolates herself are those of the hospital room. It thus could be argued that walls are a common motif in these two books. However, it is unquestionable that in these two stories the most relevant "wall" is "the wall of language", i.e., the metaphorical burden that

deteriorates human understanding and ultimately leads to loneliness and isolation. (Pinsker, 1975, pp.17 and 22). Nevertheless, very interestingly, both Bartleby and Elf seem to have acquired certain coping mechanisms that help them replace oral language. In the case of Bartleby, the only task that seems to give meaning to his life is copying. Part of the reason is that once he permanently gives up this activity, he gives up on life, too, which in the end paves the way for his tragic downfall. This can be certainly compared to Elf and her piano. As Yoli describes it, 'sometimes my sister stops talking, but when Elf plays concerts she talks a lot afterwards about every little thing, like she's trying to ground herself, to come back from wherever it was the music took her' (Toews, 2014, p.25). Towards the end of the story, however, due to the significant deterioration of her psychological state, Elf finds herself unable to attend an important concert in which everyone was expecting her to perform. Subsequently, after giving up on her cathartic coping mechanism, her personal situation begins to worsen and Elf's terminal depression, just like Bartleby's, becomes more evident than ever.

Let us now consider the secondary characters of Melville's and Toew's narratives – the lawyer and Yolandi, respectively – as they can be easily compared as well. To start with, just as Elf and Yoli share a robust relationship as sisters, the lawyer admits feeling 'a fraternal melancholy' towards his employee (Melville, 1856, p.26). Hence, the suffering of both protagonists unquestionably has a great impact on them, which in turn leads them to develop their own anxieties. In this sense, apart from playing the role of those who force others to function within society, they experience considerable uncertainty about the other's next action. As a result, exploring the psychological effects of nursing a depressed person is a crucial topic in these two literary pieces. Firstly, the irreparable guilt of failing to make our loved ones happy is a very real obstacle for people living with someone with depression. This explains why the lawyer is willing to offer Bartleby any alternative provided that he leaves his passivity behind. Nonetheless, because of not having Bartleby's cooperation, the lawyer's guilt is transformed into resentment and frustration. Likewise, in *All My Puny Sorrows*, Yoli's manner of manifesting helplessness is by guilt-tripping her sister. Consequently, by projecting her own negative emotions onto Elf, Yoli tries to get rid of her guilt, something that leads her to make hurtful remarks such as 'Does it make you happy to think of Mom finding your dead body?', or 'Can you not understand that I need your help! That you're here for a

reason which is to be a goddamn sister to me?' (Toews, 2014, p. 162). Nonetheless, since Elf already feels extremely guilty, her sister's momentary lack of empathy only devastates her even more.

Another prominent feeling that the secondary characters experience is the helplessness stemming from the big dilemma of whether forcing somebody to survive or not. Thus, the idea of morality plays a decisive role in this matter. This can be seen in Melville's short story when the narrator asks himself what is to be done with Bartleby: 'What shall I do? What ought I to do? What does conscience say I *should* do with this man, or, rather, ghost?' (Melville, 1856, p.35). Similarly, this situation can be found in *All My Puny Sorrows*, where – as mentioned in the previous section – Yoli seriously contemplates the option of satisfying Elf's request to take her to Zurich for a legal assisted suicide. This again resonates with Bartleby's employer's viewpoint: 'Either you must do something, or something must be done to you' (Melville, 1856, p.38). In addition, the complicated nature of this dilemma generates high levels of anxiety in the lawyer and Yoli, something which is manifested by a constant search for reassurance. Thus, although both characters are aware of the inevitability of the other's next action, the lawyer keeps verifying if Bartleby has left the office in the same way that Yoli keeps reminding the nurses not to release Elf from the hospital. What is more, even after her sister's death, Yoli keeps phoning the nurses to check if she is still there – a conduct that undoubtedly indicates an additional problem. Therefore, we can observe a clear interchangeability of roles between the patient and their caregiver, because, even if depression is not medically contagious, 'both healthy and unhealthy behaviors are' and 'depression comes with its own set of unhealthy behaviors'. In consequence, 'the depressive symptoms themselves [aren't] contagious, but the thinking styles [are]' (Hendriksen, 2016).

Having examined the parallelisms between the main and secondary characters, the last aspect I would like to analyse concerning these two literary works has to do with the trigger of their protagonists' depression. That is, I will be investigating who or what plays the role of the "villain" in Melville's and Toews' works. According to my very personal interpretation, Bartleby and Elf's depressive state could be linked to the prevailing social expectations of the Western capitalist world. Furthermore, since mental illnesses are mostly invisible conditions, societal reactions to individuals who suffer from them can sometimes be inappropriate. This phenomenon can be observed in "Bartleby, the

Scrivener", for Bartleby, being unable to operate like his co-workers, is treated with discrimination on the part of the other members of the office. Hence, his atypical behaviour gives rise to prejudiced and unsympathetic criticism, and he is ultimately described as a lazy, stubborn person. Likewise, regarding *All My Puny Sorrows*, Elf's family expects her not to be depressed given that, seen from the outside, both her professional and personal lives seem absolutely perfect. This leads her sister Yoli to make harsh remarks like: 'Stop being perfect! That doesn't mean you die (…) Can't you just be like the rest of us, normal?' (Toews, 2014, p.163).

On the other hand, considering the foundations of modern capitalist thought, it all comes down to making a profit. In this regard, a society that expects its members to be productive in every single aspect of their lives cannot account for mentally unstable people. Besides that, 'mental illness is associated with high economic costs' including 'direct costs for treatment and care but also indirect costs such as loss of productivity' and early retirement (Zechmeister, 2018, p.29). Taking this into account, capitalism does not make any profit from the mentally ill population; quite on the contrary, its financial interests are to some extent damaged. Therefore, as discussed in the theoretical framework, it is no coincidence that mental asylums became notably prevalent in an era marked by the Industrial Revolution, when capitalism was gaining momentum. Accordingly, 'early European asylums were products of capitalism: Those individuals who were unable to engage in productive labour were confined in special institutions where they would no longer threaten the social order' (Grob, 1980, p.296, as cited in Thaller, 2015, p.65). As Thaller states, there was, and in some cases, there still is nowadays, a simplistic division between the mentally ill: 'those who can be saved (preferably through personal resolve rather than professional treatment) [and] those who cannot and are therefore disposable' (Thaller, 2015, p.4). This capitalistic viewpoint meant that anyone who did not contribute economically to society had no choice but to end up in an asylum. However, psychiatric hospitals' tradition as horrific, ghostly venues is by no means hyperbolic. In fact, these institutions shared more elements with prisons than with medical facilities. 'The same walls could contain those condemned by common law, young men who disturbed their families' peace or who squandered their goods, people without profession, and the insane' (Foucault, 1965, p.45). With this in mind, the strong presence of literal and metaphorical walls in Melville's and Toews' works is by

no means unintentional, as mental health patients have been systematically excluded from society. Additionally, given that the mentally ill shared those facilities 'with anyone who society hoped to discard, many of whom were criminals', there used to be 'a sense that mental illness and criminality were synonymous' (Thaller, 2015, p.66). As a result, mental illness and criminality were originally used interchangeably, so those who were confined in mental asylums were essentially seen as Othered outcasts that ought to be ostracised from the rest of society. Hence, it is interesting to observe how Bartleby's eventual imprisonment and Elf's acceptance on a hospital's psychiatric floor provoke the same fatal ending for each of them. In a way, prisons and hospitals are institutions that have been designed to keep, and to some extent control and silence those individuals who either cannot or should not engage in society, and that is precisely what happens with Elf and Bartleby. As Foucault puts it, 'confinement merely manifested what madness, in its essence, was: a manifestation of non-being' (1965, p. 115). All things considered, it is very likely that the hidden villain in Melville's and Toews' narratives is no other than society itself.

Conclusion

By analysing the portrayal of mentally ill characters in English literature, this BA dissertation has shown how the general attitudes towards mental health have been evolving over the last centuries. Accordingly, the two main works of my literary corpus, Melville's "Bartleby, the Scrivener" and Toews' *All my Puny Sorrows*, have proven useful in illustrating such evolution. Although these two literary pieces might appear to be completely unrelated on the surface, my argument has proven otherwise. Thus, as detailed in the second chapter, the direct intertextuality and striking analogy between their characters are very revealing, for they have helped me to gain a deep understanding of the changes in the social perception of psychopathology. Furthermore, studying these works collectively has served me to understand how the representation of the mentally ill has changed from the nineteenth century up to the present day. In Melville's time, a period marked by the rise of capitalism in the Western world, discussing mental illness openly was still a highly stigmatised subject. In this sense, anything that impacted the individual's productivity was viewed with hostility, as that would be indirectly threatening the financial interests of capitalism. Nonetheless, Toews' twenty-first-century novel is written in a totally different historical context: a period where literature boasts the strong presence of what used to be considered minority voices. Hence, these traditionally marginalised voices have now the power to vindicate alternative realities, such as those experienced by mental health patients and their relatives. In this regard, the explicit way in which Toews addresses what once were taboo issues is a key element in demythologising depression and suicide, in turn revealing that the mentally ill are by no means a minority.

Nowadays, we live in a society marked by the ravages of a global pandemic and, even if the physical health of millions of people has been severely affected, we should not make the mistake of disregarding the implications of this pandemic on many others' mental health. According to the World Health Organisation, the COVID-19 pandemic has triggered an increase of 25% in the development of depression and anxiety worldwide. Moreover, about 264 million people are currently suffering from depression, which has become one of the most frequent causes of disability and the fourth leading cause of death among the youth (World Health Organisation, 2022). In light of these alarming data, the

high prevalence of mental conditions has led numerous authors to write about those topics. Therefore, the more it is written about mental health, the more it will be normalised and integrated into everyday life.

Considering the diachronic perspective on the literary representations of mental illness that I have offered in chapter one, I can safely argue that the general attitudes towards the mentally ill are now more positive and less prejudiced than they were in the past. Over the last centuries, those who have been suffering from mental disorders have gone from being labelled as possessed, mad, and Othered entities, to being treated in a more humane and dignified manner. Nevertheless, despite medical advances having been crucial to understanding the suffering of mental health patients, there is still much to be done. That is because the misconceptions imposed by religion, asylums' dark past, and Freud's sexist ideas, among other factors, continue to have an impact on some people's minds even today. As a result, some individuals are still uneducated about the reality of mental illness, which in turn leads mental health patients to encounter additional obstacles, such as difficulty in their interpersonal relationships and even in finding a job. According to the German psychiatrist Wulf Rössler, 'structural discrimination of the mentally ill is still pervasive' and 'there is no country, society or culture where people with mental illness have the same societal value as people without a mental illness' (2016, pp.1250-1251). However, such discrimination seems to vary depending on the diagnosis. For example, whilst the word "anxiety" is now heard almost daily both in casual conversations and the media, terms such as depression or suicide may entail more negative assumptions. That explains why novels such as *All my Puny Sorrows* are critical to educating the general public, as Toews does not only address depression with a great level of accuracy, but she also covers other highly controversial issues, as is the case of physician-assisted suicide for psychiatric patients. Furthermore, Toews' novel goes a step further, as the author focuses on the experiences of female characters. As I have also demonstrated in the theoretical framework, a gender perspective is a key element when examining mental health, for the traditional patriarchal, phallocentric ideas that forged the Western thought continue to impact the way female patients are sometimes treated. Consequently, the gender-based nature of psychiatry still reinforces the mistaken notion that women are weaker and more dramatic than men. Nonetheless, as I have also explained, men are victims of these sexist attitudes as well. Therefore, it is not uncommon

to find men choosing not to share their concerns, let alone seek professional help, to maintain the senseless belief that their gender makes them stronger than their emotions.

Having said that, the good news is that all these misjudgments can be potentially deconstructed with sensible information disclosed in a simple and accessible form. However, a sound approach to mental health cannot be based solely on science. In this sense, literature plays a crucial role here. As my research has shown, people's attitudes towards mental illnesses depend on sociocultural perceptions, so such attitudes are indeed changeable. Therefore, it is also important to acknowledge the importance of interdisciplinary fields of study like medical humanities, which have undoubtedly contributed to the demythologisation of psychopathology. Furthermore, literary fiction has a major influence on the vindication of mental health, as readers have increasing access to works where authors from many different backgrounds share their experiences concerning mental health issues. Thus, as an additional conclusion of this BA dissertation, the following question arises: is it literature that influences society, or is it society that influences literature? In other words, does literature *mirror* or *change* society? As can be seen, there is something of a chicken-and-egg situation here. One clear thing is that literature reflects society. In most works of fiction, authors take real-life events and use them to recreate their own stories for the reader's entertainment. Nevertheless, the role of literature does not stop there. Literature is by no means a powerless art form and, in its attempt to depict the real world, we cannot ignore its ability to present alternative social realities. If anything characterises the human being is the constant urge for change and newer perspectives. Only by doing so can we effectively move forward as a more inclusive society. Hence, by introducing characters that undergo traditionally stigmatised issues, such as mental illness, authors create new role models for readers. As a result, literature has the inherent power of changing the public's thoughts and attitudes, which in turn changes society itself. However, literature is not the only art form with the ability to shape human thought, as other cultural manifestations, such as cinema, music, and even videogames, have the same potential.

Thanks to these cultural manifestations, especially literature, the stigma surrounding mental illness is gradually disappearing, for we, as readers, have more and more access to literary works dealing with mentally ill characters. All things considered, this BA dissertation has proven useful in demonstrating the importance of literature in the historical evolution of mental health social perception.

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