

**The Literature of Madness:
A Critical Study of the Madhouse in Gothic
Literature**

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Submitted in partial fulfilment of the requirements for the award of Doctor of Philosophy

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Division of Literature and Languages

University of Stirling

July 2018

ABSTRACT

This thesis is a critical study of British and American Gothic prose representations of madness and the madhouse. This focuses on historical changes in asylum practice from the mid-nineteenth to the early twenty-first century, specifically from 1846 to 2014. While Gothic scholarship generally regards madness as being identifiable within most works of the genre, few studies have attempted to explain why it is that the Gothic's fascination with madness has endured beyond its literary origins in the late eighteenth century. Surprisingly, no full-length critical study has yet historically documented the Gothic mode's longstanding preoccupation with the madhouse, especially given how numerous these encounters in Gothic fictions are. For this reason, the present study turns its attention exclusively towards the institutional figure of the madhouse: a territory where madness has already been labelled into existence. The object of this thesis is to demonstrate how the Gothic text is haunted by notions of madness, and how in turn, the madhouse is haunted by discourses of the Gothic. This reading – informed by hauntology – of the Gothic madhouse space argues that by 'gothicising' the medical institution, Gothic fictions appeal to a memory of what has come before and anticipates a future for madness in Western culture. For this reason, Gothic encounters with the madhouse (where madness is simultaneously present and absent) are knowingly engaged with critiquing, politicising, rejecting, or even ignoring, the historical discourses on madness with which they are contemporary. This also examines the genre's complicity and reciprocity in longstanding and prejudicial attitudes towards mental ill-health. Divided into five historical epochs, this thesis reads: the Sweeney Todd story *The String of Pearls* (1846); Mary Elizabeth Braddon's *Lady Audley's Secret* (1861-2); Bram Stoker's *Dracula* (1897); four tales from H.P. Lovecraft including 'The Tomb' (1917), 'Beyond the Wall of Sleep' (1919), *The Case of Charles Dexter Ward* (1927), and 'The Thing on the Doorstep' (1933); Robert Bloch's *Psycho* (1959); Ken Kesey's *One Flew Over the Cuckoo's Nest* (1962); Iain Banks' *The Wasp Factory* (1984); Michael Moorcock's *Mother London* (1988); Patrick McGrath's *Spider* (1990), *Asylum* (1991), 'Ground Zero' (2005) and *Trauma* (2007); Sarah Waters' *Fingersmith* (2002), and John Harwood's *The Asylum* (2014).

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Acknowledgements

I would like to offer my thanks to Professor Dale Townshend, now at Manchester Metropolitan University, whose early guidance and supervision of the first two-years of this work has been invaluable. A change of supervisor in the PhD process often prompts anxious situations; I am thankful never to have encountered anything of the sort when such a change did occur. I am beyond grateful to Dr Timothy Jones for his input, advice, suggestions and tireless support – it has been a genuine delight to have benefitted from his supervision: thank you. Thank you, too, to my secondary supervisor, Professor Justin Edwards, for helping me reframe the scope of this research into something far more manageable, and for your continued support of this research.

I would like to thank the staff at the National Library of Scotland and the Wellcome Library. I would also like to thank the University of Stirling Archives and Special Collections. In particular, I want to highlight the support of Karl Magee: not only has Karl tirelessly accommodated my requests for materials, but he has gone above and beyond in providing me with opportunities to consult a wider range of manuscripts. Thank you to the University of Stirling Division of Literature's generous funding that has enabled me to visit archives, conferences, and put on events such as The Gothic Showcase in 2015. I also acknowledge the support of the Wellcome Collection in funding my work as Research Assistant for the Patrick McGrath Symposium of January 2016.

I remain grateful for the support and friendship of the International Gothic Association, and to all of my friends and colleagues in F30. Thank you to Kelly, Stuart, Fanny, Sonja, Janet, Emily and Alan. To my friend Dr Adam Dighton: your passion for research is contagious!

I could not have undertaken a research degree without the unfaltering support of my parents, Andy and Sally. My partner, Rosa King, is a credit to the nursing profession and (thankfully!) nothing at all like many of the mental health nurses featured in this thesis. Thank you, Rosa, for your love and support. Finally, this thesis is dedicated to the memory of my grandmother, Brenda Newton: without her generosity I would not have been able to receive any postgraduate education; your early tales of Bluebeard and knowledge of real-life ghosts made me a lover of the Gothic at an early age.

Author's Declaration

I declare that this thesis is my own work and that all critical and other sources (literary and electronic) have been specifically and properly acknowledged, as and when they occur in the body of my text.

A version of chapter one of this thesis and parts of the introduction have been confirmed for publication in the following:

Noad, B. 2018. 'Gothic Truths in the Asylum' *Gothic Studies* 21/12 (Forthcoming November 2019).

A version of chapter two has been confirmed for publication in the following:

Noad, B. 2019. 'His Madness knew no affinity: Reimagining Arkham Asylum' *Studies in Gothic Fiction*, (Forthcoming 2019)

Chapter four's section on *Spider* has been confirmed for publication in the following:

Noad, B. 2019. 'Spider, Sanity and Schizophrenia', in ed. by Matt Foley and Rebecca Duncan, *Patrick McGrath and his Worlds* (London: Routledge, Forthcoming)

An earlier draft of the introduction was presented as a talk given as part of the 2017 IGA conference in Pueblo, entitled 'The Gothic Madhouse'.

Signed: B. Noad – 16/07/2018

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Appendix: Timeline of the Madhouse:

Featuring key events and publications in the treatment of madness

- 4 BC: Hippocratic medicine comprises the theory of the humours: blood (signifying vitality); choler (yellow bile signifying gastric and digestive functions); phlegm (lubricant and coolant); and melancholy (black bile associated with skin pigmentations amongst other conditions). It was believed that an excess of blood and yellow bile might lead to mania, while black bile might be linked to melancholy and depression. Phlebotomy and venesection were frequent medical treatments.
- Galen's *On the Causes and Signs of Diseases* is one of the first medical texts to treat melancholy.
- 1025 AD. Ibn Sina (Avicenna) completes the *Canon of Medicine* – one of the most influential treatises of medicine ever written.
- 1247: St Mary of Bethlehem Hospital opens in London.
- 1563: Johannes Weyer writes *De Praestigiis Daemonum* ('On the Conjuring Tricks of Demons) – an early effort to 'medicalise' the witch trials that had occurred throughout Europe.
- 1586: Timothie Bright publishes the first English treatise on melancholia.
- 1621: Robert Burton compiles *The Anatomy of Melancholy*.
- 1656: The Salpêtrière is founded.
- 1679: James Carkesse writes *Lucida Intervalla*.
- 1690: John Locke's *Essay Concerning Human Understanding*.
- 1725: Richard Blackmore writes the *Treatise of the Spleen and Vapours*.
- 1726: William Cullen of Edinburgh University medicalises many of Locke's ideas and insanity is viewed as a nervous disorder.
- 1730: Bernard Mandeville writes the *Treatise of the Hypochondriack and Hysterick Diseases*.
- 1733: *The English Malady* by George Cheyne is published.
- 1733: *A Rake's Progress* paintings are completed and published on June 25th 1735 (This date is also the first day of the new Engraver's Copyright Act).
- 1751: The Pennsylvania Hospital, Philadelphia is founded by the Religious Society of Friends primarily for the mentally ill. Its first patients were admitted one year later.
- 1774: Madhouses Act: private madhouses in Britain now require licenses and are subject to inspections from the magistrates.
- 1788: George III 'goes mad'.
- 1796: following the abuses at York Asylum, the York Retreat opens.
- 1801: Pinel publishes *Medico-Philosophical Treatise on Mental Alienation of Mania*.
- 1803: Johann Christian Reil first uses the term 'psychiatry' in *Rhapsodies on the Use of Psychological Treatment Methods in Mental Breakdown*.
- 1808: Britain passes an Act of Parliament that permits the use of public expenditure for insane hospitals.
- 1811: Benjamin Rush invents the 'tranquiliser chair'.
- 1815: House of Commons Committee on Madhouses takes place.
- 1818: J.C.A Heinrath's *Textbook of Mental Disturbances* dismisses physical causes of insanity.

- 1830: J.B. Friedreich publishes an *Attempt at a History of the Literature of the Pathology and Therapy of Psychic Illness*.
- 1830s: 'Non-restraint' movement emerges. Key figures include Robert Gardiner Hill (Lincoln Asylum) and John Conolly (Middlesex County Lunatic Asylum).
- 1838: Jean-Etienne Dominique Esquirol publishes *Mental Maladies*.
- 1841: The Association of Medical Officers of Asylums and Hospitals for the Insane is established.
- 1844: The Association of Medical Superintendents of American Institutions for the Insane is established. This later becomes the American Psychiatric Association.
- 1844: First use of the insanity defence occurs in English law courts.
- 1845: Wilhelm Greinger's *Pathology and Therapy of Psychiatric Diseases* claims that mental disease is a specific type of brain disease.
- 1845: Provision of county asylums (The Lunacy Act). Note, however, that there are no asylums in Wales at this point.
- 1847: *Wuthering Heights* is published and sees the first English language use of 'mental illness'.
- 1853: The Association of Medical Officers of Asylums and Hospitals for the Insane publish *The Asylum Journal* (later renamed *Journal of Mental Science* in 1858).
- 1863: Broadmoor Hospital for the Criminally Insane opens its gates to patients.
- 1864: S.W. Mitchell, G.R. Morehouse and W.W. Keen publish *Gunshot Wounds, and Other Injuries of Nerves*. This is an account of psychological anguish from the American civil war. (Influential on later understandings of PTSD).
- 1872-87: Jean-Martin Charcot publishes *Lectures on Nervous Diseases Delivered at the Salpêtrière*.
- 1873: Anorexia Nervosa is identified as a new clinical category mainly believed to be affecting hysterical women.
- 1890: Update to the Lunacy Act: now two medical certifications are required by law for detention of all patients.
- 1894: The Medico-Psychological Association begrudgingly admits women to its membership.
- 1926: The Royal Commission on Lunacy and Mental Disorder Report published.
- 1938: Ugo Cerletti innovates ECT treatments.
- 1940: Penicillin introduced.
- 1948: Bethlem joined with the Maudsley Hospital.
- 1949: Lithium introduced.
- 1950: Chlorpromazine is synthesised.
- 1953: Dr Harold Bourne publishes an article in *The Lancet Psychiatry* lamenting the use of insulin coma therapy for schizophrenia.
- 1959: Mental Health Act (Britain): promotes deinstitutionalisation, though it would be decades before 'community-care' programs came into effect fully.
- 1971: The Association of Medical Officers of Asylums and Hospitals for the Insane become the Royal College of Psychiatrists.
- 1990: Care Programme Approach established (CPA).
- 2003: The Mental Health (Care and Treatment) (Scotland) Act.
- 2007: Mental Health Act 2007 introduces Community Treatment Orders.

Introduction

The Literature of Madness: A Critical Study of the Madhouse in Gothic Fiction

This thesis is a critical study of the madhouse in Gothic literature, an investigation into depictions of madness from 1846-2014. Given these wide historical parameters, this thesis does not aim to provide a complete trajectory of changes in fictional portrayals of the madhouse. Instead, this work is concerned with the ways that the Gothic writing of different eras is haunted by cultural memories of institutional oppression. This hauntological approach considers the Gothic text as a palimpsest, where, as Marie Mulvey-Roberts argues: ‘the Gothic corpus is haunted by a tangible sense of corporeality, often at its most visible’ (2016: 6). In the madhouse, madness is a spectre that is simultaneously present and absent; madness may exist as a psychiatric symptom or it may be falsely attributed to somebody. Equally, madness in the Gothic text is everywhere and nowhere: it accounts for various acts of villainy and psychological states, yet madness is notoriously impossible to define. One of the principal qualities of madness is that it has no stable referents, but this has not dissuaded critics from making general claims that madness is identifiable within most works of the Gothic genre. To understand why the Gothic has been fascinated with madness since its literary origins in the late eighteenth century, the present study turns its attention towards the institutional figure of the madhouse itself. While madness in the madhouse has at least been labelled into existence, this does not mean that the madness encountered there always indicates actual insanity. It follows, then, that this study does not look to affirm any set of historical diagnostic criteria. Instead, the following five chapters examine how the madhouse is haunted by the discourses of Gothic fiction, and how in turn, Gothic fiction is haunted by the cultural memory of functional sites. The term ‘functional sites’, which occurs throughout

this thesis, refers to Michel Foucault's description of enclosed physical spaces where people are observed and partitioned. As Foucault writes in *Discipline and Punish* (1977): 'particular places were defined to correspond not only to the need to supervise, to break dangerous communications, but to create a useful space' (1977: 143-144). In this sense, the madhouse is a functional site because it attempts to regulate and control madness in a purpose-built enclosure.

As previously mentioned, this study considers the Gothic text to be a palimpsest insofar as madness is concerned, a slate for which madness can be described.¹ Gothic writing is palimpsestic because its fictional representations of madness are forever being rewritten, and Gothic loses its original notion of madness over time: it becomes mental illness or a monstrous presence. To understand specifically the cultural anxieties pertaining to a Gothic portrayal of the madhouse, this study identifies five distinct madhouse regimes. These are: the mid-Victorian era from 1846-1897, where clinical legislation saw the rise of district asylums; the early modern era from 1917-1933, where psychiatric practices were more accessible following the aftermath and trauma of the First World War; the mid-twentieth century from 1959 onward, where deinstitutionalisation movements saw many patients returned to the community; the millennial turn of the century, where mental health institutions are still haunted by Victorian practices; and finally, the twenty-first century, where neo-Victorian Gothic looks back and projects its own views of mental health treatment into the historical past. These madhouse regimes have been identified to demonstrate the haunting relationship shared between Gothic fictions and the madhouse. The ghosts of madness are not just about past traumas and perceived injustices, losses that threaten a return;

¹ According to Chris Baldick's *Oxford Dictionary of Literary Terms*, a palimpsest refers to: 'A manuscript written on a surface from which an earlier text has been partly or wholly erased [...] In a figurative sense, the term is sometimes applied to a literary work that has more than one "layer" or meaning' (2015). Throughout this thesis, Gothic novels are considered discourses of madness; they are written from a standpoint of history overwriting an earlier text of madness.

they also look to the future as they question how culture and society accommodates otherness. Each one of the prose fictions examined here paradoxically realises the potential of the madhouse to be comforting as well as threatening. For this reason, it is also important to consider the extent to which Gothic fictions are complicit in perpetuating negative and prejudicial attitudes that shape contemporary understandings of madness as mental illness. Full reasons for the primary textual selection are given below in the chapter summaries, but it is worth briefly stating that these seventeen Gothic fictions have been chosen because they engage with key historical flashpoints in the institutionalisation of madness. The second reason for this textual selection is that this study aims to combine canonical Gothic fictions alongside less regarded works. These primary texts include: the Sweeney Todd story *The String of Pearls* (1846); Mary Elizabeth Braddon's *Lady Audley's Secret* (1861-2); Bram Stoker's *Dracula* (1897); four tales from H.P. Lovecraft including 'The Tomb' (1917), 'Beyond the Wall of Sleep' (1919), *The Case of Charles Dexter Ward* (1927), and 'The Thing on the Doorstep' (1933); Robert Bloch's *Psycho* (1959); Ken Kesey's *One Flew Over the Cuckoo's Nest* (1962); Iain Banks' *The Wasp Factory* (1984), and Michael Moorcock's *Mother London* (1988); Patrick McGrath's *Spider* (1990), *Asylum* (1991), 'Ground Zero' (2005) and *Trauma* (2007); Sarah Waters' *Fingersmith* (2002), and John Harwood's *The Asylum* (2014).

This study begins by defining its key terms and methodological frameworks: madhouse, madness, the Gothic, and hauntology. Secondly, the existing field of relevant research that relates to Gothic and the madhouse is surveyed to emphasise why a full-length study on this topic is needed. The key historical contexts of British nineteenth-century lunacy legislation are then documented. These contexts also inform this study's selection of primary texts. While some of these primary texts are British, others are part of an American tradition. Though a full history of the asylum in America is beyond the scope of this thesis, chapters

two and four offer an extended commentary of US healthcare systems to justify this study's imbrication of different transnational social contexts. The final part of this introduction will outline the aims of the subsequent five chapters, each one devoted to a particular historical set of encounters with madness and the madhouse.

Terminology

Madhouses were once described by *The Quarterly Review* as the 'Bluebeard's cupboard of the neighbourhood' (Wynter 1857: 103), and this nightmarish Bluebeard fantasy has clearly persisted in Gothic fictions about the madhouse well into the twenty-first century. Ellen Moers influentially notes that the Gothic madhouse becomes an 'elaborated, enclosed, and peculiarly feminine testing ground for survival' (1976: 133), and one need only watch the second series of *American Horror Story: Asylum* (2013) to see how one example of this trope persists today. From Moers' comment and Wynter's invocation of Bluebeard, we might understand the Gothic madhouse as labyrinthian and inescapable. In the Gothic text, the madhouse is usually a prison in everything but name, and whether that space is termed madhouse, asylum, sanatorium, or mental hospital ultimately makes no difference to its alleged punitive economy: it remains a disciplinary space.² What needs to be recognised, however, is that while it may be an intellectually engaging task to understand the distributions of power and discipline enacted within medical institutions, the Gothic madhouse should also be critiqued for the ways in which its negative representations of ill-health may discourage or jeopardise a person's willingness to access mental healthcare services. Historians such as Andrew Scull have pointed to the 'exploitative' element of such fictions for their endlessly recycled motifs of false confinement (2015: 140-144). To counter

² The differences between a 'sanatorium' and a 'sanitarium' are examined in chapter two.

this, it should be emphasised that the fictional Gothic madhouse does not amount to the same thing as the historical madhouse. The Gothic madhouse is a spectralised site that politicises, critiques, and even represses the systems of healthcare with which it is contemporary. The archaic word madhouse is not found in contemporary medical literature,³ but its use in the present study is deliberate: this study is not an historical chronicle of the ‘madhouse to mental hospital.’ For the first part of this work, madhouse refers contextually to the privately managed for-profit institutions that emerged during the eighteenth century. From chapter one, however, the term asylum is favoured as this differentiates the private madhouse from the county district asylums that were introduced in Britain from 1845. From thereon in, the use of the word madhouse is entirely hauntological: it is used to signify a memory of past injustices, and as an apparition cautioning the future of such institutions. Specific terms like secure ward, halfway house, or sanitarium are used to reciprocate the word choice of the primary texts themselves, although where such terms do appear in the main chapters they are given full contextual explanation.

It is not enough to claim that madness is only ever found in madhouse patients, and Gothic frequently turns its attention to the madness of the institution and society itself. As problematic as the process of defining madness is, this study does require some justification for the use of this term. Madness is preferred to more pejorative terms such as insanity or specific diagnostic labels because it is more historically mobile. The co-founder of the *Madness and Literature Network*, a cohort of medical humanities scholars hosted by the University of Nottingham, Charley Baker, suggests that: ‘madness represents the social, personal, and cultural context of the term [...] signifying a number of different things for different people’ (2010: 16). While the same thing can really be said of any word, madness is

³ The terms ‘Mad-house’ and ‘Asylum’ were formally replaced by ‘Mental Hospital’ around 1948, with legislature passed in 1939. See chapter four for a brief discussion of this.

also a term that connotes an experience grounded in self-reflexivity: madness in literature always invites scepticism. As Shoshana Felman recognises, when it comes to ‘the play of forces underlying the relationship between philosophy and fiction, literature and madness, the crucial problem is that of the subject’s *place*, of his *position* with respect to the delusion’ (2003: 50, original emphasis). It is this irresolvable tension between sanity and delusion that prompts Scott Brewster to ask: ‘[i]n defining madness in a Gothic text, whose pathology is in question?’ (2012: 481). For Brewster, reading a Gothic text encourages a reader to participate in the very madness under observation, though this does not always result in empathy (2012: 486). Also, as Andrew Scull explains:

Madness has a much broader salience for the social order and cultures we form part of, and has resonance in the world of literature and art and of religious belief, as well as in the scientific domain. And it implies stigma, and stigma has been and continues to be a lamentable part of what it means to be mad.

(2015: 14)

The social stigma surrounding notions of madness always relates to the threat of social exclusion, and this idea is examined throughout each of the following five chapters.

Nineteenth-century Gothic writing is especially concerned with advancing the causes of marginalised groups, perhaps more so than recent Gothic productions. Modern and contemporary imaginings of the madhouse are becoming far more grotesque in gothicising the functional site, and these latter fictions are potentially stigmatising for people with lived experience of mental illness. The final chapter of this study maintains that this change in the representation of madness is telling, as recent fictional portrayals of the madhouse often advertise themselves as achieving the opposite kind of cultural work.

But what is madness? Certain Gothic novels, as chapter one will show, support Michel Foucault’s reading of madness as a politically determined unreason. Foucault’s *Madness and Civilisation* (1972), originally published as *Folie et déraison: Histoire de la*

folié l âge Classique in 1961, has been re-released by Routledge as *The History of Madness* (2009), and includes three additional essays by Foucault not published in the original text. Here, Foucault argues that: ‘the truth of madness is to be interior to reason, to be one of its figures, a strength and a monetary need to be sure of its own powers’ (2009: 35). By contrast, Jacques Derrida has critiqued Foucault’s attempt to historicise madness on its own terms, and argued that madness is not antithetical to reason.⁴ Derrida suggests that: the ‘relationship between reason, madness and death is an economy, a structure of deferral whose irreducible originality must be respected’ (1990: 62). For Derrida, reason and madness are not two separate languages alienated by the efforts of one to silence the other; instead, they accommodate the same semantic field. As Scott Brewster more straightforwardly observes, ‘Derrida argues that madness can be thought *within* reason, but only by questioning, or thinking *against* reason’ (2012: 484, original emphasis). While Derrida resists explaining what the contents of madness may include, his contention that madness is capable of reason has far more practical and liberating implications outside of the Gothic text. The Gothic text, however, follows Foucault by regarding madness as other. In the Gothic, madness is rarely the breakdown memoir; it is usually an unwanted presence determined mad by a madder society. Madness is, then, an object of fear characterised by its exclusion from the homogeneous. According to Foucault, the madhouse reinforces this view: ‘[f]ear appears as an essential character of the asylum [...] confinement imposed fear on madness from without, marking the boundary between reason and unreason, [...] and on reason itself, in order to keep it outside’ (2009: 483). The Gothic view of madness is that it is frightening because of its proximity to the madhouse, a site haunted by institutional mistakes and wrongdoings. In this way, the madhouse looms spectrally over madness as a source of terror and fear.

⁴ For a commentary on the debate between Foucault and Derrida see: (Felman 2003: 35-55); (Brewster 2012: 483-486); and (Žižek 2007). For Foucault’s response see (Foucault 2009: 550-590).

Of course, the Gothic also participates in how such otherness is construed. Gothic criticism should be wary of asking its readers to locate the object of madness, as this implies a universal understanding of the boundaries between normality and deviance. According to Foucault's *The Birth of the Clinic* (1963), normalising processes occur in society that determine healthy and acceptable behaviours. These processes are informed by medical understandings of conduct as opposed to legal definitions of sanity. Foucault suggests that: '[n]ineteenth-century medicine [...] was regulated more in accordance with normality than with health' (2003: 40). For this reason, the present study does not conflate madness with mental illness, although it does critique the modern Gothic occasions that do so in the final three chapters. Mental illness, as this notion is understood today, is seemingly very different from madness. For one thing, modern and contemporary notions of mental ill-health presuppose some very different criteria of psychopathology than, say, the features of 'congenital idiocy'. Despite this, it is worth pointing out that mental illness is not a modern phrase, and the *Oxford English Dictionary* traces its origin to Emily Brontë's Gothic novel, *Wuthering Heights* (1847). The passing remark comes from Nelly Dean's account that closes the first volume, as she asks Lockwood rhetorically: '[w]as it right, or wrong? I fear it was wrong, though expedient, I thought I prevented another explosion by my compliance; and I thought, too, it might create a favourable crisis in Catherine's mental illness' (Brontë 2009: 136). Tellingly, Nelly's description of Catherine's 'mental illness' accounts for her fears over Catherine's situation, rather than Catherine's psychology. The bestial connotations of madness are far removed from such a phrase, and mental illness seems, in this context, a rather compassionate term. As will be shown, later Gothic texts work against such impulses by gothicising madness, further compounding its otherness.

So far, the issues of madness and the madhouse have been examined separately from a discussion of the Gothic genre, but some general remarks to define the Gothic remain

necessary. The question of what constitutes a Gothic text continues to surface in scholarly debates today, but this study envisions Gothic as an ongoing mode of writing that transcends its literary origins in the late eighteenth century. Fred Botting associates Gothic with negative aesthetics, that is to say: '[d]arkness – an absence of the light associated with sense, security and knowledge [...], disturbances of sanity and security [...] displays of uncontrolled passion' (2014: 5-6). It will not escape notice that these features can also apply to an archetypal madhouse in the Gothic literary imagination. The stereotypical Gothic madhouse features dimly lit padded cells, horrifying abuse of patients, doctors mad with ambition, and invasive surgical procedures. All of these are far from good or positive in aesthetic terms. For this reason, all the primary fictional texts that are examined in this study conform to Botting's notion of negative aesthetics. Crucially, Botting observes that the 'past with which gothic writing engages and which it constructs is shaped by the changing times in which it is composed' (3). Gothic fiction consists of negative aesthetics, and it also works to redefine what this gloominess means in different historical contexts. This term is useful to the structure of this thesis because each chapter examines what is dark and dreary about madness, and what changes when madness appears in other historical contexts. Negative aesthetics work to produce terror and horror as these affect the reader by confronting them with excess. As Darryl Jones has recently observed in his own reading of Botting: '[t]here is certainly something excessive about the Gothic – a *transgression* of aesthetic propriety or social respectability, an *overpouring* of emotion, an *obsession* with madness, the unconscious, and extreme psychological states' (2018: 8, original emphasis). Equally, to gothicise is to invoke negative aesthetics. This process of gothicising allows us to recognise what has been cast out in fiction of different eras in the name of transgression and excess. Robert Miles has stated that: 'Gothic cannot be fully theorised – and by that I mean historicised – without a concept

of abjection' (2001: 48). In this thesis, the concept of hauntology acknowledges historical cases of abjection through an extended reading of social exclusion practices.

While the use of hauntology in this thesis is explained below, critical attention has also observed how the Gothic seems bound to spectral discourses. Definitions of the Gothic are frequently allied with verb phrases such as 'exorcising' or 'entombing', often conjuring revenants for allegorical effect. David Punter, in his two-volume study, *The Literature of Terror* (1996-8), for instance, comments that: 'Gothic takes us on a tour through the labyrinthine corridors of repression, [...] [giving] us glimpses of the skeletons of dead desires [...] [to] make them move again. It is in this sense that Gothic [...] [is] a mode of history and a mode of memory' (1996: 188). The rhetoric of haunting clearly compels the production of Gothic, and Punter's claim that Gothic demonstrates both a mode of history and a mode of memory is key to understanding the Gothic as a palimpsest. Furthermore, in a recent discussion of contemporary Scottish Gothic, Punter outlines a crucial idea in relation to the madhouse: 'the continuing threat, emblematised in the asylum, [is] of *indistinction*; of not being known for what one is' (2016: 191, original emphasis). Gothic, according to Punter, is often about the plight of one's case not being heard. In this sense, Gothic undertakes a form of cultural work. Jane Tompkins argues of the sentimental novel that readers ought to regard its cultural work as: 'a political enterprise, halfway between sermon and social theory, that both codifies and attempts to mould the values of its time' (1986: 126). More generally, we may regard cultural work to refer to the process by which fiction and art reinforce (or shape) contemporary structures of feeling, thinking, or acting in a culture. The cultural work of Gothic fiction, as considered by each of the following chapters, aims to expose historical practices of social exclusion that enable the threat of indistinction. This aims to uncover historical incidents where madness has been silenced. The approach of this cultural work is an attempt to hear a case that has traditionally been ignored.

It is useful to clarify at this point the sense in which this study uses the term hauntology. This draws directly from Jacques Derrida's later work, as this becomes increasingly interested in the study of ethics. In *Specters of Marx: The State of Debt, the Work of Mourning, and the New International* (1994), Derrida proposes a radical ethical idea of learning to live with ghosts. For Derrida the ghost occupies the metaphysical space between binary essentialisms: they are neither living nor dead, absent nor present, visible or invisible. The ghost is an absolute alterity, an incomprehensible Other. To demonstrate this, Derrida invokes King Hamlet's ghost which appears in Shakespeare's play. Here, King Hamlet's Ghost ostensibly comes from the past, yet this spirit also comes from a future – a purgatory. This type of ghost, one which carries a message, is a kind of messianic figure without the dogma of messianism. Acceptance and hospitality is all that can be shown to the ghost, for to ask anything in return from this spectral other would be to limit its apparition. The process by which ghosts appear is, of course, called haunting. Hauntology, a portmanteau of haunting and ontology suggests, then, being with ghosts. Derrida claims that: 'haunting is historical, [...] but it is not *dated*, it is never docilely given a date in the chain of presents, day after day, according to the instituted order of a calendar' (1994: 4, original emphasis). This idea suggests how the Gothic palimpsest is haunted by madness, and how the madhouse is haunted by Gothic discourses. Gothic writing is in many respects the writing of exorcism because it cannot open itself fully to ghosts and the wounds of history; it often resists them. Hauntology presupposes that past traumas are impossible to mourn: we never fully bury or internalise loss, the memories merely remain elsewhere. Jeffery Andrew Weinstock, in a commentary on modern spectral theory, states that: 'the ghost calls into question the possibilities of a future based on avoidance of the past' (2013: 64). The notion of cultural progression is thwarted by an inability to mourn or move on from a past that still haunts us. This is the rationale for figuring the madhouse as a haunted site in the Gothic. The madhouse

has yet to elide the negative aesthetics of restraining chairs, ECT, mad-doctors, and psychopaths. By reading into the ways that Gothic haunts and is haunted by the madhouse, a future for de-gothicising sites of ill-health can be explored.

Situating Madness in Gothic Studies: A Literature Review and Historiography

Of madness and the Gothic, Scott Brewster's essay in *A New Companion to the Gothic* (2012), an extension of his article in *Gothic Studies* 7/1 (2005), opens key theoretical questions concerning the role of the reader in relation to madness. In Brewster's earlier essay, he utilises the work of Julia Kristeva to conceptualise: 'how Gothic stages madness from the inside and the outside, in terms of a split between metalanguage and performance, conviction and uncertainty, remoteness and proximity' (2005: 79). Brewster does not, however, isolate the relationship between Gothic and the madhouse. Brewster's work has partly informed Sue Zlosnik's monograph, *Patrick McGrath* (2011), as she identifies some of McGrath's persistent concerns: 'the degeneracy of the upper classes; the limitations of the scientific perspective, specifically that of the medical profession; and a Gothic fascination with the instability of bodily forms' (2011: 25-26). These concerns, rooted within McGrath's oeuvre, also extend to depictions of madness in the Gothic more generally. Zlosnik notes the influence that institutions such as Broadmoor had on McGrath's portrayal of the asylum, (McGrath's father was superintendent there, and an extended reading of this is offered in chapter four of this thesis), but there is no sustained commentary as to why this functional site might be an inherently Gothic one. Gothic criticism has avoided prolonged discussion of madness in the madhouse, and no full-length study has attempted to demonstrate why this site remains haunted. Even a work such as Valerie Pedlar's study, *The Most Dreadful Visitation: Male Madness in Victorian Fiction* (2006), whose historical depth is rewarding, prefers to

deal with the philosophical connotations of madness rather than the madhouse regime. Furthermore, Pedlar's work does not exclusively deal with Gothic fiction or extend its arguments beyond the nineteenth century. Far more problematic, however, are the types of critical study that enforce psychoanalytic ideals over any occasion of Gothic excess, avoiding the madhouse and history altogether. In this, Ed Cameron's *The Psychopathology of the Gothic Romance: Perversion, Neuroses and Psychosis in Early Works of the Genre* (2010) is exemplary. Here, Cameron insists that Gothic 'begs for [...] psychoanalytic investigation' (2010: 1), and this impulse propels Cameron in a limited pursuit of 'the sublimatory capacity of the Gothic' (10). Aside from the questionable idea that literature is inherently pathological and thus fit for therapy, Cameron's study is an anachronistic reification of Lacanian psychoanalysis to the detriment of wider historical engagement. More recently, a growing attention to the critical absence of madness in modern and contemporary Gothic has inspired numerous medical humanities scholars. In *Gothic Studies* 17/1 (2015), Sara Wasson points out why the genre is of interest to the medical humanities: 'beyond critiquing individual practitioners' detachment or ambition, the Gothic mode may be useful in critiquing institutions themselves' (2015: 7). Despite this assertion, this instalment of *Gothic Studies* does not include an article on the madhouse institution. Shortly after this special edition of the journal, *Aeternum: The Journal of Contemporary Gothic Studies* 2/1 (2015) featured an extended reading of horror's role in perpetuating the social stigma of mental illness (see McAllister and Brien 2015: 72-90). This article makes the pertinent observation that:

the horrors of the insane asylum in Gothic fiction echo across the collective imagining and into contemporary renditions [...], and it is easy to summon up images of tortured, despairing and desperate inmates suffering the cruelties of staff who are supposed to be tending to, and caring for, them. Contemporary mental health settings, however, as they are represented in this Gothic literature and in contemporary films, bear little physical resemblance to their fictional counterparts.

McAllister and Brien commendably demonstrate that Gothic portrayals of mental health nursing staff and psychiatric hospitals are inaccurate, and such representations deter access to clinical services. They do not, however, as this study proposes to do so, interpret the gothicised madhouse site as a haunted one; their attention is upon how modern and contemporary films reciprocate modern and contemporary institutional practices. Bernice Murphy's keynote address at the 2018 conference *Madness, Mental Illness and Mind Doctors in 20th and 21st Century Popular Culture*, entitled 'Cities of the Insane: The Asylum as Ruin in American Horror Narratives',⁵ noted how the American asylum building constitutes a landscape of fear and the literal Gothic remains of abandoned hospitals demonstrate an updated form of the Bedlam spectacle – as 'trauma tourism' attempts to find meaning within the old wards haunted by abusive practices. While Murphy's work has an exclusively American focus, the following study places the main historical emphasis on Britain, although it does acknowledge American contexts when these arise in relation to the texts under discussion – as is the case for chapter two. This absence of material on the history of the madhouse and the Gothic likely points to critical difficulties in placing the Gothic genre in historical context. These difficulties confirm that the Gothic genre exists between the fantasy and the real of history. By approaching the madhouse hauntologically, it is possible to reassess the relationship between Gothic as memory and Gothic as history.

The critical historiography of the madhouse is far ranging, though there are five works that have provided this study with the fundamentals of this history and have enabled the pursuit of less obvious archival sources. A prominent, devoted and thoughtful scholar of madness is Andrew Scull, and two of his books are worth singling out. The first of these is: *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900* (1993), which

⁵ This keynote address is an extended and updated version of Murphy's previously published book chapter 'Cities of the Insane: The Asylum as Ruin in Recent American Horror Narratives' in *Landscapes of Liminality* (2016).

justifiably remains the standard text in the field. Scull's research refutes popular assumptions about confinement of the mad. Scull's more recent work, *Madness in Civilisation* (2015), as well as being a riposte to Foucault, produces a rich history while managing to refer madness back to literature and popular culture. Additionally, Roy Porter, G.E. Berrios and Greg Eghigian will be familiar to the medical historian, and it will be no surprise that several essays, books and articles from these authors appear throughout this study. Allan Ingram's contributions to the history of madness include many compendiums of patient accounts, medical testimonies and scientific writings. Both *Patterns of Madness in the Eighteenth Century: A Reader* (1998), and *Voices of Madness* (1998), seek to restore the voices of the past to the present. Sarah Wise's award-winning *Inconvenient People: Lunacy, Liberty and the Mad-Doctors in Victorian England* (2015) is a welcome addition to such compendiums. Here, Wise chooses to present the voices of the past as historical narrative, rather than offering her work as 'a reader'. The present study takes influence from Wise: patient testimonies, surgeon diaries, patient poetry, and asylum casefiles have been selected as additional primary sources in chapter one. These have been selected for the ways that these extra-literary sources are also haunted by the Gothic. The point being that material beyond 'literature', the contents of various archives for instance, informs and shapes literary representation. The extent to which this archival approach has affected the conclusions drawn by this thesis is examined in the final chapter.

Although she is not the first feminist writer to have done so, Elaine Showalter continues to demonstrate the madhouse as a patriarchal institution that further diminishes the voice of its female patients. In one of her first writings on the institutional malpractice of the madhouse, *The Female Malady: Women, Madness and English Culture 1830-1980* (1987), Showalter argues that:

A serious historical study of the female malady should not romanticise madness as one of women's wrongs any more than it should accept an essentialist equation between femininity and insanity. Rather, it must investigate how, in a cultural context, notions of gender influence the definition and, consequently, the treatment of mental disorder.

(1987: 5)

Notions of gender are closely contested alongside notions of madness in the Gothic, and Showalter's ideas provide a solid framework for wider interrogation of these issues. Of equal influence on this study, though more so as a point of departure, Sandra M. Gilbert and Susan Gubar's *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination* (1979) remains a crucial resource, though it is not a book about the plight of madness and the madhouse nor should it be read as such. Barbara Taylor's patient testimony, *The Last Asylum* (2013), offers many insights into contemporary psychoanalytic processes as told from the patient's perspective. The book also delivers a resonant history of Colney Hatch Asylum (Friern Hospital). Additionally, Kay Redfield Jamison's *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament* (1993) has some profound ideas regarding the relationship between art, artist and madness. Despite this, the text is too subjectively invested in the ideas of faculty psychiatry and risks romanticising madness. Departing from such tendencies, this thesis does not reify any biomedical or psychological model of madness at any given point. It does, however, encourage a critical questioning of the extent to which psychiatric discourses, particularly those of psychoanalysis, remain useful for contemporary discussions about madness. The focus is upon the hauntology of madness: the specific ways that Gothic and the madhouse haunt one another.

The History of the Madhouse

It is worth briefly elaborating on the history of madhouses prior to 1845, as the following chapter assumes some knowledge of this. This history also justifies why certain texts have been chosen, and why the five madhouse regimes that this study identifies are significant. Up until the early eighteenth century there was no formal legislation in Britain that determined provision for its insane populations. Generally speaking, madness was left to the private care of the families and communities it affected. On occasion, the care of such patients would fall to the supervision of religious authorities (see Porter 2002: 92). In 1403, however, London's Bethlem Hospital opened its doors to lunatic patients.⁶ Such provisions were hardly extensive, as Andrew Scull explains, between the years 1403 and 1404: 'the inmates [at Bethlem] consisted of six insane and three sane patients' (1993: 11). While a dedicated ward for incurable lunatics was built at Guy's Hospital in 1728, and St Luke's Hospital in 1751, the franchising of private madhouses meanwhile proved a lucrative and profitable trade. Widespread rumours of the abuses and neglect enacted in these private madhouses led to a parliamentary inquiry, and in 1774, the Madhouses Act passed into law. This act required all private madhouses to hold licenses and be subjected to yearly inspections by a magistrate. According to Roy Porter, '[b]y 1800, licensed private madhouses [in Britain] totalled around fifty' (2002: 97). Andrew Scull has described how this statute proved

little more than a token gesture. Paupers were the most likely to suffer from extremes of neglect and ill-treatment in unregulated madhouses, particularly since most proprietors of the institutions in which they were confined were attempting to extract a profit from the pittance which the parish overseers allowed for their maintenance.

(1993: 24)

⁶ The priory of St Mary of Bethlehem became a hospital for returning crusader knights in 1247. Bethlem was later built in Moorfields in 1676. Following a collapse, it was rebuilt a third time at St George's Fields in 1815. Today, Bethlem occupies the site of the Imperial War Museum.

The horrors that exist behind the locked doors of private madhouses seem inextricable from the Gothic nightmares conjured by Horace Walpole and his imitators. Madness certainly fuels the plotlines of these early Gothic novels; its haunting influence is there from the start. The madhouse, on the other hand, seems to be absent from the events of the Gothic romance until 1798. Here, it features as a major setting in Mary Wollstonecraft's unfinished novel, *The Wrongs of Woman, Or Maria. A Fragment in Two Volumes*.⁷ This novel will be looked at in more detail, but it is first necessary to examine how early Gothic writing is already haunted by the spectres of madhouse legislation. Specifically, these early works demonstrate an impossible task of trying to reconcile two incompatible functions of the madhouse: is it a house of sanctuary and refuge, or is it merely another house of confinement?

In addition to its role as a hospital, Bethlem was an eighteenth-century tourist attraction and its mad population were portrayed as a spectacle of nonsense to be paraded before an audience of alleged sanity. Former Bethlem patients might become wandering bards, and some licensed beggars even had their songs printed as *Broadside Ballads* from the 1690s. The performative aspect to staging madness is also present in Gothic writing because Gothic stages madness in order to make it visible to literate society. The madhouse is demonstrated as a ghostly place, neither exile nor entrapment. John Rutter's 1717 poem, *Bethlem Hospital: A Poem in Blank Verse*, is exemplary of this:

Their Fellow Creatures aiding as they may
By Council, Power, or as their Want require.
Such was the Man whose Heart in generous Acts
Delighting, Numbers of this Kind beheld,
By various Ills and Maladies oppress'd,
Their Reason lost, that chiefest [*sic*] treasure gone;

⁷ It might be argued that Eliza Haywood's novella, *The Distress'd Orphan, or Love in a Madhouse* (1726) is the first novel detailing the plight of false confinement. The negative aesthetics of *Maria*, however, signifies the more Gothic text.

Did *Bethlem* Hospital, Propitious Gift,
 As an *Asylum* for Bewildered Men,
 Found and Endow till time shall be no more.

(1717: 3, original emphasis)

Bethlem, iconic Bedlam, endures a haunted reputation of being the dumping ground for unwanted insane people. William Hogarth's series of paintings from *A Rake's Progress* (1732-33) has certainly done much to advance this view. Why, then, if the madhouse is so naturally a Gothic concern, did Bethlem not appear in any of the mode's earliest novels? An unsatisfying answer is that Bethlem is already Gothic enough without the embellishment of inheritance plots and ghostly maidens. The radical romanticism of the early Gothic resists the moral didacticism of the realist novel, and Gothic favours the remote past: it can never be too overt in communicating the concerns of its present. A more convincing case is the reverse: that Gothic is superficially didactic and encourages active participation in reform agendas.

To demonstrate this, one further piece of history is crucial. The abuses of private madhouses led to a high-profile instance in 1790 when Hannah Mills, a Quaker member of the Leeds Society of Friends, died in the York Asylum. Following Mills' death, William Tuke proposed a new form of asylum, and with the help of John Bevens, designed the York Retreat which opened in 1796.⁸ Tuke desired that 'an Institution should be formed, wholly under the government of Friends for the relief and accommodation of all persons, of all ranks with respect to property' (1813: 2). The York Retreat became an example of 'moral architecture', an asylum building that abandoned the use of mechanical restraints and facilitated a patient's recovery in gentler ways. As Roy Porter explains, the York Retreat was 'modelled on bourgeois family life, [...] [where] restraint was minimised' (2002: 104). The

⁸ Tuke's grandson published an account of the history of the York Retreat in 1813, titled: *Description of the Retreat, an Institution near York, for insane Persons of the Society of Friends, Containing an Account of its origins and progress, the modes of treatment, and a statement of cases.*

Quaker hospitals also emerged in America from the 1750s, replacing almshouses as a means of detainment. Key amongst these, as David J. Rothman explains, ‘was the Pennsylvania Hospital, established in 1751 with public and private aid. The hospital, its founders explained, would first house the ailing poor who, coming to Philadelphia in search of medical care, and had extraordinary difficulty in locating and paying for a lodging’ (1971: 45). The term ‘moral architecture’ was first used by the nineteenth-century physician, Thomas Story Kirkbride, who claimed that the location of a hospital for the insane and its organisation: ‘must exert so important an influence on the comfort and happiness of all its patients’ (1857: 2). With its labyrinthian castles of barbarous eras, the Gothic has an observable lack of moral architecture; or so it would seem. The same year that the Retreat opened in York, Matthew Gregory Lewis published the first edition of his scandalous Gothic novel, *The Monk*. Though it is tempting to closely read the countless acts of madness that frequent Lewis’s book, it is far more telling that the terms ‘asylum’, ‘cell’, and ‘prison’ are readily interchangeable in *The Monk*. Note here, however, that reading Ambrosio’s madness is a modern and contemporary viewpoint. Ambrosio is tempted by the devil, his desires are megalomaniac, but the supernatural contradicts a strictly medical interpretation. Nonetheless, the haunted dichotomy of asylum/prison is present in the novel. For example, when the antagonist Ambrosio is first tempted by Matilda, she warns him: ““This Abbey is become your Asylum: [...] You are secluded from the world which you profess to hate; yet you remain in possession of the benefits of society, and that a society composed of the most estimable of Mankind”” (2008: 143). Similar conflation of the Roman Catholic Convent and the asylum is depicted in Ann Radcliffe’s *The Italian* (1798). Here, the protagonists find themselves struggling to identify various religious buildings as places of sanctuary or injunction. Ellena Rosalba, for instance, finds shelter within a ‘respectable asylum’ (1998: 164), only later to reflect on a more confining notion, that: ‘the magnificent scenes of the *Santa della Piéta* seemed to open a

secure, and, perhaps, a last asylum' (302). In both novels, a spectre of moral architecture is forever being gestured towards, but none of the asylums – and it is crucial that these are convents and not literal madhouses – can accommodate madness. These convents are neither fully homely or completely imprisoning. In this way, the early Gothic novels demonstrate an irresolvable function of the buildings that purport asylum. Unable to decide whether these enclosed spaces ought to provide exile or entrapment, the Gothic mirrors initial efforts to institutionalise madness in Britain.

The first Gothic madhouse to appear in literature is the unnamed private building featured in Mary Wollstonecraft's unfinished novel, *The Wrongs of Woman, Or Maria. A Fragment in Two Volumes* (1798). As Elaine Showalter remarks, '[t]o Maria, the "mansion of despair" in which she is incarcerated becomes a symbol of all the man-made institutions, from marriage to the law, that confine women and drive them mad' (1987: 1). According to Godwin's diary, Wollstonecraft and Godwin had visited Bethlem together at least one year before Godwin published the fragment (entry for 'Bedlam' 6. February 1797). This visit likely impacted upon the description that Wollstonecraft offers of the madhouse in which Maria finds herself. From the opening of the novel, the Gothic impossibility of the madhouse's infrastructure is made hauntingly clear:

Abodes of horror have frequently been described, and castles, filled with spectres and chimeras, conjured up by the magic spell of genius to harrow the soul, and absorb the wondering mind. But, formed of such stuff as dreams are made of, what were they to the mansion of despair, in one corner of which Maria sat, endeavouring to recal [*sic*] her scattered thoughts!

(2007: 69)

This private madhouse is entrenched in horror and the confining self-interests of patriarchal regime. Pre-empting the plotlines of nineteenth-century sensation fiction, Maria is falsely confined due to the rakish libertine whom she has unwillingly married. The novel offers a vigorous critique of domestic abuse, as Maria powerfully reflects how: '[m]arriage had

bastilled me for life' (137). At the same time, the novel critiques the inhospitable dominion of private madhouses, where one is apt to find oneself 'six weeks buried alive' (77). More significantly, however, *Maria* is one of the earliest novels to offer a plight of mental illness as told from the perspective of madness. Though Maria observes the '[m]elancholy and imbecility [that] marked the features of the wretches' (77) constituting the madhouse population, their 'incessant ravings' (77) are far more humane and relatable than the oppressive male tyrannies that preside over and govern such institutions.

In 1808, Britain passed an Act of Parliament permitting the use of public funds for insane hospitals. The construction of these district asylums, however, only came into effect following the Lunacy Act of 1845, although no asylums existed in Wales at this point. There is perhaps a certain irony in the fact that county asylums are made a lawful requirement around the same time that a novel emerges featuring literature's canonical madwoman in the attic; Bertha Mason from Charlotte Brontë's *Jane Eyre* (1847) epitomises the plight of madness as a secret, private, and even foreign shame. Before the Lunacy Act, madness is, like Rochester's first wife, reduced to a domestic secret: its story and contents obfuscated, and its own voice ignored. Though the district asylums did provide a location to house Britain's mad population, these buildings quickly became overcrowded and often served as substitutes for the workhouse. Demonstrating the fallible bureaucracy of institutional confinement, Michel Foucault provocatively comments that: '[t]he prison, though an administrative apparatus, will at the same time be a machine for altering minds' (1977: 125). The same principle can be said to apply within asylum management practices, whereby the increased demand of administrative forces perpetuates an industry that is dependent upon the non-observance of its charges. In nineteenth-century Scotland, for instance, 'boarding-out' policies were keenly encouraged where the county asylum existed only to serve curable lunatics. In the Royal Edinburgh Asylum's annual report of 1855, its leading physician notes that:

upwards of 82 patients have been removed from the Asylum to various workhouses; and although this has been a boon to the public, and to this Asylum, [...] it must be confessed that the change from the Asylum to the workhouse has not been a boon to many of the unfortunate subjects of this transference. However comfortable the wards of a workhouse may be made, they cannot for a moment be compared with those of a well-regulated Asylum.

(1849: 16-17)

In the Gothic attics, abbeys, tombs and castles, we can begin to see the economic reality of madness unaccounted for. Authors like Charlotte Brontë are not merely interested in exploiting disturbed mental states, but in demonstrating social concerns of the asylum as an absorber of the unwanted. As Foucault has argued, '[w]hile they [asylums] provided a home for the unemployed, they did little more than mask poverty, and prevent social and political unrest amongst those who had no work' (2009: 69). From the 1840s, Gothic writing prompts its readers to consider where madness truly ought to reside. Having established these contexts, chapter one will take this issue further by hearing what the voices of madness have to say for themselves.

Domestic comforts are not altogether absent from the nineteenth-century asylum, although these are usually a present reminder of the patient's duty to undertake 'restorative' labour. Sir Alexander Morrison, author of *Lectures on Insanity for the Use of Students* (1856), once commented that: 'Hospitals for the insane should be rendered as comfortable, and as unlike a prison as possible, and the nearer they can be made to resemble a domestic dwelling, the better they are' (1856: 381). From the mid-nineteenth-century, straw beds and wooden floors were common features of most madhouses. This was to prevent injury to convulsing epileptic patients. The floor plan of Argyll District Asylum, for example, demonstrates the architectural considerations to ensure that its patients would be kept busy. Note the wide airing yards and garden access:

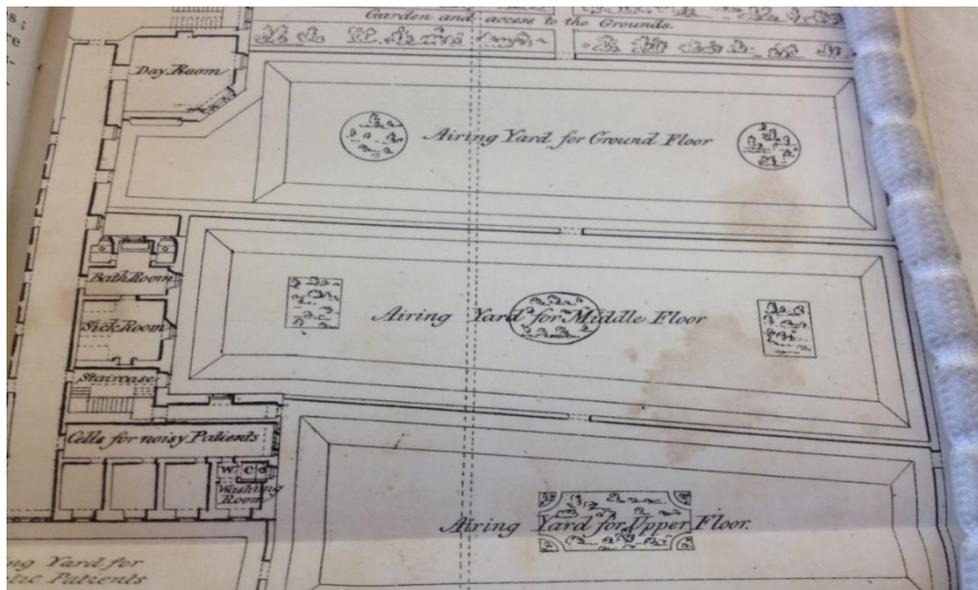


Figure 1: Argyll District Asylum Floor-Plan

These serve as a reminder that the patient's wellbeing depends upon their physical ability for labour. The Gothic novels emerging throughout this period scrutinise the normalising efforts underlying apparently more humane insanity treatments. In Edgar Allan Poe's short story, 'The System of Dr Tarr and Professor Fether' (1856), set in Europe, a radical moral therapy is encountered:

managed on what is vulgarly termed the "system of soothing" – that all punishments were avoided – that even confinement was seldom resorted to – that the patients, while secretly watched, were left much apparent liberty, and that most of them were permitted to roam about the house and grounds in the ordinary apparel of persons in right mind.

(2012: 293)

The twist, of course, is that the madhouse has been overrun by its patients. This reflects a wider concern, for in the Gothic, an enduring trope that still haunts its fiction is that the lunatics are always running the asylum.

A non-restraint medical movement had emerged in Britain from the 1830s. John Connolly of Middlesex County Lunatic Asylum was one of the proponents of this movement. Though Connolly managed to improve life for many patients, there is an extent to which his

motives and methods remain questionable. Writing in *The Asylum Journal* in 1857, Connolly notes that:

We are the custodians as well as the physician of those confided to our care. For this reason we are liable to suspicion on the part of the public, unfair and unfounded it is true, but not the less natural. We ought not, therefore, to submit our patients to any species of treatment which has even the appearance of harshness or with undue severity. The public repute of psychological medicine is in our hands, and to weaken the faith of the public in its humanity is to inflict a real injury on the insane, and upon ourselves.

(1857: 259)

The public image of the medical profession is important for the success of its power and authority. Though, as Elaine Showalter argues, the domestication of madness is really just another normalising strategy: ‘a taming of the brutish lunatic, a re-assimilation of madness into the spectrum of recognisably human experience. [...] [E]fforts to bring madness into the circle of the familiar and the everyday’ (1987: 28). Gothic configurations of the madhouse are likewise haunted by questions of what it is to be human and mad. In Wollstonecraft’s *Maria*, ‘[h]orror still reigned in the darkened cells, suspicion lurked in the passages, and whispered along the walls. The yells of men possessed, sometimes made them pause, and wonder that they felt so happy in a tomb of living death’ (2006: 91). The object of this historical survey has been to reiterate the ways that Gothic discourses haunt the institutional madhouse sites themselves. Chapter one will look further and beyond these contexts, as this argues that Gothic’s true madness is not found in the Victorian asylum after all, but outside its barred walls in the hauntingly everyday injustices of racism, bigotry, and cultural intolerances.

Research Design

This study begins with a continuation of this madhouse history, focusing specifically on how madness in the Gothic encrypts truth. Chapter one draws from nineteenth-century Gothic texts, and this includes the archival sources from English and Scottish asylums. These archives are extra-literary sources, close read in the same way that the Gothic is. The reason behind this approach is to demonstrate more explicitly how the Gothic palimpsest is haunted by its own memories of history. Given the wide array of Victorian Gothic novels, any number of texts could have been studied in relation to the madhouse. Chapter one, however, deals only with three fictions. These texts, the most infamous of which is Bram Stoker's *Dracula* (1897), are deliberately isolated from other works in this era because they strongly epitomise the Victorian sensation trope that truth is suppressed in the asylum. The first text examined here is the Sweeney Todd story, *The String of Pearls* (1845). This work has not received much scholarly attention, but it demonstrates a very particular fascination with the madhouse, and it is arguably one of the first Victorian Gothic texts to sensationalise this functional site. While the differences between Gothic writing and sensation fiction are important, *Lady Audley's Secret* (1861-2) bridges the two genres. The sensation trope of false confinement is politicised in this novel, but it also gothicises its portrayal of madness. *Dracula* has been chosen because it is probably the most iconic Victorian Gothic work, but its madhouse scenes warrant original close reading. Parting ways with the Victorian era, although many of the tropes seen here will haunt other madhouse regimes, the second chapter turns to the early twentieth century. Chapter two is one of two sections of this study to focus on the works of a single author. There is a reason for this: while it is possible to gothicise popular and modernist writings of this era, H.P. Lovecraft is far more recognisably a Gothic writer. This chapter does include an examination of weird fiction and how this relates to the Gothic genre, but Lovecraft's use of the madhouse is, perhaps unexpectedly, a most sympathetic portrayal.

Lovecraft's fiction represents the madhouse as a genuine sanctuary for madness, and his madhouses are haunted by something other than what has come before. The texts examined here are united by a common theme of psychic possession. These texts include: 'The Tomb' (1917); 'Beyond the Wall of Sleep' (1919), *The Case of Charles Dexter Ward* (1927), and 'The Thing on the Doorstep' (1933). The madhouse regime encountered in chapter three can be described as a transition from madwomen in attics, to the lunatic next-door. Chapter three looks at the mid-twentieth century, when asylums close and community care practices come into effect. In this sense, it demonstrates a Foucauldian notion of Great Confinement offset by a notion of Great Releases. This concept seems unique to Gothic writing of the 1950s where an unregulated madness is left to the excessiveness of its own, apparently meaningless, destructive desires. Robert Bloch's *Psycho* (1959) offers a very specific fear of what happens in the absence of the madhouse. Marking a return to the asylum, Ken Kesey's *One Flew Over the Cuckoo's Nest* (1962) utilises negative aesthetics in its asylum portrayal, while Iain Banks' *The Wasp Factory* (1984) entertains the problematic notion of 'lunatics on the loose' and uses its remote island setting as a metaphor for the abandoned asylum, while *Mother London*, by Michael Moorcock, deals with the era of deinstitutionalisation from the end of the Second World War through to the rise of Thatcherism. Chapter four isolates Patrick McGrath's fictional oeuvre because it reflects millennial anxieties about mental health treatment, and his texts are haunted by the history of what has come before and anticipates a future of uncertainty regarding the asylum. *Spider* (1990) demonstrates madness at a crossroads: community care offers halfway houses, but Gothic concerns of madness persist in the novel and in society at large. McGrath's *Asylum* (1991) returns to the madhouse, and the haunting issue of the lunatics in charge of the institution is once again in effect; 'Ground Zero' (2005) and *Trauma* (2007) demonstrate a shift in the power relations between doctor and patient, and show psychiatrists in turmoil: the asylum is replaced by the private therapy

session. Furthermore, McGrath's own historical researches and medical knowledge have influenced deliberate and specific portrayals of madness, and these contexts inspire further investigation with reference to the McGrath archives housed at the University of Stirling. The closing chapter of this hauntological project shows how modern and contemporary Gothic looks back at its past. The modes of history and memory are a contested palimpsest here, as neo-Victorian Gothic fictions project their own anxieties into the historical past. Sarah Waters' *Fingersmith* (2002), and John Harwood's *Asylum* (2014) demonstrate diverse ways of counterfeit remembering. This chapter utilises reader-response theory to highlight the cultural expectations of neo-Victorianism, a term that is defined fully in chapter four. The extent to which these fictions are exploitative of mental illness is given full consideration in this chapter and this important issue is revisited in the conclusion. The conclusion of this thesis will address how the enduring relationship between madhouse and Gothic anticipates a future for mental healthcare in Western popular culture.

Chapter One

Gothic Truths in the Asylum

Within the heart of central Scotland, in Larbert, Bellsdyke Hospital stands today in place of what was once the local Lunacy Commission's institution, the Stirling District Asylum.¹ The spectral legacy of functional confinement has much to do with the exhumation of past regimes being brought to light, but the archival documentation of casebooks, patient registers and clinical inventories amount to nothing if the wider context of such historical narratives is not realised, interrogated and considered as part of a greater discursive human experience: the unspoken story of madness itself. The Asylum Register and Casebooks record that Bellsdyke Patient 1128, William Murray, was a nineteen-year old pauper from Stirling who was placed under the charge of the asylum in 1878 for demonstrating a 'weak bodily condition', while his mental ailment was diagnosed as 'imbecility' believed to be the result of the hydrocephalus he had contracted at the age of ten months (*Casebooks SD 4/4*, 1878). These casebooks also reveal the account of Patient 1277, Isabella Newton, a servant sent away by the county sheriff for symptoms of mania, but who later enacted a successful escape from the institution on the 2nd June 1879 only to come back and 'recover' on the 23rd June the same year (*Casebooks SD 4/4*, 1879). Newton was readmitted on the 27th December 1879, and it is unclear whether she spent her final years at the Stirling District Asylum as her records for the time thereafter no longer exist.

These real-life historical events are recorded by one medical institution, and though illuminating, such extraliterary sources depersonalise the experience of being certified 'mad'

¹ Bellsdyke Hospital today is a psychiatric hospital comprised of three mental health units. The original Bellsdyke, the Stirling District Asylum, opened in 1867 and eventually housed 562 pauper patients.

in the nineteenth century. Whether through illness, illiteracy, or the unwillingness to share stories of institutional malpractice, people like Murray and Newton have their stories told for them. These accounts are written largely by the medical attendants, doctors, and overseers of the asylum. That is, in appraising these documents for an understanding of medical history, we inevitably elide the very thing that matters most to a more fundamental knowledge of repressed human experience: the patient's own unadulterated voice, the madness of their own terms, and their own uniquely conveyed subjective truths. All of these are unwittingly obfuscated by our contemporary research methods of access, as well as by the varying apparatus of the clinical gaze. For the complete picture to emerge we surely require both the medical record and the breakdown memoir itself. And yet, perhaps the reason why such resources can rarely be found side by side is because of a deliberate politicised intervention to silence, one that the Victorian Gothic literary aesthetic keenly exploits.

While the introduction to this thesis has examined the historical origins of the contested term that is madness, it remains the work of this chapter to demonstrate more exclusively the ways in which Gothic discourse inherently relies upon a language of madness to convey counter-practices in representing asylum memory. This counter-narrative relates to the missing voice of madness by focusing on how the literary figure of the asylum haunts Victorian fictional productions. The following begins by expanding upon the relevant background contexts of the nineteenth century, with particular focus upon the medicalisation of madness, while the later sections draw from these ideas to offer fresh critical interpretations upon false confinement in three Gothic fictions: the penny blood *The String of Pearls* (1846-7); Mary Elizabeth Braddon's *Lady Audley's Secret* (1861-2), and Bram Stoker's *Dracula* (1897).

Medicalising Madness

The issue of medicalising madness is key to the reading of primary texts that follow in this chapter. Madness has for a long time been the object of various positivist enquiries, each making claims to authoritative truths pursued in the name of reason and a progressivist vision of modernity. For thinkers such as Michel Foucault, however, these Cartesian-based understandings of reason have knowingly banished madness from discursive practices since the Enlightenment. In the appendix to the Routledge *History of Madness*, ‘Madness, The Absence of an Oeuvre’, Foucault claims that:

Since the seventeenth century, madness and mental illness have occupied the same space in the field of excluded languages (roughly speaking, that of insanity). [...] [Mental illness] is set to enter a technical region that is increasingly well controlled: in hospitals, pharmacology has already transformed the rooms of the restless into great tepid aquariums. But below the level of these transformations, [...] a *dénouement* is beginning to come about: madness and mental illness are undoing their belonging to the same anthropological unity. That unity itself is disappearing, together with man, a passing postulate. Madness, the lyrical halo of sickness, is ceaselessly dimming its light. And far from pathology, in language, where it folds on itself without yet saying anything, an experience is coming into being where our thinking is at stake; its imminence, visible already but absolutely empty, cannot yet be named.

(2009: 549)

As a range of modern and contemporary Western therapeutic measures begin to rely upon the liberal humanism that translates an historical madness into the scientific discourses of mental illness, perversely, the very truth of this vanquished other (un-Reason) remains no longer silenced but displaced: madness becomes a catchword for the ignorance that has relegated and hindered the appropriate accommodation and treatment of the mentally unwell, a stigmatising and even an offensive term. Mental illness, on the other hand, is the intervention of the medical sciences therapeutically to systematise turbulent psychological distresses and such humanitarian efforts are to be respected, in part, for relieving victims of folly, hysteria and ‘*the English Malady*’ from barbaric and punitive regimes. And yet, the issue that remains is that if what was once regarded as madness becomes a contemporary form of mental illness,

perhaps some variety of psychosis, then the original terms of this madness become something altogether different. Paradoxically, this threatened loss reifies the very efforts of the powers that originally sought to silence and exclude it in the first place. Madness may remain a lingering concern for the historian or etymologist, but if it can be pathologised then the truth of (or in) any experience of madness is compromised. In short, in notions of mental health and mental illness we lose the substance and contents of madness altogether. The anthropological unity of madness and mental illness has, in this sense, far more to do with normalising judgements. Grief, trauma, anxiety, and depression are all symptoms to be overcome or managed, but idiocy and its domain of (repressed) experience no longer exists as a clinical category. We have buried some and recovered other stories of veiled bureaucracies enacting social exclusion, yet, more importantly, we continue to ignore how these powers came to occur and sustain themselves, jeopardising any efforts to access the past on its own terms. By denying madness the right of its own discourse, however, we risk dismissing the voices and experiences of those unjustly punished or confined in its name.

If we are to recover that silence and truth of madness, then the asylum is a logical place to start digging. Like the asylum, where truth is frequently cemented into a forced silence of delusion, the excessive and elusive mode of the Gothic is haunted by its irrepressible fetish of live burial and entrapment. Gothic departs from the medical gaze to encourage readers' empathy with marginalised asylum populations. In this chapter, Victorian Gothic literature is privileged because it portrays the garbled nonsense of otherwise insane ramblings as the bearer of subversive truths. In turn, these narrative truths undertake a cultural work of outing juridical falsehoods termed madness. Gothic literature is, generally, not written by the mad. While certain Gothic authors may indulge eccentric behaviours or even demonstrate the symptoms of contemporary mental illnesses, the mad confined in Victorian asylums would have been largely illiterate or unwilling to document their

experiences so publicly. Nonetheless, Victorian Gothic literature signals its readers to listen to the voice of the other. While such texts cannot literally restore voice to the silence of madness, they do seek to enable a platform from which madness can at least be seen (read). These nineteenth-century texts encouraged their readers to sympathise with the plight of madness and recognise the ill-treatment of patients.

In this sense, Victorian Gothic literature is the lost oeuvre of madness of which Foucault speaks. This is not necessarily the view shared by medical historians. Andrew Scull, for instance, isolates nineteenth-century sensation fiction, particularly works by Charlotte Brontë and Wilkie Collins, and argues that:

Melodramas of these various sorts should not be taken as balanced or accurate representations of the fate of the mad in confinement. Global indictments of the trade in lunacy would be used by nineteenth-century lunacy reformers, for whom painting the *ancient regime* madhouse in the darkest of hues would prove a vital weapon in stirring the moral consciences of their contemporaries and persuading them of the need for change. Horrors certainly existed, and the reformers would delight in rehearsing them. But from another perspective, the unregulated state of the mad-business did at least allow for the growth of experience in the handling of the insane in an institutional setting, and for experimental approaches to their treatment.

(2015: 144)

By contrast, this chapter argues that Victorian Gothic writing is didactic and writes critically of the asylum. Gothic writing of the nineteenth century does not so much seek to effect reform politically, but it does desire to echo the gilded madness crying out from behind historically locked doors. Ultimately, Gothic cannot voice madness, but it can restore truth to those silenced by it. As irrational and melodramatic as madness encounters may be in the Gothic, the mode remains a key component in abreacting the silence of insanity and of highlighting a most frequented claustrophobic anxiety: that truth, as Robert Browning eerily hinted towards, may be found in the darkest of *madhouse cells*.² This chapter argues that

² See Browning's dramatic monologue *Porphyria's Lover* (1842), originally published under the title 'Madhouse Cells'.

Victorian Gothic depictions of the madhouse, an institution with which its authors are contemporary, is engaged in a specific cultural work: these Gothic texts register and articulate the silence of a madness that has been perceived to threaten rational speech. It does this by subverting the view of the asylum as a guarantor of truth by demonstrating this functional site to be, by contrast, the very generator of falsehoods.

Before proceeding to unearth these Gothic truths locked within district asylums, it is crucial to address some matters of historical context (not addressed in the introduction) regarding the legislation of madness, and, by extension, how these laws find themselves infusing the Gothic literary imagination between 1845 and 1897. The Lunacy Act of 1845 is most immediately pertinent here, given this timeframe, but it may be more helpful to conceive of this as a revisioning of the 1828 Madhouse Act. The earlier law required two medical certifications of insanity for private patients and only one for pauper residents, while the law of 1845's most significant change was to introduce the Lunacy Commission or Commissioners in Lunacy. The Commissioners in Lunacy were essentially a bureaucratic governing body placing lawful restrictions on improper practice and urging hospital staff formally to document cases of restraint (see Porter 2002: 108-109; see also Wise 2013: 387-391). This is not to say that such legislation brought about social improvement, for as insanity became institutionalised it also became industrialised. In Scotland, a practice known as 'Boarding-out' (frequently employed in workhouses) was enacted by parochial district boards who considered the public cost of maintaining pauper asylums too high and that lunatics were often 'over-indulged' in such environments. 'Boarding-out' saw many a pauper lunatic relocated to rural areas as an apparently more viable expense to the public taxpayer.³ Overpopulated workhouses now had a new architectural overflow for their idle paupers to

³ On this see D. Tuke writing in *The British Journal of Psychiatry* in 1889. Tuke comments that: 'it is not only justifiable but a duty to the ratepayers to adopt the boarding-out system' (1889: 504).

inhabit, particularly when the unpredictable tempestuous fits of epileptic denizens might inflict violence upon the poorhouse governor.⁴ The fear in this new lunacy trade was quickly realised and exploited by nineteenth-century Gothic. The narrative truth possessed by those confined in the madhouse is always one which threatens an exposure, usually some weakness in the claim to power from which a particular authority derives its otherwise impenetrable governmentality. Jurisdiction, as Foucault has consistently shown, is a discursive method for enforcing and encoding civil obedience: ‘the economy of illegalities was restructured with the development of capitalist society. The illegality of property was separated from the illegality of rights’ (1977: 87). So, too, was the madhouse surplus to reiterate a law of silence to dissuade any serious interrogation of its principal authority, that is, of course, until we begin to consider Gothic preoccupations with lunacy in this period. Haunted by the perceived oppressive regime of the madhouse, Gothic literature of the nineteenth century looks for ways to write this untold history. As will be demonstrated in the readings that follow, Victorian Gothic encounters with the madhouse are at all times concerned with the suppression of truth.

Sweeney Todd’s Madhouse: Concealing Truth in *The String of Pearls*

The String of Pearls, the infamous penny blood, was first serialised in the *People’s*

Periodical and Family Library, ‘a weekly miscellany of fiction, oddities and advisory articles

⁴ I allude here to an incident recorded in Stirling District Asylum’s casebooks: Patient 679, Archibald Forbes was a thirty-three-year-old pauper from Falkirk who had suffered from epileptic seizures since the age of one. He came to the poorhouse at Falkirk aged fifteen (date unknown) where his behaviour became ‘so unstable and incoherent’ that he was moved to the Stirling District Asylum (*Casebooks* SD 4/4 1889: 133). The Lunacy Commissioners medically certified him as having a ‘weak minded appearance’, and ‘imbecility’. The report goes on: ‘He is an epileptic and has no control over his morbid passions. He has without provocation assaulted several inmates of the poor house along with its governor’ (*ibid.*). Forbes would, according to this initial report, also refuse to speak to attendants, although subsequent information is more ambivalent as his case notes describe him as a ‘placid, pleasant and conscientious’ individual, despite being readily irritable and prone to ‘faking seizures’ (*ibid.*). The last recorded entry for Forbes reports ‘no mental change’ in his condition, and, as time went on, his seizures became more frequent, leading the attendants to subject him to heavy doses of chloroform.

produced by emerging publishing giant Edward Lloyd' between 1846 and 1847 (Crone 2012: 160). While its namesake antagonist, Sweeney Todd, has enjoyed an iconic status in popular culture – as has the question of the narrative's authorship, which continues to surface in literary debates today⁵ – Todd's unwilling protégé Tobias Ragg and his misadventures in New Peckham Rye Madhouse have received little scholarly attention, and Tobias remains a dispossessed figure on several fronts. There is a pressingly obvious reason for this: in terms of narrative, however low-brow the reputation of penny bloods may be, Tobias is simply not as *interesting* a character as the cannibalistic barber of Fleet Street himself. On the other hand, the madhouse episode is (like much of the novel) replete with real-life geography and, on a closer examination, we may find some evidence as to where the fictional Peckham Rye madhouse may have met influence with a non-fictional source. By locating this real-life inspiration for the featured asylum, the penny dreadful demonstrates a much more politicised reading by openly critiquing places and figures involved with the nineteenth-century lunacy trade.

'Rambling' over Blackfriar's Bridge, Sweeney Todd has detained his apprentice over fears that he may expose his nefarious crimes and so devises a plan to incarcerate him in a private madhouse. The journey is accounted for as follows:

Going at the rate they did [in a hackney coach], it was nearly two hours before they arrived upon Peckham Rye; and any one acquainted with that locality is well aware that there are two roads, the one to the left, and the other to the right, both of which are pleasantly enough studded with villa residences. Sweeney Todd directed the coach-man to take the road to the left, which he accordingly did, and they pursued it for a distance of about a mile and a half. [...] There was a lonely, large, rambling old-looking house by the way side, on the left. A high wall surrounded it, which only allowed the topmost portion of it to be visible, and that presented great symptoms of decay, in the dilapidated character of the chimney-pot, and the general appearance of discomfort which pervaded it.

⁵ Dick Collins, for example, has attributed the authorship of *The String of Pearls* to James Malcolm Rymer, (see the introduction to the Wordsworth edition of the text, pp. v-iii), although other scholars maintain that Thomas Prest was the original author (see Crone 2012: 160-200). The present study cites Rymer on the basis that this name is used on the edition consulted.

(Rymer 2005: 150-151)

From this wild journey, with a confabulation of lefts and rights, villa residencies and tall houses with high walls, it may appear to be something of an impossible task to find a *real* madhouse influencing this fictional description. Peckham Rye itself – the contemporary road in Southwark – is approximately a one-hour walk from the aforementioned Blackfriar’s Bridge. However, Todd’s journey can be made somewhat more discernible if we simplify matters by harking back to *his own* starting point: ‘Fleet-street, towards old Fleet Market, which was then in all its glory, if it could be called glory which consisted in all sorts of filth enough to produce a pestilence within the city of London’ (149). To walk this distance today would take around half-an hour, and one would inevitably find oneself venturing through the district of Camberwell. This is where geographical fact begins to meet with its antecedent in popular serialised fiction.

The owner of the madhouse featured in *The String of Pearls*, a ‘wily Mr Fogg’ (194), writes a deceitful note to the inspectorate body, a representative Dr Popplejoy, to deter any suspicion of institutional malpractice and infamy. Though founded in practices contemporary to its writing and publication, this alleged formality is an anachronism, as the serial claims to be set in ‘A.D. 1785’ (3), and private madhouses were generally left to their own devices until the abuses at York Asylum prompted the opening of the York Retreat in 1796, after which moral treatment was to occupy subsequent discursive practices concerning madness. The note Fogg sends is prefaced by the explicitly subjective narrator as follows: ‘[t]he note will speak for itself, being as fine a specimen of hypocrisy as we can ever expect to lay before our readers’ (194). While this certainly conveys a hesitancy towards the private management of such institutions, Fogg, more usefully here, signs his return address as ‘*The Asylum, Peckham*’ (194, original emphasis). No such *named* building ever existed in Peckham, but in 1826 the newly licensed Peckham House Lunatic Asylum opened its doors

to private patients in Peckham High Street, Camberwell. If, as Foucault has stated: ‘discipline proceeds from the distributions of individuals in space’ (1977: 141), then it may be telling (perhaps even unsettling) to know that what remains of Peckham House Lunatic Asylum is now a school in nearby Lyndhurst Road (see Roberts, 1981 section 6). The original proprietor of the real-life Peckham House was Charles Mott (see *Report from His Majesty’s Commissioners* 1836: 192), who, in one of many enigmatic responses to Edwin Chadwick’s inquiry into the maintenance of the Poor Law, claimed:

No person can be more desirous than I am to make a distinction between respectable poverty and lazy, worthless pauperism; but I have always thought that the means of doing this should spring from a source quite unconnected with the poor rate; from benevolent gifts or voluntary contribution, rather than a *compulsory rate*, which is distributed indiscriminately to the worthless and deserving, unmindful of either strength or decrepitude, age or character.

(1836: 196)

Whether or not Fogg might in any way be based on Mott is uncertain, but what is curious about *The String of Pearls* is the way that it consistently reproaches and critiques the social economy of madhouses. We might provocatively contrast Mott’s comments above with Fogg’s sinister recollection of deliberately cheating a female patient out of money during the episode, ‘Mr Fogg’s Story at the Mad-House’, in which he shares misdeeds with fellow villain Todd over wine. Fogg reveals how he told his former patient that “‘You must really be mad. We do not hear of young ladies carrying deeds and parchments about them when they are in their senses’” (Rymer 2005: 178-9). On being told that Fogg will retain this parchment, Fogg’s patient rather conveniently bursts a blood vessel and dies: ‘That was the fact. She was dead before another half hour, and then I sent to the authorities for the purpose of burial; and, producing the certificate of the medical men, I had no difficulty, and she was buried all comfortably without any trouble’ (179). The end of this episode in the serial concludes with the eerie self-affirmation as profiting from the mad by way of ‘business-as-usual’:

“Nobody at all that I know of, [Fogg refers to surviving relatives] save distant relations and I did very well; but then you know I can’t live upon nothing: it costs me something to keep my house and cellar but I stick to business, and so I shall as long as business sticks to me.”

(180)

Government inquiries may yield acts of reform in poorhouse and madhouse management, but it is the literary Gothic’s haunting discourse, its tendency to work against, and resist, all acts of historical repression and cultural amnesia, that more powerfully conveys the relations between truth, madness and the business of a madhouse free market, exposing as it does so, the dreadful economy of the madhouse system itself.

The preceding episode to ‘Mr Fogg’s Story at the Mad-House’, imaginatively titled ‘The Night at the Mad-House’, is one of the most politically condemning narratives to feature in this serial. At no point in the penny blood is madness in the madhouse shown to be atavistic. Neither is *The String of Pearls* construed as a bourgeois gaze upon the ‘poor unfortunates’ detained in social institutions – as per the domain of Charcot and the Salpêtrière – although the text does encourage readerly empathy. Tucked away beneath ‘a number of winding passages and down several staircases towards the cells of the establishment’ (164), Tobias laments his situation:

In vain he struggled to get free from his captor – as well might a hare have struggled in the fangs of a wolf – nor were his cries at all heeded; although, now and then, the shriek he uttered was terrible to hear, and enough to fill any one with dismay. “I am not mad,” said he, “indeed I am not mad – let me go, and I will say nothing – not one word shall ever pass my lips regarding Mr. Todd – let me go, oh, let me go, and I will pray for you as long as I live.”

(164)

This situation here is all too familiar for those well-versed in Gothic tales of torture: the recipient of punishment appeals to his captors by promising to deny or forget their forbidden knowledge, the information that has led them to entrapment, and insists upon their innocence and sanity in ‘shrieks’ and terrifying cries that reify Tobias’ claims to the contrary. Tobias

succumbs to a speech of madness, a seemingly impenetrable language of shrieks, cries and guttural noises, but Tobias still articulates truth in the narrative as he comes to escape the institution and lucidly reveal his knowledge of Todd's crimes. Meanwhile, the speech of madness becomes a struggle for ontological assertion; the mad patient screams their protests of sanity only to become mentally and physically exhausted by doing so:

He screamed and shrieked for aid. He called upon all the friends he had ever known in early life, and at that moment he seemed to remember the name of every one who had ever uttered a kind word to him; and to those persons who, alas! could not hear him, but were removed away from his cell, he called for aid in that hour of his deep distress.

(165)

Later, Tobias becomes wearied by his protest and breaks out into a cold perspiration and, 'his excited fancy began to people [his cell] with strange, unearthly beings, and he could suppose that he saw hideous faces grinning at him, and huge misshapen creatures crawling on the walls' (166). The reality of his captivity has brought on some form of psychotic aphasia, a turn to madness in an effort to resist this charge. Before the narrative shifts back to Todd, Fogg and their wine, we find the most haunting of all closing paragraphs in this tale, far worse (in some respects) than the revelation of what is really in Mrs Lovett's meat pies: 'if such visions should continue to haunt him, poor Tobias was likely enough to follow the fate of many others who had been held in that establishment perfectly sane, but in a short time exhibited in it as raving lunatics' (166). *The String of Pearls* offers its readers the idea that anyone can go mad should they meet with harrowing circumstances.

The remains of Peckham House Asylum are today reduced to the patient admissions register titles, but a surviving document exists in the form of a printed advert in the Wellcome Collection's 'Asylum Ephemera Box 1' (B351C3):

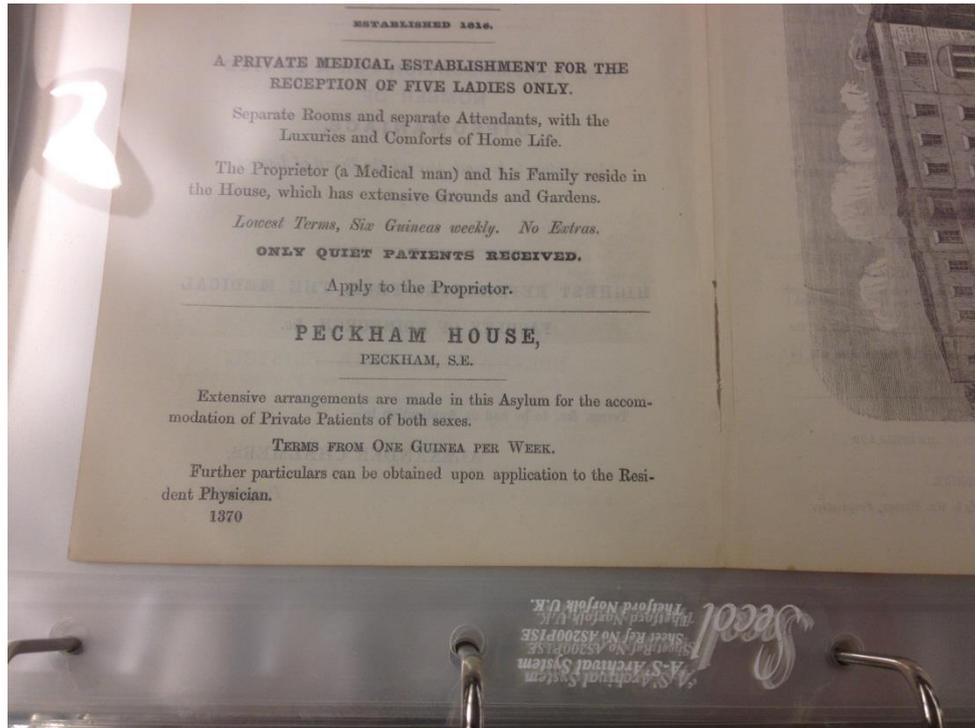


Figure 2 ‘Advert for Peckham House’ unknown publication, c. 1860

According to the government publication, *Remarks Upon the Report of the Metropolitan Commissioners on Lunatic Asylums* (1845), and from its ‘General statement of Insane Persons confined in Asylums in England and Wales’ (1845: 13), we can assess the following statistical information for institutionalised people in England for the two year period before Todd first appeared in serial form: there were 3,790 private patients, 1,045 said to be curable and the other 2,745 incurable (1845: 13); 7,482 pauper patients of whom 1,484 were curable leaving 5,998 incurable (1845: 13, all figures appear as stated in the text). As the report makes clear, however, these figures do not account for any mad persons detained in workhouses. This report eschews panoptical desires while retaining a transparent concern for the patient’s wellbeing:

The main object to be borne in mind, in the construction of lunatic asylums, is to combine cheerfulness with security, and to *avoid everything which might give to the patient the impression that he is in a prison*. The boundary walls should embrace a large space of ground and should be placed as to form no obstruction to the view of the neighbouring country. This is best accomplished by placing them at the foot of a

slope; but should the ground be level, they may be built in a sunk fence, so as to answer every purpose of security, and at the same time permit a cheerful look-out.

(1845: 8-9, my emphasis)

Of course, the more something is determined to be unlike another thing, the more likely it is to be so. This irony is fully realised by the commissioner's report, as they later state that:

The certificates of insanity and the order for his admission into the asylum are termed 'commitment papers' and he is said to be 'committed'. The nurses are termed 'keepers'. Does this not savour rather of transport to prison than removal to an hospital? We recommend total disuse of these terms, as calculated to favour the present erroneous views regarding the true motive of leading a patient to an asylum.

(15)

The String of Pearls problematises such normalising strategies by portraying its madhouse in as grotesque detail as possible. The discursive practices employed around functional sites inevitably rely on methods of punishment and the mechanisms of commitment are vividly akin to confinement. Irrespective of the motives that drive it, to replace the language of seclusion merely cements the silence of some far greater repression. As Foucault has argued: '[m]adness was no longer conceived of as the counterpart of history, but as the hidden face of society' (2009: 378). The notion of mental illness remains the contemporary normalising strategy for eliding the discourse of madness. Madness, however, exceeds language as it appears to emerge in senseless outbursts, but in the long nineteenth century, Gothic texts return to counter medical tracts as they look for other ways to articulate prophetic insights behind pathological wailing. *The String of Pearls*, in its depiction of false confinement, shows the horrors of corrupt institutions; though the penny dreadful sensationalises the role of the madhouse, the text condemns the way that organisations like the Lunacy Commission are able to exploit the law for social exclusion practices.

Mad-Speech in *Lady Audley's Secret*

To make sense of a mad person's speech is a risky undertaking because such a process necessitates translation by some other who is (most assuredly) not mad. While many persons confined to the lunatic asylum in the nineteenth century had more than likely, at least in the first instance, declared their madness through their speech, the emerging sciences of phrenology and unconscious cerebration were not quick to dismiss their subject's appearance. The methods of early psychoanalysis may be an exception here, although the talking cure remains forceful as it readily translates its subjects' muteness into another language: that of psychoanalysis itself. Meanwhile, casefiles of public asylums, such as Camberwell House Asylum in London, continued to pay keen attention to the distorted speech patterns of their admissions. A particularly noteworthy incident from this institution can be found in its casebook's second volume of male and female patients admitted between March 1847 and May 1850. Here, we find that Patient 481, James Jeffery, is reported to have suffered 'from mania, having been first attacked about one week since of quiet temper but with frequent delusions imagining family members capable of becoming the Devil, and [he] says "that his Grandmother is a Demon"' (B264E1). While the contents of Jeffrey's recorded speech may not reveal any literal truth to his claims, when he was discharged on November 12th, 1847, he was returned 'to the care of his father who stated that some other branches of his brother's fancying were similarly affected' (ibid.). Whether this event was an hereditary condition, some hysteria triggered by abusive family members, or, merely a matter of saying the wrong thing, we may never know. Such mad-speech is reduced to a medical transcription. The auditory substance, context and sentiment of this speech are immediately cut-off from their own terms to reify the view of madness recognised by the medical gaze. While the rules of translating silence echo from the archival remains of madhouses, Victorian Gothic texts look for other ways in which to articulate this repressed speech. Mary Elizabeth Braddon's

sensation fiction *Lady Audley's Secret* is a prime example of this, as it utilises a series of Gothic tropes to problematise, interrogate and convey the senseless language and possibilities of spoken madness.

In his essay of 1977, 'Language to Infinity', Michel Foucault has suggested that:

Writing, in Western culture, automatically dictates that we place ourselves in the virtual space of self-representation and reduplication; since writing refers not to a thing but to speech, a work of language only advances more deeply into the intangible density of the mirror, calls forth the double of this already doubled writing [...] This presence of repeated speech in writing undeniably gives to what we call a work of language an ontological status unknown in those cultures where the act of writing designates the thing itself, in its proper and visible body, stubbornly inaccessible to time.

(1992: 56)

This idea of an infinitely duplicating language aptly provides a framework for examining Braddon's novel. In *Lady Audley's Secret*, the narrated patterns of repeated speech and the duality of appearance are not just plot devices, they are deliberate figures for scrutiny. Before proceeding to examine the Gothic aspects of this novel in more detail, it is worth speculating on the physician's initial advice to Robert Audley towards the end of the novel. During this moment, where Robert hopes to see his aunt brought to justice for her crimes, Dr Mosgrave's speech reveals a somewhat surprising attitude towards her ladyship's expression of madness:

"Because there is no evidence of madness in anything that she has done. She ran away from her home, because her home was not a pleasant one, and she left it in the hope of finding a better. There is no madness in that. She committed the crime of bigamy, because by that crime she obtained fortune and position. There is no madness there. When she found herself in a desperate position, she did not grow desperate. She employed intelligent means and she carried out a conspiracy which required coolness and deliberation in its execution. There is no madness in that."

(Braddon 2012: 407, my emphasis)

Mosgrave's dismissal of madness overtly implicates Lady Audley's faculties for reason. Her actions, however criminal they may appear, are judged to be calculated efforts; they are at once distinguishable from pathological mania. Madness does not appear as an immediate

visible symptom leaving Lady Audley temporarily exempt from this marginalised social order.

Nonetheless, Robert insists that Mosgrave consult his aunt once more in private to ascertain a more definitive prognosis. The first interview takes fifteen minutes, while the second takes ten. Following this additional consultation, Mosgrave realises Robert's fear of a radical woman, and he even comes to share it:

“I have talked to the lady,” he said quietly, “and we understand each other very well. There is latent insanity! Insanity which might never appear; [...] It would be *dementia* in its worst phase perhaps; acute mania; but its duration would be very brief, and it would only arise under extreme mental pressure. The lady is not mad; but she has the hereditary taint in her blood. She has the cunning of madness, with the prudence of intelligence. I will tell you what she is, Mr Audley. She is dangerous!”

(409)

Mosgrave looks upon the patterns of Lady Audley's speech, considering her vocal abilities alongside the hereditary factor of her mother's insanity and her recent misdeeds; from this he can produce a medically distressing conclusion: her 'cunning of madness' and 'prudence of intelligence' mark her as a threat to rational and male-dominated bourgeois society.

Braddon's novel is sceptical of the mental sciences of the nineteenth century and the determination both Mosgrave and Robert have to incarcerate her is pre-emptive of later attitudes that would govern the treatment of insane persons. In *Sanity and Insanity* (1890), for instance, Charles Mercier would write that:

Apart from the fact that it is desirable to cure the insanity, and that in many cases a cure can only be attempted within an asylum, [...] there remains the most important fact that the distinguishing feature of the insane is, not their dangerous aggressiveness, but their revolting indecency and obscenity. Of course, not all the insane are thus characterised, but a majority, probably a large majority, of both men and women, are, or would be if freed from restraint, more shameless and filthy in their conduct than so many monkeys.

(1890: xiv)

While the fin-de-siècle medical writings of Francis Galton, Cesare Lombroso, and Henry Maudsley associate madness with physical deformity and moral conduct, *Lady Audley's Secret* challenges the slipperiness of appearances. The novel also points to the misogynistic expectations that Robert places on his aunt's character. Robert observes how

The innocence and candour of an infant beamed in Lady Audley's fair face, and shone out of her large and liquid blue eyes. The rosy lips, the delicate nose, the profusion of fair ringlets, all contributed to preserve her beauty the character of extreme youth and freshness. She owned to twenty years of age, but it was hard to believe her more than seventeen.

(2012: 59)

In her appearances, Lady Audley exudes youthfulness and her seemingly pleasant appearance is hardly archetypal of the reckless female degenerate. The narration offers another idea, too, that Lady Audley's 'amusements were childish. She hated reading, or study of any kind, and loved society' (59). Here, the radical and controversial figure of a mysterious woman who enjoys pre-Raphaelite art and French literature is contrasted by references to Lady Audley's childlike characteristics. Furthermore, her alleged madness is the more unseemly because it contradicts Robert's ideas of the elegant domestic woman. The novel contrasts this with the physical description of the physician Dr Mosgrave. Mosgrave appears more monstrous in appearance than Lady Audley: '[h]e was thin and sallow, with lantern jaws, and eyes of a pale feeble grey, that seemed as if they had once been blue, and had faded by the progress of time to their present neutral shade' (404). Even the scientific authority of the physician 'had not been strong enough to put flesh on his bones' (404), while his eyes remain 'strangely expressionless' (404). The novel makes a pertinent point regarding appearances and the realities that lurk beneath them.

This issue has also been considered by Saverio Tomaiuolo, who extends this to a reading of the asylum:

‘asylum’ [...] becomes a retreat and a potential prison, a shelter and a site of confinement. Braddon complicates these antitheses with the creation of a female villain who is both pursuer and pursued, persecutor and victim. [...] Slowly but irreversibly, Lady Audley’s domestic ‘retreat’ turns into her clinical ‘asylum’. This is in line with the then current reform in the treatment of mentally-deranged people, in particular women, which aimed at their ‘domestication’ through the performance of simple ordinary duties rather than on the use of physical restraint.

(2012: n.p.)

While Tomaiuolo briefly mentions these historical reforms in the treatment of insane women, later nineteenth-century documentation provides a much more haunting revelation concerning the domestication of such patients. As this chapter argues, by reading these extra-literary sources, it becomes possible to see precisely how the Victorian Gothic is haunted by asylum practices and observations. For example, a surviving, (yet regrettably anonymous),⁶ surgeon’s diary from the Essex County Asylum in Walthamstow (1891) entitled: ‘Medical notes on feeble-minded and/or delinquent girls’, paid sufficient attention to the girls’ head circumferences and the shape of their skulls whilst dismissing hopes of ‘domestication’ altogether. Here, we find many disparaging remarks on those under the care of this institution. One of these girls, Patient 73, Alice Ransom, (aged fourteen), was described as:

a slut, beggar and thief. The mother lived apart from the father and sold up the house. Father a criminal convicted sixteen times before child admitted. The child had been violated previous to admission probably with the father’s consent. Her father [...] in brothels and leaned on her beggings [*sic*].

(B306C3 1891: 33-34)

Alice is recorded as being fond of and kind to animals, but the author feels compelled to qualify this observation by adding that she is ‘a thief and a liar’ (B306C3 1891: 34). Another girl, Patient 47, Ann Drake (aged fourteen), was the daughter of a prostitute whose ‘present condition was ‘well developed – looks sixteen – dark eyes’ (B306C3 1891: 29). Her character

⁶ Inscriptions in the manuscript name a ‘Dr A. Wilson’, and such a figure certainly worked at Essex County Asylum from 1891-1894. It is possible, however, that these inscriptions refer to another attendant. 70 patients were under the care of the surgeon who wrote the diary, the youngest of whom was nine-years-old.

was allegedly: 'honest [...] she is very naïve – thoughtful [...] quite untruthful. She was in service on license and had a boy fifteen-years old as a lover. Clean [...] but lazy – rues everyone who has to do with her' (B306C3 1891: 29-30). Hand-drawn sketches of the patient and their skull-shapes are replete in this work, as in the example below:

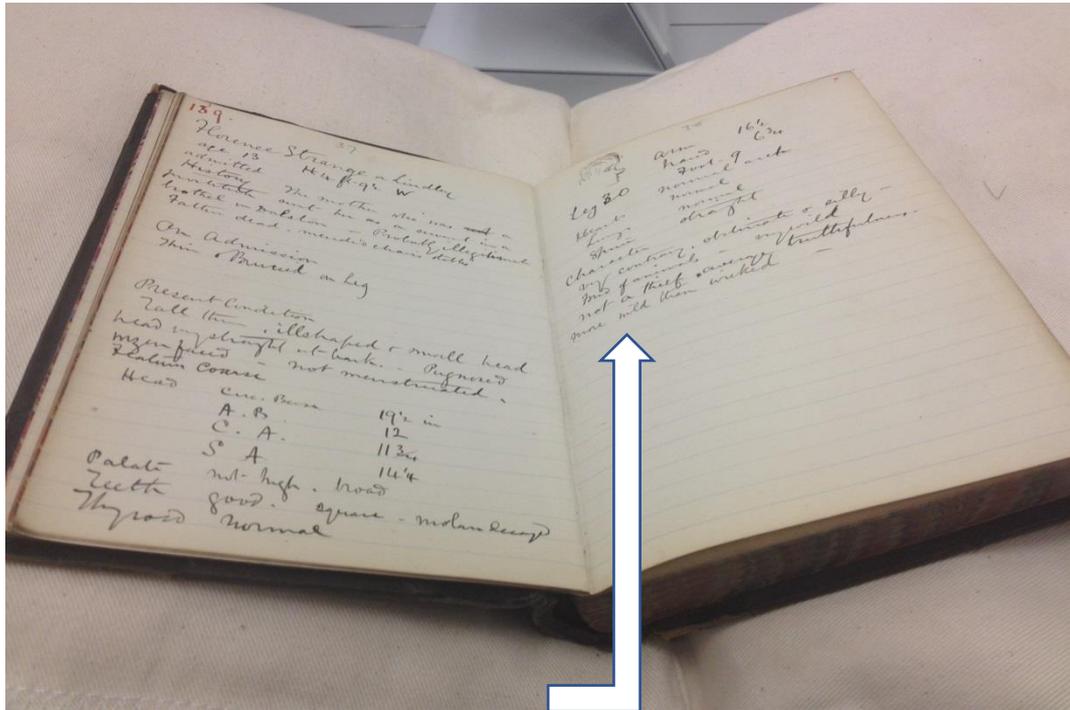


Figure 3 'Medical notes and patient sketches' (1891) (Arrow indicates illustration)

Such medical documentation demonstrates an inherent disregard for the patient's own voice. While it is necessary to remember that this artefact is a privately intended document, one cannot help but to notice that for every positive attribute recorded, the author of this diary has felt it necessary to qualify these with a reminder of the 'wayward' nature of his charges. In Braddon's novel, *Lady Audley* is, as Tomaiuolo suggests, brought out of the domestic terrain to a realm of jurisdiction: from her working-class origins, to the wife of an upper-class gentleman, and finally to a private and foreign madhouse built on the site of a former convent. However, her incarceration has far more to do with Robert Audley's own desires to justify his act of silencing her. Of course, her ladyship's turbulent mental state might bring

the Audley family name into disrepute. Like the remarks featured in the anonymous surgeon's diary, *Lady Audley's Secret* demonstrates a fear of radical and non-compliant women. Additionally, both texts reveal the lengths that men will go to in order to silence and repress femininity in the name of madness.

So far, this chapter has examined the silence of madness as an echo, a relic of past regimes that elides a more subjective ontological experience. In *Lady Audley's Secret*, however, this situation is subverted so that it is the status-quo of bourgeois lifestyle that remains questionable, an impulse made possible, in part, by the fact that madness has much to say in this novel. In the chapter entitled 'Buried Alive', Lady Audley is brought to an asylum and her mad-speech demonstrates many lucid observations regarding her situation:

One of the windows was shrouded by a scanty curtain of faded red; and upon this curtain there went and came a dark shadow, the shadow of a woman with a fantastic head-dress, the shadow of a restless creature, who paced perpetually backwards and forwards before the window. Sir Michael Audley's wicked wife laid her hand suddenly upon Robert's arm, and pointed with the other hand to this curtained window. "I know where you have brought me," she said. "This is a MAD-HOUSE."

(417, original emphasis)

Robert does not respond to this statement, his silence confirming the truth of the situation.

Lady Audley tentatively observes the 'shadow' of an institutionalised patient, the shadow of what she is to become. She watches this silent figure pace 'perpetually backwards and forwards', and, as if she realises that this is a place where speech must leave her too, she makes full use of her voice to condemn Robert: "'What is this place, Robert Audley?" *She cried fiercely*. "Do you think I am a baby, that you may juggle with and deceive me – what is it? It is what I said just now, is it not?"' (417, my emphasis). The response given by Robert anticipates the normalising strategies that characterise and frequently recur throughout contemporary discourses on mental illness: "'It is a *maison de santé*, my lady, [...] I have no wish to juggle with or to deceive you'" (418). The invocation of the French language, Robert

hopes, will placate Lady Audley by conjuring notions of tranquillity. The effect, however, fails, as Lady Audley recognises that: ““this is a house for mad people”” (418). Though she has cried fiercely in her last attempts to be seen as sane, mirroring the desperate efforts of Tobias in *The String of Pearls*, Lady Audley’s mad-speech proves not to have any madness in it all. Rather, her alleged ramblings merely point to the madder society that oppresses her. As she tells Robert, coldly: ““the law could pronounce no worse sentence than this, a life-long imprisonment in a mad-house. You see I do not thank you for your mercy, Mr Robert Audley, for I know exactly what it is worth”” (425). Her final words threaten to see past Robert’s veiled mercy, empty gesturing and rhetorical games. *Lady Audley’s Secret* demonstrates that even if the madhouse appears to be a final destination, madness does not silence easily.

Can the Insane Speak? The Case for Renfield’s Phonograph in Bram Stoker’s *Dracula*

In many respects the model subject for Gothic studies, Bram Stoker’s *Dracula* (1897), the novel, much like its namesake revenant, forever seems to endure. Given the numerous studies that address madness in Stoker’s semi-epistolary novel, it is crucial to state explicitly this chapter’s original contribution to the field: this chapter reads *Dracula* as a palimpsest of mad-speech, primarily focusing on the way in which it records the audible sounds of madness. This, in turn, seeks to add to existing critical dialogues dealing with the topic of institutional malpractice and asylum abuse. First, it is worth noting that madness itself operates on three fronts in the novel. The first operation of madness is descriptive; that is to say, it concerns the way that characters respond to horror as when Jonathon Harker exclaims: ‘the very thought drove me mad’ (Stoker 2000: 84).⁷ The second narrative use for madness in *Dracula* is

⁷ See also the following select pages from Harker’s journal, all of which use madness to exemplify heightened anxiety: (2000: 35; 36; 41; 47; 49; 54; 58; 61; 67; 72; 75 and 84).

representational: evinced by the more familiar madness as a clinical object (a spectacle), and the best example of this is the character of Renfield who is discussed below. Finally, there is a configuring of madness that is wholly interpretational: one that allows the reader to define and interrogate the boundaries of madness. This is arguably the most complex form of narrative madness, but it is also the most frequent; it concerns the madness of events themselves, of how mad must be the men, monsters and situations of Stoker's tale. It is through this latter demonstration of madness in *Dracula* that we may come to regard any depiction of institutional malpractice an object of scrutiny. William Hughes argues that asylum abuse in this novel is

knowingly and deliberately undertaken by the presiding physician, who not merely sees the state of mind but fosters it in the face of all risks and with a total disregard for the humanity of his subject. There is no mistake, and indeed, no excuse either: Seward – vain, egocentric, arrogant and ambitious.

(2007: 146)

Drawing from Hughes' reading of Seward, the following analysis of interpretational madness presents a case for Renfield's phonograph, as an opportunity to hear how madness sounds by itself without clinical intervention. This reading is, of course, entirely anecdotal but not without purpose: while the previous readings in this chapter have demonstrated how Victorian Gothic texts work against the silences of the medical tract, which reinforce the power of the asylum; *Dracula* works against the asylum by privileging speech – particularly the garbled phrases that ostracise the mad subject from their allegedly sane fellow citizens.

What does madness sound like? The most comprehensive answer to this question is that it sounds bewildering, unsettling and erratic from the point of view of the 'sane' listener who ascribes their auditory experience with the term madness. This may sound simplistic, but the question relies on a sense experience that is often overlooked when considering the notion of mental breakdown. Victorian Gothic, though relying on clinical transcriptions of mad-

speech to influence its representation, does not render mad voices as particularly horrifying. As will be shown in later parts of this thesis, the sounds of madness start to become more gruesome in later Gothic manifestations. There is, of course, an element of interpretation that comes with this: similar to how an actor might envision their role, the lamentations of, say, an Ophelia may verge from melancholic to psychotic in delivery. In the literary text, mad-speech is not necessarily intended as a script, and it differs from the patient note because it offers far more personal contexts than the medical record. The sound of madness in prose fiction is intended as a mode of characterisation, and Stoker's *Dracula* demonstrates the audible characteristics of mad-speech as critical of the asylum. Today, mental health support group organisations, such as the *Hearing Voices Network (HVN)*, *Inter-Voice* and the *Voice Collective*, work to document the experience of auditory hallucinations and to reassure and empower those experiencing distress from hearing voices. One significant idea that all three of these organisations maintain is that these voices, however frightening they may be for an individual, are intersubjective and ontologically real for the person experiencing them. As *Inter-Voice* states in its introductory webpage: 'accept that the voices are real and that they belong to you. Accept that the voices may have meaning (metaphorical or literal) based on your life experiences' (2016). To pursue the question of what madness sounds like further, a *YouTube* video can even be found that attempts to offer an 'audio representation of audio hallucinations'.⁸ Perhaps a somewhat more disturbing insight into the ambience of madness can be found in the music of the anonymous Dutch black-metal band *Gulaghh* (formally and controversially known as *Stalaghh*) and their 'Projekt Misanthropia', an ambitious recording of mental patients screaming (with no instrumental accompaniment) in a chapel for thirty-five minutes. Today, these kinds of audible representations are easy to come by; media outlets and

⁸ The video can be watched (or listened to) at the following: <<http://www.medicaldaily.com/pulse/what-hearing-voices-sounds-inside-heads-mentally-ill-people-316398>>.

news reports are increasingly more interactive in this regard. In the nineteenth century, however, the voices of the mad are mostly transcribed; they are written in the casefile. While Foucault has famously attempted to ‘draw up the archaeology of that silence’ (2009: xxviii), Victorian Gothic writing has already made the effort to turn the medical summary into speech. Albeit, this speech is also a transcription, but the Victorian Gothic madhouse of *Dracula* encourages its readers to hear and listen critically to the voices of the mad. This process, one figuratively termed ‘Renfield’s Phonograph’, aims to accommodate madness on its own terms.

While it is unfortunate that Renfield is continuously considered by critics through discussion of Seward foremost, there is a reason for this that places Seward’s own medical negligence on display as the more contentious act. Consider that Seward appears in the novel at first vicariously; that is, through Lucy Westenra’s rather telling description in a letter to her friend, Mina:

He is a doctor and really clever. Just fancy! He is only nine-and-twenty, and he has an immense lunatic asylum all under his own care. [...] I think he is one of the most resolute men I ever saw, and yet the most calm. He seems absolutely imperturbable. I can fancy what a wonderful power he must have over his patients. He has a curious habit of looking one straight in the face, as if trying to read one’s thoughts. He tries this on very much with me, But I flatter myself he has got a tough nut to crack. [...] He says that I afford him a curious psychological study, and I humbly think I do.

(Stoker 2000: 87-88)

There are two significant facts concerning Seward to note here: firstly, that he is an owner of private property – a profitable madhouse institution no less; secondly, that he is so tied to the professional realm of physician that he intrusively penetrates domestic life with the medical gaze. There is something rather hesitant about Seward’s display of ‘examining’ Lucy, as if he might actually doubt his own clinical skills. On a closer reading, one should not neglect the fact that Seward is introduced in Lucy’s second letter as ‘Dr John Seward, the lunatic-asylum man’ (89), and such a description calls into question the extent of his power and what role he

actually fulfils in such an institution. His character is made the more unseemly to the reader by the crude nervousness Seward displays in ‘playing with a lancet in a way that made me nearly scream’ (89). Despite entering *Dracula* vicariously, reduced to the opinion of another, Seward returns with a fervent bitterness a few pages later as he narrates his diary ‘kept in phonograph’ (93).

In Seward’s spoken diary, the first entry expresses remorse as his marriage proposal is declined by Lucy, leading him ironically to seek asylum within his own madhouse:

The only cure for this sort of thing was work, I went down amongst the patients. I picked out the one who has afforded me a study of much interest. He is so quaint in his ideas, and so unlike the *normal lunatic*, that I have determined to understand him as well as I can. [...] I questioned him more fully than I had ever done, *with a view to making myself master of the facts of his hallucination*. In my manner of doing it there was, I now see, something of cruelty. *I seemed to wish to keep him to the point of his madness* – a thing which I avoid with the patients as I would the mouth of hell.

(93, my emphasis)

The retrospective past tense of Seward’s recorded speech conveys self-doubt. As by his own admission, there certainly is ‘something of cruelty’ in his insistence upon owning ‘the facts’ of Renfield’s hallucinations, but there is also something far more terrifying about this recollection of asylum abuse: if Renfield truly is ‘so unlike the normal lunatic’, then, by virtue of its implied binary difference, what qualifies an *abnormal* lunatic? If madness is the totality of un-Reason, any qualification of a normal subject is problematic. Though Seward may be referring to the uniqueness of Renfield’s condition as it concerns his supernatural relationship to Count Dracula, there is something quite disdainful about the way that the doctor regards his patient. The ending of phonograph recording 25th May is seemingly a medical profile. On closer inspection, however, the profile in question is somewhat more ambiguous in terms of whose profile is being constructed:

R.M. Renfield, ætat 59. – Sanguine temperament; great physical strength: morbidly excitable; periods of gloom ending in some fixed idea which I cannot make out. I

presume that the sanguine temperament itself and the disturbing influence end in a mentally-accomplished finish; a possibly dangerous man, probably dangerous if unselfish. In selfish men caution is as secure an armour for their foes as for themselves.

(93-94)

In Valerie Pedlar's compelling reading of this passage we usefully learn that: 'the reference to a "sanguine temperament" [...] recalls the ancient humour-based theory of personality, which [...] introduces the motif of blood, and this combined with more contemporary ideas of mood and the notion of manic-depression' (2006: 137). This aside, the true subject embodying sanguine temperament and selfishness is here far more related to Seward's own personal anxieties. His medical profile is narcissistic; it is pure displacement that locates Seward as the object of his own enquiries into the heart of madness.

Such psychic self-projection continues to emerge in Seward's spoken diary where the madman remains a puzzle to be solved by the doctor-as-inquisitor. Seward recalls how Renfield 'has certain qualities very largely developed: selfishness, secrecy, and purpose' (2001: 101). Mirroring the private medical writings with which Seward's phonograph is contemporary,⁹ he feels inclined to qualify Renfield's redeeming qualities by presupposing that a much more wayward motive accompanies them. For example, Seward observes Renfield's 'love of animals, though, indeed, he has curious turns in it that I sometimes imagine he is only abnormally cruel' (101). Seward's visits to Renfield prove ever more obsessive, growing in sadism. In the entry recorded 20th July, for instance, Seward visits his patient 'very early' (103), later an update from his attendant arrives at '11 a.m.' (103), while, at '11 p.m.', he drugs Renfield with opiates

and took away his pocket-book to look at it. The thought that has been *buzzing about my brain* lately is complete, and the theory proved. *My homicidal maniac is of a peculiar kind. I shall have to invent a new classification for him, and call him a zoophagous (life-eating) maniac; what he desires is to absorb as many lives as he can,*

⁹ Cf. (B306C3 1891: 29-30).

[...] It would almost be worthwhile to complete the experiment. It might be done if there were only a sufficient cause. Men sneered at vivisection, and yet look at the results today! [...] *did I hold the key to the fancy of even one lunatic [...] I must not think too much of this, or I may be tempted; a good cause might turn the scale with me, for may not I too be of an exceptional brain, congenitally?*

(103-104, my emphasis)

To add to the existing critical discussions on this particular speech by Seward, there are three things that seem paramount: firstly, that Seward describes his thoughts as ‘buzzing’ suggests, in the crudest terms, that he is obsessed to the point of mirroring his fly-eating patient; secondly, that the fact Renfield’s behaviour demonstrates a madness beyond medical classification urges the power-hungry doctor to foreclose his private medical apparatus by inventing a new diagnostic label; and finally, that, in taking away Renfield’s own pocket-book and thus denying him access to the written word, Seward heinously denies the voice of madness altogether. An earlier entry in Seward’s diary reveals that Renfield

has evidently some deep problem in his mind, for he keeps a little notebook in which he is always jotting down something. Whole pages of it are filled with masses of figures, generally single numbers added up in batches, and then the totals added in batches again, as though he were “focussing” some account, as the auditors put it.

(102)

Not only does Renfield possess an artefact containing his own view of things-as-he sees them, but this notebook is his accountancy book; in this much at least, the ‘zoophagus maniac’ merely wants to get on with his paid profession. The mad voice, in this sense, really belongs to both Renfield and Seward. Regimes of silence work meticulously through producing barriers, obstacles and by placing various other prohibitions upon speaking acts. While Ken Gelder asks in relation to vampire fiction: [c]an the “real” Transylvania ever be represented?’ (1994: 5), Victorian Gothic writing on the madhouse asks us to consider whether the insane can ever really come to speak. These texts demonstrate that madness may not always be able to speak on its own terms, but in depicting the madhouse and madness,

Victorian Gothic writing does show that truth and madness are one and the same thing in the lunatic asylum.

Gothic writing of the nineteenth century represents the oeuvre or language of madness. While the nineteenth-century medical discourses impact upon the narrative composition of Gothic texts, their relationship is by no means redundant as the century draws to a close. Madness may not always find its voice truly represented in the Gothic experience, but Gothic remains haunted by the cultural memory of oppressive institutions. It is for this reason that the Gothic discourse is a useful conduit for examining madness; Gothic and madness exchange stories about social exclusion. So far, this study has examined the madhouse experience as it occurs in Victorian Gothic prose fictions, but by way of concluding these ideas, it is worth turning to a real-life account of the madhouse: an extra-literary text that partakes in Gothic tropes. Held in the Wellcome Library Archives is an unbound document of 204 pages written by M.K. Bradby, believed to have been composed between 1945 and 1946.¹⁰ Bradby is a 73 year-old patient who came to the anonymous hospital for rest and rejuvenation. The manuscript itself appears to be a diary, interspersed with sketches, prayers, and short stories, and while not every fact it depicts can be vouched for historically, it does remain useful for the way in which it invokes the Gothic for political effect.

Literature is of paramount significance when it comes to communicating the experience of illness. Bradby wonderfully conveys this as she recalls an effort that she made to befriend a fellow patient:

I said that I found life in the hospital a mixture of *Alice in Wonderland* and Hell. “Hell?” she said, “yes! But not *Alice in Wonderland*.” She wouldn’t have that

¹⁰ I am not certain whether this is the same M.K. Bradby who wrote *The Logic of the Unconscious Mind* (1920), although the author of this manuscript does demonstrate significant knowledge of psychoanalytic theory. The Wellcome Library is unsure as to the exact date of the manuscript’s composition; the date 1945-1946 is given because Bradby was admitted to the hospital in the winter of 1944, aged 73.

delightful story desecrated by mentioning it in the same breath as she would the hospital.

(B26894 1946: 75)

When literary allusions are used to this effect in order to convey mutual understanding of life in the psychiatric ward, the silence of madness is lifted and brought into a realm that one can more immediately and culturally relate to. The appeal to Carroll's story is simultaneously a touchstone and a point of departure for the patients of this hospital; its presence is spectralised and the conflation of *Alice in Wonderland* with Hell is an especially haunting invocation. The Gothic discourse of Bradby's manuscript is replete with the imagery of live burial and entrapment. The opening of the manuscript describes the psychiatric hospital as:

a terrible place to be in. So terrible, that it cries out to be looked into, and changed. So terrible, that I found it hard, at first, to believe the evidence of my own senses; and now that I am far away, my heart sickens when I think of those fellow patients of mine whom I left behind, and their cruel and needless suffering. For the patients are very unhappy, *but they cannot tell you so*. From the moment they enter the asylum gates they *cannot tell anyone the full truth about what is happening to them*. No letter is posted that contains anything unfavourable to the hospital. Every word spoken to a visitor is at once reported.

(2-3, my emphasis)

Terror is evident here, as is the acknowledgement that truth is deliberately oppressed by the institution. While the historical facts of this manuscript cannot be confirmed, especially since the hospital is never named, Brady's use of Gothic sensation is telling. It is worth remembering that this manuscript has never been published; while the political effect of its material is evident, it remains passive in its historical legacy. Bradby also points out that the patient/attendant relationship is seemingly an abusive one: '[t]hey [the staff] are so immersed in the system, so thoroughly used to it themselves, that they are no more capable of taking an outside view, than were the admirers of old fashioned discipline in the army and the navy, capable of seeing the cruelty of flogging' (3). Given the amount of missing information that would make it possible to verify some of these claims, a worrying implication is that these institutional crimes remain unpunished. The work of Victorian Gothic literature is widely

aware of these issues, as this chapter has demonstrated by looking at the haunting reoccurrence of false confinement as a method of social exclusion. The cultural work that these texts undertake is, then, a reconsideration of how madness is silenced. The Gothic madhouse is haunted by madness, and Gothic is, in turn, haunted by the old regime; these Victorian texts demonstrate the notion that truth in the asylum will out eventually. Helen Small has suggested that nineteenth-century Gothic fiction was reluctant to ‘depict the inducement of male insanity through terror’ (2009: 201) and argues that even contemporary Gothic tales of psychiatry are more commonly represented by women’s writing. Small explains that until

the very end of the Victorian era, popular Gothic novels dealt overwhelmingly in the familiar literary types of male insanity; the raving bestial maniac, the deranged scholar, the poor fool. They dallied with the reader’s fear that the male hero would be driven to insanity, but they rarely brought the threat to fruition.

(2009: 201)

While the Victorian Gothic was clearly politically motivated to draw attention to the abuses of female patients in asylums, particularly as seen in Bradby’s use of the Gothic, the issues of mad-speech have been less critically considered. The bestial ravings of characters such as Renfield are clearly composed to inspire terror, but there is an extent to which this terror serves also to undermine the authority of bad science: this is what appears to drive the practice of the asylum. *The String of Pearls* is clearly a tale of false confinement, and it utilises the Gothic as a means of showing madness as a form of persecution. In these ways, the Victorian Gothic provided vigorous critiques of the medical institutions with which it was contemporary, but these political efforts would be undermined by Gothic of later eras, as will be seen in the concluding chapters of this thesis. The turn to H.P. Lovecraft in the following chapter will now address how the haunted madhouse space of the Gothic is radically reinterpreted in the early twentieth century; rather than replaying the themes of social exclusion and narratives of false confinement, Lovecraft (though writing a madhouse infused

with negative aesthetics) sees the functional site as a place of sanctuary from a mad and decaying world. This turn is poignant as later eras of Gothic writing are less optimistic about this space.

Chapter Two

‘His Madness held no affinity’: H.P. Lovecraft and Arkham Sanitarium

From the classical age, and for the first time, madness was seen through an ethical condemnation of idleness in the social immanence now grounded on a community of work. That community of work had an ethical power to exclude, which allowed it to expel, *as though to another world*, all forms of social uselessness.

~ Michel Foucault (2009: 72, my emphasis)

The fictional writings of Howard Philips Lovecraft constitute a significant spectral departure from the gloominess of Victorian madhouses. Lovecraft is worth isolating in this study for several reasons that are discussed fully below; his revision of the Gothic madhouse space warrants closer investigation. This chapter addresses a significant development of the madhouse: in the Victorian era, the psychiatric institution was the oppressor of truth, but in the early twentieth century, Lovecraft demonstrates the madhouse as a kind of sanctuary. The Gothic madhouse present in fictions of the early twentieth century is clinical to the point of compulsion. Madness is still portrayed as unhygienic and animalistic, but the sickly dwelling spaces of private madhouses and county asylums are sanitised in the form of state mental hospitals.

The Madhouse in America

It is crucial here to mention the historical contexts specific to the construction of asylums in America. This chapter (and chapters three and four) examine madness in American prose fiction, and some key circumstances influence the portrayal of the asylum in these texts.

While it is beyond the scope of this study to offer a complete history of the asylum in the

USA, some notable events are necessary to justify the Anglo-American focus from this point onwards. While in Britain, the provision of District Asylums was an extension of laws regulating purpose-built hospitals to accommodate the country's insane populations, this was not the case in America. A longstanding issue in America has been the association of mental illness with criminal behaviours, and this issue is examined more fully in the next chapter. However, part of the reason for this perceived link concerns the fact that asylum costs were originally deferred to the budgets of state governments. For the early part of the nineteenth century, individual states relied upon their communities, jails and almshouses to house the mentally ill. Meanwhile, Eastern State Hospital in Williamsburg, Virginia, opened in 1773 and continues to operate today. Its website claims that the hospital was the first in America solely to offer 'care and treatment of the mentally ill', although the hospital's initial treatments were confinement based until later in the century when moral therapies were introduced.¹ Additionally, the influence of the York Retreat, and William Tuke's publication *Description of a Retreat Near York* (1813) led to the construction of the Friend's Asylum in Pennsylvania and in the administrative reorganisation of New York Hospital. As Gerald N. Grob suggests, 'half of the hospitals in the United States founded before 1824 borrowed heavily from the Quaker example' (1996: 16). As in Britain, moral therapies relied upon the capability of inpatients to perform manual labour; consequently, many of the early psychiatric hospitals were built on farms and included workshops.

The Philadelphia psychiatrist, Thomas Story Kirkbride, designed an architectural system based on his vision of moral architecture, a term examined in the introduction to this thesis. Kirkbride suggested that:

The wings should be so arranged as to have eight distinct classes of each sex; each class should occupy a single ward, and each ward should have in it a parlour, a dining room with a dumb waiter connected with it, and a speaking tube leading to the kitchen or some other central part of the basement story, a corridor, single lodging room for

¹ See 'The History of Eastern State'. <<http://www.esh.dbhds.virginia.gov>> [accessed 09/01/2019].

patients, an associated dormitory for not less than four beds, communicating with an attendant's chamber, one or two rooms with sufficient size for a patient with a special attendant, a clothes room, a bath room, a wash and sink room and a water closet.

(1854: 13)

Kirkbride's wards were intended to house up to 250 inpatients. Throughout nineteenth-century America, states typically built small institutions and hospitals which rapidly expanded as populations grew. During the Jim Crow era, asylums in the Southern states also racially segregated their patients. The American history of the asylum is haunted by eugenics and practices of mandatory sterilisation for epileptic, 'imbecilic' and feeble-minded patients. These issues about eugenics are given further consideration below. Other historical information specific to American healthcare systems are offered in the next chapter which addresses community care acts. H.P. Lovecraft is singled out here because his own Anglo-American worldviews influence his unique portrayal of a Gothic madhouse. Lovecraft also writes at a time where moral architecture and asylum populations are growing; at the end of Lovecraft's life, the National Mental Health Act of 1946 enters into America and calls for deinstitutionalisation.

Lovecraft's Madhouses

From the 1920s onward, the lunatic asylum is a largely accepted medical institution, a new frontier for the evolving psychiatric sciences. In the literary imagination, however, the Gothic madhouse is assumed to grow increasingly more grotesque in portraying confinement of the insane, and especially, in representations of the criminally insane. In contrast to Fred Botting's negative aesthetics of the secure ward, a concept defined in the introduction to this thesis, Arkham, the fictional North American city situating several of H.P. Lovecraft's creative writings, features far less terrifying madhouse spaces. The Arkham Asylum has migrated to another iconic territory of popular culture: in the D.C. franchise of Batman and its various offshoots, such as the speculative fiction crime drama series *Gotham*, Arkham

Island features a Gothic manor estate turned mental hospital. Here, the Elizabeth Arkham Asylum for the Criminally Insane becomes increasingly more grotesque in portraying institutional confinement.² It is striking that the solitary name of a fictional landscape proves so enduring beyond, and in addition to, the mythos of its original author. The first named hospital in Lovecraft's Arkham is the Arkham Sanitarium in 'The Thing on the Doorstep' (1933), which this chapter will discuss later, though a plethora of other mad narrators have frequented a padded cell in Lovecraft's oeuvre long before the events of this tale.³

S.T. Joshi has highlighted the prevalence of madness constituting one of Lovecraft's primary weird fiction tropes by pointing out that an 'unusually large number of Lovecraft's characters go mad at some point or other, and many others have madness imputed to them' (1990: 212). Of course, the narrative use of unreliable narrators has been historically mastered by Poe, whose influence Lovecraft was never short of declaring throughout his correspondence and essays, although Lovecraft's lunatics are notably distinct from Poe's. This is because, as David Punter explains, 'Lovecraft saw terror in a very different way from Poe. Where Poe refers back to the "life within," Lovecraft is utterly devoid of psychological interest; his terrors are entirely those of the unintelligible outside' (1996: 38). Principally, this also relates to the materialist philosophy underpinning the cosmic horror that drives Lovecraft's fiction, as S.T. Joshi argues:

Madhouses in Lovecraft are habitually places housing those who have glimpsed some truth about existence too horrible to bear. It is not necessarily the case that the inmates of asylums are actually mad, it is that a civilisation based upon rationalism is compelled to do away with those of its members who threaten its stability.
(1990: 213)

² See for instance Grant Morrison and Dave McKean's *Arkham Asylum: A Serious House on Serious Earth* (1989) and Dan Slott's comic book serial *Arkham Asylum: Living Hell* (2004)

³ Lovecraft's use of the word 'sanitarium' as opposed to 'sanatorium' (a health retreat for wounded soldiers) follows the medical practice of John Harvey Kellogg. In 1902, Kellogg rebuilt and repurposed the burned down Western Health Reform Institution and named it Black Creek Sanitarium, the first sanitarium to exist in Northern America. See for instance Kellogg's *The Battle Creek Sanitarium System: History, Organisation, Methods* (1908).

For Poe, madness calls into question the reliability of his narrators; for Lovecraft, madness is always an empathetically reasonable response to the threat of impossible, incomprehensible and unknown things from elsewhere; here, madness gestures towards the post-human body and the fearful processes of becoming or of encountering the other. For Lovecraft, this effect is emphasised by the fact that his writings deal in mad knowledge, and as a result, madness becomes a source of authority in his fiction.

Surprisingly, then, emerging criticism of Lovecraft's work is content to regard the condition of madness and the figure of the madhouse in rather diminished ways. Apart from Joshi's astute yet brief observation on the purpose of madhouses in Lovecraft's fiction, the issue has not inspired any critical commentary that sufficiently analyses what role madhouses may serve in the composition of weird fiction. With the exception of Robert Bloch, who remains a much later *Weird Tales* contributor,⁴ no other author from Lovecraft's inner literary circle really did much with madness and the asylum; in Bloch's case, the focus on madness was inspired by a more psychological perspective than Lovecraft's otherworldly concerns. It is tempting to note here the conjectural possibilities from the known biography of Lovecraft: his nervous breakdowns and his family's own mental incarcerations – how might these events have informed his fiction? Though this chapter proposes to explore these contexts to a small extent, the primary focus here has more to do with how the author's fictions reciprocate historical concerns of psychiatric healthcare. The early twentieth century in which Lovecraft began publishing his short fictions saw some key changes to the American medical economy, and furthermore, the aftermath of the First World War brought about transnational developments in the treatment of mental illness. These contexts are reflected in Lovecraft's fiction which questions the extent to which the mental hospital is a sinister space. . Most

⁴ Bloch discovered *Weird Tales* in 1927 and sold his first stories here in 1937. At an early age, he shared regular correspondence with Lovecraft regarding literary advice. See S. T. Joshi, 'A Literary Tutelage: Robert Bloch and H. P. Lovecraft'. *Studies in Weird Fiction* (16).

significant, however, at least in accordance with the aims of this study, is the fact that Lovecraft reinvigorated the Gothic madhouse from the recycled motifs of exile and entrapment that we have examined so far. While critical efforts to define Lovecraft's genre remain problematic, and this thesis maintains that Lovecraft is not simply a Gothic writer (for reasons explained below), his representation of the madhouse space is Gothic. Lovecraft gothicises the madhouse in a departure from the Victorian oppressor of truth, and in a way that is not as exploitative of mental illness as in later Gothic asylums; for Lovecraft, the madhouse is sanctuary and madness is a legitimate claim to authority.

Before defining the precise ways in which Lovecraft gothicises the madhouse, it is worth starting this chapter by explaining the formal differences between the weird tale and the Gothic. So far, this thesis has maintained a hauntological approach to its textual selection: different works by different authors have been examined as they reflect certain historical nuances that define the Gothic madhouse of different eras. Here, while the madhouse remains a spectral figure, Lovecraft himself is a haunting presence affecting the depiction of the madhouse. Not only is Lovecraft's portrayal of the madhouse curiously sanitised, it is also an especially revealing depiction of early twentieth-century attitudes towards madness. Though the 'Providence Recluse' held racist views that far exceeded the bigotry of his time,⁵ his worldview reveals much about the paranoia found within his fictional madhouses. After defining such key notions as 'weird fiction', 'cosmic horror', and 'Lovecraft's materialism', this chapter will then close read four of the author's fictions alongside relevant historical contexts involving medical incarceration. These include: 'The Tomb' (1917); 'Beyond the Wall of Sleep' (1919); 'The Thing on the Doorstep' (1933); and, concluding with a brief analysis of Lovecraft's novella, *The Case of Charles Dexter Ward* (1927).⁶ In doing so, this

⁵ For an account of these, see Joshi (2001: 71; 95-98).

⁶ Though in terms of chronology this text should be considered the 'third madhouse' story, I have deliberately kept separate the novella from the study of short stories in this chapter.

chapter offers an original reappraisal of Lovecraft's depiction of madness, and demonstrates how the act of gothicising the madhouse is dependent upon a particular vision of history.

While the previous chapter has demonstrated the Victorian Gothic asylum as the suppressor of truth, by contrast, Lovecraft's Gothic asylum is the preserver of forbidden knowledge.

In his essay *Supernatural Horror in Literature* (1927), Lovecraft not only outlines his own stylistic components that inform the weird tale, but he also surveys the history of horror literature more broadly. In fact, it is one of the first historical pieces of literary criticism that attempts to take Gothic writing seriously. Its memorable opening sentence sets the ur-motif of the weird tale: '[t]he oldest and strongest emotion of mankind is fear, and the oldest and strongest kind of fear is fear of the unknown' (1927). While Lovecraft was a frequent critic of Freudian psychoanalysis, as can be seen throughout his fiction and letters, his conceptualisation of the unknown actually owes much to Freud's theory of the uncanny. For Lovecraft, though, humankind's confrontation with the unknown, the uncanny, and the unpredictable are not just the result of the repressed unconscious; the Lovecraftian response to the unknown is a genetically coded impulse universal to all of humankind, one we might crudely term the survival instinct. The unknown is clearly the guiding principle behind Lovecraft's references to 'cosmic horror' and 'cosmic mystery', phrases that haunt various paragraphs of his essay, but he is also explicit in distinguishing the weird tale from the Gothic and ghost story traditions:

[t]hese things are not the literature of cosmic fear in its purest sense. The true weird tale has something more than secret murder, bloody bones, or a sheeted form clanking chains according to rule. A certain atmosphere of breathlessness and unexplainable dread of outer, unknown forces must be present; and there must be a hint, expressed with a seriousness and a portentousness becoming its subject, of that most terrible conception of the human brain – a malign and particular suspension or defeat of those fixed laws of nature which are our only safeguard against the assaults of chaos and the daemons of unplumbed space.

(2011 [1927])

Lovecraft's efforts to distance himself from the Gothic mode are arguably more successful in his later work, the notion of cosmic horror intersects with this study's vision of Gothic as the literature of madness: for madness is always the aftermath of such an encounter with the unknown. (This can also be seen with chapter one's reading of *The String of Pearls*). The weird tale, as Lovecraft would come to realise, inevitably concluded with madness – the shattering of the 'fixed laws of nature' that lead to a relentless dread. Nonetheless, the weird tale retains and celebrates existential chaos, something that the Gothic mode actually tries to resolve in its own encounters with madness. Gothic, by contrast, is far more concerned with how we preserve the self through individuating processes rather than crude means of self-preservation. Timothy Jones comments further on the broader distinctions between Gothic and cosmic horror: '[i]n Lovecraft's mind, the articulation of supernatural horror is an end in itself, whereas [in] the bulk of the work associated with Gothic studies [...] horror and the supernatural are indications of something more discursively substantial' (2015: 52).

However, it was not just Lovecraft who defined the 'rules' of composing weird fiction, even if it was Lovecraft that mastered them. In their introduction to a recent collection on *Weird Tales* magazine – a pulp outlet where Lovecraft published a number of his stories – Justin Everett and Jeffrey H. Shanks explain that: [w]ith *Weird Tales* a discourse community was formed, made up of editors, authors, readers, and fans who celebrated the nonrealist, extra-mainstream nature of speculative fiction in the early twentieth century' (2015: ix). This 'discourse community' networked by *Weird Tales* magazine actually had its own name during its publication run: 'The Eyrie', in which the readers' letters pages provided a lively forum for considering the purpose and future of this type of literature. It is worth expanding more on the influence of this column as it concerns the literary conventions of the weird.

The weird tale was defined as much by its readers as by the contributions of its various authors and editors. *Weird Tales* encouraged its readers to critically assess its content. ‘The Eyrie’ demonstrated just how interactive the composition process of producing horror fiction was, (although *Weird Tales* was not exclusively devoted to horror stories), but it equally shows the popularity of this type of magazine compared to other pulps, which often revolved around Western themes, detective stories, or high-school events. In spite of the cheap consumable image that the pulp magazines have come to typify, there is much in ‘The Eyrie’ to suggest that the reading experience was chief amongst its editorial concerns. *Weird Tales* took its readership seriously, and it encouraged lively communication throughout its correspondence pages. Some of his biographers (such as Michel Houellebecq) have suggested that Lovecraft achieved greater popularity after his death on 15th March 1937. This chapter argues that this is not quite the case as the *Weird Tales* correspondence often gestures towards an appreciative cult of Lovecraft readers emerging in his own time. Michel Houellebecq, for instance, writes rather misanthropically that: ‘[t]his man, who did not succeed at life, did indeed succeed at writing’ (2006: 118). However, ‘The Eyrie’ of *Weird Tales* issue July 1937 demonstrates an influx of tributes to what the *Weird Tales* editors chose to headline, ‘The Greatest Genius’:

Harold S. Farnese, of Los Angeles, writes: “Reading your magazine habitually, I sometimes wonder whether you ever realised how great a contributor you had in H.P. Lovecraft. Whether you gauged the fineness of his stories, the originality of his genius? Of course, you published them, alongside others. You sent him his cheque, and that was that. But has it ever occurred to you that in Lovecraft you had the greatest genius that ever lived in the realm of weird fiction?”

(*Weird Tales* July 1937: 125)

What ought to be realised here is that Lovecraft was originally reluctant to publish his early writings in *Weird Tales*, and his letter of introduction to the magazine reads modestly to say the least. *Weird Tales* was, of course, the name of a pulp outlet but it also existed independently as an emerging genre. How far the weird tale was acknowledged as something

distinct from the horror story as regarded by its more general readership remains a matter of debate, and Lovecraft was certainly more self-aware and self-reflective of such literary distinctions than his magazine contemporaries. In the October 1936 edition of *Weird Tales*, Wilfred Wright of Toronto complained that: “[a]ll stories in the current issue show the usual fine literary style, although this issue is markedly lacking in weirdness” (1936: 250). Just what is meant by ‘weirdness’ is unclear, though it generally seems to refer to a realism penetrated by strange, otherworldly – or more often, Eastern and Oriental – forces. There is much to be made from ‘The Eyrie’ as concerns reception theory: the tone of correspondence is nearly inseparable from the archaic prose of the weird fiction authors. It is a unique fact that the readership and publication of *Weird Tales*, unlike the processes of other literary and non-literary magazines, relied on active participation from those with whom it was circulated; it was not just to be read passively. This was key in the early days of defining an emerging and evolving form of horror and fan culture.

The Weird Tale (1990), the landmark study by S.T. Joshi, is clearly influential in distinguishing further the weird from the Gothic. In fact, Joshi subdivides the weird tale into four distinct categories that he defines as: fantasy, supernatural horror, non-supernatural horror, and quasi science fiction (1990: 6-7), although Joshi does not intend for these subgenres to superimpose themselves with rigidity upon a text. Rather, these forms of weird writing reflect an author’s preference, personal philosophy, and literary capability. These categories are significantly expounded upon in Joshi’s text, and there is no need to reproduce such fuller definitions here. Of interest to this chapter, however, is Joshi’s notion of ‘quasi science fiction’, which he believes constitutes the bulk of Lovecraft’s fictional stories. For Joshi, Lovecraft’s ‘tales are not actual science fiction because of their manifest intent to incite horror’ (1990: 8), and crucially, science fiction always revolves around the science of the future rather than the day-to-day technologies with which its authors are contemporary. In

this sense, too, Lovecraft's fictions are haunted by the psychiatric sciences of his own time period, and this, as will be shown, influences the way the asylum is portrayed in his stories.

Lovecraft also had a tendency toward materialist and atheist predispositions. Joshi explains what Lovecraft called his 'cosmic indifferentism' by stating that:

[t]he whole history of human life is a momentary incident in the ceaseless churning of electrons that make up an eternal and infinite universe. The ethics implicit in such a view is, first, the minimisation of human self-importance and second, the application of the pleasure principle as the only viable alternative to the loss of cosmic directions and purpose once supplied by the comforting teleology of the Judeo-Christian religion.

(1990: 175)

By applying this summary of Lovecraft's philosophy as a framework with which to review his fictional tales, there is much that we can make of the cosmic insignificance shown to be at the heart of Lovecraft's work. Unlike other Gothic productions, where madness may in fact be a means of speaking out against an all too real political evil, madness in Lovecraft's weird world of materialism is merely a passing phase: an inability to deal with the overwhelming impossibility of an immense situation. In addition to this is Lovecraft's use of realism as he blended fictitious New England geographies against places far more quotidian. As Joshi explains it, '[r]ealism is not an end in Lovecraft: it heightens the weird by contrast' (1990: 193). Similarly, Michel Houellebecq emphasises the existential rawness of Lovecraft's fiction by stating that the author's sole aim is: 'to bring the reader to a state of *fascination*. The only human sentiments he [HPL] is interested in are wonderment and fear. He constructs his universe on these alone' (2006: 34, original emphasis). At the heart of the Lovecraftian weird, then, is the emotion of fear provoked by the human realisation of absolute insignificance.

This discussion of weird fiction has been to contextualise how madness and the madhouse figure in the weird differently from Gothic. As previously stated, the depiction of the madhouse in weird fiction is gothicised, it is a dark space where dimly lit padded cells are

exposed to corruption of some form or another. The conventions of the Gothic, as understood by this thesis, have been examined in the introduction; the weird, however, offers a pivotal palimpsestic difference in representing the asylum: the weird privileges madness in a similar fashion to how the Victorian Gothic sees this as truth-bearer, but it also privileges the madhouse institution itself. China Miéville has argued that the

Weird is, [...] starkly opposed to the hauntological. [...] The Weird is not the return of any repressed: though always described as ancient, and half-recalled by characters from spurious texts, this recruitment to invented cultural memory does not avail Weird monsters of Gothic strategy of revenance, but back-projects their radical unremembered alterity into history’.

(2011)

In a metatextual sense, accepting for now the premise that the weird is antithetical to the Gothic, the madhouse of the weird and the Gothic is hauntological because both of these genres engage with the asylum as they see it and how they hope it will become; the madhouse of prose fiction is a statement of how their authors and society viewed the institution, and this includes, too, their fears or hopes for its future. Before launching into the textual analysis, however, there are two matters of historical context that require attention. The first of these is Lovecraft’s own biography, and knowledge of this comes from S.T. Joshi’s detailed *A Dreamer and A Visionary: H.P. Lovecraft in His Time* (2001). While many Lovecraft biographies are available, (and all seem keen to depart from the early dismissive efforts of L. Sprague De Camp), Joshi’s work is useful because of its dedicated treatment of primary sources, namely the letters that Lovecraft wrote and the medical records of his family. From this we can learn that Lovecraft’s father had been incarcerated in Butler Hospital, Rhode Island, just before the young Lovecraft had turned two. Contemporary opinion on the medical condition of his father suggests a case of syphilis, although this had not passed on to his son. S.T. Joshi describes how:

The year 1898 was certainly an eventful one for Lovecraft; he discovered Poe and science, and began learning Latin; he first began attendance at school; and he had his first nervous breakdown. In a late letter he refers to it as a “near-breakdown” [...]

Another “near-breakdown” occurred in 1900. There certainly does not seem to have been anything physically wrong with the boy, and there is no record of his admission into a hospital. The history and nature of Lovecraft’s early nervous condition are very vexed issues, largely because we have only his words on the matter, most of them written many years after the fact.

(2001: 32)

Later, Lovecraft’s mother would suffer a nervous breakdown of her own, and it is tempting to explore how such biographical information might have influenced Lovecraft’s portrayals of madness. Beyond noting these events as bearing personal significance for Lovecraft, they are best considered historical facts in and of themselves. It is unnecessary to superimpose these contexts in the following close readings.⁷ For one thing, as Joshi points out, not enough is known about the reliability of this information. This chapter does, however, consider the history of Butler Hospital, as all of Lovecraft’s fiction is inspired by his New England surroundings and landscapes, and this includes, too, the real-life mental hospital and early twentieth-century psychotherapy practices.

Arguably marking a conceptual shift from notions of moral degeneracy that plagued the *fin-de-siècle*, psychotherapy practices became widespread throughout Britain following the First World War. Nonetheless, ‘Shell Shock’ remained a term from which the military wished to disassociate itself, ‘combat neurosis’ being the preferred description for the trauma of many veterans. These effects were mirrored in Northern America, too, as Andrew Scull explains:

even apart from the mental wreckage the war left in its wake, there was a relentless rise in the incidence of madness in the population at large. Institutionalised psychotics seemed to proliferate at an ever-increasing rate. In Illinois the increase over just the preceding eight years had been of the order of 113 percent [...] The accumulating mass of chronic, deteriorating patients in the back wards was an ever-increasing burden on the taxpayer, and a standing reproach to the speciality.

(2005: 42)

⁷ Cf. Kenneth W. Faig’s reading of Lovecraft’s ‘Facts Concerning the Late Arthur Jermyn and His Family’ (1920). Faig asserts that ‘Robert Jermyn’s madness [...] may be relevant to the madness of Lovecraft’s father’ (1991: 55).

The other significant early twentieth-century idea about madness is its failed imbrication as an extension of germ theory. The work of Louis Pasteur (1822-95) and Robert Koch (1843-1910) proved inspirational for subsequent medical practices, and psychiatry was no exception to embracing the possibilities of the new germ sciences. As Scull comments: '[t]he confirmation of syphilitic origins of GPI seemed to many psychiatrists to point to a more general hypothesis about the roots of mental illness' (2005: 305). Controversial figures in American psychiatry who attempted to 'prove' all mental ailments the result of chronic infections included Henry Cotton (1876-1933) and Adolf Meyer (1866-1950), to the point that Cotton's surgical experiments maimed and killed thousands of patients under his charge. While particular medical contexts will be read alongside Lovecraft's tales below, we should address the figure of the over-reaching scientist – especially in light of figures such as Cotton. It is necessary to point out here that although there is no evidence that Lovecraft had any knowledge of such psychiatrists as Cotton, megalomania is a key theme in his work. Of course, the Frankenstein archetype – (notably pastiched in 'Herbert West, Re-Animator, 1922) – in Lovecraft's fiction usually comes to stand in stark and unsuccessful opposition to the alien event or figure. Yet the search for new knowledge, the molecular biological experiments with the pineal gland in 'From Beyond' (1920) for instance, demonstrate a fine line between mad science and mad scientist: intentionality becomes problematic, even if Lovecraft's scientists are tangling with impossible forces, it is the omnipresent threat of impossible forces themselves that strike his readers as most maddening. As Clancy Smith remarks, 'Lovecraft creates a universe populated by the unthinkable, the unnameable, the unspeakable, and challenges everything we know (or thought we knew) about the limits of human cognition' (2016: 83-84). These limits of human cognition have been an iconic concern of the author since his earliest work, as we shall see now by turning to a selection of his fictions.

Originally composed in June 1917, ‘The Tomb’ was first published in W. Paul Cook’s *The Vagrant* magazine and later re-published in *Weird Tales* of January, 1926. The influence of Poe can be witnessed clearly in the opening paragraph of the tale. ‘The Tomb’ communicates the unreliability of its narrator in no uncertain terms, displaying an almost archetypical Lovecraftian opening:

In relating the circumstances which have led to my confinement within this refuge for the demented, I am aware that my present position will create a natural doubt for the authenticity of my narrative. It is an unfortunate fact that the bulk of humanity is too limited in its mental vision to weigh with patience and intelligence those isolated phenomena, seen and felt only by a psychologically sensitive few, which lie outside its common experience. [...] the prosaic materialism of the majority condemns as madness the flashes of super-sight which penetrate the common veil of obvious empiricism.

(Lovecraft 2001: 1)

Here, the pantomimic insistence that the narrator, Jervus Dudley,⁸ is only considered mad by the unfathomable limits of his perception is indeed cliché. ‘The Tomb’ is a tale of psychic possession and the story concerns how Dudley’s learned yet obsessional antiquarian interests lead him to spend the night in the tomb of his ancestor. Likely mirroring the historical passions of author Lovecraft, there is nonetheless something odd and unsettling about the eccentricities of Dudley, who has spent his ‘youth and adolescence in ancient and little-known books’ (1). Dudley’s search for forbidden knowledge prompts the reader to ask what these ancient texts have revealed. Dudley never reveals what the contents of these ‘little-known books’ contain, nor does he regard his literary endeavours as common habits amongst his peers – increasing further the reader’s desire to know more. But of these facts, Dudley cannot possibly convey anything to the reader, ‘since detailed speech would but confirm those cruel slanders upon my intellect which I sometimes overhear from the whispers of the stealthy attendants around me. It is sufficient for me to relate events without analysing

⁸ Recalling Lovecraft’s passion for his New England environment, Dudley – the location – is west central of Massachusetts.

causes' (1). Yet the whole story begs for analysis of causes: why is this young man, a self-described 'dreamer and visionary' (1), so compelled to seek 'the companionship of things that are not, or are no longer, living' (1); and why, if the corporeality of his ancestor Sir Geoffrey Hyde is truly so intertwined with his own fate, is Dudley so hesitant to admit to the supernatural occurrences by stating: 'that I could not take oath upon its reality'? (5). The madhouse setting with which the story opens and closes is pertinent to understanding what is so unreliable about this type of narrator, and such a location exemplifies the horror of this otherwise unremarkable story by Lovecraft.

To better understand the types of asylum that Lovecraft portrays, it is worth turning briefly to some historical matters that likely influence the composition of such works as 'The Tomb'. The Butler Hospital, Rhode Island, in which Lovecraft's father would spend his final years, was founded by its benefactor Nicholas Brown in 1840. Construction was started in 1844 after a General Assembly meeting. David A. Rochefort describes in detail its architectural appearance, which mostly withstood during Lovecraft's lifetime:

No expense was spared in the construction of Butler Hospital or in procuring able leadership for its operation. The hospital was an E-shaped structure with various dormitory rooms and recreation areas. Its size was relatively small – 108 beds – in keeping with one of the principal tenets of the philosophy of moral treatment. A lovely wooded area formed its surroundings and helped to isolate it from the community.

(1981: 118)



Figure 4: 'Butler Hospital for the Insane.' (Greene 1886: 209)

This isolation by ‘lovely wooded area’ makes it, in Lovecraft’s terms, a sinister thing lurking on the doorstep of suburbia. As Rochefort goes on to explain, the living conditions for in-patients during the early twentieth-century were hardly ideal: ‘negative attitudes and beliefs gave rise to harsh treatment practices. Indeed, for the feebleminded this difficult time extended well into the 1920s’ (1981: 122). From S. T. Joshi’s study of the relevant medical records, we now know that Winfield Scott Lovecraft was struck ill in April 1893 and forced to remain in Butler Hospital until his death in July 1898; Winfield was diagnosed with general paralysis and showed various symptoms of syphilis. Crucially, Joshi concludes his report on these medical records by asking what Howard Philips Lovecraft would have made of this situation:

He was two years and eight months old when his father was committed, and seven years and eleven months old when his father died. If he was already reciting poetry at two and a half, he must at least have been aware that something peculiar had happened – why else would he and his mother have moved suddenly back from Auburndale to the maternal home in Providence? [...] One matter of importance is whether Lovecraft ever saw his father in Butler Hospital. He never says explicitly that he did not, but his late statement that “I was never in a hospital ‘till 1924” certainly suggests that he believed (or claimed to others) that he never did so. Recently, there has been speculation that Lovecraft did indeed visit his father in the hospital; but there is absolutely no documentary evidence of this.

(2001: 15)

Regardless of what contact Lovecraft had with his father during the latter’s stay in hospital, his fictional asylums are telling about his own attitude towards madness. This attitude can be summarised quickly and without any real textual analysis: Lovecraft fears the hospital and fears madness and other notions of sickness more so. But there is much more to it than this; in these early twentieth-century works documenting a madness triggered by cataclysmic interactions with the unknown, Lovecraft clearly pities the madman. There is something particularly privileged about Lovecraft’s view of mental illness, privileged in the sense that it represents for Lovecraft an elite state of knowledge, and while the author would no doubt

concur openly with the eugenic theories of degeneracy that began filtering out during his lifetime, his fictions strangely came to sympathise with unfortunate figures; unlike the modes of psychological horror, however, the portrait that Lovecraft paints of mental illness is never a story of cause and treatment; it is a story of constant and endless suffering, perhaps mirroring his own misanthropy, potential depression and general despair at the world.⁹ By reading this notion in Lovecraft's Gothic asylums we find a sense of seclusion, a haven for the weird reader as much as for the weird character.

This notion of sanctuary is reflected, too, in 'The Tomb'. The strange horrors that Dudley encounters in the tomb when confronted with his own phantasmal doppelgänger, Jervas Hyde, are reduced to the implausible contents of his own narrated account. As Dudley witnesses the ghostly revelry played out by his ancestors, we ought to take literally his claim that: 'a second horror took possession of my soul' (8). Perhaps unsurprisingly, when Dudley is dragged out of the tomb just as a lightning storm coincides with his bodily possession, Dudley's medical attendants and family do not believe his version of events at all. If this were a Poe tale, the reader, too, might question the extent to which this narration signifies delusion; in Lovecraft, however, this is almost never the case.

The reader accepts the supernatural truth of 'The Tomb' because the success of its effect of horror relies on it. While the extent to which Jervas's possession of Dudley is left ambiguous – how much is left of the Dudley described to us in the narrative's opening? – there is no reason the story gives us that disregards the case of possession altogether. The alleged madness ceases to be an unreliable narrative device once Dudley/Jervas confirms proof of his version of events: '[h]ad it not been for my old servant Hiram, I should have by this time become quite convinced by my madness' (10). Hiram, as the story concludes, re-enters the tomb and finds that Jervas's coffin is empty. In a letter to Reinhart Kleiner,

⁹ Cf. Houllébecq's reading of Lovecraft-the-writer in *H.P. Lovecraft Against the World, Against Life* (1991).

Lovecraft commented that his stories ‘The Tomb’ and ‘Dagon’ were: ‘analyses of strange monomania, involving hallucinations of the most hideous’ (August 27, 1917, ‘By Post to Providence’). Despite this comment, the ‘hallucinations’ (and more so in the case of Lovecraft’s ‘Dagon’, 1917) have too much in the way of supernatural evidence in their texts to contradict this more rational explanation. While we can realistically doubt Dudley’s strange account of a ‘presiding daemon [who] beckoned to me with unseen fingers’ (8), – this event is witnessed only by Dudley – it is more difficult to reason why the lightning storm creates ‘a blackened circle on the floor of the ruined cellar’ in which he is found – this event is witnessed by several others and while a logical explanation can be put forward, Dudley’s supernatural recollection is more immediately obliging; not to mention that the weirdness of the story would be nullified without it. In addition to this, Dudley’s account of being institutionalised conveys pity:

On the following day I was brought to this room with the barred windows, but I have been kept informed of certain things through an aged and simple-minded servitor, for whom I bore a fondness in infancy, and who like me loves the churchyard. What I have dared relate of my experiences within the vault has brought me only pitying smiles.

(9)

Dudley’s diagnosis of madness partially verifies his version of events. He is at once martyred by his ‘daring to relate’ his experiences; he is equally reprehensible as a pathetic figure, trapped within his cell. There is something claustrophobic about his entrapment, and it may be because it is twofold: he is both possessed by a daemoniac ancestor, and medically incarcerated with nobody who will listen and take his word seriously. The portrait of ‘monomania’ that Lovecraft gives us here is certainly apparent, but it is also a deeply relatable situation: Lovecraft’s narrators are the only figures he writes whose accounts of what has happened gibe with our own. The reader is, in some ways, the last person who will hear the case of the mad other. As a mad figure, Dudley is exemplary of Lovecraft’s own

ambivalence towards madness: we can recognise the monstrosity as a more hideous form when we can still see the human traces left intact.

Though the ‘barred windows’ (9) of ‘The Tomb’ suggest that Lovecraft sustains the prison of live burial that exemplifies the Gothic madhouse of earlier eras, his later works significantly re-envision this figure. In ‘Beyond the Wall of Sleep’ (1919), which first appeared in the October issue of amateur journal *Pine Cones*, and later found its way into *Weird Tales* in March 1938, a curiously sympathetic and clinical picture of the asylum is portrayed. Somehow, and in spite of the story featuring an over-reaching asylum intern, psychic possession, and scenes of astral navigation, there is much that renders the asylum a genuine and somewhat positive sanctuary: this is something that never really happens to a Gothic madhouse scene. Nonetheless, it *is* a Gothic madhouse, but it is Gothic for other reasons than its abundance (or lack thereof) of negative aesthetics. To understand this, we should look firstly at the events of the story more closely. The tale begins with a dismissal of Freud’s *Interpretation of Dreams* (1901): ‘puerile symbolism’ (2001: 11). The narrator is a man who works as an intern in an unnamed state psychiatric institution, and his dream theory, contrary to Freud’s idea of wish fulfilment, is itself expressed in inherently dream-like terms: ‘[f]rom my experience, I cannot doubt but that man, when lost to terrestrial consciousness, is indeed sojourning in another and uncorporeal [*sic*] life of far different nature from the life we know’ (11). At first, these meditations on astral travelling and lucid dreaming seem altogether innocent enough. In fact, the narrator clearly sees the dream much as the Romantics might have: ‘[s]ometimes I believe that this less material life is our truer life, and that our vain presence on the terraqueous globe is itself the secondary or merely virtual phenomenon’ (11). But we ought to read closer here for something more sinister is occurring. Though the wider philosophical question of defining reality should not preclude madness, there is something unsettling about these metaphysical meanderings coming from a psychiatric intern. For one

thing, his self-described ‘youthful reverie’ (11) seems out of place in what is presumably a demanding work environment; second, there is something about his narration that implies irrationality, in spite of his learned and passionate reflections; the dreamy meandering the narrator indulges in is far too dreamy. Perhaps this is inevitable, and perhaps the effect is meant to be pleasing, but in these tales, we have come to expect nightmares not reverie.

There is a deliberately dream-like quality to the overall emotion evinced in the imagery and descriptions that Lovecraft provides in this story, and it is partially the ‘dreaminess’ that provides the Gothic mood here. Lovecraft experimented further with such types of writing,¹⁰ drawing heavily from his influences of Irish author Lord Dunsany, and in the case of this story, Jack London’s *Before Adam* (1906). But unlike his Dunsanian tales, ‘Beyond the Wall of Sleep’ has far more in the way of horror: it lulls the reader into a false sense of tranquil narration only to assert the cosmic terrors far more invasively. The Gothic madhouse trope in effect here is the notion that not even the hospital can safeguard oneself from the greater perils of the unknown. This idea is distinct from the Victorian Gothic examined in chapter one; with the exception of Lady Audley, nineteenth-century literature is often about escaping the asylum, Wilkie Collins’ Anne Catherick from *The Woman in White* (1859-60) is exemplary of this. Marking a conceptual shift, the twentieth-century Gothic madhouse locks its doors more securely.

The narrator’s curiosity is piqued with the arrival of a new patient, ‘who came to the institution in the vigilant custody of four state policemen, and who was described as a highly dangerous character’ (12). Curiously, this patient, Joe Slater, a native resident of the Catskill region, does nothing in the story to confirm such a ‘perilous disposition’ (12). The narrative breaks into a kind of medical casefile, and accordingly blends the discourses of science and

¹⁰ Note his Randolph Carter stories: ‘The Statement of Randolph Carter’ (1919); ‘The Silver Key’ (1926); *The Dream-Quest of Unknown Kadath* (1926-7), and also the dream-like quality of ‘Nyarlathotep’ (1920) amongst others.

law to exemplify this. It is known to the asylum staff that Slater has killed one of his countrymen and has at trial been declared insane. (In a typically Lovecraftian style, the murdered victim has turned to ‘an unrecognisable pulp-like thing’ (13).) There is something of a certain irony that the term ‘pulp’ connotes liquid mass as well as mass entertainment, and that it occurs so frequently in Lovecraft’s descriptions of human dismemberment is striking). From the court documents that the narrator has somehow been able to view, he is able to provide a lurid description of the seemingly harmless Slater:

This man, a vagabond, hunter and trapper, had always been strange in the eyes of his primitive associates. He had habitually slept at night beyond the ordinary time, and upon waking would often talk of unknown things in a manner so bizarre as to inspire fear even in the hearts of an unimaginative populace. Not that his form of language was at all unusual, for he never spoke in the debased patois of his environment; but the tone and tenor of his utterances were of such mysterious wildness, that none might listen without apprehension.

(12)

Drawn in by this hypnotic quality of Slater’s raving, the narrator appears to care about this particular patient in an obsessional way.¹¹ Unlike other mad-doctors in the Gothic, the narrator listens to Slater’s version of events. While Slater betrays some ramblings of the horrifying truth of the matter, the narrator distrusts his initial excuse that Slater’s knowledge of ‘unknown things’ is merely the result of ‘drinking much liquor’ (13). He is keen to regard him further, and even doubts the charge of insanity levied against him:

By degrees I commenced to feel an overwhelming wonder at the mad and fantastic conceptions of Joe Slater. The man himself was pitifully inferior in mentality and language alike; but his glowing, titanic visions, though described in a barbarous and disjointed jargon, were assuredly things which only a superior or even exceptional brain could conceive.

(15)

Taking this at face value, we are inclined to believe that the narrator feels for Slater; we can somewhat forgive his dismissal of Slater’s intellect, though the less so for the snobbish assertion that this is simply characteristic of Slater’s ‘decadent mountain folk’ (15). On a

¹¹ Cf. chapter one’s reading of Dr Seward.

closer reading, however, we realise that this is not really pity or sympathy at all, but jealousy. In fact, the narrator betrays this in trying to demonstrate his concern for Slater's mental wellbeing, as he observes that in: 'the pitiful personality who cringed before me lay the disordered nucleus of something beyond my comprehension; something infinitely beyond the comprehension of my more experienced but less imaginative medical and scientific colleagues' (15). What the narrator appears to covet is Slater's ability for lucid dreaming, and he is worryingly unperturbed to learn that Slater's nightly wanderings often encounter 'a certain deadly enemy, who seemed to be a being of visible yet ethereal structure, and who did not appear to be of human shape' (15). Somewhat paradoxically, it is this revelation that leads the narrator to regard Slater firmly as a man of sanity, albeit a savage with limited intellect. And, following the convention of a lunatic possessing delusions of grandeur, (Lovecraft playfully invokes the situation of Seward and Renfield here), the narrator guards his assessment of the patient from his more experienced medical colleagues. At this point, the reader might discern that the narrator is mad; on returning to the story, they may realise that the narrator is an absolute megalomaniac: 'the head of the institution had but lately warned me in his paternal way that I was overworking; that my mind needed a rest' (16). The tranquil tone of the story is at this point lost, and once more in a Gothic madhouse, the lunatic has taken over the asylum.

Owing to the narrator's long-held belief that 'human thought consists basically of atomic or molecular motion, convertible into ether waves of radiant energy like heat, light, and electricity' (16), he is content to justify a return to scientific experiments that he began during his college days: 'a set of transmitting and receiving instruments somewhat similar to the cumbrous devices employed in wireless telegraphy at that crude, pre-radio period' (16). While it is possible still to read the narrator's concern for his patient as admirable, especially as he wishes to understand the dream world of his patient, it is less forgivable to realise that

this medical intern is experimenting upon a patient without the permission or supervision of his seniors. The story does not explicitly acknowledge this as being morally wrong in any way, it merely formulates the mad ambition as being derived from natural curiosity.

Nonetheless, Slater is subjected to experimentation against his will. As the narrator proudly recalls how:

in my intense desire to probe into the dream life of Joe Slater, I sought these instruments again; and spent several days in repairing them for action. When they were complete once more I missed no opportunity for their trial. At each outburst of Slater's violence, I would fit the transmitter to his forehead and the receiver to my own; constantly making adjustments for various hypothetical wave-lengths of intellectual energy.

(16)

The mad science begins. In what appears to be a respectable psychiatric institution, one whose only use of a straitjacket is described when Slater 'burst forth into a frenzy' (14), the secret ill-treatment of patients goes on; this is a Gothic asylum after all. In a worrying disclaimer that turns up in the narrative very briefly, the narrator confesses that: '[a]s I look back across the years I realise how unreal it seems; and sometimes half wonder if old Dr. Fenton was not right when he charged it all to my excited imagination' (16). As it turns out, though the narrator makes this statement fleetingly -- Dr Fenton has prescribed his young trainee 'a nerve-powder and arranged for the half-year's vacation' (16). Clearly, the narrator is in denial about the extent to which his actions are causing harm to others. It is especially difficult to read calmly his later assertion that: 'despite the *excellent care* he had received, Joe Slater was unmistakably dying. Perhaps it was his mountain freedom that he missed, or perhaps the turmoil in his brain had grown too acute for his rather sluggish physique' (17, my emphasis). Given the administration of the radio being placed against his head night after night, it seems the latter conjecture is more likely. Though the narrator's experiments do reward him with some astral capabilities and 'the stupendous spectacle of ultimate beauty' (17), he is later haunted by the spirit-possessed form of Slater who warns him of the coming

galactic apocalypse, although Slater's doppelgänger does rather kindly call him 'my friend in the cosmos' (19). Whatever we are to make of the fantastic events of this tale, it is ultimately a revealing story about asylum abuse: the horrors of the asylum are intensified by the madness of an employee who has a privileged, visionary state of megalomaniac genius. While the asylum as an institution provides sanctuary, the mad ambition of individual practitioners is shown to be at fault – the belief in the institution is restored because the medical overseers recover the situation. More significantly, it demonstrates how abuse plays on notions of trust and how things on the surface are not always as they appear.

In his lengthier works, such as 'The Thing on the Doorstep', Lovecraft makes a further adjustment to the configuration of Gothic asylums. So far, we have seen how Lovecraft re-employs the madhouses of Poe and Stoker in 'The Tomb'; we have also noted the innovative portrayal of asylum abuse in 'Beyond the Wall of Sleep'; what remains to be seen, however, is the extent to which his madhouses are Gothic in yet another way: they are Gothic in location; Lovecraft's New England topography is haunted by its past just as Gothic writing is. To demonstrate this, it is worth singling out some of the criticism that deals with Lovecraft's geography alongside his first named madhouse in 'The Thing on the Doorstep'. In a revealing essay that reunites some of Lovecraft's key fictitious landmarks and places with their real-life counterparts, Donovan K. Loucks writes that: '[a]lthough Lovecraft makes it clear that his hometown of Providence was his favourite of all New England towns, he made it equally clear that Marblehead, Massachusetts was a close second' (2001: 45). Marblehead is widely believed to be the setting of Kingsport in Lovecraft's fiction, and southeast of this town lies Arkham. There have been recent attempts made by fans to map Lovecraft's Arkham and to pinpoint particular story locations, and the results of these are aesthetically pleasing to view. For example:

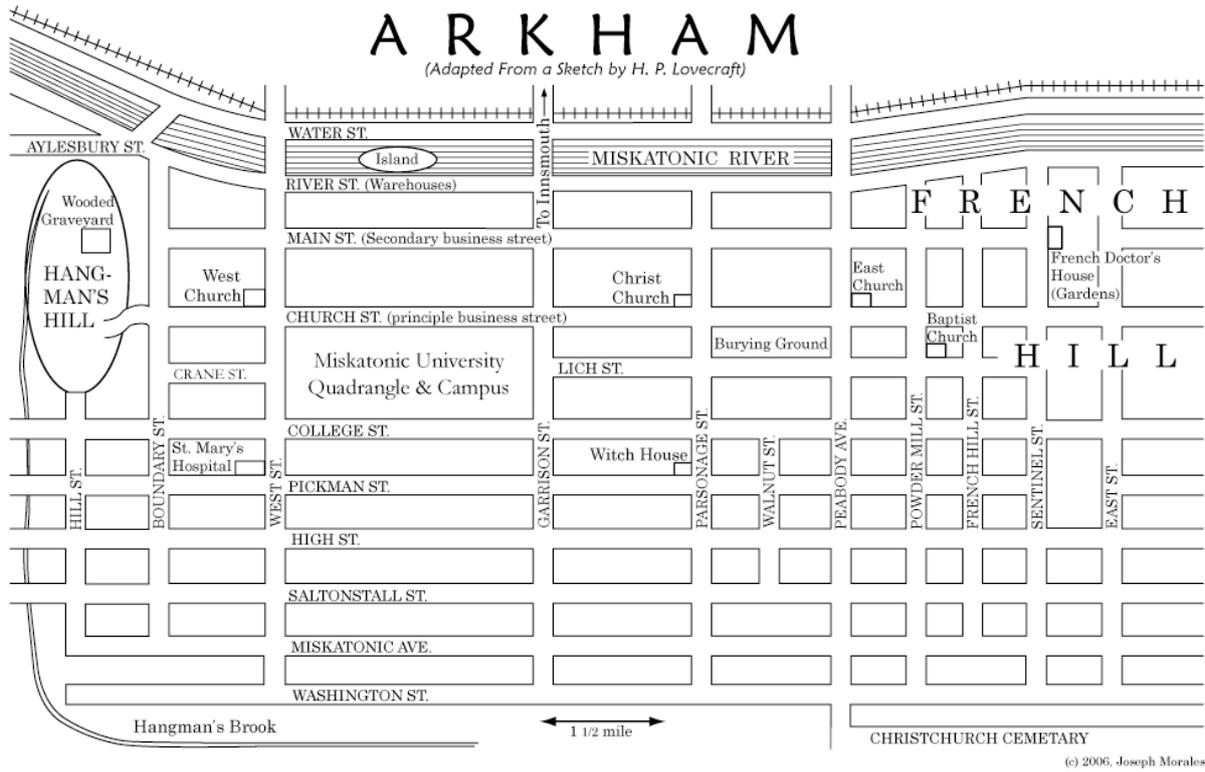


Figure 5: 'Arkham adapted from a sketch by H.P. Lovecraft'. (Morales 2006)

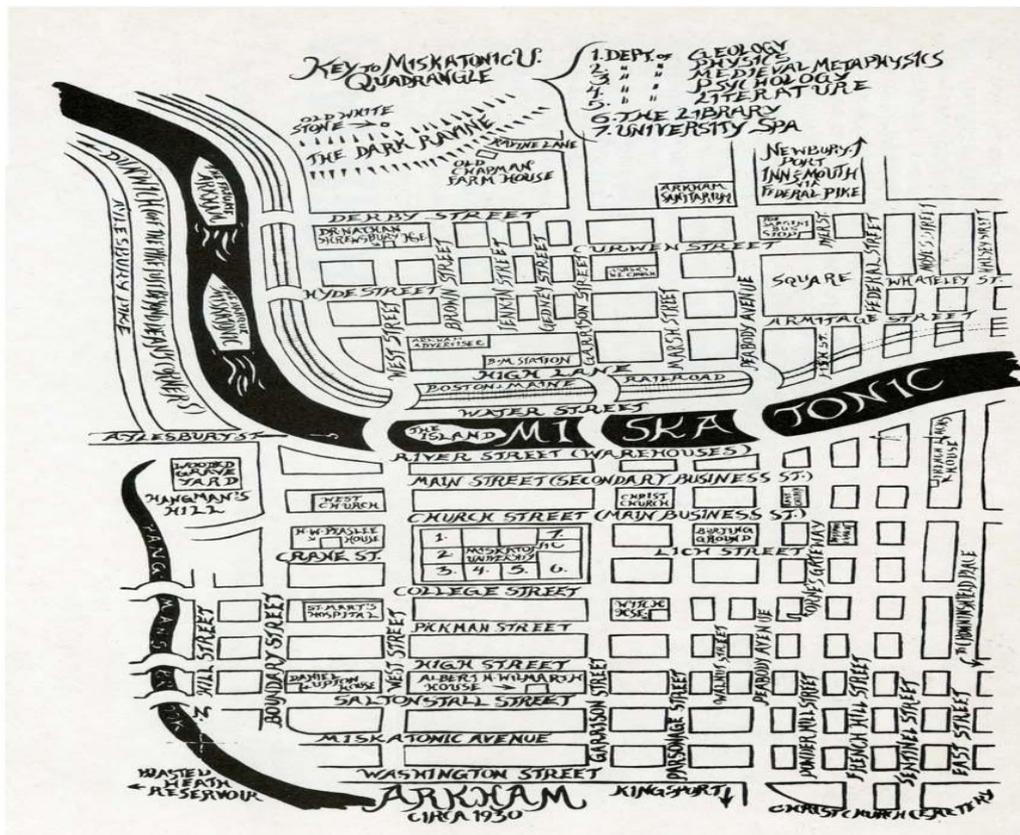


Figure 6: 'A map of Arkham' by Gahan Wilson – Sanitarium featured below 'Key' (Lai 2014)

In the vast majority of these fan-designed maps, however, the Arkham Sanitarium is either surprisingly absent or situated outside the city toward Innsmouth. This may be a result of Lovecraft's unwillingness to offer literary directions; in 'The Thing on the Doorstep' (1933), published in *Weird Tales* in January 1937, Lovecraft painstakingly describes the history of Arkham, its various localities, the nearby Miskatonic University, and the dark roads to hideous Innsmouth. The Sanitarium, on the other hand, seems to appear whenever an event necessitates its appearance. Lovecraft seems especially uninterested in providing any geographical or architectural detail about the first of his madhouses that he bothers to name. Lovecraft's asylums, in a way, remain unlocatable, outside of two worlds: his own, and the cosmic outside of his creations; madness seems excluded. The curious opening of 'The Thing on the Doorstep', which Lovecraft regarded as one of his least successful, (though I would beg to differ), announces its location amidst the confession of a crime: 'At first I shall be called a madman – madder than the man I shot in his cell at the Arkham Sanitarium' (2001: 341). While madness is consistently mentioned in this opening, the asylum is merely there in passing. The story can be summarised as follows: Edward Derby, a once bohemian arts student at Miskatonic, has turned his scholarly pursuits towards the occult and married Innsmouth resident Asenath Waite, 'dark, smallish, and very good-looking except for overprotuberant eyes; but something in her expression alienated extremely sensitive people' (344). For those of Lovecraft's readers who are familiar with *The Shadow Over Innsmouth* (1931), Asenath's hometown might equally alienate the extremely sensitive among them. Derby undergoes a complete character transformation, and the narrator, Daniel Upton, reluctantly becomes his guardian after Derby is institutionalised. Upton soon discovers the horror of the magic rituals that Derby has been subjected to, and in an act of mercy, kills his friend to rid him of a sinister possession: the wrathful spirit of Innsmouth magician and Asenath's father, Ephraim Waite.

The theme of psychic possession has united this chapter's textual selection, and 'The Thing on the Doorstep' demonstrates one of Lovecraft's most creative uses of this. The text conflates the notion of being seized by supernatural forces and the medical event of neurological seizures. Upton is informed by Derby's butler that Edward had 'frightful seizures at night, during which he might eventually do himself harm' (360). At the tale's conclusion, Upton reproduces the letter he has received from Edward that he argues justifies the murder of his friend as an act of mercy. The letter reveals the following:

"I thought for a while I was all right, and then I felt the tugging at my brain. I knew what it was – I ought to have remembered. A soul like hers – or Ephraim's – is half detached, and keeps right on after death as the body lasts. She was getting me – making me change bodies with her – *seizing my body and putting me in that corpse of hers buried in the cellar.*"

(364, my emphasis)

This twofold 'seizing' of a body does not make the narration any less reliable, in fact, it extends the effect of horror as the medical profession is unable to define accurately the real cause of Edward's personality changes. The history of epilepsy and its associated notions of madness can be traced back to the end of the nineteenth century. From the eighteenth century onward, medical practice had sought to distance the 'falling sickness' from mediaeval explanations of demon possession. Up until the moment that the 'sciences' of degeneration began first to penetrate medical discourse, early nineteenth-century efforts to understand epilepsy were inherently based on understandings of biology and physiology. As G. E.

Berrios remarks:

By the second decade of the nineteenth century, the scope of epilepsy began to change following the redefinition of the concept of neurosis, the disappointment in the results of neuropathological research, the introduction of statistics, and the availability of clinical data arising from longitudinal observations of cohorts.

(1984: 978)

One of the key points that Berrios does not really expand on, however, is how epilepsy became so intertwined with madness and criminality. The writings of Charles Mercier, and separately, Sir Francis Galton, did much to advance this. Galton, in *Inquiries into human*

faculty and its development (1833), once wrote that: ‘madness is often associated with epilepsy; in all cases it is a frightful and hereditary disfigurement of humanity’ (1883: 66). While there is evidence to suggest that this misinformed view of madness and epilepsy persisted well into the twentieth century, we do not know if Lovecraft ever read Galton. Nonetheless, the ‘seizing’ that occurs in ‘The Thing on the Doorstep’ is closely accompanied by Asenath’s Innsmouth-bred criminality, as if she pollutes and infects him with something more than just her spells. Some further speculation is possible here, as S.T. Joshi has carefully examined the likelihood of Lovecraft experiencing seizures during his high-school years. This fact was actually communicated to one of Joshi’s medical associates by a woman who went to school with Lovecraft. While Joshi concludes that, ‘[w]hether these seizures were the actual cause of his removal from high school is something that cannot now be settled’ (2001: 63), it may hypothetically explain the way in which Lovecraft portrays epilepsy as such a horrifying ordeal in this story. It is also striking that these notions of seizing and convulsing affect Upton, too. Shortly before he encounters the monstrous post-human thing that appears on his doorstep, Upton remarks on how: ‘that stark, utter horror burst over me and weighted my spirit with a black, clutching panic from which it can never shake free’ (361). There is certainly something very contagious about these seizings that occur throughout the story.

In addition to the medical contexts informing this story, there are certain biblical allusions that also impact upon the notion of possession as this is figured in the text. While Lovecraft’s atheism is a prominent influence in his rendition of cosmic horror, he also drew heavily from Classical allusions, the *Arabian Nights*, and his knowledge of the Bible. Robert M. Price points out that:

The names of Asenath and Ephraim Waite [names which also allude to A.E. Waite, too] [...] are of course taken from the Book of Genesis [...] Like [the seer Joseph in Genesis 41: 45], Edward Derby is a visionary child prodigy, and he comes to marry a woman named Asenath, whose father is, like the biblical Asenath’s father, a priest of

ancient pagan gods. But for Asenath Waite's father Lovecraft has chosen the name Ephraim, the name of the biblical Asenath's *son*. [...] Perhaps by transferring the name of Asenath's son to her father, Lovecraft is hinting at the story's *mind-transference* between child and father.

(1988: 14, 18, original emphasis)

Price's commentary here is especially helpful and does much to advance critical appreciation for a work that Lovecraft himself hated. Another point that we might add to Price's study of biblical allusions, however, is Gina Wisker's crucial observation that Asenath 'is actually a man, as she is possessed by her deceased father' (2013: 32). In order to understand fully the ramifications of miscegenation and contamination achieved through the psychic possession in the story, Lovecraft's use of a monstrous polygender is key. Gina Wisker argues that 'Lovecraft's women dramatize and embody the concerns of the early twentieth century, the disgust and abjection of reproduction, fear of the weird more generally, and imperial concern of the foreign and alien Other through miscegenation' (2013: 32). This is certainly what Upton comes to confront in Arkham Sanitarium when he visits who he believes at first to be Edward:

The patient rose to greet me, extending his hand with a polite smile; but I saw in an instant that he bore the strangely energised personality which had seemed so foreign to his own nature – the competent personality I had found so vaguely horrible, and which Edward himself had once vowed was the intruding soul of his wife. There was the same blazing vision – so like Asenath's and old Ephraim's – and the same firm mouth; and when he spoke I could sense the same grim, pervasive irony in his voice – the deep irony so redolent of potential evil.

(360)

The blurring of the recognisably human is consistently at stake in Lovecraft's writing, and it is the more forcefully realised in his accounts of psychic possession. What should be realised about his development of Arkham Sanitarium, however, and it is notable that this is his first named asylum, is that Arkham is haunted by its past; its figures, territories and foreign invaders; it is inescapably Gothic and it can never exorcise itself from possession of these intrinsically worldly forces of the familiar.

Kenneth Faig has written with some authority that: ‘Lovecraft certainly knew that Butler Hospital, where both his mother and father ended their lives, was not a place for the care of the paralysed and the comatose. He knew very well that the institution was a mental hospital’ (1991: 55). Perhaps the closest thing that we have to understanding Lovecraft’s attitudes towards mental illness are his fictions; his private correspondence may hint towards his own episodes of ill-health, but the hospitals of Arkham, Kingsport, Providence and New York leave lingering impressions. Aside from Butler Hospital, Danvers State Insane Asylum in Massachusetts may also be the real-life counterpart of the Arkham Sanitarium. Danvers State Hospital is an iconic site in horror fiction, as it is the setting for the 2001 film *Session 9*, amongst other productions. Tellingly, Danvers (and not Arkham Sanitarium or another fictional hospital) is passingly mentioned by name in two of Lovecraft’s fictions. In ‘Pickman’s Model’ (1926), the narrator explains how he ‘would listen for hours like a schoolboy to art theories and philosophical speculations wild enough to qualify him for the Danvers asylum’ (2002: 80), associating madness as a kind of esoteric knowledge. Similarly, in ‘The Shadow Over Innsmouth’ (1931), the narrator is informed of a citizen who went crazy and is out at Danvers now’ (2002: 274). Lovecraft is keen to reassert medical institutions everywhere in his fiction; there is not a single one of his weird tales free from the haunting effects of madness. In his novella, *The Case of Charles Dexter Ward* (1927), the longest piece of fiction Lovecraft ever wrote, there is something especially painful about the madhouse scenes he describes:

From a private hospital for the insane near Providence, Rhode Island, there recently disappeared an exceedingly singular person. He bore the name of Charles Dexter Ward, and was placed under restraint most reluctantly by the grieving father who had watched his aberration grow from a mere eccentricity to a dark mania involving both a possibility of murderous tendencies and a profound and peculiar change in the apparent contents of his mind. Doctors confess themselves quite baffled by his case, since it presented oddities of a general physiological as well as psychological character.

(2001: 90)

The reluctance with which Charles Dexter Ward's father has his son admitted to the hospital reads with more emotion than Lovecraft likely intended. There is certainly a case for reading Lovecraft's novella as his single most biographical fiction, and the description of Ward could very easily apply to a description of Lovecraft himself:

Mental disturbance, it is true, will age one rapidly; but the face of this young man had taken on a subtle cast which only the very aged normally acquire. In the second place, his organic processes shewed a certain queerness of proportion which nothing in medical experience can parallel. [...] The skin had a morbid chill and dryness, and the cellular structure of the tissue seemed exaggeratedly coarse and loosely knit. Even a large olive birthmark on the right hip had disappeared, whilst there had formed on the chest a very peculiar mole or blackish spot of which no trace existed before. In general, all physicians agree that in Ward the processes of metabolism had become retarded to a degree beyond precedent.

(91)

What happens to Lovecraft's Gothic madhouses is poignant to the imagination of the later twentieth century. In later fictions produced from the 1950s onward, where the asylums start to close their doors and push their patients out into the community, the figure of the insane becomes far less reprehensible; in fact, more often than not, we start to find modern asylums championing the cause of the insane. It would be problematic to suggest that Lovecraft started this trend, but as a weird writer who utilised the Gothic, Lovecraft redefined the asylum: his secure wards, filled as they are with spectres of otherworldly regions and megalomaniac attendants, never diminish or silence the mad-truths of their insane populations. As readers of Lovecraft's weird asylum, we are encouraged to hear and take seriously the warnings of his mad narrators; we are inclined to see past the psychosis and delight in the perils of researching forbidden ideas. As David Punter anecdotally remarks:

Gothic is "forever" caught in the act; caught in the act of creating, or recreating other books. When even a pulp writer like H.P. Lovecraft speaks obsessively of the Necronomicon of the mad Arab Abdul Alhazred, then we must read these last three syllables for precisely what they say: "all has read," that which has been read by everybody, although nobody will admit to having read "it," whatever "it" might be, because of a danger; the danger of contamination. Just as people prefer not to admit to having "read" Lovecraft.

(1998: 2)

Gothic and its madhouses are caught in the act of recreation, too. Lovecraft's attempts to portray the madhouse fail overall to be empathetic, as they are often inflected with racism and an irrational fear of madness. Nonetheless, Lovecraft's asylum is a step forward for horror more generally: his madhouses are symptomatic of being haunted by themselves; the great terror that their true threat comes from within. As the description of Charles Dexter Ward reveals, the same can perhaps be said of Lovecraft: '[h]is madness held no affinity [...] and was conjoined to a mental force which would have made him a genius or a leader had it not been twisted into strange and grotesque forms' (91). Lovecraft's weird fiction and the Victorian Gothic demonstrate a madhouse where madness is simultaneously present and absent. Post-Lovecraft, however, as community care programs emerge, the asylum itself is mostly absent; as we shall see in the next chapter, the Gothic of the 1950s and 60s makes the madhouse something of a revenant. So far, this thesis has demonstrated how the Gothic space of the institution emerges in the Victorian era as a repressive location; the Victorians used the Gothic potential of the madhouse to speak out against institutional corruption; Lovecraft, meanwhile, re-configured this space to preserve the sanity of those maddened by the insane and supernatural events of an outside world. This paradoxically comforting space does not persist in the later twentieth-century Gothic imaginings of the madhouse. As community treatment models relied upon the closure of Victorian asylums, the spectral legacy of such institutions and their appalling abuses were invoked by deinstitutional movements to erase such sites. Unfortunately, and as the Gothic of the 1950s was quick to realise and exploit, the closure of such hospitals meant that the mad space became violently domesticated – in the absence of the asylum, madness was to be found in the home and society at large.

Chapter Three

[S]care in the Community: Anti-Psychiatry, Deinstitutionalisation, and the Fantasy of the Old Regime

Clinical diagnoses are important, since they give the doctor a certain orientation; but they do not help the patient. The crucial thing is the story. For it alone shows the human background and the human suffering, and only at that point can the doctor's therapy begin to operate.

~ C. G. Jung (Jung 1965: 124)

The twentieth-century madhouse opened its doors to community treatment programs, and the Gothic of this era was quick to realise the horror potential of the local psychopath next door. While the asylum is considered an antiquated building throughout the literature of the 1950s, the Gothic prose fiction of this era demonstrates an increased political interest in matters of deinstitutionalisation. The Lovecraftian privileging of madness as an elite state of knowledge is abandoned in this era; instead, Gothic from the mid-twentieth century presents madness as a forgotten and excluded other. The Victorian Gothic had demonstrated that asylums prevented madness from speaking out against an oppressive society, and the early twentieth-century madhouse epitomised by Lovecraft rejuvenated the site's potential for sanctuary; the mid-to-late twentieth-century Gothic, however, portrays madness as being excluded altogether – as the texts examined in this chapter demonstrate, the post-1950s Gothic text echoes Foucault's view that madness has been cast out from society as 'the domain of the inhuman' (2009: 3). The literature written immediately after the synthesis of chlorpromazine in 1955; the UK Mental Health Act of 1959; and the US Community Mental Health Act of 1963 remains deeply sceptical about the future of accommodating madness in society. This chapter argues that modern Gothic is unable to let go of the asylum, and it reflects its societal

absence via persistent representation – even metaphorically substituting the building. In reading the madhouse as a haunted site, this chapter presents four close readings of prose fictions that respond to the deinstitutionalisation movements of 1959 onward; these texts include: Robert Bloch's *Psycho* (1959); Ken Kesey's *One Flew Over the Cuckoo's Nest* (1962); Iain Banks' *The Wasp Factory* (1984), and Michael Moorcock's *Mother London* (1988). The present chapter begins with an historical overview of the changes in asylum practice post-World War Two. This chapter's textual selection focuses on novels whose cultural work is the interrogation of social exclusion practices. While Catherine Spooner has claimed that austerity in the 1950s was reciprocated by fears in literary realism and that subsequently, 'Gothic [of the time] failed to match the prevailing mood' (2013: 296), this chapter argues that Gothic, and horror more generally, echoes all and any crisis emerging in cultural welfare and wellbeing. This is because Gothic writing has a tendency to pathologise political and social institutions far more than it attempts to diagnose the madness of the individuals contextualised by such institutions.

If madwomen in attics epitomise Gothic anxieties in early Victorian fiction, then, by contrast, the early 1960s demonstrates a readily discernible fear of the 'psychopath' next-door. The precise moment where deinstitutionalisation enters into culture is debated, but we can agree that the fiction anticipating the 1960s rise of therapeutic communities has a persistent tendency to reimagine the asylum. Even before psychiatric patients were released from the overcrowded and underfunded madhouses, Gothic, as a literature mesmerised by the legacy of punitive functional sites, retains a fantasy of such old regimes of power.

Historically, the advent of deinstitutionalisation was made easier, in part, with the synthesis of antipsychotic medication such as chlorpromazine and lithium.¹ In the United Kingdom, the

¹ This chapter reads deinstitutionalisation as an Anglo-American event, as national acts in both countries promote community care programs. For examples of this in other countries, such as Italy, see Eghigian.

Mental Health Act of 1959 reformulated patients' access to psychiatric services and voluntary treatments, although its legacy remains disputable owing to its highly politicised vision of 'sub-normality'.² Writing in the *British Journal of Psychiatry*, Adrian Grounds commented of the 1959 Mental Health Act that: its 'reputation became tarnished by concerns about failures of services and abuses of professional power' (2001: 387). In 1961, the conservative healthcare minister Enoch Powell delivered his 'Water Towers' speech, prompting the closure of psychiatric institutions in favour of more economically sustainable community treatments, and, in 1962, the *Hospital Plan for England and Wales* called for the permanent closure of many Victorian asylums which had arisen since the passing of England's Lunacy Act of 1845. Greg Eghigian claims that: '[d]einstitutionalisation was both a cause and an effect of a change in thinking about how to understand and treat mental disorders' (2008: 357). However, it is worth noting that while plenty of progress has been made in helping people to better manage symptoms of mental illness, knowledge of maintaining good mental health remains more ambivalent. Many of the community care programmes that arose throughout the 1960s were inappropriate in their support services and underfunded by local governments. One of the most prominent examples of this was the failure of America's 'Mental Retardation Facilities and Community Mental Health Centres Construction Act of 1963', which was largely a fiscal means to an end in reducing hospital maintenance costs.³

Deinstitutionalisation was, in turn, echoed by fears in Gothic writing regarding the shared living space between the sane and the insane. Perhaps the archetypal figure of neighbourhood-lunatics-amongst-us is Norman Bates, antagonist of Robert Bloch's *Psycho* (1959), immortalised through Hitchcock's chilling filmic adaptation one year later. Bloch's novel, informed partly by the real-life events involving serial killer Ed Gein, demonstrates a

² According to the Mental Health Act of 1959, severe sub-normality meant that: 'the patient is incapable of independent life or of guarding himself against serious exploitation' (1959: 2).

³ For more on this, see Steven S. Sharfstein's article 'Whatever happened to Community Mental Health?' in *Psychiatric Services* (51), 2000.

new multi-layered form of Gothic doubling. This relies on a longstanding medically inaccurate portrayal of schizophrenia as split personality disorder. Nevertheless, the novel situates itself within the forthcoming debates that would be featured in anti-psychiatry movements; (this term ‘anti-psychiatry’ will be explained in full later).

The narrative of *Psycho* torments the orthodoxy of descriptive psychopathology. The text, like one of psychoanalyst R.D. Laing’s psychotic patients, begs for psychiatric analysis and yet it simultaneously resists such rigid classification at all costs. R.D. Laing’s seminal work *The Divided Self* (1959) proposed an existential phenomenological interaction with mental illness – an ambitious and controversial effort ‘to make madness, and the process of going mad, comprehensible’ (Laing 2010: 9) – where, indebted to Jung’s understanding of metanoia and his theory of individuation,⁴ Laing proposed that psychosis is a result of ontological insecurity: a conflict where authentic self-disclosure is complicated by an unconscious self-identification with an embodied or un-embodied self (2010: 42, 46, 47; 65-105). In other words, a sense of existence becomes easily fragmented depending upon the affirmation or dismissive appraisal of others, (for example, meeting the expectations of one’s parents), leading to the subject experiencing ‘un-embodied’ thoughts represented by inauthenticity, a sense of depersonalisation or developing a notion that they maintain a ‘false self’.⁵ Laing uses the following diagram to illustrate his theory:

⁴ Cf. Jung’s writings on ‘The Undiscovered Self’ (1978: 245-302).

⁵ Laing describes this ‘false self’ by comparing it to the notion of an ‘inner self’, where: the ‘aim is to be a purse subject, without any objective existence’ (2010: 95). This ‘false self’, according to Laing, ‘arises in compliance with the intentions or expectations of the other, or with what are imagined to be the other’s intentions or expectations’ (2010: 98).

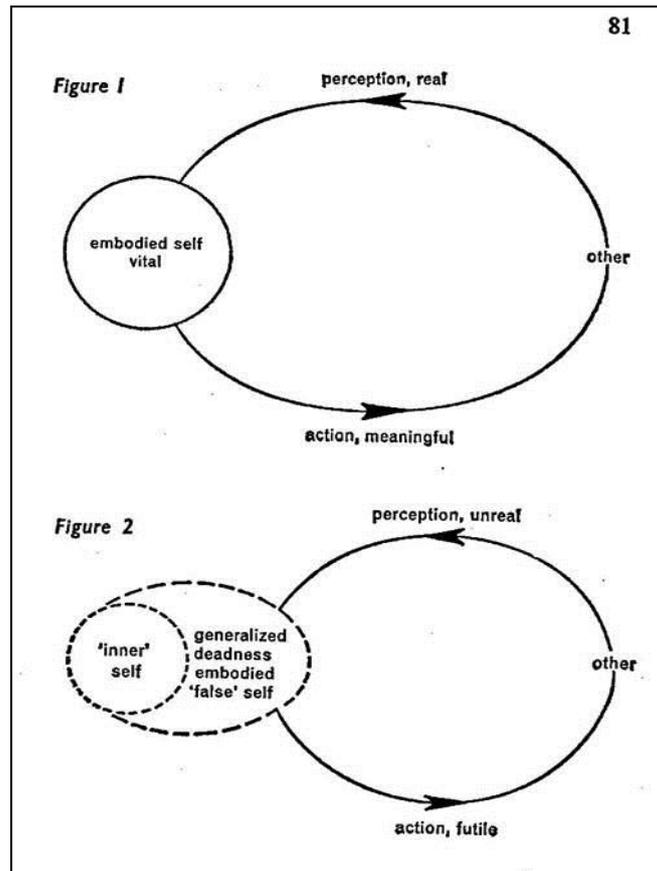


Figure 7: 'The Divided Self' (Laing 2010: 81)

Laing's radical approach to understanding madness might be summarised by his claim that 'when one is dealing with a patient who is actively psychotic, one has to take the risk of translating the patient's language into one's own, if one is to give an account that is not altogether schizophrenese [*sic*]' (2010: 177). Such a quote also works well as a treatise on how to read madness in the Gothic. Robert Bloch's novel *Psycho* is certainly emblematic of this very 'schizophrenese' discourse: its narrative thrives almost entirely on the sometimes-literal notion of masked truths. For example, in the book's most iconic moment, (renowned in Hitchcock's adaptation as 'the shower scene'), Mary Crane comes to observe that behind the curtain there was:

Just a face, peering through the curtains, hanging in midair like a mask. A head-scarf concealed the hair and the glassy eyes stared inhumanly, but it wasn't a mask, it

couldn't be. The skin had been powdered dead-white and two hectic spots of rouge centred on the cheekbones. It wasn't a mask. It was the face of a crazy old woman.

(Bloch 2013: 39)

The first-time reader of the text, like Mary, assumes that the murderer is the crazy old woman, Norman's mother. The truth of the situation, however, is that the murderer is indeed masked. Norman Bates is dressed as his dead mother, enacting a carnivalesque reanimation process, and the 'powdered dead-white' make-up he wears is intended as a very literal expression of this. *Psycho* reconfigures the Gothic double motif of James Hogg and Robert Louis Stevenson: man is not one or even two, but an un-embodied figure of many selves. As Laing supposes: '[e]veryone in some measures wears a mask, and there are many things we do not put ourselves into fully' (2010: 95). The idea that we all wear masks urges the fear inspired by deinstitutionalisation: outside of the asylum, the psychopath can easily pass as a sane person; equally, on a difficult day, the sane person's mask may slip and give way to repressed violence.

Norman-as-Norman Bates is, then, from an existential point of view, quite correct in asserting the mental condition of his mother: "*She's not crazy,*" he tells the recently arrived Mary as she sits with him for dinner (32, 33, original emphasis). He even goes so far as to offer a veiled confession relating to his own mental wellbeing, as he tells her:

"I was worse than she could ever be. Ten times crazier, if that's the word you want to use. They'd have locked *me* up in a minute if they knew the things I said and did, the way I carried on. Well, I got over it, finally. And she didn't. But who are you to say a person should be put away? I think perhaps all of us go a little crazy at times."

(33, original emphasis)

Norman is not necessarily lying during this conversation. At least one of Norman's selves has apparently 'got over' such 'craziness', though it remains obvious that his (*m*)other-self did not. It is striking that Norman lucidly challenges the ontological right Mary has in inferring a value judgement by declaring who 'should be put away'. There is irony here as most readers, (at this point in the novel), likely know *who* should be put away. This speaks as much to the

reader about notions of ‘the Great Confinement’ as it does to Mary’s unintentional rudeness. The narrative of *Psycho* directs its readers to regard any forms of language hesitantly, often to a point of self-parody. When, for instance, Lila Crane comes to the Bates Motel, frantically searching for her murdered sister, she finds: a ‘*Skeleton Key*. Why did they have to call it that? Never mind, she wasn’t going to worry about problems in philology now. The only problem was whether this key would work’ (163, original emphasis). Philology is a key self-reflective discourse into Bloch’s novel, and Lila might have done well to consider it a bigger problem. The skeleton key, as might be expected, leads to a skeleton, one Lila dreads might belong to her sister (169). While the reader may anticipate the corpse that Lila does come to discover, there is still some discordance when Lila gazes upon: ‘the old woman lying there, the gaunt, grey-haired old woman whose brown, wrinkled face grinned up at her in an obscene greeting’ (172). The young corpse has been replaced by an old one. Further to this is the horrifying idea that Norman objectifies and abuses the old corpse as a sinister kind of costume. The novel takes a conservative view that madness, when left to its own boundaries without clinical or legal regulation, is abjectly capable of anything.

One of the issues at stake here, which David Punter in his reading of the novel also refers to as one of the central unanswered questions within the text, has to do with ‘the problems of legal accountability’ (1998: 142), particularly as Norman’s agency is complicated further by his alcoholism. The novel seems to be making a point about mental illness and personal responsibility; it seems sceptical of the notion of diminished responsibility and the legal insanity plea: Norman ultimately remains a dangerous figure who (dissociatively) enjoys hurting others. At the same time, it is possible to read *Psycho* as a critique of asylum closures and the lack of adequate state provision for service users. To address this, it is worth looking at Norman’s mental condition in more detail. Norman,

according to his own psychiatric evaluation, can be said to consist of at least three separate inner-selves, something the novel confirms when the county sheriff recites a doctor's report:

“According to Steiner, Bates was now a multiple personality with at least three facets. There was *Norman*, the little boy who needed his mother and hated anything or anyone who came between him and her. Then, *Norma*, the mother who could not be allowed to die. The third aspect might be called *Normal* – the adult Norman Bates, who had to go through the daily routine of living, and conceal the existence of the other personalities from the world. Of course, the three weren't entirely distinct entities, and each contained elements of the other. Dr Steiner called it an unholy trinity.”

(180, original emphasis)

As the novel supplies outer critical interpretation with its own textually internal diagnosis – in this instance, we learn that Norman is said to suffer from ‘psychosis’ (182) – although dissociative personality disorder might be nearer the contemporary *DSM* diagnosis – it is telling that this finding comes from a law-enforcement officer who has learned it from a medical practitioner, playing out a Purloined Letter effect in its delivery. Earlier in the text, Sam, Mary's fiancé, comes to the following realisation:

Funny, [...] how we take it for granted that we know all there is to know about another person, just because we see them frequently or because of some strong emotional tie. Why, right here in Fairvale there were plenty of examples of what he meant. Like Old Tompkins, superintendent of schools for years and a big wheel in Rotary, running away from his wife and family with a sixteen-year-old girl. Who ever suspected he'd do a thing like that? Any more than they'd suspected Mike Fisher, the biggest lush and gambler in this part of the state, would die and leave all his money to the Presbyterian Orphans' Home [...] you never could tell what might happen.

(82)

In the space of one hundred pages, or one week in the text, Sam changes his attitude toward the everyday doubling of public and private selves from something that is ‘funny’, to coming to view such inconsistencies of character as a medical problem. The intermediary affecting this perceptual shift is an act of brutal murder: in other words, a moral boundary has been breached whereby the uncanny unpredictability of others can no longer be regarded as a harmless quirkiness, but justifies inhospitable caution towards those we suspect of being insincere.

This fear of madness is the very mistrust politically inscribed into communities as the asylums begin to close. For example, the Charleston (West Virginia) *Gazette Mail* of August 28th, 1960, features a report on the number of old-age citizens ‘being dumped into psychiatric wards along with the chronic insane’ (Greene 1960: 7). The concluding section of this article, which bemoans the tax-payers’ rate for maintaining such institutions, also contains a rather paranoid suggestion that anyone could be secretly insane, and this includes children:

Dr Overholser of St. Elizabeth’s said children as young as five years may develop schizophrenia. Parents, he said, should watch for such telltale symptoms as the child withdrawing into his shell and loosing [*sic*] interest in life. Parents may regard a quiet, aloof child as a good boy because he stays out of trouble, he doesn’t fight with the neighbours’ kids or sass his teachers, he plays by himself and daydreams. “This very quietness,” said Dr Overholser, “is a much more malignant symptom than a normal child exhibits who goes out and raises the devil.”

(1960: 7)

The article also conflates schizophrenic symptoms (the authors exclude mentioning emotional states and hallucinations) with ‘bad’ behaviour: if a child is mentally-ill, they are, according to the report, not really performing as a ‘good’ obedient child should do. Echoing Norman Bates’ claim that: ““all of us go a little crazy at times,”” the report concludes with a near identical statement from a psychiatrist: ““Mental health runs from snow white to grey to paranoid black. [...] I think any of us could break under stress. [...] We should remember there are more people outside than inside who urgently need treatment for mental illness”” (1960: 7). It is this idea that *Psycho* both exploits – as a form of horror – and critiques – as a societal fault; the lack of mental hospitals and the lack of care for vulnerable persons. This is why Bloch’s novel returns Norman to the asylum at the end. Here, ‘the real end’ (183) occurs within the walls of a seemingly benign institution where Norman is, according to his own dissociative narration, ‘dead’ (184). Meanwhile, the formidable and murderous mother-self has proven more resilient to the effects of psychiatry: ‘because there was only one person in the room. There always *had* been one person, and *only* one’ (183, original emphasis). Before

Norman (or whichever of his personalities we choose to read) returns to the mental hospital,

Lila conveys to Sam and the county sheriff her sense of relief that the ordeal is over:

“I’m glad,” Lila said slowly. “It’s better this way. Funny, how differently things work out in real life. None of us really suspected the truth, we just blundered along until we did the right things for the wrong reasons. And right now, I can’t even hate Bates for what he did. He must have suffered more than any of us. In a way I can almost understand. We’re all not quite as sane as we pretend to be.

(182)

Lila’s highly empathetic reaction to the idea that Norman has been reclaimed by medical and legal systems is indicative of a belief in the absolute authority of such disciplinary sites. Since Norman is removed from a public community, the murder of Lila’s sister is no longer an outstanding mystery of criminal activity to be solved. The story of Norman’s madness ends in the madhouse, just as Lady Audley’s does – an unwanted presence is removed. Though the novel implies that Norman is unlikely to recover, and perhaps likely to reoffend, the total confinement (Norman’s removal from society) is a fantasy of the old ways: the mental hospitals kept those of diminished responsibility (allegedly) out of harm’s way; in this sense, Gothic is still haunted by the memory of functional sites – it is unwilling to let go of their protective power. *Psycho* seems to suggest that madness is better kept ‘in’ than ‘out’. While Victorian texts came to abhor the asylum, and while early twentieth-century weird fiction found comfort in them from outside horrors, the Gothic of the 1950s and 60s came to believe in the total power of the institution.

This is not to say that the Gothic fiction of this era was complicit in romanticising the asylum. The crucial point is that texts like *Psycho* lament the loss of hospital bed availability; such novels also problematically suggest that community care is insufficient because the mad-person cannot live unsupervised. It is also important to note that the mental hospitals did not vanish overnight, and their reform processes took decades to enact. What happened to the chronically mentally-ill is something that later Gothic fiction takes issue with, and it addresses this by persistently representing the asylum in a negative light. A prominent

cultural backlash observable in fiction of the 1960s more generally concerns asylum practices of ECT and lobotomies. Sylvia Plath's semi-autobiographical novel, *The Bell Jar*, for example, deals with the personal experience of depression and the harrowing encounter with ECT. In addition to fantasising the old regime, namely the restoration of the asylum, Gothic writing turned its attention toward a condemnation of psychiatry and its practices. There are two aspects of this which Gothic writing usually returns to: ECT and lobotomy.

Electroconvulsive therapy, which was frequently administered throughout the 1940s and is still used in some cases today, (though by vastly different methods), remains a contentious topic with as many advocates as opponents. Meanwhile, leucotomy (lobotomy) was developed by Portuguese neurologist Egas Moniz in the 1930s, and later attracted the neurosurgical 'skills' of Walter Freeman and James Watts, who jointly performed the first American lobotomy in September 1936. This procedure (which has since been dramatically altered) involved drilling through a patient's skull before cutting the brain's frontal lobes with a surgical knife. Andrew Scull describes how:

Freeman and Watts had difficulty deciding just how much brain tissue to destroy: too little, and the patient remained mad; too much, and the outcome was a human vegetable, or even death on the operating table. They convinced themselves that the solution was to cut until the patient exhibited signs of disorientation. That meant, of course, performing the operation under local anaesthetic. Watts cut, while Freeman asked a series of questions, and kept a transcript of the replies. The typewritten records are disturbing to read, none more so than the exchange when Freeman asked the person on the operating table what was passing through his mind, and, after a pause, the patient responded, "a knife."

(2015: 314)

While today different countries have differing laws on when and how lobotomies are performed, (and in the USA and the UK, their practice is extremely rare), Freeman's last operation in 1967 ended with the patient's death. These contextual matters are intrinsically Gothic: they invite 'negative aesthetics' to say the least. The issue of extreme surgical procedures being used to 'treat' extreme clinical behaviours reveal dark disturbances of sanity on multiple fronts. For this reason, Ken Kesey's 1962 novel, *One Flew Over the*

Cuckoo's Nest, deserves appraisal for the extent to which it, too, can be considered Gothic. In addition to its portrayal of asylum abuse, the novel is haunted by notions of American identity and personal freedom. Like *Psycho*, Kesey's novel features a critique of how provision for the mentally-ill is administered, but unlike *Psycho*, Kesey focuses on the tragic failure of the psychiatric regime and mental institution rather than on gothicising real-life pathologies. Kesey's text remains sympathetic to the plight of madness, and critical of institutional power; unlike other texts examined in this chapter, it is optimistic about the notion of community care.

Prior to the novel's composition, Kesey had worked as an orderly for a mental hospital in California. This no doubt shaped how the asylum is portrayed in the novel, but it is also worth noting the extent to which Kesey saw first-hand the liberal use of shock therapies. In some ways, the Gothic practice of ECT is Hollywood *Frankenstein* in reverse;⁶ the process is not reanimation but reformation: the patient strapped to the table is reborn in the image of acceptable conduct. This Gothic portrayal, one that features in Kesey's novel, is not at all the same thing as the real-life medical procedure. For some chronic patients, ECT has been a last resort lifeline where other treatment options have failed. In the Gothic, however, ECT is an extension of the psychiatric institution's power to exercise control over its unruly populations. Before addressing the specific representation of ECT in Kesey's novel, it is worth drawing attention to the portrayal of the hospital more generally. An outstanding question that *Psycho* gestures toward, anticipating the asylum closures, is: what actually happens to the chronically mentally-ill? In *One Flew Over the Cuckoo's Nest*, this issue is partially resolved; the narration is given from the perspective of a self-described 'Chronic'. Readers are directed through the text's labyrinthine clinic by Chief Bromden, a

⁶ By 'Hollywood *Frankenstein*' I refer to the filmic adaptations of Mary Shelley's novel, where the pathetic fallacy of thunder and lightning storms is the eventual catalyst that brings the monster to life. This is, of course, not something that occurs in Shelley's novel at all, but has often been misremembered in popular culture.

Native American patient who has tricked his fellow patients into thinking him mute and deaf (see Kesey 1972: 14; 21-23; 80; 203-210). In his own words, Bromden explains that:

Chronics are in for good, the staff concedes. Chronics are divided into Walkers like me, can still get around if you keep them fed, [...] What the Chronics are – or most of us – are machines with flaws inside that can't be repaired, flaws born in us, or flaws beat in over so many years of the guy running head-on into solid things that by the time the hospital found him he was bleeding rust in some vacant lot.

(14)

While the narration may sound like the types of mad-speech discussed in chapter one of this thesis, Bromden's observations about the mental hospital's internal structure are insightful. The institution is maintained by the formidable Nurse Ratched, a modern reconfiguration of the mad-doctor, who exhibits a Jekyll/Hyde-like personality. Ratched demonstrates a conceptual shift from the figure of the doctor, who diagnoses illness, to the nurse who administers treatment. Ratched is easily angered, but as Bromden observes, she can control her disdain for the patients to an extent: 'she has to change back before she's caught in the shape of her real self' (5). Ratched is precise and calculating when it comes to exerting her control over her patients, and her frequent unpredictability reinforces this. She answers to an authority that Bromden dubs 'the Combine', but whether this refers to a medical supervision board or another authority is never really made clear in the text. It is suggested that 'the Combine' has influence beyond the asylum walls, and it may be partnered with an industry complicit in the dispossession of Native American territories (see Bromden's discussion on pages 202-207). Charley Baker comments that: 'the ward is a capitalistic processing plant which holds society and productivity in the highest regard, and has little time or space for humanity or humane care' (2010: 75). The political dimension to this novel has to do with how the power of 'the Combine' is undermined by the patients themselves. In this way, the novel is concerned with reasserting the agency of marginalised and excluded groups; although, of course, the power of the institution is ultimately reinforced by the end of the novel.

A new patient arriving at the hospital, Randal Patrick McMurphy, abruptly announces himself to the ward: “My name’s McMurphy, buddies, R.P. McMurphy, and I’m a gambling fool” (11). McMurphy perfectly embodies the politicised tensions between reason, madness, and criminality. Deleuze and Guattari’s *Anti-Oedipus: Capitalism and Schizophrenia* (1972) likely owes some of its influence to the character of McMurphy, who represents for them their radical notion of desire in its purest form: ‘[d]esire does not “want” revolution, it is revolutionary in its own right, as though involuntary, by wanting what it wants’ (2015: 140). McMurphy is a vagabond wanderer and playfully mocks the diagnostic culture and therapy sessions of the hospital, as he brashly and misogynistically declares: “[n]ow they tell me a psychopath’s a guy fights too much and fucks too much, but they ain’t wholly right; do you think? I mean whoever heard of a man gettin’ too much poozle?” (13). In addition to his endless traveling, his only ambition is for games of poker (20). While the real reason for McMurphy’s admission into the hospital is left ambiguous in Kesey’s novel, (he is allegedly court-ordered there and is ‘faking’ madness, though his own word proves increasingly unreliable), it is tempting to speculate about his potential bipolar disorder. Nonetheless, McMurphy proudly accepts his madness as a marker of difference, even suggesting that he is willing to compete for the perceived badge of ‘maddest’ patient: “so I figure if I’m bound to be a loony, then I’m bound to be a stompdown dadgum good one” (1972: 19). For McMurphy, his incarceration is a kind of self-imposed exile, although he is quick to realise that the mental hospital shares much in common with his more frequented institution, the prison. During an exercise session that takes place in the hospital swimming pool, Bromden recalls overhearing a conversation that McMurphy has had with the lifeguard:

McMurphy was saying how much better the hospital was. The lifeguard wasn’t so sure. I heard him tell McMurphy that, for one thing, being committed ain’t like being sentenced. “You’re sentenced in a jail, and you got a date ahead of you when you *know* you’re gonna be turned loose.”

(158, original emphasis)

One of the key themes in Gothic encounters with the madhouse is that incarceration is akin to live burial, and that there is no end-point when “‘you’re gonna be turned loose.’” This idea has proved enduring, and the 1960s Gothic is no less haunted by the threat of hospital commitment as akin to eternal purgatory. This fear is central to the main concerns of this chapter, as it marks the beginnings of deinstitutionalisation. Near the end of the novel, a startling revelation transpires that McMurphy is one of only a very few patients to have been committed to the ward. Many of the other patients, including the Chronics, are there voluntarily. The terror of this situation, which the reader now shares with McMurphy, is that he is not as free as thinks himself to be.

As a result of his commitment, McMurphy is bound to the law of the hospital and Nurse Ratched. His defiant behaviour, which has exasperated Ratched, leads her to oversee and administer electroconvulsive therapy sessions. While this event is harrowing to read, as McMurphy’s rebellious charisma is drained to the point of him becoming a living-dead figure, it is the more harrowing that his fellow patients feel at fault for this. Bromden painfully contemplates that it has been the patients’ complicity in indulging McMurphy’s defiance. He recalls that:

We couldn’t stop him because we were the ones making him do it. It wasn’t the nurse that was forcing him, it was our need that was making him push himself slowly up from sitting, his big hands driving down on the leather chair arms, pushing him up, rising and standing like one of those moving-picture zombies, obeying orders beamed at him from forty masters. It was us that had been making him go on for weeks, keeping him standing long after his feet and legs had given out, weeks of making him wink and grin and laugh and go on with his act long after his humour had been parched dry between two electrodes.

(303)

This suggests that the vexed issue of diminished responsibility is not ‘solved’ by removing the mentally-ill from society; in some ways, it is an horrific re-empowerment of the chronically mentally-ill: their actions, however passive, will continue to have consequences that they may be unprepared and ill-equipped to deal with. Beyond this, there is a wider

political statement being made in the text. Kesey's novel realises that true radical change – as distinct from reform – cannot come from outside the walls of the asylum, as per some newly arrived stranger who feigns madness. Progressive change must be enacted from within this territory: that the lunatics must take it upon themselves to subvert the ownership of the asylum, perversely, to defy order by disruptively restoring it.⁷ This is why Bromden's act of murdering the sedated McMurphy is a mercy killing, and also meant very much as a political statement: the mentally-ill are no less deserving of the right to dignity. *One Flew Over the Cuckoo's Nest* usefully demonstrates a haunting memory of institutional abuse; but it also gestures and appeals to the future for how mental healthcare can be improved. There is something didactic about the 1950s and 60s madhouse Gothic fiction because such texts draw attention to the governing processes that enable social exclusion and the societal abjection of undesirable mad figures.

The practice of Anglo-American community care not only focused on the closure of mental hospitals but included the replacement of larger functional sites with smaller and often domestic locations. In Britain, 'halfway houses' – registered homes run by charitable or religious organisations – would accommodate some of Britain's mentally unwell populations. In 1984, the Registered Homes Act (UK) was passed, and this outlined the specific role of residential homes and mental nursing homes and its legislature ensured that such institutions were to be held accountable for their provision of services. The original Registered Homes Act defined the 'mental nursing home' as being separate from local authority institutions and NHS psychiatric wards. Ambivalently, though, its directive remained similar to the practice of such institutions, as it defines mental nursing homes as:

any premises used, or intended to be used, for the reception of, and the provision of nursing and other medical treatment (including care, habilitation [*sic*] and rehabilitation under medical supervision) for, one or more mentally disordered

⁷ Cf. Poe's 'The System of Dr Tarr and Professor Fether' (1856), and its neo-Victorian adaptation *Stonehearst Asylum* (2014). Both of these texts are exemplary of these very issues.

patients (meaning persons suffering, or appearing to be suffering from mental disorder), whether exclusively or in common with other persons.

(UK Government 1984)

During the 1970s and the 1980s, Gothic writing would reflect the use of community care homes in one of two ways: either, the Gothic laments the societal loss of the larger mental hospital by showing how community care practices fail to safeguard vulnerable persons; this can be seen, for example, in Iain Banks' *The Wasp Factory* (1984), which will be discussed shortly; or, the Gothic mode is invoked by writers to condemn the failure of mental health services as insufficient altogether. In this regard, Michael Moorcock's *Mother London* (1988) is exemplary, and a reading of this novel in relation to mental health UK policy is offered below.

Banks' novel is not usually considered for its social commentary on the madhouse, even though madness features prominently as one of its major themes. *The Wasp Factory* is the horrific first-person account of Frank, an isolated seventeen-year-old sociopath who lives on a remote Scottish island. Frank has, by his own admission, murdered three children and ritualistically maims and kills animals. The deaths of these children include Frank's cousin and sibling, although, as Frank declares: 'I haven't killed anybody for years, and don't intend to again' (Banks 2013: 49). Meanwhile, Frank's older surviving brother, Eric, has escaped from a mental institution having gone 'crazy' (17) with a penchant for burning dogs. Towards the end of the novel, as Eric returns to the island, Frank discovers that their father has enacted a pseudoscientific experiment and that Frank was really born Frances; though Frank believes to have been castrated owing to a violent incident with a dog, the truth emerges that Frank's father has circumcised Frances and raised them on male hormone pills. There is much here in the way of abjection, social exclusion and otherness that the novel self-consciously politicises and forces the reader into confrontation with. The issue of Eric's incarceration and the fierce

madness displayed in the novel is worth examining further, however. David Punter argues that:

The Wasp Factory is, precisely, an account of the formation of the male psyche, self-sufficient, islanded, fortified; every item in the inventory of torture can be seen as reactive, as a protection against Frank's hatred of the "weakness" of women – and of animals [...]. Eric's open madness is, in a sense a side issue; it is Frank who has been driven into a ritual formation which involves torture, slaughter and appeasement by what might be a final form of child abuse, deliberate resexing in the service of an apparently pointless experiment which places Frank's father alongside Doctor Moreau in the gallery of demonic manipulation.

(1998: 169)

In the reading that follows, attention is given to this 'side issue' of Eric's madness as a point that demonstrates a reactive fear in the Gothic about community care and the people it (de)houses. Given that Frank believes himself to be male for the majority of the novel and performs the role of an especially violent masculine figure, gender neutral pronouns such as 'they' and 'them' have been omitted in discussion of the earlier parts of the novel. However, gender neutral pronouns are employed when discussing the revelation of Frank-as-Frances; this has to do with the fact that the reader and Frank make this discovery at the same time. This sensitivity of language warrants wider discussion outside of this thesis, especially as the issue of gender reassignment is a forced procedure rather than a chosen one. While this portrayal is problematised in the critical reading of Banks' novel, the primary focus here concerns the absence of the asylum.

Given the fictional remote location of the island in which the novel is set, the sense of being marooned is akin to the plight of the madman whom has nowhere to go now that the mental hospitals have shut down. The island itself is a kind of asylum with Frank's father acting as its warden. This metaphorical asylum is mirrored in the novel by Eric's experience in a real-life mental hospital, and the novel demonstrates the coming together of these two worlds as Eric escapes and returns home: the journey from realism to the absurd, like the mental breakdown itself. Exile is a prominent theme of *The Wasp Factory*, but it is not an

idealised notion of life apart from mainstream (and mainland) society; like *One Flew Over the Cuckoo's Nest*, *The Wasp Factory* shows the authoritarian abuses of institutions as Frank's father creates a psychopathic 'monster'. The parallels with Frank and Frankenstein's monster are also observable in the text. Frank's madness is beyond understanding, and is configured to be as un-human as possible to dissuade recourse to medical discourses and diagnoses. Frank is unrelatable as a figure of empathy – and even given the abuse that has been done to them, their murderous actions and perverse thoughts are designed to alienate the reader, rather than bring the reader into contact with madness's rich depth of perspective. Furthermore, Frank is not an unreliable narrator; the reader learns of Frank's true history at the same time that Frank learns of it. In other words, Frank is mad only in the sense that they are a reprehensible, unrepentant psychopathic killer, but Frank is not mad in the Gothic tradition of persecuted figures such as Lady Audley and Renfield. Frank is distinct from mad characters such as Norman Bates, too, because Frank takes sadistic pleasure in owning the consequences of their actions – Frank does not (unconsciously or otherwise) disassociate their killer-self from their Self more generally. Any critical efforts to problematise Banks' portrayal of mental illness are limited by Frank because this figure exists and thrives in excess of madness that has been long transgressed; Frank is beyond diagnostic classification and transgresses the scrutiny of the medical gaze. After describing the ritual process of naming a new catapult Frank has built, a process that involves smearing his work with various bodily fluids, Frank admits:

Parts of me thought all this was nonsense, but they were in a tiny minority. The rest of me knew this sort of thing *worked*. It gave me power, it made me part of what I own and where I am. It makes me feel good.

(78, original emphasis)

Often the psychotic existential questions that characters face in novels like Patrick McGrath's *Spider* (discussed in the following chapter) involve a sense of panic; the motivating forces that come from the mentally-wounded psyche are usually resisted, recognised by both the

mad narrator and the reader as a frightening presence. Frank is empowered by his self-awareness of madness, but not in the sense that his psychoses gives his character greater depth and meaning. Instead, Frank's motivations transgress the moral boundaries of society, and by knowingly breaking laws Frank gains satisfaction. – Ultimately, Frank's intentions, however delusional they may appear, bring him pleasure. This notion of accepting responsibility is what makes Frank different from his brother Eric: Eric, as will be shown, is tortured by his experience of madness. Both characters, however, reflect a new twentieth-century Gothic concern with the violence of a clinically unregulated madness.

While the asylum only features referentially in the novel and its location and physical features are denied to the reader, the fact that Eric has escaped such an institution signals the precise method of haunting its absence bears upon the text: the safeguards of the old regime have failed, and the barbarism previously locked away in such hospitals now threatens a violent return to the present. The novel makes this explicit, as Frank explains: 'I knew then it was something that Eric had done, and there was only one thing he could have done which would make my father look worried. He had escaped' (4). Despite its (real as opposed to metaphorical) lack of appearance, at least in physical terms, the mental hospital carries a strong presence throughout the novel: it is where one of the characters has come from, and it ought to be (as in the ending of Bloch's *Psycho*) the place that Frank should end up – although metaphorically, the island compensates the functional site. Frank is even told by their father that: "“Sometimes I think you're the one who should be in hospital not Eric”" (9), Frank is, of course, already in a madhouse. The island allows Frank places to go, and it restricts Frank's violence only to its localities: Frank cannot go abroad, however. In the first of many somewhat amusing telephone calls that Eric makes to Frank, he asks why Frank never comes to visit him. Frank notices that Eric 'sounded plaintive' (17) in asking this question, and responds by stating that

“I don’t like leaving the island for that long, Eric. I’m sorry, but I get this horrible feeling in my stomach, as though there’s a great big knot in it. I just can’t go that far away, not overnight or... I just can’t. I want to see you, but you’re so far away.” (17)

The fear of leaving the island is certainly a believable reason that the reader may accept given Frank’s ritualistic nature; on the other hand, the ‘horrible feeling’ that Frank feels may have something to do with the fact that the asylum is uncannily more suited to their nature – that it represents a true home that would limit his sadistic behaviours, behaviours which Frank knows to be wrong even though he remains unrepentant of them.

This reluctance to leave the island returns at a later point in the novel when Frank contemplates the history of Eric. Frank’s preface to this history is as follows:

I restrict my horizons for my own good reasons; fear – oh, yes, I admit it – and a need for reassurance and safety in a world which just so happened to treat me very cruelly at an age before I had any real chance of affecting it. Also, I have the lesson of Eric. (180)

Eric, as Frank recalls, was a sensitive and empathetic individual, as well as an occasional migraine sufferer who left the island before Frank was born, and ‘[t]hat path led to the destruction of most of what he was, changed him into a quite different person in whom the similarities to the sane young man he had been before only appeared obscene’ (180). Frank’s recollection of his brother’s fall into madness demonstrates a haunted reflection: that away from the fortified solitude of island-life in a small community, the spark of madness might be recognised for what it is and confined away. Eric’s time at a Glaswegian medical school is cut short by his mutilation of a baby’s skull during an operation botched by his migraine, and his later alcoholic tendencies ostracise him from respectable society – as do his frenzied arson attacks on dogs. After Eric is placed under citizen’s arrest, Frank reveals how his brother was then

certified insane. He had all sorts of tests, tried to escape countless times, assaulted male nurses and social workers and doctors, and threatened all of them with legal action and assassination. He was moved to gradually more and more long-term and secure institutions as his tests and threats and struggles continued. My father and I

heard that he quietened down a lot once he settled into the hospital to the south of Glasgow and no longer made his escape attempts, but looking back he was probably just trying – successfully, it would seem – to lull his keepers into a false sense of security.

(191)

Though the hospital ‘south of Glasgow’ is not named in the novel, and the lack of real-life geography helps to reinforce Frank’s isolated view of the world, it is plausible that this is a reference to the South Lanarkshire high-secure hospital, Carstairs, also known as the State Hospital. The lack of specificity surrounding his brother’s diagnosis and institutionalisation betrays Frank’s fear that such a fate may await him. In this way, the haunting presence of the asylum remains even when madness appears rife and unrestrained within the community.

The ending of the novel, as Eric returns to the island to be – or so the reader assumes – blown up by one of Frank’s homemade explosives, is seemingly muted in terms of madness. The revelation that Frank was born a woman overtakes the urgency of Eric’s escape from the asylum. However, in the final paragraph of the novel Frank appears to be talking about the workings of the psyche:

Each of us, in our own personal Factory, may believe we have stumbled down one corridor, and that our fate is sealed and certain (dream or nightmare, humdrum or bizarre, good or bad), but a word, a glance, a slip – anything can change that, alter it entirely, and our marble hall becomes a gutter; or our rat-maze a golden path. Our destination is the same in the end, but our journey – part chosen, part determined – is different for us all, and changes even as we live and grow. I thought one door had snicked shut behind me years ago; in fact I was still crawling about the face. *Now* the door closes, and my journey begins.

(243-244, original emphasis)

While appearing to be an acceptance of Frank’s new body – a new dawn for Frank’s future chaos and violence – it is striking that the reference to labyrinthine corridors with doors being shut throughout invoke the asylum. *The Wasp Factory* is not a commentary on madness, (the other more problematic reading of madness has to do with Frank’s unconsented transgender upbringing, which the novel constructs as unnatural), but it does provoke the haunting presence of the asylum as a Gothicised site of urban decay; the mental hospital appears as the

limiter-switch on mad and violent behaviours; and like the other ghosts of the old regime, the madhouse consistently threatens to return even in a society that has deemed its presence to be antiquated.

So far, this chapter has argued that a deinstitutional era of Gothic writing exists from 1959 to the late 1980s; the fictional works of such a time period lament and reimagine the role of the closed-down Victorian asylum. The general message that we might take from the texts specified here is that asylum practices are generally corrupt and oppressive to the individual, but equally, the asylum figure provides a kind of limiter switch for the actions of deranged individuals who cannot survive within an allegedly reasoned society – that community care is destined to fail. The types of madness exhibited in these texts draw from Foucault's contemporaneous ideas of madness as a willed event of social exclusion:

[i]f madness comes to sanction the efforts of reason, it is because madness was already a part of those efforts: the liveliness of images, the violence of passion, the great retreating of the spirit into itself are all part of madness, but are also the most powerful, and therefore the most dangerous, tools that reason can use.

(2009: 34)

This leads us to ask whether the Gothic of the mid-twentieth century is exploitative of mental illness, and whether it is actually complicit in casting out a violent madness othered from a reason that presumably sites itself within the community. It is easy to see that novels like *Psycho* and *The Wasp Factory* might be read as distrustful of madness, and the safeguards that clearly fail to regulate it. On the other hand, these novels point to wider prejudices and apportion the blame to society itself: in Banks' novel, the family home is compromised and abusive – the father has failed his children; this is true, too, for Bloch's novel where society has failed to recognise child abuse, and as a result, these children are born into the trauma of incorporation and psychosis, destined to become violent murderers. While *One Flew Over the Cuckoo's Nest* portrays the failings of institutional life and documents the fictional abuses of hospital staff, the asylum and its great releases into the community continue to be gothicised.

It remains to be seen how useful such novels are in contributing constructive ideas to the lived experiences of mental health service-users themselves, and such an important issue is made the main focus of the following chapter. One Gothic novel that does, however, self-consciously critique the notion of care in the community alongside a deeper engagement with the asylum as a Gothic figure is Michael Moorcock's novel, *Mother London* (1988). This is a fitting text with which to close the readings in this chapter because it is a novel whose principal theme is the haunting of personal and cultural history, and whose various narrative points-of-view offer the stories of hospital outpatients who hear voices.

Moorcock's novel is somewhat non-linear, interspersing accounts of the Blitz with the London of 1985. There is no single main plot, merely interludes and episodes of personal moments in time, and the novel deserves far more critical attention than can be offered here. Nonetheless, *Mother London*'s portrayal of madness and the deinstitutional era makes it a crucial text for the main argument of this chapter. The three main characters, whose narrative perspectives alternate throughout the course of the novel, not only hear voices but also have to some extent an ability of telepathy. Though each character has a different story to tell, and a different way of telling it, *Mother London* is not the domain of the unreliable narrator, nor is it fully engaging with the themes of magical realism; its Gothic potential concerns its palimpsestic relationship with the past. In the case of one of the outpatients depicted in the novel: David Mummery, the writing and composition of history is paramount to the navigation and comprehension of the city of London: '[c]alling himself an urban anthropologist, and with an impressive record of mental illness, Mummery lives by writing memorials to legendary London' (Moorcock 2016: 5). Like the literary Gothic's relationship with history, Mummery's written memoirs are self-consciously rife with the counterfeit and the ambivalence of memory: '[s]ome of these have yet to be made coherent; some are still in his mind. Some he has considered inventing' (6). *Mother London* is a novel concerned with

hauntology and the inability to exorcise the mental and physical wounds of history; the past that it depicts is simultaneously accessible and inaccessible from its readerly present: the narrative omniscience and the way that it depicts hearing voices warrant a suspension of reason and its timeliness, and the text demands that the reader is drawn into the perspective of madness – an elite perspective perhaps, but one which is not easy to navigate. Iain Sinclair's essay from the *London Review of Books* identified that: '[t]he novel's trajectory of hurt runs from Thatcher's denial of the concept of society, the unappeased demons of the free market, to the communality of war and the shaky utopianism of Old Labour's green lungs, swimming-pools and bright new housing projects' (2000: 32). This 'trajectory of hurt' omits to mention the thwarted relationship that the novel demonstrates between outpatient and the mental health system; there are various mental hospitals present in the novel, some of which may even be traced to real-life geographical sources, others are fictionalised but clearly resembling institutions like the Tavistock Clinic and Broadmoor. To understand the gothicised plight of madness that the novel offers, discussion turns to the patient's psychopathology and their relationship to institutions. While the novel synecdochises London, and the city is something of a principal character itself, the textual analysis offered here contributes an original reconsideration of *Mother London* as an example of deinstitutional Gothic fiction. Just as *The Wasp Factory* features the remote island as the replacement for the asylum, *Mother London* configures the capital city as the lost ward for hospital rejects.

In a study of trauma in *Mother London*, Jean-Michel Ganteau suggests that:

Mother London is a choral narrative. This means that, from the beginning, it is interested in a sample of London residents, that its primary concern is the relations among the group and that, through such a device, it is a novel about individual as much as collective trauma. But "choral" has a more specific sense, referring to the chanting of multiple voices, and by extension to some echoic quality.

(2011: 117)

The characters of Mary Gasalee, Josef Kiss, and David Mummery all hear voices, and their narrative perspectives are variously interrupted by the disembodied presence of thoughts and sounds not their own. While hearing voices in Gothic fiction has generally been portrayed as a distressing notion, often a prerequisite of a murderous madness, the choral nature of extra-sensory auditory events (these are not always auditory hallucinations being portrayed in the novel) allude to a method of making sense of the world, a process of self-affirmation. The novel condemns the failure of the old regime, and it also critiques the notion of community care while offering the idea of madness as a rich perspective. The novel does not shy away from demonstrating the suffering and mental anguish that comes with this notion, however, and it is worth commenting on the Gothic aspects of the mental hospitals encountered in the text as the novel's cultural work is not altogether different from the other texts examined in this chapter.

The opening of the novel sees the patients together in the same 'converted vicarage, the NHSS [*sic*] Special Clinic' (11). The group therapy sessions are omnisciently narrated, and there is no immediate Gothic sinisterism regarding the location. The disruptive disembodied thoughts and voices that the patients hear, often telepathically, are telling in terms of what they reveal about the patients' view of mental health treatment – and as the novel spans the best part of five decades, it is useful to note such inconsistencies in care practice as they reflect attitudes towards clinical treatment of particular periods. Mummery, for example, contemplates how

he has been increasing his own dosages, since the medicine has less and less effect. Tremors now seize him from time to time, making him fear that his problem has more to do with cerebral palsy or some related disease than with his psychological constitution. *This grows more hideous. Have they no idea what damage they cause us? They're without sympathy, it's true. But worse, they're without intelligence.*

(19, original emphasis)

The sudden interruption of voices from elsewhere – possibly Mummery's own thoughts, but more likely the current thoughts of the other patients in the room – are conveyed in italics,

and later interruptions refer to characters' personal histories, the events of which have yet to be explained at this point in the novel. The effect of this is that the reader is drawn into the process of hearing voices, often unable to make sense immediately of what these messages are conveying, and to whom these thoughts and voices belong. In other words, there is a sense of timelessness – the outpatients, at various points in the novel, have been through and are accustomed to 'the system'. In a novel whose main plot is in many ways the history of the city of London from the blitz, a constant presence is the continued othering of madness.

One of these characters, Mary Gasalee, is revealed later to have escaped a burning building carrying her baby during the blitz. Her narration gives a sense of omniscience: her accounts are written using free indirect discourse. In a 1950s hospital ward, she is fully aware of the thoughts of those around her, and the narrative writes this in a manner that suggests she is outside of herself looking in:

Rather like the guardian of some well-established shrine, Sister Kitty Dodd has a benign proprietorial interest in Mrs Gasalee, for the nurse was here when Mary was admitted to Bethlehem Special Wing and has been here ever since. When doctors bring their guests to have a look at Mary Gasalee they defer to Sister Kitty; they turn to her for answers. Mary hasn't aged a day since she was brought in, yet almost every function is alive and healthy. Even her brain reveals considerable activity, as if she is hibernating. Hers is the rarest form of narcolepsy. [...] Sister Kitty knows one must simply wait for them to wake up; measuring reflexes, heartbeats, breathing and so on does not tell very much except the obvious facts of her being alive. She feels pain. She feels the normal range of sensations. She is fed. She is cleaned. They wait.

(316)

Despite the observable medical gaze, the perspective is Mary's – the narration indulges this notion of looking at oneself from the outside. The wider effect of this is that the mad world to which all the outpatients are eventually restored to is more forcefully realised. Michel

Foucault once remarked that:

it is probable that the consciousness of a growth in madness was not linked to the intensity of measures of confinement, but depended rather on the numbers of the mad who were not locked up, but left instead, with a mix of concern and carelessness, to move freely through society.

(2009: 383)

The Gothic literary response to deinstitutionalisation makes it increasingly apparent that community care practices are not enough because society, at large, still fears and alienates madness. In this regard, the novel reveals the changing political landscapes of London and its architecture, but it also reveals the prevalence of alterity – London’s racism and attitudes to madness remain unchanged in the novel. *Mother London* succeeds in this main presence but can only do so by navigating the history of London with the voice of madness. As the closing paragraph of the novel makes clear: ‘[b]y means of our myths and legends we maintain a sense of what we are worth and who we are. Without them we should undoubtedly go mad’ (531). Moorcock’s novel celebrates, but also shows the haunting alienation of the fragmented and disembodied self – a madness that has nowhere to go.

It is worth concluding this chapter by addressing another persistent trope that haunts most deinstitutional texts that feature the madhouse: that the lunatics of Gothic frequently take charge of the asylum. This is sometimes shown to be a violent takeover, a usurpation based upon the need to reclaim a sense of authority from the forces of oppressive psychiatry; Grant Morrison and Dave McKean’s graphic novel, *Arkham Asylum: A Serious House on Serious Earth* (1989), is exemplary of this. At other times, particularly in Gothic horror of the mid-twentieth century, it is the psychiatrist figure who becomes the lunatic in-charge. While Nurse Ratched is hardly a role model for the psychiatric nursing profession, psychiatrists are portrayed more sinisterly as agents of the institution. The psychiatrist can diagnose, prescribe, and detain individuals; this figure threatens not only to perceive madness, but to remove it. Twentieth-century Gothic horror demonstrates psychiatry as always being duplicitous, manipulative, and obsessed with their patients – an updated and scientifically reinvigorated Dr Seward.

This can be seen in such Gothic works as: Roy Ward Baker’s Hammer Horror anthology film *Asylum* (1972); Clive Barker’s novel *Cabal* (1988); Thomas Harris’s *The*

Silence of the Lambs (1988); Patrick McGrath's *Asylum* (1996 – discussed in the following chapter), and *American Horror Story* (2011-present). In the final episode of the latter, Dr Ben Harmon calls his patient, Tate Langdon, a 'psychopath', telling him: "'It's a mental disorder. Therapy can't cure it [...] but don't listen to me, I'm a total fraud. And by the way, therapy doesn't work'" (2011). Harmon then proceeds to explain how professional therapy is essentially fraudulent, profiting from people's narcissism and insecurity; this message is a dangerous one, and it should be problematised for the social stigma it perpetuates. The image of the asylum as a punitive functional site, and psychiatry as an oppressive regime continues to be repeated in the Gothic. One reason for the psychiatrist replacing the mad scientist of early Gothic has to do with the way in which popular culture is more wide-read in matters of psychology. As David Punter observes:

psychology as a science now seems to occupy the hated and feared place in which Gothic once placed the criminal monk, as though the *secrecy* which endures in the therapeutic relationship is now seen as a "state within a state," as a threat to order rather than as a path to a cure, and thus needs to be strangled, squeezed violently out of existence – lest those secrets should spill over into real life, lest we might thereby achieve an unwanted enlightenment.

(1998: 156, original emphasis)

The mistrust towards 'psychology as a science' has to do with the exchange of knowledge, as though some things should not be shared; in this sense, the Gothic fears psychology because it revels in keeping its secrets. Even the explained supernatural tale is at risk from psychology reducing its contents to the chaos of repressed unconscious traumas. During the era of deinstitutionalisation, however, another discourse informs Gothic production: the discourse of anti-psychiatry. Before moving on to examine how Patrick McGrath's Gothic novels look back upon the 1950s, and what his unique use of the Gothic suggests about post-deinstitutional madhouse fictions, it is worth clarifying briefly what the antipsychiatry movements were, and how their concerns are expressed in the Gothic fiction of the mid-twentieth century.

The term ‘anti-psychiatry’ was coined by the South African psychiatrist David Cooper, who went on to establish a British charity, the Philadelphia Association with R.D. Laing. On the one hand, many psychiatrists holding left-wing political ideals have spoken out against the oppression of psychiatry, finding fault with the institutional medicalising of non-heterosexual identities, religious ideals, and other various acts of non-compliance. Like the idea of madness that Victorian Gothic puts forward, for figures like Laing, the paranoid schizophrenic is someone with access to knowledge that defies society. On the other hand, the libertarian psychiatrist Thomas S. Szasz considered psychological problems metaphorical ones: society’s understanding of mental illness referred to illnesses in living without any ‘organic’ basis. Szasz’s provocatively titled work, *The Myth of Mental Illness: Foundations of a theory of personal conduct* (1961),⁸ made the claim that:

labelling people disabled by problems in living as “mentally ill” has [...] delayed recognition of the essential nature of the phenomena. At first glance, to advocate that troubled people are “sick” sounds like a great boon, for it bestows the dignity of suffering from a “real” illness. But a hidden weight is attached to this viewpoint which drags the troubled people back to the same sort of disability from which this semantic and social switching was to rescue them.

(1961: 28)

In this work, Szasz warns of the social dangers of normalising mental illness; yet for Szasz, mental illness represents ‘problems in living’ (1961: 137), and unfairly views mental health patients as malingerers. Digby Tantam, in an historical commentary on anti-psychiatry, suggests that while these critical efforts have helped improve legislative procedure, ‘it has also led to closure of psychiatric units without alternative provision, to internecine struggles between different mental health professions, and to a great deal of wishful thinking’ (1991: 345). The Church of Scientology has infamously condemned the institution of psychiatry, and its members are staunch opponents of psychiatric medicine; Szasz was quick to disassociate

⁸ The title recalls nineteenth-century physician Charles Mercier’s claim that: ‘the test of insanity is not mental condition, but conduct’ (1890: 103).

himself from Scientology, but the dismissal of drug treatments altogether remains a dangerous message of anti-psychiatry, especially when there is much clinical evidence to the contrary. The Gothic, however, operates between these two extremes of anti-psychiatry: it is sceptical about the influence of a therapist, but it cannot give up (exorcise) such figures altogether.

Patrick McGrath's fictions demonstrate these very issues – and his novels are worth singling out because they are haunted by a very particular personal nostalgia for the mental hospital of the 1960s. McGrath's fiction contributes another view of deinstitutionalisation that is worth examining further and separate from the aims of this chapter; that where Foucault once described a 'Great Confinement', the era of deinstitutionalisation might be better described as a time of 'Great Releases'. For the Gothic configurations of madness and the madhouse treated in McGrath's work, readers are encouraged to think beyond the binary dichotomies between health and sickness, sane and insane, and are encouraged to challenge the madness of society itself. In these deinstitutional texts, madness is brought back to the madhouse – and McGrath also portrays this spectral return. Unlike the texts examined in this chapter, however, McGrath's fiction is written for a very particular audience: on the surface, this may appear to be the mental health service-user, or someone invested in mental health issues; conversely, his fiction speaks more to the agenda and interests of psychiatry, and in doing so, it demonstrates an uncanny desire for the return of the old regime.

Chapter Four

The Haunting Presence of the Asylum and Madness in Patrick McGrath's Gothic Fiction

Patrick McGrath's Gothic writing seems defined by madness, and its textual presence is difficult to distance from a readerly knowledge of McGrath's own biography – as the author grew up near the grounds of Broadmoor Hospital and later worked in a psychiatric ward in Canada. That McGrath is constantly viewed as a Gothic writer, albeit a reluctant one (see Wroe 2008), his fiction is replete with a series of expectations: notably, the themes of transgression and decay, aspects which Sue Zlosnik attributes to his work. As Zlosnik explains it:

McGrath's fiction tests the boundaries of what we recognise as "Gothic," and far from abandoning "the conventional props of the Gothic," he tends to use them in creative ways, [...] In McGrath's work, an inclination towards Gothic excess remains in tension with a sceptical and ironic sensibility.

(2011: 4)

This 'sceptical' and 'ironic sensibility' often characterises the medical establishment in McGrath's fiction. Here, the ethical dilemmas and paradigms of psychiatry and its institutions are frequently called into question. Madness in McGrath's writings is inherently a Gothic expression. This is not to say that McGrath's *oeuvre* ought to be considered therapeutic, at least not in the manner of the self-help book, although the corporeal representation of madness in McGrath's novels does frequently suggest a hesitancy towards psychiatric institutions. As a result of which, McGrath's readers find themselves drawn into the contemporary normalising strategies, paradoxical discourses and cultural anxieties surrounding an on-going deinstitutional movement. In this chapter, three novels (*Spider*,

Asylum and *Trauma*) and one short story ('Ground Zero') are read for their haunting proximity to these themes, but are also considered from the perspective of mental health service-users; this perspective has often been ignored in the critical appreciation of McGrath's work, and if McGrath is to be singled-out in this study as a Gothic author, it is worth questioning the extent to which his fictions epitomise a crucial flashpoint in late-twentieth and early-twenty-first century attitudes towards the Gothic asylum. The rationale for this choice of texts is documented below; the primary focus of this chapter is upon the wider cultural impact and reception of McGrath's fiction as this relates to marginalised readerly populations. This connects to this study's central argument that Gothic is intrinsically haunted by notions of madness and the spectral figure of the madhouse; that McGrath, drawing from but equally separate from the cultural work of deinstitutional novels examined in the previous chapter, desires a return of the mental hospital.

Sanity, Schizophrenia, Society: Patrick McGrath's Spider

Patrick McGrath's novel *Spider* (1990) has been well received by the medical profession, or more specifically, by psychiatrists. Harold Camel, for instance, in *Psychiatric Services*, comments that:

Patrick McGrath is an extraordinarily perceptive observer of those with psychiatric illness and of those who care for them, particularly in forensic hospitals. He uses his literary talent to tell compelling – although hardly upbeat – stories. His literature is an excellent fictional depiction of our work, its possibilities and its failures.

(1998: 111)

That an author of fiction is seemingly praised for representing psychiatry's shortcomings is understated here. While it is true that McGrath's fictions take great care to demonstrate true-to-life instances of mental ill-health, it is equally true that they critique modern and

contemporary provision for service-users. In *Spider*, for example, the schizophrenic narrator, Dennis Cleg, is told by his doctors that the hospital is overcrowded: “I need your bed, Mr Cleg” (1990: 187). In composing the novel, McGrath sought advice on the representation of schizophrenia from his father, who was once Chief Superintendent at the British high-security institution, Broadmoor Hospital. McGrath originally planned for Dennis to survive the events of *Spider*, but the elder McGrath explained: “that is not what happens to men like that” (Murphy 2008).¹ Though the novel self-consciously invites psychoanalytic interpretation and flatters the diagnostic manuals, the portrayal of mental illness is far from unproblematic: Dennis’s memories are false; his unreliable narration cannot be trusted, and, in a longstanding fictional tradition, schizophrenia is associated with violence. Since its publication in 1990, the availability of hospital beds for the mentally unwell remain lacking; the secure wards in Britain are overcrowded, and, most troublingly, the schizophrenic is still portrayed, for the most part, unsympathetically and unrealistically in popular culture. *Spider* exploits and critiques these issues, but it does not really suggest ways forward from this, and to some extent, it partakes in the negative portrayal of schizophrenia. This is not, of course, the cultural work intended by McGrath, whose main focus is on giving voice to madness. The mad first-person narration of the novel allows the reader, as Sue Zlosnik observes, ‘to make a judgement about where s/he stands on the spectrum of mental soundness’ (2011: 51). The question with which this chapter is concerned, however, is what can *Spider* contribute that is self-affirming or positive for the schizophrenic reader? The previous texts examined throughout this study have had largely negative implications for such readers, (*Psycho* and *The Wasp Factory*, for example) but McGrath is seemingly more invested in this concern. While the (legal, clinical, social) definition of a schizophrenic reader is problematic, the

¹ Cf., as the introduction to the ten-year anniversary Penguin Essentials edition of *Asylum* reveals: ‘Only once did my father correct me. I intended for my character, Spider, to survive his return to the streets of the East End of London, which was also a return to the traumas of his extremely disturbed childhood. But oh no, said Pat McGrath. Men like this don’t survive’ (2015: xiv).

extent to which *Spider* engages with an audience of mental health service users has been critically underexamined. In response, this chapter offers an original reconsideration of McGrath's gothicised portrayal of madness and the asylum.

Spider invites consideration of madness through the dissociative perspective articulated by R.D. Laing in *The Divided Self* (1959), a text discussed at length in the previous chapter. This seminal work encouraged therapists to empathise with their patients' frame of reference by entering it directly, and in doing so, to accept their own potential for madness. In the view of psychiatry, the implied reader of *Spider* cannot be the real-life schizophrenic because their frame of reference is limited by the presence of pathological delusion. From Laing's perspective, however, the schizophrenic reader would be privileged: they already have a greater knowledge of the inner-workings of the labyrinthine mind. While McGrath's novel implicates its readers within the narrative web of madness, the act of reading does not literally make them go mad, nor can it fully give voice to true madness. Rather, its readerly process involves questioning the binary essentialisms between madness and sanity, reason and unreason, health and sickness. In her critical appraisal of *Spider*, Charley Baker comments that:

McGrath's dazzling portrayal of an individual locked inside a terrifying madness completely tricks the reader, drawing them into and through *Spider*'s version of reality before revealing something very different. Through slowly unpacking the singular experiences that led to *Spider*'s totally mad reality, McGrath suggests something that is of great importance in psychiatry: listening to the *whole* rather than the part; understanding both the structure *and* the content of madness.

(2010: 30, original emphasis)

This emphasis on the holistic therapeutic potential of the novel is telling, as is the use of the word 'tricks' to describe the effect of *Spider*'s unreliable narration. To trick is usually associated with deception, and *Spider* does feature a schizophrenic who lies for the greater part of the novel; furthermore, trickery implies a moment of sudden realisation: that the

reader will eventually find themselves in on the joke. Is, then, this novel of any positive value to service-users, who are as readers invited to empathise with the mad narration? Its usefulness for the medical establishment has been well documented, but this medical establishment surely ought to include, too, the wider medical community and those with lived experiences of schizophrenia. At present, the critical appreciation of McGrath is (paradoxically) limited by the idea that the reader can define the boundaries between fictive madness and their own mental wellbeing. This ignores the idea that readers with delusive symptoms themselves may be alienated by the narrative deception: that the novel's use of false memories delegitimises their own relationship with psychosis, where the presence of delusion is ontologically real for them. To address this, it is worth reversing the privilege of the implied reader (one versed in psychoanalytic theory) by looking at the specific ways that *Spider* can be read as a novel critical of psychiatry and psychoanalysis.

The anti-Oedipal potential of the novel, as inspired by the work of Deleuze and Guattari, has already been convincingly considered by Anna Powell (2012: 263-279). However, it is crucial to note that schizoanalysis as a theoretical approach has little to do with clinical schizophrenia, and Deleuze and Guattari's use of the schizophrenic figure, the mad 'Body-Without-Organs', is not intended literally.² The value of such an approach does allow for a creative subversion of mental derangement: that McGrath, like the Victorian novels examined in chapter one, considers true madness to exist outside of the asylum. Furthermore, schizoanalysis offers a way into making sense of Dennis's mad narration and his own sense of perceived bodily changes; though whether this is an empowering notion for the schizophrenic reader remains questionable: on the one hand, the application of Deleuze and

² For Deleuze and Guattari, the 'Body-Without-Organs' figure is a radical metaphorical entity that is always in the process of becoming. *Anti-Oedipus* addresses the ethics of desire, and to that extent, it is a critique of Lacanian and Freudian psychoanalysis. Though their 'schizo' figure is not intended literally, both theorists have been engaged in contesting the social stigma of mental illness; as they argue, '[a] schizophrenic out for a walk is a better role model than the neurotic on the analyst's couch' (2015: 12).

Guattari's ideas enrich Dennis's claims of losing: 'the easy, fluid sense of being-in-the-body that I once had; the linkage of brain and limb is a delicate mechanism, and often, now, for me, it becomes uncoupled' (10). On the other hand, this reduces the reading of *Spider* to a fictional translation of *Anti-Oedipus: Capitalism and Schizophrenia* and sees madness from Deleuze and Guattari's perspective as a series of breaks-in-flow, rather than on its own terms or the terms of Dennis Cleg. Christine Ferguson, in her reading of *Spider*, is more direct about the function of madness in the novel: in *Spider*, it is not

a gentle, interpretative madness which knocks at the door of reason, but one which is utterly alien, apart and divorced from all notions of the possible. McGrath is clearly not interested in subsuming disease within the nobler "room" of health. [...] What his fiction does suggest, however, is a restructuring of the traditional rhetoric at work in literary depictions of sickness.

(1999: 239)

According to Ferguson, the total othering of madness present in *Spider* consolidates the normalising strategies adopted by contemporary society: that, in Ferguson's words, 'the more raving and monstrous the "Other", [...] the more healthy and rational the society which is able to define it as such' (1999: 240). In approaching the topic of schizophrenia in *Spider*, we must be wary of the extent to which we continually cast out, or in Julia Kristeva's terms, abject madness. As Kristeva explains:

I experience abjection only if an Other has settled in place and stead of what will become "me." Not at all an other with whom I identify and incorporate, but an Other who precedes and possesses me, and through such possession causes me to be.

(1982: 10)

There is a dimension to the novel that appears to trigger the schizophrenic reader's relationship to their diagnosis with the message that: 'society does not want you';³ in

³ As regards the term 'schizophrenic reader', this chapter refers to any individual who has been clinically diagnosed with any form of schizophrenia. This is not so much to reify any particular medical gaze, as the aetiology of schizophrenia remains contested, but to realise that there are individuals for whom this diagnosis

problematising this message, and McGrath's alienating portrayal of schizophrenia more generally, it is possible to become more aware of the repressed prejudice that the novel harbours. In confronting this, the novel then exposes how extreme mental illness is still excluded from society, and from this point on, we can begin to gesture towards new ways of accommodating pathological difference.

Set within the 1950s, although Dennis's memories also go back into the 1930s, the outside text of the novel engages contemporary mental health issues. McGrath is well aware of the deinstitutional history of the asylum, and, in its absence, uses the mind as a psychical tomb for Dennis. The 'boarding house' (9) where five other residents, (presumably with mental illnesses of their own), also take shelter, is a kind of purgatory. Dennis refers to how: '[t]hey never go out, they are passive, apathetic creatures, dead souls' (10), and later repeats this 'dead soul' image as he observes their 'stupefied, wordless abstraction' (15). There are strict rules in this halfway house, but, in Dennis's view, the sense of order is robotic and artificial:

We take our meals in the kitchen here. Mrs Wilkinson has a small bell; she stands at the foot of the stairs and shakes it, and slowly the dead souls emerge from their rooms and come drifting down with blank faces and rigid limbs, and when I appear – I'm always the last, living as I do on the top floor – they will all be seated around the table in the kitchen, silently eating porridge.

(14)

Just as he perceives himself to be the last to appear for breakfast, Dennis sees himself as the last real madman in the novel. By describing the other residents of the boarding house as 'dead souls' with 'rigid limbs', he reduces them to animated corpses. Curiously, the mad narration is unsympathetic to other people's madness: Dennis regards the other residents merely as background forces. When recounting his early schooldays, Dennis mentions how

provides a frame of reference and a way of contextualising hallucinatory symptoms. See for instance the NHS webpage on 'Schizophrenia: Causes'. (<<https://www.nhs.uk/conditions/schizophrenia/causes/>>).

the other social misfits ‘hated each other more bitterly than the other children hated us, because to each other we presented an image of our own pathetic isolation’ (25-26). This abject threat of what the other reflects about ourselves persists in the novel. Dennis is haunted by the other residents, who remind him of his own social limitations and loneliness. As readers, the madness of Dennis Cleg forces us to reflect on our own sense of prejudice: madness is demonstrated as something that is continuously cast out and excluded from the homogenous, lawful realm of able-bodied reason. This view of the novel coincides with Foucault’s observation that: ‘[i]n madness, man is separated from his own truth, and exiled into the immediate presence of surroundings in which he loses himself’ (2009: 380). Furthermore, the novel encodes schizophrenia as a lonely experience, and while perhaps this is the real-life case for some schizophrenic readers, we ought to question the extent to which this depiction of isolated mental illness appears universal: *Spider*, recalling its composition history, is the story of how one chronically-ill schizophrenic cannot survive his madness and live with the knowledge of his murderous actions; even if we relocate the madness to account for the mad society that enables Dennis and fails to provide for him, this still detracts from his agency and the personal responsibility of the schizophrenic more generally. If, however, we take the novel to be a Gothic tragedy that problematises the classification, treatment, and perception of the mentally ill, then we can begin to see a more positive potential for its cultural work.

This tragic aspect is observable when Dennis recounts the trauma of being forcibly removed to a mental hospital, the fictional London based Ganderhill, ‘[w]ith [...] walls of faded red brick, [...] barred gates and locked doors, [...] courtyards and corridors’ (138). Set prior to the Mental Health Act of 1959, Ganderhill invokes a Victorian appearance of the District Asylum. Dennis, though confessing to ‘remember very little of that period’ (137), in which he is taken to Ganderhill, describes:

a blur of men and rooms, and the air everywhere crowded with thought patterns, always a sense of terrible tension, like the tension my father could generate in the kitchen at mealtimes. Then I felt catastrophe was imminent, and I felt my own *wrongness* most intensely. The light was never clear, I seemed always to be in shadow and so did the others, the men who went with me from room to room, all in thick shadow, as though a permanent twilight had gathered in those rooms and rendered all forms and faces indistinct, [...] the air, the dusk, through which I moved was thick with thought patterns not my own. I lived and moved in terror then, constant terror, desperately reaching back into the back parts until at last I crawled, exhausted, into that hole where for some short period of time at least I could be safe.

(137, original emphasis)

As Dennis retreats into the ‘back parts’ of his mind, where his Spider-self lives, (as Dennis explains it: ‘the back of my head was the real part of my life, but in order to keep everything there fresh and healthy then I had to have a front head to protect it, like tomatoes in a greenhouse’ [98]), the repeated reference to ‘crowded thought patterns’ suggests hearing voices. This portrayal is medically well informed, but Spider’s reference to sensing his own ‘wrongness’, (and it is poignant that this word is italicised in the text), is intriguing. His sense of wrongness refers both to his repressed knowledge that he has murdered his mother and buried her in the garden, and it also demonstrates how alien he perceives himself to be. Though tragic, for as readers we do feel sorry for Dennis’s situation, we are also reminded that it is a truly horrific ordeal to be taken away to the mental hospital. One of the more positive parts of this narration, and also one of its more Gothic effects, is that the reader realises just how overwhelming hearing voices can be. For example, Edwin Fuller Torrey, in *Surviving Schizophrenia* (2013), quotes one of his patients as saying: ‘[a]n outsider may see only someone as “out of touch with reality.” In fact, we are experiencing so many realities that it is often confusing and sometimes totally overwhelming’ (2013: 36). In this sense, Dennis’s narration encourages the same response: that madness is not ‘out of touch with reality’ but invested in a wider picture of reality that those outside the mad experience are incapable of comprehending.

Caution should be urged here in romanticising the madness on display in the novel, or by associating madness with genius. McGrath recalls how David Cronenberg, who directed the film adaptation of *Spider*, was unwilling to accept Spider as a madman, and instead informed him that: “what you have written is a picture of the artist – the lonely man with an individual, eccentric vision of the world. That, to me, is who I am” (Didcock 2013). Though this statement might empower the mad-speech of Spider, it dismisses and ignores the negative aspects of living with schizophrenia altogether. This statement is also a troubling co-option of schizophrenic experiences. While madness may have its moments of lucidity, or contain traces of a rich perspective, it is still harrowing, painful and disturbing for the affected individual – and equally so for the friends and family of such a person. *Spider* does, however, present the reader with the haunting proximity of madness: the novel forces a confrontation with the limits of reason, and it demands that readers should be unsettled by madness. During a sudden interruption that breaks Dennis’s account of gardening while at the hospital, he announces:

I lived among the criminally insane, and I knew routine, community, and order. Whatever strength or structure I had, it came from without, not within, and if you need proof of that then look at what’s happened since my discharge – look at me *now*, scribbling away *out of terror* in this lonely room, engaged in some pitiful attempt to drown out the voices from the attic. And not even institutional structure was enough at times! [...] But the important thing is that I slowly pieced together an account of what happened, and as the story grew firmer, I grew firmer with it.

(148-149, original emphasis)

This notebook, which the reader also assumes they are reading, is used by Dennis to map out the secrets of the past; this is much like the palimpsestic mode of the early Gothic, which configured the counterfeit past to situate present-day cultural anxieties. With this process comes the fear that writer and reader will learn what they do not know about themselves. The notebook offers a vicarious experience of mental breakdown and breakthrough, although the breakthrough it offers is not liberating as it would be in a clinical therapeutic situation.

Instead, the breakthrough is a bursting eruption of madness, a madness which, in Michel Foucault's words, 'stands out against the backdrop of an outside world' (2009: 181).

As the novel reaches its conclusion, and as Spider comes to terms with how, as a boy, he deliberately turned the gas oven on and killed his mother in an explosion, his delusions increase. In third-person narration, Spider recalls seeing a 'night-hag crawl out of the wall' (217) and observes himself naked, 'covered with a small black fungus' (217). During these hallucinations, Spider is haunted by the smell of gas, and the realisation that he has killed his mother leads him to contemplate suicide. In this, the novel is at its most problematic; regardless of how true-to-life such a depiction is intended, it suggests that personal liability for one's actions and actions carried out in a psychotic fugue-state are irreconcilable. The only way for Spider to live with the knowledge of his murderous actions is by not living at all. Beneath this is a punitive discourse that sees criminal wrongdoing paid in full. Spider describes how:

The days that followed grew increasingly strange for the Spider. The oppressive sense that everyone and everything around him was dead rarely left him now, and for this he knew himself to be responsible. He became aware too that a terrible catastrophe was about to occur, but he had no clear idea what it was or from which direction it would come. It was at around this time that he decided to be buried at sea.

(217)

Given that we read this in the form of Dennis's notebook, the text offers a suicide note and conveys his last wishes (the desire for sea burial). Furthermore, the statement clarifies acceptance of responsibility, although this has the damaging effect of Dennis feeling responsible for all the wrongdoing in his world. This problematises the notion of readerly empathy: ought we to sympathise with a killer – especially one whose motives are blurred by madness? Equally, the message to the schizophrenic reader, who is once again confronted with seeing their own medical diagnosis associated with negative aesthetics, is hardly an empowering one. Mary Elene Wood has pointed out that:

those living with schizophrenia have continued to find ways to make their voices heard, writing with and against psychiatric and popular narratives that describe them as being different beings whose language is at worst unintelligible and at best, tainted by the incoherent sentences of their psychotic episodes.

(2013: 2)

Spider is not a failed attempt to portray schizophrenia; it is a genuinely beautiful novel. On the one hand, it embraces psychoanalytic interpretation; on the other hand, this is actually a counterfeiting measure: Dennis utilises psychoanalytic tropes as a means of compounding his repression and of hiding – from the reader, and not from himself – what has happened to his mother. What needs to be remembered, however, is that *Spider* is the result of imagining what it is like to inhabit a mentally unsound mind. For all of its positive attributes, the extent to which it remains relatable for a schizophrenic reader is in need of further problematisation. This is a novel critical of the failures of psychiatry and society, an attempt to engage directly with the discourse of madness, but it is also guilty of perpetuating the Norman Bates archetype of the psychopath next-door. In reading *Spider* as a Gothic tragedy, however, and not as a celebration of painful madness, readers are exposed to their own prejudice and passivity in enabling the stigma of mental illness. In recognising this, as we are forced to do so in a Gothic reading of *Spider*, we can begin to change and shape cultural attitudes for the better because McGrath's fiction encourages us to challenge what we think we know about mental illness.

A walled city that dominates the country: Patrick McGrath's Asylum

McGrath's 1996 novel *Asylum*, like its architectural namesake, looks out at madness and over it. The narrative features

a desolate sort of place, [...]. It is maximum security, a walled city that rises from a high ridge to dominate the surrounding country: dense pine forest to the north and west, low-lying marshland to the south. It is built on the standard Victorian linear

model with rings radiating off the main blocks so all the wards have an unobstructed view across the terraces to the open country beyond the Wall. This is a moral architecture, it embodies regularity, discipline and organisation. All windows are barred.

(McGrath 2015: 2)

It is rooted in the past; a Victorian relic, a kind of English country manor with bars on the windows. These barred windows denote an ironic fission of what is otherwise ‘moral architecture’. The main blocks of this fictional institution overlook the upper-middle class countryside: its denizens can see out, but they can never get outside of the perimeter walls. There is life within the asylum, but it is a different world from the life external to it. This institution is, in its practical operation, a prison and draws from its real-life influence, Broadmoor Hospital. Semantics notwithstanding, there are very explicit (and not to mention legal) differences between the secure ward and the prison in Britain. Primarily, the secure ward is a low-stimulus, therapeutic setting not built with confinement in mind; most patients typically stay in such institutions for an extended stay of five years, although this often proves indefinite in practice. Here, it is useful to address the kinds of message that *Asylum* offers its readers about institutional confinement; like the previous discussion of *Spider*, the reading below considers the potential cultural work performed by the novel in relation to the interests of service-users, sectioned individuals, prisoners, and their families. The voice of madness is observable in the novel, but it is a different kind of madness to the narration of Dennis Cleg. For one thing, the story is told by a forensic psychiatrist that proves to be equally untrustworthy. In addition to this megalomaniac delusive voice, the criminal psychopathology of Edgar Stark, an artist, and his infatuation with Stella Raphael is sinisterly described in the novel. It is striking that their love affair is described as a medical obscurity rather than a deep connection between two human individuals. *Asylum* is usually praised by literary critics for its subversive portrayal of madness; Sue Zlosnik, for instance, suggests that in the novel: ‘psychiatry as a rational and mastering discourse is called into question, and

eventually the reader is forced to ask disturbing questions about the relationship between the psychiatrist and his patients' (2011: 76). On the other hand, *Asylum* is in such proximity of faculty psychiatry, the real-life Broadmoor, and a gothicised history of the asylum, that any notion of readerly empathy becomes instantly problematic. Rather than offering a view of what life under confinement is like, the novel speaks to a middle-class sensibility while seeming to reify the power of an old institution: the novel silences the madness of two principal characters. The confinement experience of Edgar Stark is, to an extent, sanitised by the claims of the psychiatrist narrator – who is arguably more criminal himself. In the words of Lennard J. Davis, who writes in the introduction to *The Disability Studies Reader*, this 'ends up having the writing be *for* the "normal"' (1997: 5). The upper-class status of narrator Peter Cleave and his free position of authority within the asylum is unrelatable for most people with lived experience of sectioning and the UK prison system; even though we may consider Cleave mad, his madness is not the pathological madness exhibited by Edgar and Stella; Cleave is a tyrant, and the narrative does problematise this, but in doing so, the novel implicates the superiority of the voice of reason; it also relies heavily on the value judgements of its readers. On this note, it is worth stating that Stella's mental condition is a far more debatable topic, and she is not really mad in any pathological sense at all. Nonetheless, the novel succeeds in highlighting the alterity of sectioned individuals: *Asylum* raises awareness of social stigma and practices of social exclusion. In the reading that follows, an attempt is made to bring these issues to the forefront of critical attention.

In *Discipline and Punish* (1977), Michel Foucault commented that: '[w]e are aware of the inconveniences of the prison, and that it is dangerous when it is not useless' (1977: 232). The dangerous and useless potential of functional sites (like Broadmoor) are considered by McGrath, but this chapter argues that *Asylum*, a novel wary of the historical politics of deinstitutionalisation, is uncertain about the future of functional sites. While the novel is

explicit about the failings of the psychiatric institution, its use of a psychiatrist as the unreliable narrator partially reinforces the view of sectioned-life as altogether Other. Though the novel, for the most part, glosses the experiences of living with mental illness (contrary to *Spider*), it remains critical about the work of the asylum itself. One reason for this, as McGrath gestures toward in his memoir ‘A Boy’s Own Broadmoor’, has to do with the influence and legacy of his father:

my father enjoyed talking about his work, and I was of course eager to listen. He told me of his frustration at public attitudes towards his patients, and of the difficulty he faced in his attempts to discharge men and women who, in his judgement, no longer posed a risk to the public. He hated the stigma attached to mental illness, and was furious whenever he heard Broadmoor described as a prison, or his patients as criminals, or himself as the warden of some fearsome jail inhabited by howling legions of homicidal maniacs.

(The Economist 2012)

For McGrath, who has since returned to visit Broadmoor, he claims that despite its many controversies and scandals in recent years, ‘Broadmoor continues to offer safe harbour to the lost and bewildered psychotic souls who fetch up there [...] Broadmoor remains an asylum in the best sense of the word’ (*The Economist* 2012). While such sentiments are to be respected, in part, (McGrath’s choice of words are somewhat patronising, although given his life experiences this is probably not intentional) the discourses of the prison have infiltrated Broadmoor over the years, and the association of mental illness with criminality has previously been inscribed in law. Broadmoor Hospital offers seventy high secure places for the Dangerous and Severe Personality Disorder (DSPD) programme, and its staff regard Category B prison (high risk) procedures (HMP OASys 2005: 50). The Victorian grounds themselves were declared unfit for purpose in 2003, and re-development including a new treatment care plan is currently underway (see the West London Mental Health NHS website). These issues factor into the novel, which asks its readers (and itself) what an asylum ought to do, and how best might it serve long-stay patients. The notion of stigma, as

this is portrayed in *Asylum*, concerns a readerly re-assimilation of otherness; as Erving Goffman comments: '[t]he stigmatised and the normal are part of each other; if one can prove vulnerable, it must be expected that the other can, too' (1986: 135). The novel does not show how excluded life lives differently from 'normal society', but it does offer an insight into the failure of rehabilitative services; it parodies the authority of faculty psychiatry; and it problematises the safeguarding of vulnerable persons.

To realise this, it is worth looking at the character of Edgar Stark. Employed by the Superintendent of the asylum, Max Raphael, Stark is tasked with restoring the conservatory near the vegetable garden of Max's residential property. Edgar, at this point in the novel, is one of Dr Cleave's parole patients. As Edgar later begins an affair with Max's wife and absconds the asylum, the novel seems to be suggesting that institutionalised persons cannot be trusted. Cleave describes how Edgar originally arrived at the hospital: 'a confused and very shaky man who shuffled into the hospital like a wounded bear and sat hunched on a bench for hours on end with his head in his hands' (3). Unsurprisingly, Edgar's institutional life begins with despair, and Cleave observes his animalistic behaviour initially in sympathetic terms. Before Cleave does alert the reader to the crime that Edgar has committed, (which is teased out in more detail as the novel progresses), he passingly admits to:

being wary of him, for his was a restless, devious intelligence, quick to grasp the workings of the hospital and always alert to *its* own interest. I knew I could rely on him to exploit any situation to his advantage.

(3, my emphasis).

It is telling that Cleave isolates Stark's awareness of the hospital workings, and that he is specifically 'alert to its own interest' – which suggests Edgar has a desire to influence change in hospital procedure from within; in other words, that Edgar is an advocate of patients' rights. Though *Asylum* provides the reader with Cleave's narrative account, and so forces the

reader to accept Cleave's order of events, this unreliable narration also highlights the discrimination of the medical profession. Cleave does not want to see change enacted by his patients, and he clings to his role of psychiatrist as an assertion of power. Anna Powell, in her reading of McGrath's fiction, argues that: '[d]espite his dangerous potential outside of the asylum, it is the artist who is contrasted favourably with the institutional analyst in McGrath's fiction' (2012: 266). Even though Stark is a convicted murderer with violent possessive tendencies, Cleave's jealous motivations are the more sinister in the novel. This has to do with the fact that Cleave abuses his position of trust and neglects his duty of care while appearing to be the voice of reason in the novel. The authority of Cleave's psychiatric profession is shown to be a thoroughly manipulative presence throughout the novel.

Meanwhile, Edgar begins his love affair with Stella, Max's wife. Cleave's recollection of this is especially unnerving; for the most part, he imagines the thoughts that enter Stella's mind during their time together. Though he has retrospectively interviewed her about these events, he falsely attributes his own voice to provide the reader with her internal thoughts and emotions. This is evident, for example, when Cleave describes how Edgar's view of hospital life offers Stella something different from her husband's psychiatric perspective, namely the patient's point of view:

Now she glimpsed a new perspective, she began to see how it was to live, eat and sleep in an overcrowded ward, sixty men in a dormitory meant for thirty, and to put up with plumbing that dated back to the last century and rarely functioned properly.

(15)

Cleave, ventriloquising Stella, is evidently aware of the overcrowded problems of the asylum and its poor sanitary facilities. Why, then, the reader may ask, does he make no effort himself to improve this? Cleave is clearly within an authoritative position to do something about these issues; instead, his false interpretation of Stella's empathy is actually used to disguise his mockery of the patients' lack of dignity within the institution. There is a sinister delight

observable as he communicates a story that particularly horrified Stella: ‘about a patient in Block 1 who washed his face in his own urine then dried himself with the communal towel’ (15). The simultaneous disgust and delight – the sheer abjection of such a scene – is registered by Cleave, who then projects his feelings onto Stella. When Stella appears to empathise with Stark, Cleave narrates this with a condescending tone, as if rebuking her for her involvement with a patient and for coming to sympathise with him:

Identification, hazy at first, hedged round with friendly detachment, quickened. The idea that this man, this *artist*, should suffer the indignities of primitive plumbing, lack of privacy, bullying, boredom, and utter uncertainty, all this aroused her indignation. He was in Block 3 now, a parole patient with a room of his own, but he still had to tolerate much that to Stella’s sense of justice was incompatible with the care and treatment of the mentally ill. Though she was starting to doubt that he *was* mentally ill. She thought he was guilty of a crime of passion; and passion, in essence, was good, surely?

(15, original emphasis)

According to Cleave, Stella’s ‘sense of justice’ is an idealised romantic notion and not truly reflective of the care practices employed within such institutions. His narration scolds Stella for believing the madman to be anything other than mad. The depicted abuse enacted by Cleave, whose own voice prevails over a more radical madness in the novel, relates to Foucault’s commentary on madness, that: ‘a madman is not recognised as such because an illness has pushed him to the margins of normality, but because our culture situates him at the meeting point between the social decree of confinement and [...] juridical knowledge’ (2009: 130). Cleave is able to assume an authority over madness because of his institutional role within the asylum: he has the power to detain and to diagnose. In this way, *Asylum* demonstrates a suppression of patients’ rights: the asylum cannot accommodate madness, but it will make every effort to contain it.

Cleave’s desire to control sublimates his sexual desire, which is his own defence mechanism. Toward the end of the novel, he manipulatively proposes marriage to Stella. The

reader may regard her as the object of his affection, the being he truly wishes to dominate; but his relationship with Stark is more revealing about his possessive tendencies. Cleave, for example, sees Stella as the catalyst that has ruined his ‘therapeutic’ relationship with Stark:

Early in our relationship I had discussed with Edgar my strategy for psychotherapy. I told him that what I wanted to do was break down his defences: strip away the facades, the pretences, all the false structures of his personality, and then start again, rebuild him from the ground up as it were. Because this would be such a difficult, long-drawn out process, he would need all the support I could give him. For almost four years we had been working together. This clandestine relationship with Stella, however, this suggested that he was behaving towards me in bad faith.

(21)

Cleave feels betrayed by Stark – and has taken his actions as a personal slight. Cleave’s ‘strategy for psychotherapy’ is ambiguous here: his talk of the ‘false structures of his personality’ is at odds with psychotherapeutic efforts of self-actualisation – the types of therapy inspired by Carl Jung, that would, for example, have been in circulation during the period in which the novel is set. Cleave is a Frankenstein figure, hoping to construct a man from the shattered fragments of his psychology to ‘build him back up again’. The ‘clandestine relationship’ Edgar embarks upon with Stella is Cleave’s knowing refusal of the term ‘love affair’, suggesting that Cleave is jealous. Later, when Edgar is returned to the long-stay ward following his escape, Cleave taunts him: ‘I told him of my engagement to Stella, and I did not employ delicacy. I was blunt, and I was aggressive. I wanted to force a reaction’ (236). There is nothing remotely therapeutic about Cleave’s actions here. Cleave is baiting Edgar, masking his tyrannical behaviour in the name of psychiatry and the patient’s best interests. Cleave’s other great love, besides his patient, is the hospital itself. As Max Raphael departs from service, following his wife’s own admission to hospital after failing to save her son from drowning, Cleave is quick to assume promotion. Cleave comments that:

I know what happens to psychiatrists like Max, men whose lives have gone horribly wrong, and for whom their own suffering becomes a source of fascination, every provincial mental hospital has at least one. They continue to function, competently if

not energetically, but they are bowed by what seems a great burden of experience, their own and their patients'. They lose all spontaneity and humour and respond to pathology with a sensitivity too acute to permit them any distance from what they see and hear on the wards every day. They blur the line between sickness and sanity and, Christlike, suffer for all humanity. They can never again be refreshed and they begin to read philosophy, usually of a mystical stripe.

(223)

This self-fulfilling prophecy, where 'every provincial mental hospital has at least one' such psychiatrist, is almost a statement of what is happening to Cleave – possibly pre-empting his future. Though we have only his word on the matter, the text does not indicate that he starts reading esoteric philosophy, but it does suggest that his new role of Chief Superintendent inspires him with greater energy. Furthermore, the boundaries between his own 'sickness and sanity' are constantly called into question in the novel. One of the consistent features of Cleave's psychiatry is his ability to project. The novel, which serves as a kind of witness testimony, makes this clear and in doing so, presents psychiatry as a failed enterprise. The Victorian grounds of the asylum are replete with a Victorian mad-doctor, one whose views on madness and duplicitous actions are equally as much a relic of the time before the 1959 Mental Health Act. *Asylum*, in its portrayal of Cleave, asks its readers to think about what should come next in the future of mental healthcare, and what kinds of treatment might succeed in genuinely accommodating the needs of vulnerable patients. It also highlights the lack of voice that those who are locked away endure.

The figure of Edgar is, like McGrath's Dennis Cleg, a tragic one. While mental health service-users may be drawn to the narration of *Spider* for its medically-informed ideas of what the schizophrenic voice might have to say, such readers are unlikely to regard Edgar Stark in any subversive positive light. Though both men are killers, Stark's psychosis is more aggressive in symptom – at least according to the narration given by Cleave – and this makes it far more difficult to empathise with such a character: he is not beyond understanding, but

his actions make it difficult for outright sympathy. Stark has not only murdered his wife in a jealous rage, he has also beheaded and mutilated her body. While on the run from the asylum with Stella, he delusively believes that she is trying to poison him with an orange, and his behaviour becomes increasingly erratic and abusive. In describing their time together, (and it is striking how Cleave's narration carries such conviction as if he were there himself), Cleave romanticises Stark's mental illness:

The artist's psyche, when it achieves equilibrium, achieves it at such a pitch that any distraction, any disturbance by brute reality will destroy it in an instant: to make art it is necessary to turn away from life. Edgar's sensitivity in this regard was intense, to the extent that I thought of him as the pure type of the artistic personality. For him the making of art and the maintenance of sanity had a precise and delicate relationship. Disturbance in one would create dysfunction and breakdown in the other.

(115)

This sudden departure from the events of Stella's abscondment, which suddenly loses the sense of danger that she may be in, reduces Edgar's mental state to a simplistic notion of stimulus. Furthermore, it gives an idea of the priorities of the psychiatrist: Cleave has previously described, for example, how he has 'practiced my psychiatric arts' (96). He admits to having: 'always been fascinated by the artistic personality, I think because the creative impulse is so vital a quality in psychiatry, certainly it is in my own clinical work' (3). Throughout the novel, Cleave compares himself to Edgar. His desire for domination sees him control Stark's lover, and also to become (at least in his own view) an artist of sorts. The sheer neglect of care that Cleave demonstrates toward his patient is clearly to be condemned. However, there is a cunning to the novel's configuration of bad psychiatry. Rather than suggesting that readers take such clinical malpractice for granted, *Asylum* deceptively exposes institutional wrongdoings. In an interview with the *Daily Mail*, Patrick McGrath responded to a question about whether the book was intended to be anti-psychiatry:

It's not a broadside against psychiatry in general. It's making a smaller point that psychiatrists do wield a great deal of social power. They do have the power to define

somebody as sane or insane and they have the power to *lock them up*. The point is that the abuse of power is horrific. That's not to say that all or even most psychiatrists abuse that power, but it can be abused and this is what it would look like when it is.

(Blake 2008, my emphasis)

McGrath acknowledges that psychiatric abuse will often in reality appear benign in intention, and the seeming compassionate nature of the doctor is sometimes masking a more sinister motivation. While McGrath is justified in stating that this is not a general case for all of psychiatry, nor should we distrust psychiatry altogether, there is another issue that McGrath has raised in his novel: the continued silencing of the criminal, mad deviant.

Edgar is silenced in the novel, and he is shown to be a dangerous figure for whom there can be no hope of rehabilitation. To regard this from the perspective of service-users, particularly readers with lived experience of mental illness and the judicial system, the novel encourages distrust of total institutions. In other words, it makes society and its institutions the object of blame – these safeguards will always fail (or so it would seem) – and what, then, (might such a reader ask) is the point of making effort to change behaviours? On the other hand, *Asylum* frames this as a longstanding belief of patients' rights movements: that the provision of society is not enough, and that excluded voices are continuously cast out – and in this sense, the novel rallies reform. *Asylum* confronts its readers with the violent reality of the mental health system in Britain, particularly in relation to criminal offenders with psychiatric conditions. Though it may appear a progressive notion to critique psychiatry, and to suggest that society is madder than the madmen it locks away, the reality is that such real-life individuals resembling Edgar Stark are continuously silenced and denied opportunity in life. The novel's concerns situated in 1959 are still those of twenty-first century Britain; figures like Stark cannot survive outside of the institution. In this notion, *Asylum* is more convincing than *Spider*. We might, in order to extend the cultural work being carried out by the novel, look to the excluded voices of society for further emphasis of this. In UK prisons

and their visiting centres, a newspaper is circulated written by and for the inmates, support-workers, and staff: *Inside Time*. A recent letter written here by a prisoner is of note to this discussion, primarily because they state the harsh and unspoken reality of rehabilitation in no uncertain terms. This comes from Jak Jones, a prisoner who has now completed their sentence at HMP Dovegate:

The reality of our existence holds no repent for our actions, our victims. Breeds animals and self-medicators in the majority. No justice within prison. How can a kid who comes in at 18, be 40, when they leave, yet be scarred by the ordeal? Learning life in a strange new world...all of the while, learning, too, to live with the decades of existence being warehoused? The violence, mental health issues, drugs, destructive cycles, loneliness, the sadness.

(Jones 2018)

For those institutionalised in Britain, it is a cyclical existence where post-release support depends upon the willingness of the individual to change their behaviour themselves. Novels like *Spider* and *Asylum* are not especially encouraging about the potential for mentally-ill ‘criminals’ to change; they enforce the view that their illness prevents them from doing so. What these novels can achieve, though, is an uncomfortable reconsideration of the way that social exclusion works, and of how abuse is enacted by the very professionals tasked with safeguarding vulnerable persons. Curiously, in McGrath’s later and more recent fiction, not only is Britain removed as a geographical location, but his mad characters are also introduced to new systems of healthcare. The reasons for this will now be explained alongside McGrath’s textual departure from the Gothic asylum.

*'If love is madness where are the psychiatrists?': the mad-doctor as spectre*⁴

Mirroring his own move across the Atlantic, as McGrath eventually came to live in New York city, his fiction also adopted this new American setting and has been re-invigorated with an almost new writerly identity; although, on a closer examination, many of his defining fictional tropes persist. The British asylum is not an immediately observable ghost in the novels that have emerged since the publication of his historical fiction *Martha Peake* (2000), but the influence of Broadmoor is far from absent in these newer novels. As Sue Zlosnik observes, '[t]he later fiction is concerned more overtly with "history," and individual histories. Medicine and the diseases of the mind are ever present, however' (2011: 87). In fact, the madness on display in these novels – and it exists in some form in each text from *Martha Peake* to *Constance* (2014) – is much removed from the clinical portraits observable in his British fictions like *Spider*. The portrayals of madness are now interwoven with discourses of trauma: in his later fiction, McGrath's representations of mental illness offer ideas of loss, grief, and the haunting proximity of the past (historical and personal). Though in some ways the motifs of madness are still intellectualised, two post-millennial works by McGrath are worth singling out for closer reading because of their depiction of psychiatry: in the absence of the asylum and the mental hospital, (whose appearance in McGrath's later work seems only referential), psychiatry moves from the public domain of the institution to a more personal realm of private, individual psychotherapy. The first of his fictions to do this is McGrath's short story 'Ground Zero', which appeared in the collection *Ghost Town: Tales of Manhattan Then and Now* (2005); the second is his novel *Trauma* (2007), which will be discussed below. Both stories feature the unreliable psychiatrist narrator as exemplified by

⁴ This quote comes from what Patrick McGrath has described as 'a fragment' of an abandoned work. It a single typewritten sentence on an isolated piece of paper held amongst other documents at the McGrath archives at the University of Stirling (see PMcG 11/18).

Cleave in *Asylum*. Where these texts differ from his early work is that they present mental breakdown as a staple feature of twenty-first century Western culture and its day-to-day life: the madness here is less abjected than McGrath has previously depicted – perhaps echoing his own desire to appear a less Gothic author.⁵ There is the same postmodern self-awareness traceable in the unreliable narration of ‘Ground Zero’ and *Trauma*, but these fictions offer something different to the reader in regards to madness: these texts speak to notions of the familiar, rather than what is alien; they demonstrate locatable crises (in both a psychological and geographical sense) and encourage their readers to identify more convincingly with the fluctuations between reason and unreason. In other words, McGrath’s newer American writing showcases a spectrum of madness rather than displaying specific psychopathologies. In recognising this, madness is (at least, for readers) liberated from the clutches of old institutions and hurled into the domestic territory of the familiar, personal, and relatable. The asylum becomes psychiatry, and the medical bays are transformed to private counselling rooms.

To look at this in more specific detail, and to address some key background contexts, it is worth commenting on the psychiatry present in ‘Ground Zero’. This text was (according to a draft manuscript stored in the University of Stirling archives) originally titled ‘The Last Psychiatrist’ (PMcG 11/18). This early title is intriguing, though the titular change to ‘Ground Zero’ reflects its themes and topic more explicitly. The idea of the ‘last’ psychiatrist possibly refers to McGrath’s desire to move on from the tropes of his earlier fiction; it also suggests that in the twenty-first century, and especially after the events of September 11, 2001, the institution of therapy can never be the same again. The idea of community care, (and society’s encouragement for individuals to speak openly about their mental health with

⁵ For McGrath’s reluctance to be seen as a Gothic author, (something he has since become more inclined towards), see his interview with Nicholas Wroe in the *Guardian* review 12 July 2008.

healthcare professionals), means that (at least in theory) a greater number of people have access to mental healthcare services. Trauma post-9/11 becomes an acceptable and (on the surface) de-stigmatised issue to talk about, it is no longer repressed (allegedly). The psychiatrist, as the implied figure of 'The Last Psychiatrist', however, becomes spectralised: they are neither absent nor present, simply the last of their kind with a radical historical mobility. The 'last psychiatrist' also refers to the fact that (to date) 'Ground Zero' is the only one of his fictions to feature a female psychiatrist. This ultimately makes no difference to the tyrannical patterns of madness that the text exhibits, however. In its final form of 'Ground Zero', the story features a total reconsideration about the cultural work of trauma itself, and in turn, about how social exclusion functions: the deviant figure, whom the psychiatrist also wishes to have as a patient, is described as foreign – a miscegenating threat to national sanity as well as national security; in 'Ground Zero', this figure is a prostitute named Kim Lee. McGrath's own researches and experiences of 9/11 are influential on the composition of this text, and various newspaper clippings and magazine articles from this time are now stored in the archive with the early manuscripts of *Ghost Town*. Psychiatry is also more firmly portrayed in a sinister light. It is as if McGrath no longer believes in the medical institution's ability to heal objectively the mental wounds of society post-9/11. This gestures toward what philosopher Slavoj Žižek describes as the post-traumatic event, that, in his words: 'our socio-political reality imposes multiple versions of external intrusions, traumas, which are just that – meaningless, brutal interruptions that destroy the symbolic texture of the subject's identity' (2014: 95). The shattering of identity is a key theme of 'Ground Zero', and this amounts to the identity of the text itself. To understand the wider implications of this newly-envisioned madness, and the importance of McGrath's prose configuration of trauma, it is worth turning again to the value of the text in relation to those readers with lived experience of mental illness in the twenty-first century.

The story opens with a sense of overfamiliarity between reader and narrator, establishing a false and insecure sense of trust as it does so. The psychiatrist (whose profession is stated more or less immediately to the reader) reveals her strong empathetic ties to her patient:

Danny Silver was like a son to me, and as a childless woman who never married I do not say this lightly. He was also my patient. For seven years we had been meeting twice a week to talk through his problems, which were largely sexual in nature, and which originated in a suffocating maternal relationship which created conflicts that ran like fault lines deep in his psyche, becoming visible only when he tried to sustain intimacy with a woman. Dan was eager to enjoy a healthy relationship, but the damage had begun early, and it was structural, so progress was slow.

(2005: 175)

The first two sentences admit to a potential conflict of interest as the psychiatrist clearly feels in a strong way for Danny, but as she is quick to remind the reader, he is also her patient. The later statements sound rather like medical case-notes, which should urge the reader to question what kind of document they are reading. There is also the sudden lapse in formality as ‘Danny’ quickly becomes the informal ‘Dan’. Sue Zlosnik perceptively comments that the choice of a psychiatrist narrator is ‘a warning sign’ because it means the unreliable narration is self-evident (2011: 117). We might also note the similarities between the unnamed narrator of ‘Ground Zero’ and psychiatrist narrator Charlie Weir in *Trauma*: both deal with the post-traumatic aftercare of individuals named Dan, and both constantly refer to ‘structural problems’ in an attempt to legitimate the authority of their respective psychiatric discourses. For the attentive reader, the past-tense of ‘Ground Zero’ suggests that this therapeutic relationship has ended – and in fact, as the story reveals, Dan has stopped seeing the psychiatrist following her breach of ethical conduct. As the psychiatrist goes on further to describe Dan to the reader, the imagery she offers is unsettling. The narrator describes how Dan looked : ‘large, sad, untidy man, highly intelligent, and his face so creased and fissured that he seemed prematurely aged, as though burdened with the weight of all of human

history. I believe this had been true of him even in childhood' (176). This last statement surely must be an assumption – and though the reader may take for granted that psychiatrists and their patients talk about childhood, the idea of a child innately 'burdened with the weight of all human history' still appears unusual, perhaps even Christ-like. Clearly the short fiction engages the motif of the mad psychiatrist, whose relationship with her patient is obsessive (like Cleave in *Asylum* and Seward in *Dracula*); in identifying this longstanding Gothic tradition, 'Ground Zero' problematises the idea of a post-traumatic subject. As the narrator implies that she has suffered from the events of the 2001 terrorist attacks, the very event she is helping her patient respond to, she denies her own underlying pathology: she reduces her personal trauma to the event of a collective one, and in doing so, remains in denial. In other words, 'Ground Zero' shows a haunting madness that has always been there: beneath the violence of 9/11, America (as portrayed in the Manhattan of McGrath's fiction) recognises the violent spectres of its own national history, ghosts that have yet to be exorcised.

The issue of mental illness, as it features in 'Ground Zero', does not concern any one particular psychopathology; instead, the fiction deals with a subtle generalised madness as the psychiatrist narrator becomes more and more possessive over her client. The story presents a snapshot of private therapy, and it offers a view of deinstitutionalisation that is somewhat at odds with the reality of community care programmes. Private therapy relies on the consent of the client, even when that client is referred by a medical authority. Also, such therapy may be sought out by those without a medical diagnostic label – a 'talking cure' in the truest sense. The psychiatrist in 'Ground Zero' offers no indication that Dan has any kind of severe mental disorder that might affect his participation within society; in fact, the narrator seems overly eager to attribute a pathological cause to his behaviour. Dan does pursue a complicated romantic entanglement with Kim Lee, who keeps seeing what she believes to be the ghost of her dead lover, Jay (a victim of the terror attacks), and in turn, pursues a sexual relationship

with Jay's father. Though Dan and Kim's relationships are unhealthy, the psychiatrist revels in the complicated structures behind their respective motivating forces; she overcomplicates the situation by publicly chastising Dan for his involvement with Kim, while privately obsessing over the details of this affair:

Dan was holding something back. [...] Who was he jealous of? Surely not the dead lover. That would be tantamount to feeling jealous of a *ghost*, and while this is well within the normal range of human sexuality I felt there was more to it than that. There was something obscure, just outside of sight, somewhere in the recent past; and I felt I had to identify it.

(210, original emphasis)

The simplest explanation, that Dan feels inadequate to the memory of Jay is perplexedly communicated by the narrator. To feel 'jealous of a ghost' may very well be 'within the normal range of human sexuality', (although this is an unusual way of putting it); in stating this, the narrator desires Dan to be beyond the ordinary, 'normal' patterns of human behaviour that she can reconcile alongside the patterns of diagnostic manuals. She even extends her diagnostic powers to Kim, a woman whom she has not even met, although she does intrude into her life later. The psychiatrist recalls that: 'I had begun to think this woman he claimed he loved was borderline schizoid, certainly there had been enough psychotic breaks to justify that tentative diagnosis' (202). In this short story, which like the others in the collection *Ghost Town* centres on themes of haunting, there are really two ghosts: the first is the textually present spectre of Jay; the second is the total absence of the asylum – the lack of appropriate community and individual treatments. Without this figure, the knowledge of some genuine institution, madness is left unaccommodated. The absence of the asylum is filled by private therapy sessions: a new 'trade in lunacy' develops as for-profit counselling desires 'long-stay' clients.

The other additional ghost is, of course, the former Twin-Towers of the World Trade Centre building as the trauma of 9/11 remains completely inaccessible to the narrator. As a

psychiatrist, she can identify the underlying psychological conditions that may lead to irrational behaviour, but she is unable to process the event of the world's most-viewed terror attack. The psychiatrist is self-aware of this, as she refers to the event as 'evil' (231), creating a kind of mental and moral distance as she does so. As the narrator explains:

September 11, a date which was rapidly becoming a watershed in all our lives, a line of demarcation, or a point in time, rather, before which the world seemed to glow with a patina of innocence and clarity and health. And after which everything seemed dark and tortured and incomprehensible, bearing nothing but portents of a greater darkness to come. It was against this black and shifting backdrop that Dan's affair with the woman was playing out.

(212)

While the view of the psychiatrist regarding 9/11 is very much a still-perpetuated narrative in American politics, her metaphorical gesturing that this chaotic void left by the murder of American civilians provides a 'backdrop' for Dan's story is, frankly, perverse and self-indulgent. The psychiatrist is in denial about the horrors of trauma, and as Dan himself realises, she is incapable of treating her patient. Like Cleave in *Asylum*, the narrator projects her own characteristic aspects of irrationality onto her patient: 'I realised [...] why he had acquiesced in this sordid story, or even, as he himself said, become complicit in it by not expressing his moral disgust – it was because he was taking pleasure in his own torment' (230). The short fiction emphasises a madness outside of the asylum and existing in the mind of a medical practitioner; in this, the story is classically and knowingly recycling McGrath's habitual tropes. However, unlike *Spider* and *Asylum*, 'Ground Zero' puts the reader more explicitly in the role of interpreter: though it appears that the story chronicles Dan's experiences, it is in reality a fictional breakdown memoir of a different sort. Though the psychiatrist is untrustworthy, obsessive and ethically irresponsible, her megalomania is to be pitied rather than condemned like Cleave's. Even though Dan discontinues his therapy, the narrator continues to keep watch over him. She claims, for example, to 'miss my big bear but

I think he will come back to me after the affair collapses. He knows I am here for him' (242). The short story demonstrates a shattering of identity – one whose root causes are blurred by the event of national trauma. In this, its cultural work is engaged with the interests of service-users who might be reassured that mental breakdown really does and can affect anyone regardless of their class, occupation, or gender. It is a story about coming to terms with loss, and in this, it is a convincing work about the impossibilities of mourning.

Trauma, McGrath's later novel, returns to many of these themes: haunting, loss, madness, and identity. In this text, Charlie Weir, another of McGrath's psychiatrist narrators (and to date, his last), is an expert on post-traumatic disorders whose own depression escalates to the point of breakdown. Charlie remains a reliable and trustworthy narrator, although his tendency to psychoanalyse his friends and family does come across as arrogant and narcissistic. Shortly into the opening of the novel, Charlie declares that:

Mine is a profession that might on the surface appear to suit the passive personality. But don't be too quick to assume that we are uninterested in power. [...] It is not a scientific endeavour. No, I feel my way into your experience with an intuition based on little more than a few years of practice, and reading, and focused introspection; in other words, there is much of art in what I do.

(2009: 5)

The dichotomous relationship between art and psychiatry, two opposing regimes in McGrath's fiction, is once again present. This time, Charlie's brother, Walt, is a painter living in New York, and Charlie's relationship with him is predictably tense. Charlie is upfront with the reader about his experiences with depression, something he believes to have inherited from his mother, although as he later learns, he has repressed his own traumatic history and partially fictionalised an act of parental aggression. After completing a residency at John Hopkins University, Charlie is briefly employed at a psychiatric unit before working with another trauma expert, Sam Pike, and runs therapy sessions for veterans of the Vietnam War. The novel is outwardly a self-conscious display of McGrath's key fictional themes and

tropes; however, it actually does something quite apart from his other works and signals towards a return of the asylum. Though it clearly parodies the authority of psychiatry and the arrogance of psychoanalysis, the novel makes explicit that contemporary standards of provision for service-users are not enough. Like ‘Ground Zero’, readers are exposed to a fictive breakdown memoir, and to the idea that even healthcare professionals can suffer from mental illness. The return to the asylum at the end of the novel demonstrates a failed exorcism – both in McGrath’s writing and in the culture that he portrays: the absence of a genuine sanctuary for the mentally unwell proves to be an enduring issue.

Charlie’s narration is direct and clear-cut about the nature of the novel’s cultural work. He describes, for instance, how New York has deteriorated since his time at medical school, and of how:

the worst of it fell on the poor – garbage everywhere, streetlights broken, phone booths smashed up, crime out of control, people at each other’s throats, on and on – that was nothing compared to what was happening to the mentally ill. It was too late for most of the pathetic creatures who shuffled up and down the wards, who for years had been so completely dependent on the institution that there was no possibility of their ever getting out again, though many had got out, had been thrown out, in fact, and were wandering the city in rages, babbling to themselves and living in filth, truly the wretched of the earth.

(27)

Charlie is an ambivalent figure: his observation that the mentally-ill are suffering greatly shows a genuine concern; on the other hand, his reference to ‘pathetic creatures’ and their ‘babbling’ wretchedness further encodes abjection. As he identifies that deinstitutionalisation has intensified problems in society, his own words further cast out people who might potentially become his responsibility. He admits to wanting to make a difference (28), and in spite of his youthful pride, Charlie seems dedicated to his therapy sessions with veterans that take place in the basement of a hospital. Though he describes these veterans as ‘defiled’ and ‘already dead’ (28), his commitment to his therapy group appears admirable. We might note

the return of the ‘dead souls’ imagery that returns here, once again haunting McGrath’s writing. One patient in particular, incidentally the brother of Charlie’s first wife, holds the obsessive curiosity of Charlie’s medical gaze. Charlie is upfront and open in the narrative about his professional failing of Danny, who kills himself after Charlie informally asks him about his wartime experience in a blunt, inconsiderate and unprofessional way. Charlie observes that:

The most potent charge of emotion weakens over time, unless it’s repressed. Then it can wreak havoc in the psyche for years to come, which was what had happened to Danny and his buddies. Their buried material was throwing up nightmares and other symptoms, and would continue to do so until the trauma could be translated into a narrative and assimilated into the self.

(29)

Essentially, this is a statement about the novel itself: Charlie suffers from the repression of his own childhood experiences, and his ‘translation’ of it – a false memory – proves to be his very undoing, preventing him from experiencing the joy of committed relationships and to project upon rather than empathise with his patients. Charlie metaphorically seeks asylum throughout the novel – a sense of security and self-affirmation. He describes, for instance, how: ‘there were days when the psyche unit seemed a haven of tranquillity [...], the company of the mentally ill preferable by far to that of Walt’s carousing painter friends’ (38). This is a reworking of the relationship between art and psychiatry in McGrath’s earlier fiction, where the notion of art usually appears favourable even when it features turbulent artists. Here, art is no such sanctuary, and Charlie is haunted by the lack of provision. His later return to the asylum, as both a patient and as a staff member, signals a renewed interest in the perception of old institutions: like *Spider* and *Asylum*, *Trauma* asks its readers to consider what life would be like without the mental hospital; that the spectres of an old regime still have haunting resonance in contemporary society.

After failing to reconcile his first marriage and ending his fraught relationship with his brother's friend Nora, Charlie finds himself in a kind of existential exile, eventually working at a remote asylum in the Catskills. His description of this building is telling:

It is a Victorian building of granite and timber with rounded turrets and arched windows. To the north and east, heavily wooded mountains march one behind the other as far as the eye can see, and beyond the lake the land rises steeply with no sign of human presence other than a logging road. Old Main can no longer adequately meet the needs of its patients, but there's a haunting splendour to this decaying asylum that I have come to love.

(191)

The idea of the 'haunting splendour' of a 'decaying asylum' communicates precisely the role of the institution in modern and contemporary Gothic fiction. The historical remnants of a past threatens a constant return to the present: as if meaning can be found in comparing the experiences of the present with struggles of previous times. (This idea, as the next chapter demonstrates, fuels the imagination of neo-Victorian Gothic). Charlie notes that the asylum can no longer sufficiently provide for its patients, but as a psychiatrist, he is drawn to it all the same. Initially, Charlie has been drawn to this new job because of his clinical experience, but he is also drawn to the town itself because of a family photo taken in one of the old hotels. Rather than taking staff accommodation, which would mean living in close proximity of the asylum, Charlie opts to live in the town itself. As he observes the wards of the hospital, Charlie finds a sense of familiarity:

Distant shouts, the rattle of keys, clanging metal doors, footsteps echoing in stairwells and always, in the middle distance, halfway down some long, deserted corridor, a man in loose institutional pants and shirt mopping the floor in slow, sweeping motions; and everywhere that distinctive asylum odour, a pungent compound of disinfectant, tobacco and urine. I was introduced to the ward supervisors, who told me that almost all the patients came from scattered communities in this part of the state, many of them suffering from chronic psychotic illnesses exacerbated by alcoholism. So I wouldn't be challenged, or not professionally, at least.

(192)

The abject familiarity, encompassing sights, sounds and smells of the old regime, provide Charlie with a sense of belonging. This nostalgic sense implied in the narration figuring the asylum seems to be a yearning to forego its absence: just as ‘Ground Zero’ was initially titled ‘The Last Psychiatrist’, we have here a novel that could as easily be called ‘The Last Asylum’ – as if McGrath cannot fully relinquish the spectre altogether. When Charlie accidentally shoots his father at the end of the novel, his supervisor comes to pick him up, and the novel implies that Charlie will be institutionalised. The closing remark that Charlie makes demonstrate his eagerness for a return to the familiar: ‘The first light was touching the turrets of Old Main [...] I was going home’ (210). It remains to be seen how McGrath’s future writings will deal with madness and the asylum, although *Trauma* does seem to offer a final farewell. While all of McGrath’s fiction is haunted by the sheer notion of an asylum, and especially by the question of what is meant by madness, his work continues to be of interest (and a point of contention) to the mental health community. In looking at how his portrayal of mental illness, the asylum and its doctors are haunted by notions of a lost past, and of what these stories have to offer in terms of stigma and subversion, Patrick McGrath’s Gothic remains a unique form of cultural work reflecting the concerns of medical humanists in the twenty-first century. As will be seen in the concluding sections of this thesis, the Gothic becomes far less subtle and far more exploitative of the issues of mental illness in later modern and contemporary manifestations. Rather than desiring a return of the empathetic mental institution, and a desire to move beyond the ambivalence of the psychiatrist figure, neo-Victorian Gothic fictions rely upon the exploitation of the past. These later texts are keen to revisit the spectres of ancient regimes, but in doing so, they reify the brutal and abusive practices as a form of spectacle. The neo-Victorian text reconfigures the trauma of the past as a pseudo-realism to flatter the readerly desires of its own era. In the concluding chapters of this thesis, attention is given to how Gothic has moved away from

championing the plight of the excluded other, and risks furthering the social stigma of mental illness as it reifies the horrifying potential of the asylum.

Chapter Five

The Madhouse in Neo-Victorian Gothic

In 2008, Sarah Waters spoke candidly about her creative decision to abandon the nineteenth-century setting that had inspired her early novels, fearing that her approach to writing the Victorians might become a kind of pantomime. As Waters explains it: ‘I felt that I’d pushed it about as far as I could go [...] before I was carted off to the asylum’ (Dennis 2008: 50). Even though she is joking and using a conventional phrase, by invoking the asylum, a central figure of the neo-Victorian enterprise, Waters acknowledges – and simultaneously rejects – how such performativity facilitates the popularity of her fictions. The comment also reveals some flippancy about the rite of composition. We must also assume that Waters refers here to the historical Victorian asylum; she does not, after all, literally believe that her creative writing might lead her to be detained under Section 3 of the Mental Health Act. Instead, her comments gesture towards a readily identifiable series of assumptions that characterise a successful staging of the neo-Victorian performance. The neo-Victorian novel plays out fantasies that recreate ‘lost voices’ of the past, implicating their readers as wilful participants who will applaud scenes of sexual subversion while berating instances of false confinement, the bigotry of religious zealots, and the injustices enacted by Bluebeard-inspired husbands. The nineteenth century is depicted in the twenty-first century as an era of repression. Problems arise, however, when readers ‘forget’ that they are witnessing a performance of the past and mistake the neo-Victorian for the historical Victorian. Walker Gibson has developed a concept of a ‘mock reader’ – an implied audience specified by the narrator; in neo-Victorian fiction, the actual reader is encouraged to perform the role of the mock reader. As Gibson explains, this is the mask ‘we assume for the sake of the experience, that set of

attitudes and qualities which the language asks us to assume' (1950: 256). To look at reviews of successful neo-Victorian titles, it seems as if literary critics and pleasure-readers alike are reading the neo-Victorian text as if it were an actual nineteenth-century novel. Outside of the academy, a plethora of *Goodreads* reviewers have pointed to the unrepressed sexual content of Sarah Waters' novels, reading this as a kind of historical liberation, and going so far as to bestow the author with the rather ambivalent moniker: the 'Lesbian Dickens'.¹ While *Goodreads* is hardly a forum for literary criticism, it remains a useful platform for seeing what kinds of attitudes contemporary readers take towards certain texts. Meanwhile, other casual readers complain of being confronted with 'pastiche, pasteboard and mirrors' alongside 'ham Victorian slapstick' dialogue (see review by 'Violet', 6 August 2015). (Nonetheless, this pastiche is precisely how neo-Victorian writing conveys the cultural viewpoints of its authors: neo-Victorian texts place modern and contemporary anxieties in the historical past to obfuscate their haunting proximity to ongoing cultural problems). Moreover, these clichés are telling about modern and contemporary assumptions of history. As Jane Tompkins argues, literary stereotypes and clichés 'are instantly recognisable representatives of overlapping racial, sexual, national, ethnic, economic, social, political, and religious categories; they convey enormous amounts of information in an extremely condensed form' (1985: xvi). The madhouse, as Sarah Waters reveals in her reference to the asylum, has become an emblematised component of neo-Victorian fiction. Yet, perhaps because of its perceived unsophisticated literary depiction, no critical work has attended to the social nuances that the neo-Victorian asylum plotline delineates. Drawing from Tompkins' ideas, this chapter aims to define the cultural work of a neo-Victorian madhouse. A central issue,

¹ This 'title' is given to Waters by both enthusiastic reviewers who champion the 'flair with which a lesbian relationship is drawn', and by those who condemn Waters in more disparaging misogynistic comments. 'Adam', for example, recommends the novel *Fingersmith* exclusively to 'people who like lesbian sex', and asks how other readers are 'willing to slough through 592 pages of wanna-be Victorian writing for a couple of plot twists and lesbian sex scenes?' (see the review thread for 19 June 2007).

with which this chapter concludes, is whether the performed madhouse of the neo-Victorian world contributes anything constructive towards contemporary social and political predicaments surrounding the stigma of mental illness. First, however, it is worth expanding upon the readerly processes of neo-Victorianism and outlining the rationale and structure of what follows in this chapter.

Neo-Victorian texts are haunted by the madhouse in different ways than the spectralities identified so far in this thesis. While the previous chapters have demonstrated that Gothic madness is influenced by cultural factors pertinent to its composition, the neo-Victorian Gothic is far more discrete. When we encounter madness in modern and contemporary reimagined histories, the assumption is that such ahistorical depictions of madness can be explained away by the clinical knowledge circulating within the readers' own era: that a narrative occasion of hysteria will translate to 'schizo-affective disorder'. Or, when Agnes Rackham, in Michel Faber's *The Crimson Petal and the White*, 'lies sleeping, insensible to everything, even the extraordinary performance of the snowstorm just outside her window' (2002: 613), she is experiencing a chronic instance of bipolar depression. (From the *Goodreads* reviews of this novel, we can observe self-congratulation and self-flattery in anachronistic symptom spotting; 'Gabrielle', for instance, in a five-star review of the novel, comments that: 'I wanted to punch Agnes, but I also wanted to take five minutes to explain menstruation to her so that she would stop freaking herself out every time she got her period – because no one else bothered explaining reproductive health to the poor ninny' (see review for 20 April 2008)). There may even be something comforting about making these connections, as the contemporary reader is relieved from the burden of having to account for historical context, provided that their own cultural expectations (or prejudices) are met empathetically within the imaginary experience of neo-Victorianism. In other words, the success of fantasy depends upon a reading of neo-Victorian madness that can be recognised

and reconfigured as 'mental illness'. In differentiating between the Victorian and the neo-Victorian text, (and more so the neo-Victorian *Gothic* text), reading history is problematised. As chapter one demonstrated, the literary criticism of nineteenth-century novels often works to recover madness from the disciplinary regimes of the nineteenth-century asylum by articulating the plight and struggles of repressed experience. On the other hand, there is a tendency in interpretative readings of the neo-Victorian novel to bury this content by means of diagnosis, as gestured towards in the anecdotal readings above. In the neo-Victorian imaginary, madness is pathologised and nineteenth-century historical treatments are blurred. The neo-Victorian treats historical madness as if it were mental illness in the twenty-first century, the accessibility of the past is, in a sense, blocked. Because of this, it is crucial to evaluate the kinds of cultural work that neo-Victorian novels perform individually: to question their historical assumptions and to recognise their encounters with madness as contemporary problems. To achieve this, this chapter first defines the neo-Victorian Gothic text as the progenitor form of neo-Victorianism more broadly, situating the concerns of the present study alongside critical debates featured in the emerging field of neo-Victorian studies. Second, this chapter will show how neo-Victorian literature circulates a fantasy of the madhouse regime that exploits rather than enriches narrative experiences of mental illness. Consequently, the neo-Victorian fictional asylum risks commercialising and romanticising anachronistic notions of ill-health. While recognising that the modern production of neo-Victorian Gothic is itself an expression of history, an attempt is made in the following to reconcile the disjointedness of an imagined past with archival contents. This also points out contemporary mental health practices as they are portrayed in neo-Victorian fiction. This reading will contribute an original reconsideration of the neo-Victorian asylum and interrogate the extent to which this genre can be seen as a form of Gothic commercialism.

Gothic's relationship with the Neo-Victorian

In their introduction to what is currently the only edited collection dedicated to Gothic neo-Victorianism, *Neo-Victorian Gothic: Horror, Violence and Degeneration in the Reimagined Nineteenth Century* (2012), the co-founders of the online journal *Neo-Victorian Studies*, Marie-Luise Kohlke and Christian Gutleben have observed that: 'the pervasiveness of Gothic is not only cultural but also commercial, inscribed as it is in a context of incessant globalised consumption and commodification' (2012: 2). This pervasive Gothic commercialism is reflected, too, in the language of contemporary newspaper reports concerning neoliberal efforts to privatise Britain's welfare state. Numerous tabloids and broadsheets have documented controversial 'austerity' measures that enforce unemployed benefit claimants to participate in unpaid labour, and the discourse of such reports frequently invokes Victorian imagery. One opinion article from the *Guardian* goes as far to announce in its headline a most Dickensian 'Return to the Workhouse' (see Harris 2012). This appropriated historical imagery reifies Kohlke and Gutleben's primary argument: that neo-Victorianism is inextricably Gothic and hauntological by nature, as it resurrects

the ghost(s) of the past, searching out its dark secrets and shameful mysteries, insisting obsessively on the lurid details of Victorian life, reliving the period's nightmares and traumas. At the same time, neo-Victorianism also tries to understand the nineteenth-century as the contemporary self's uncanny *Doppelgänger*, exploring the uncertain limits between what is vanished (dead) and surviving (still living), celebrating the persistence of the bygone even while lauding the demise of some of the period's most oppressive aspects, like institutionalised slavery and legally sanctioned sexism and racism. Such are the very Gothic constitutive features of neo-Victorianism.

(2012: 4)

It is, then, surprising that Kohlke and Gutleben omit here any mention of the British Poor Laws; the workhouse and its legacy of social class segregation; the nineteenth-century fascination with early psychiatric efforts; and the economic franchising of private madhouse institutions. All of these issues dominate concerns of the Victorian era's own sensation and

realist fictions; however, these historical circumstances are also rendered Gothic by a contemporary Anglo-American cultural memory. There is, for instance, something eerily revealing about the fact that two of the nineteenth century's most influential insanity laws were not changed until 1939: the 'Lunacy Acts' of 1845 and 1890 were only substantially altered in twentieth-century Britain's 'Mental Treatment Act', which officially renamed the asylum a 'mental hospital' (see 20th Century House of Commons Sessional Papers 1929-30). The issue here is that a Gothic barbarity is never far enough away to be considered an isolatable historic event: the past always threatens a return to the present, and this is what journalists are able to exploit so well by using historical analogies as simplistic explanations for questionable political practices. As David Punter points out, Gothic is [...] a fiction of exile, of bodies separated from minds, of minds without a physical place to inhabit, cast adrift on seas of space and time which appear to bear no relation to the moral life' (1998: 17). In recognising the counterfeit history of neo-Victorianism, we can question the extent to which these fictions are complicit in using the Gothic to perpetuate negative and stigmatising portrayals of the asylum.

Because the past of neo-Victorianism is a deliberately fictitious one, this has partially discouraged critical engagement with the subjective nuances of the era and culture in which the neo-Victorian text itself is produced. Kate Mitchell, for example, suggests that while neo-Victorian texts are thoroughly self-aware of the problems in laying claim to the historical knowledge they represent, these fictions are ultimately 'more concerned with the ways in which fiction *can* lay claim to the past, provisionally and partially, rather than the ways in which it can not' (2010: 3, original emphasis). Andrew Smith has also assessed the complications posed by gothicising the neo-Victorian, as he argues that: [i]n its more radical formations the Gothic provides a way of looking at identity that helps draw out the covert symbolism that inhabits Victorian texts' (2012: 52). Elsewhere, Ann Heilmann and Mark

Llewellyn have returned to contemporary popular culture in order to question the extent to which cinematic adaptation and commercial appropriation of Victorianisms (the recently closed *Dickens World* Theme Park, for example) have problematised scholarly efforts to authenticate the past (2010: 212). Anticipating these difficulties, this chapter does not seek to authenticate any particular reading of history, but it does aim to point out instances in neo-Victorian fiction where the present is portrayed as the past. In doing so, this chapter argues that the Gothic mode is uniquely suited to highlighting matters of social exclusion. Neo-Victorian Gothic is considered in this chapter to be a predominately commercial enterprise that voices present anxieties by situating them in a remote yet traceable past. Neo-Victorian texts are, in this view, not only inherently hauntological but also thoroughly bound to and invested in the concerns of the present. In Michel Foucault's essay 'What is an Author?' (1969), Foucault suggests that:

The phrase, "return to," designates a movement with its proper specificity, which characterises the initiation of discursive practices. If we return, it is because of a basic and constructive omission, an omission that is not the result of accident or incomprehension.

(1992: 134-135)

The 'returns' that this chapter investigates have always to do with the Gothic notion of live burial, a notion that profoundly influences the modern and contemporary discursive practices relating to the institutionalisation of madness. To this end, readings of two neo-Victorian texts are presented below: Sarah Waters' *Fingersmith* (2002), and John Harwood's *The Asylum* (2014). These texts have been selected because they mirror the concerns of false confinement explored in chapter one of this thesis; unlike the Victorian trope of false confinement being a way of speaking out against institutional oppression, the false confinement in these texts reinforce the silence of madness.

False Confinement in Sarah Waters' *Fingersmith*

The horror of false confinement returns in neo-Victorian Gothic, although such plotlines are rarely innovative in their resurrection of the nineteenth-century sensation trope. Modern and contemporary depictions of the Victorian madhouse have become a commercialised icon of the barbaric: its spectacles of horror appear in anachronistic institutions whose medical practices rely on trephining, ice baths, and the beating of patients. When we read of these in the neo-Victorian novel, the fact that they are recognisably an historical practice comfortingly reinforces our own sense of enlightenment. Unlike the cauterising irons and bromides sporadically issued within Victorian madhouses, today's reader can observe the ramblings of modernity's schizophrenic rendered docile by clozapine and community treatment orders. When a reader recognises an instance of madness in the neo-Victorian novel they are flattered; the reader is no longer implicated in a text's psychological tensions because they have the reassurance of knowing that mental illness is (allegedly) far more humanely treated in the twenty-first century. As Foucault remarks:

The clinical gaze is not that of an intellectual eye that is able to perceive the unalterable purity of essences beneath phenomena. It is a gaze of the concrete sensibility, a gaze that travels from body to body, and whose trajectory is situated in the space of sensible manifestation.

(2003: 148)

The clinical gaze, this space of 'sensible manifestation', is precisely the reading practice that the neo-Victorian novel encourages: its commercial enterprise thrives on situating present day barbarities remotely. Such texts make fantasy out of the cultural and political struggles that circulate at its time of composition; it is a different fantasy of the old regime from the example offered in chapter three of this thesis because it does not really deal with the old regime at all: its concern is the present. With this in mind, then, the neo-Victorian event of false medical incarceration is worth returning to. The misrepresentation of confinement in

fiction may justify otherwise unwarranted fears about mental illness in contemporary Western culture.

This is pertinent given recent concerns over mental health screening processes in prison systems. In America, for instance, it is widely believed that many genuine cases of mental illness are ignored by state prisons; according to statistics, this is particularly prevalent among ethnic minority groups (see Ricks and Loudon 2015), and many prison inmates ought really to be in hospital secure wards (Martin, Potter et al., 2016). The false confinement depicted in neo-Victorian fiction presents this situation in reverse because its victims are usually white, lower-middle class, and of sound mind. Sarah Waters' novel *Fingersmith* (2002) reifies many contemporary prejudices regarding Victorian madhouse legislation, though its false confinement plot is unsettling for other reasons beside this. In some ways a retelling of Elizabeth Gaskell's short fiction, 'The Grey Woman' (1861), and, to a lesser extent, Wilkie Collins's *The Woman in White* (1859), *Fingersmith* is exemplary for the way that it distorts the empathy of its readers. The medical incarceration it depicts sees the removal of one of its narrators whose lesbian identity and unrepentant criminal actions complicate the reader's appropriate identification of mental illness. The novel also articulates how the silencing of queer voices is still a prominent and unresolved issue in our own time.

Waters' novel employs two unreliable narrators to recount their version of the story, and its compositional structure is deliberately palimpsestic. One of these narrators is Sue Trinder, an illiterate pickpocket from London who attempts to relieve 'noblewoman' Maud Lily of her fortune by plotting her removal to a madhouse; the other narrator is Maud, who falsely believes that she was born in a madhouse and now assists her abusive bibliophile uncle in cataloguing pornographic books at his foreboding country home, Briar. To escape her situation, Maud conspires to have Sue trade places with her so that Sue will eventually end up in a private madhouse. The plot is further complicated by the two characters' love

affair with one another, and the greater deception that is being played upon them by external forces. As Kate Mitchell observes:

In this doubling and switching of Sue and Maud, the passive, gothic heroine is transformed into the woman of sensation, victimised by an overbearing patriarchal figure but also criminally implicated herself. Both Sue and Maud are willing to dupe and incarcerate the other [...] Waters' central female characters are flawed in ways that make it difficult to decide where and how to apportion blame.

(2010: 136)

In addition to this diegetic apportion of blame, the novel's implied readers are also doubled and switched with one another. For instance, when Sue closes the first part of the narrative, she seemingly apostrophises her present-day self: '[y]ou thought her a pigeon. Pigeon, my arse. That bitch knew everything. She had been in on it from the start' (2002: 175). Equally, the implied reader here may be the guilt-ridden Maud, whose own narration later begins by admitting to 'the first of my mistakes' (179). Later, Maud affectionately refers to 'the girl in London – who, in less than a month, [...] will [be persuaded] to her doom by a similar method' (229). Maud frequently interrupts her narrative by addressing the narratee,² as she writes that: 'I am telling you this so that you might appreciate the forces that work upon me, making me what I am' (191). The fact that the text appears as an apologetic dialogue between Maud and Sue is unusual for a sensation fiction, as such texts often omit the narrative perspective of an antagonist. Maud's role as narrator suggests remorse, and this prompts an uncomfortable textual affect given the novel's seemingly optimistic ending. The approach to reading that *Fingersmith* encourages is one of consistent scepticism and doubt: its narration is wholly untrustworthy. As will be shown, this has wider implications concerning the novel's portrayal of madness.

² To clarify, the narratee refers to Gerald Prince's distinction that this figure is different from the reader and receptor of a text: '[t]he reader of a fiction, be it in prose or verse, should not be mistaken for the narratee. The one is real, the other fictive' (1973: 179).

The reader's scepticism comes further into play when it concerns the actual voice of the implied author. *Fingersmith*, on first impressions, offers its readers a liberation from the conservative past of the nineteenth century. On a more critical reading, however, the oppressive silences that it depicts are subtly reified. For example, when one of the lunacy commissioners proudly declares his diagnosis of Sue's madness, the reader is comforted by knowing this to be a blatant misdiagnosis:

“There you have it!” says the doctor. “Her uncle, an admirable gentleman I don't doubt. But the over-exposure of young girls to literature – the founding of women's colleges [...] We are raising a nation of brain-cultured women. Your wife's distress, I'm afraid to say, is part of a wider *malaise*. I fear for the future of our race.”

(300, original emphasis)

Here, the reader participates in the doctor's dismissal of women's rights movements. The joke about Maud's uncle being anything other than a pervert, and the denigration of women and their reading practices, confirms many misconceptions about Victorian culture. It invites the reader to gloss over a more nuanced historical context. Equally, readers are laughing at the doctor here. An extra layer of irony comes with the realisation that the doctor's fear of ‘a nation of brain-cultured women’ is categorically proven true by the presence of the novel's female narrators. The Victorian era is portrayed as an oppressed and misogynistic time period, and the reader can feel reassured by knowledge of today's progressive feminist movements. This flattery is unsettling as the neo-Victorian reader is encouraged to simplify historical asylum practices rather than question modern and contemporary manifestations of social stigma. The Gothic dimension to this is that Sue's role as an implied author becomes an (actual) impossibility. Pauper lunatics, misdiagnosed or otherwise, would have been largely illiterate in the Victorian era. Sue's illiteracy is a narrative paradigm: while she can recall her desperation when staring ‘at a page [...] full of a close black print’ (69), the reader, without hindsight of the novel's conclusion, is left confused: for this admission is

communicated by the written word. The reader, as a recipient of the text, is left to participate in the mystery of who has composed the narrative they have just read. In this reading of *Fingersmith*, Sue has been ventriloquised by Maud, who has actually narrated the entirety of the novel.

Kate Mitchell has argued that the only way for the novel to achieve its seemingly happy ending is with the direct removal of the male and patriarchal characters; principally, the antagonist Richard Rivers, who ‘marries’ Maud; Christopher Lily, the pornographic book collector; and Mrs Sucksby, a baby farmer who has plotted the entire situation that befalls Maud and Sue (2010: 141-142). This is true to the extent that this removal allows the reunion of Maud and Sue to occur unobtrusively, though whether the ending is indeed a happy one is an issue I will return to later. What does become apparent from the last section of the novel, however, is that the patriarchal forces it seeks to resist are very much demons of the present day: namely, a haunting inability to speak out openly against injustices. At the height of Sue’s madhouse incarceration, she declares that: ‘I suppose I really seemed mad, then; but it was only through the awfulness of having said nothing but the truth, and being thought to be deluded’ (416). In Victorian sensation fiction, madness may indeed yield truth. Here, however, the reader is uncertain about what the truth actually is and what it might entail. Sue remains unremorseful for her efforts in trying to confine Maud falsely and rob her of her fortune; and, while Sue is in many respects a more likeable and sympathetic character than Maud, her intentions are far from being morally virtuous. When given the opportunity to prevent Maud being cheated by Rivers, she is moved to silence by the promise of three thousand pounds (126). Sue does acknowledge her guilt: ‘I did not want her to see my face. I think the look in my eyes must have been awful’ (127), but she ultimately chooses to go along with Rivers’ and Sucksby’s scheme. When Sue realises that she is the one who is being

duped, her guilt turns to anger. In nineteenth-century sensation fiction, truth outs; in the neo-Victorianism of *Fingersmith* it is locked away.

The madhouse space in neo-Victorian Gothic is often an exploitative one, and its violent practices are dangerously romanticised. In her notes on the last page of the novel, Sarah Waters acknowledges the influence of another historic text, namely Marcia Hamilcar's *Legally Dead: Experiences During Seven Weeks' Detention in a Private Asylum* (1910).³ The archival text by Hamilcar includes an introduction by the psychiatrist L. Forbes Winslow, a man notable for his controversial involvement in the Jack the Ripper case. Winslow's introduction to the book argues against the term 'lunatic', favouring 'mentally afflicted' as a more humane and empowering expression. Winslow goes on to point out that:

The stigma of lunacy is as bad as that of the criminal. It is a family stain which will be handed down to posterity. It can never be blotted from the records of the Commissioners in Lunacy. The fact that she [the patient] receives a paper that she has been discharged, "relieved" or "recovered" does not erase this from the official books.

(1910: 11-12)

While Winslow's metaphor of a 'family stain' gestures towards the eugenic science of degeneration theory, the permanency of the madness charge has proved an enduring issue: the diagnostic label of chronic mental illness has lasting repercussions. Though Section 117 of the UK Mental Health Act of 1983 states that health and social care authorities have a legal duty to provide aftercare to mental health detainees, substantial budget cuts to these services are increasing the likelihood of hospital readmission. Furthermore, the rights of an individual who is no longer under section are not always made clear in policy documents, and these rights inevitably vary under international laws. Waters' novel does not seem especially concerned with the social realities of mental health incarceration, from both a contemporary

³ It is possible that Sarah Waters looked at a different printed edition to my own researches, but the 1910 copy that I have consulted is entitled: *Legally Dead: Experience During Seventeen Weeks' Detention in a Private Asylum*. Alternatively, this may be a typographical error in the Virago edition of Waters' novel.

and historical perspective, and we should – insofar as the fictional representation of such issues are concerned – regard this as deeply problematic. Sue, if we believe the narrative truth of *Fingersmith's* closing section, escapes the madhouse with relative ease. In fact, as the madhouse proprietor excuses ‘Mrs Rivers’ escape by declaring her ‘cured’, Sue supposes that: ‘[h]e got lots of new lady patients out of it, [...] and quite made his fortune’ (315). The implication that the greedy madhouse proprietor continues to profit from cases of mistaken identity and misdiagnoses is far from comforting. What is more, the fact that such an issue is left unresolved obfuscates the kind of cultural work that Waters’ novel is engaging in. On the one hand, the novel reminds its readers that institutional abuse will reoccur if private asylums are not properly regulated; on the other hand, the novel all too knowingly speaks more to popular and romantic notions of pathos: the heroine misfit escapes a terrible situation, much to the delight of readers who inevitably find Sue’s narration more enjoyable than Maud’s. The obfuscation concerns a lack of trust: private asylums are shown to be irresponsible and open to bribery; meanwhile, Sue and Maud remain caught in an untrusting relationship with one and another.

This is of a piece with *Fingersmith's* madhouse plot, it is unable to address sufficiently either the Victorian asylum or present-day mental health treatments. The private madhouse featured in *Fingersmith* is described in all of its abject squalor, and the reader is made witness to the abuses carried out by the nursing staff (see 404-413). It is telling that a nineteenth-century novel like *The Woman in White* does not actually show its madhouse at any point, while the neo-Victorian work is far more eager to showcase its hospitals as dramatically as possible. This is, somewhat contrarily, how the neo-Victorian text constructs actual Victorian silences: in describing institutional abuses, novels like *Fingersmith* provocatively indulge their readers in taboo scenes of excess and violence. It is as if the neo-Victorian novel is saying: ‘look at what the Victorians could not possibly have written’.

While the nurses featured in *Fingersmith* are based upon lived experiences recorded by Marcia Hamilcar, the asylum patients that feature in the novel are reduced, portrayed as imbeciles. As Sue observes ‘a woman who stood, gazing at nothing, pulling her hair before her face’ (409), the patient’s appearance is solely intended for backgrounding purposes: the presence of ‘real lunatics’ serves to reinforce Sue as the romanticised outsider, a sane mind trapped alone amongst degraded states of insanity. The only fleeting sense we have of Waters’ novel engaging with the dilemmas of mental health screening is conveyed in a passing thought from Sue:

Finally it broke upon me that this was the madhouse after all; that it had once been an ordinary gentleman’s house; that the walls had used to have pictures and looking-glasses on them, and the floors had used to have rugs; but that now, it had all been made over to madwomen – that it was, in its way, like a smart and handsome person gone mad itself. And I can’t say why, but somehow the idea was worse and put me in more of a creep than if the place had looked like a dungeon after all.

(408)

Sue realises two things here: first, that mental illness affects anyone regardless of wealth; and second, that the possibility and experience of mental illness is far more harrowing than the spectacle of anachronistic madhouse prisons. That the ‘place’ does indeed look exactly like a dungeon to the reader seems odd, given Sue’s description to the contrary. The representation of the asylum in *Fingersmith* is exploitative of its historical source material, but at the same time it seems deeply aware of the exaggerated performance that it is staging. In this way, *Fingersmith* also critiques the very performativity it indulges in. Its cultural work achieves recognition of the prevailing social stigma of mental illness.

To expand on this idea, it is worth looking at how Waters’ historical research reciprocates the representation of the madhouse featured in her novel. In her book *Legally Dead*, Marcia Hamilcar explains how: ‘[s]he hopes to aid, as far as lies in her power, the transformation of those now dread abodes called lunatic asylums into what they ought to be,

viz., hospitals, in the truest sense of that word, for mental diseases' (1910: 17). *Fingersmith* cannot liberate the same lost voices from the same asylum regime because these have already been erased by history. Though Waters does portray the same abusive treatments that Hamilcar speaks out against, Waters does so in a radically separate way. *Fingersmith* exaggerates its brutal asylum scenes, and though the novel knowingly partakes in exploiting a socially sensitive issue, it berates its readers, too, for expecting the grisly madhouse. When, for example, Maud imagines her own birth, (which she believes has taken place in an asylum), her fantasy of this is as much the readers' expectation of what a madhouse should look like:

I imagine a table, slick with blood. The blood is my mother's. [...] There is so much of it, I think it runs, like ink. I think, to save the boards beneath, the women have set down china bowls; [...] Beyond the beat [of blood spillage] come other, fainter cries: the shrieks of lunatics, the shouts and scolds of nurses. For this is a madhouse. My mother is mad. The table has straps upon it to keep her from plunging to the floor; another strap separates her jaws, to prevent the biting of her tongue; another keeps apart her legs, so that I might emerge from between them. When I am born, the straps remain.

(179)

The overabundance of blood and the mechanical restraints that hold down Maud's mother paint a vivid picture of how inherently Gothic the old asylums were. Maud seems to delight in describing such a violent birth, even going so far as to imagine the sounds of blood dripping in time with the clocks and shrieking patients (179). This abject delight is purely for the readers' benefit: the contemporary reader feels reassured by the knowledge that such an event could surely not take place in today's mental hospitals. In fact, the event does not take place at all. Maud grows up in the madhouse, but her real mother is Mrs Sucksby; Maud and Sue have been switched at birth, and so the idea that Maud has of her entry into life is pure fantasy. Kate Mitchell argues that speaking 'with the voice of the Victorian novel enables Waters to cast its gaze upon people and practices it marginalised or silenced' (2010: 119).

But really, the Victorian voice is not present but simulated in *Fingersmith*; it is desired – like Maud’s birth fantasy – so that it may authenticate and thus legitimate portrayals of asylum abuses.

Shortly before Sue does escape from the madhouse, she confesses to growing used to the mental and physical abuses to which she is subjected:

I got used to being shaken and bullied and slapped. I got used to seeing other ladies bullied in their turn. I got used to it all. I got used to my bed, to the blazing lamp, to Miss Wilson and Mrs Price, to Betty, to Dr Christie. I should not, now, have minded a leech. But he never brought one.

(445)

The desensitisation that Sue undergoes reciprocates the neo-Victorian experience: the appalling treatments of bygone times hold their effects of shock at a distance: medical treatments have apparently moved on. (Equally, the shock value exists alongside its status as a kind of cliché). Today’s mental health medical screenings are believed to be far more thorough, in spite of pharmaceutical companies’ investments in diagnostic criteria manuals. Being falsely declared mad in the twenty-first century is far less of a social concern than the clinical risk factors for early diagnosis and a lack of available hospital beds: this is why so many prisons are overcrowded. Nonetheless, false confinement remains a deeply Gothic concern, and *Fingersmith* keenly exploits this to its full sensational potential. To end this discussion of Waters’ novel, it is worth returning to the matter of its ending. Lucie Armitt has considered the ending to be:

potentially sinister. [...] Imposing literacy upon Sue poses a further “threat,” for where one usually connects reading with liberation, in *Fingersmith* it always results in imprisonment. Indeed, earlier on Maud openly envies Sue her *illiteracy* [...] While one might argue that the dispatching of Mr Lily removes any such threat from the text [...] those who grow up under a system of abuse generally turn abuser themselves. Thus, in employing Sue as amanuensis Maud has a carbon copy of her former self upon who to re-enact tyranny.

(2011: 137, original emphasis)

While Maud's education of Sue can be read as potentially 'sinister' for the reasons Armitt has given, the wider problem is that the implied author of *Fingersmith*'s final moments is simply too unbelievable a figure. What if Sue never escaped the madhouse? What if the actual history of *Fingersmith* ends with Maud's narration of its second part, and the final section is merely her wish-fulfilment? Maud is clearly prone to such imaginings, demonstrated by her birth fantasies; but also, this reading actually changes the asylum's role: the asylum detainee no longer escapes so easily, and the plight of mental illness is not so romantically glossed over. As a way of assuaging her guilt for conspiring against Sue, the most loving act that Maud can perform is to write the story of her illiterate lover.

The above has demonstrated how the prejudice of twenty-first century readers influences the pseudo-realism of the Victorian asylum in *Fingersmith*. It remains the work of this chapter to address how other fictions reimagine the Victorian asylum and exploit its horror potential by other means. John Harwood is a suitable study for this, as his novel *The Asylum* is promoted and sold on the premise that it reflects a truly terrifying mental hospital; however, as will be seen in the reading below, the text actually does something in opposition to neo-Victorian readerly desires.

False Confinement in John Harwood's *The Asylum*

Fingersmith demonstrates a parody of the asylum in neo-Victorian literature: it knowingly presents the madhouse as overly dramatic; in doing so, Waters is undermining the expectations of her readership – they are implicated within its pantomime-like portrayal of false confinement. John Harwood's *The Asylum* (2014), on the other hand, appears to achieve the opposite. And, while both novels to a certain extent reify the silencing power of the institution, Harwood's novel goes further in normalising asylum abuse. Before demonstrating

how this is portrayed, and the specific cultural work that *The Asylum* does engage in, it is worth regarding its commercial engagements more critically. *The Asylum* is advertised as a ‘Victorian Gothic Mystery’ (see the review from *The Independent* 25 August 2013).

Harwood’s first novel, *The Ghost Writer* (2004), won the ‘Children of the Night Award’ from the Dracula Society, and such acclaim was much used in promoting his second celebrated novel, *The Séance* (2008). From this information alone, we might discern an image of Harwood as a twenty-first century horror maestro; although such a persona has not altogether convinced the public opinion of *Goodreads* reviewers. Here, ‘Lila’ laments of *The Asylum* that: ‘I was expecting a spooky Gothic tale, based on the cover and description [...] but I had a hard time getting that vibe from the book’ (see review for 18 June 2013). Meanwhile, ‘Wendy Darling’ is more forgiving; *The Asylum* might have been a more enjoyable novel ‘if *Fingersmith* and Sarah Waters didn’t exist’ (see review for 22 September 2016). These comments are striking, and in some ways, resemble the ‘discourse community’ that networked the *Weird Tales* readers; the neo-Victorian readership is characterised and informed by a series of assumptions, expectations, and desires. These yearnings are not for the Victorian era itself, but towards a very particular representation of it. This representation ought to invoke the horrors of the past, situating any similarities in contemporary cultural crises as historically remote as possible. Curiously, in reading the first six (of at least twelve) webpages of *Goodreads* reviews, not a single author commented on Harwood’s representation of mental illness, something quite surprising given that the book is essentially entitled ‘The Mental Hospital’. According to these reviews, many readers found fault with the novel’s narrative structure and its inability to deliver the Gothic promised by its cover-sleeve; although, quite what the ‘Gothic’ is in this context appears speculative. The allure of the asylum, however, did seem to contribute to the interest of readers, but no reviewer gave any indication of how they felt the madhouse was portrayed. These value judgements, (that

seem to rate everything about the reimagined nineteenth century besides its madhouses and mad-people), are crucial for they suggest that the neo-Victorian text is defined almost completely by the readerly experience. As Jane Tompkins suggests:

We are always making choices, and hence value judgements, about which books to read, teach, write about, recommend, or have on our shelves. The point is not that these discriminations are baseless; the point is that the grounds on which we make them are not absolute and unchanging but contingent and variable.

(1985: 193)

Both *Fingersmith* and *The Asylum* are deeply critical of the value judgements that their readers make, even though both novels utilise a number of Victorian sensation tropes and clichés in order to appease such judgements. *Fingersmith* indirectly challenges its readers for passively accepting the pantomime-like excess of its madhouse scenes. *The Asylum*, on the other hand, evokes the period drama only to disappoint its readers by dismantling its set. Part of the reason that Harwood's novel seems to disappoint its readership is because it represents mental illness and the asylum without resorting to gruesome negative aesthetics. It is not, in other words, locatable far enough in the past – it is too close for comfort. *The Asylum* establishes and then immediately disrupts the fantasy of the Victorian. Rather than attempt to restore the 'lost voices' of history, the novel is explicit about the fact that it engages with contemporary problems. It is for this reason that *The Asylum* offers a somewhat sympathetic portrayal of mental illness.

The hauntological aspects of this reading will be examined further in the conclusion of this chapter. First, however, it is crucial to examine the neo-Victorian continuities that the novel appeases; these impact the success of its cultural work. Narrated through the epistolary form, Harwood's novel opens with the diary of the mysterious Georgina Ferrars, who wakes to find herself in an unfamiliar place and to exclaim: 'I sat up, wincing at the pain, to find myself in what appeared to be a prison cell' (2014: 3). The first part of *The Asylum* centres on

the plight of Ferrars, who believes that her confinement in the private madhouse Tregannon House⁴ in Cornwall is the result of a mistaken identity: her medical attendants insist that she is Miss Lucy Ashton. The tropes of sensation fiction are clearly present here, complemented by the increasingly sinister presence of the mad-doctor, Maynard Straker, who glibly takes offence to Georgina's insistence upon using the word 'madhouse' to account for her situation:

“It is not a term I favour; say rather you are in the care of a private establishment for the cure of diseases of the mind. An enlightened institution, Miss --- Ferrars, run on the most humane principles, dedicated to the advancement of knowledge and the comfort of our patients.”

(6)

Straker's carefully solicited word choice emblematises his asylum as a progressive and humane hospital. Its mode of treatment resembles modern and contemporary discourses of mental hospitals, and it also ironically gestures towards the gloomy cells of Dr Seward that neo-Victorian readers might prefer to see in the text. Harwood is content only to have Straker imply terror – his words connote that things could be different if Tregannon House were not an 'enlightened institution'. Meanwhile, the heir to Tregannon House, a melancholic attendant Frederic Mordaunt, speaks openly about his depressive episodes while acknowledging that other asylums may not be so accommodating of him. Mordaunt informs Georgina that during such moments, he is mindful of his emotions and capable of telling himself that:

“The darkness *will* pass, and that if I can drag myself out of bed, and face whatever the day requires of me, the oppression will diminish somewhat. And that, if you like, is the essence of moral therapy. I have Dr Straker to remind me that I will be better if I get up, but only I can do it. He could drag me out of bed – which is what happens in less enlightened asylums – but I would not benefit in the slightest.”

⁴ Harwood's novel, though fictitious in name, is explicitly locatable as the real-life district asylum, Cornwall Country Asylum. This later became St. Lawrence's Hospital from 1901-1906 in Bodmin.

(56, original emphasis)

Though the moral therapy encountered here does hide Straker's more sinister purposes, we also find a cue for the modern and contemporary diagnostic reader: Mordaunt's self-empowerment comes across as unsettling (and possibly insincere) because the reader expects things not to be what they seem in a sensation fiction, a mode which traditionally thrives on suspense and mystery. The depiction of 'moral therapy' closely resembles contemporary medical guidelines for person-centred care,⁵ than it does actual nineteenth-century psychiatric notions of moral management. Of the latter, Elaine Showalter has argued that: 'every vaunted innovation of moral management could be seen as a form of duplicitous control' (1987: 48-49). And, while it may appear that Straker operates humanely, the contrived depiction of what Mordaunt refers to as 'moral therapy' is essentially the sustained belief in keeping the Other at bay. Tregannon House is maintained by the constant threat that things could be administered differently and that the asylum's institutional liberalism comes at a cost deliberately hidden to the patient. Though Harwood's novel is obviously critiquing Victorian modes of treatment, it subtly speaks to the coercive aspects of modern-day psychiatry. This is a notion of how the present is haunted by its own social institutions: as Jane Tompkins explains, '[h]istorical conditions are not external to the systems of valuation that they modify, but are themselves articulated within them' (1985: 195). It is this sense of timelessness that Harwood employs that makes his neo-Victorian novel seem less enjoyable than Waters' work. Harwood shows the mundane and administrative side to historical medical practices, and this breaks the fantasy of the Victorian setting.

To make this point clearer, it is worth recalling some key historical contexts that impact upon the depiction of moral therapy encountered in the novel. In 1860, twenty-two

⁵ This was popularised by humanist psychologist Carl Rogers, notably in his work *Client-Centred Therapy* (1951). Its principles are a key part of mental health nursing practice today.

years previous to the time period in which Harwood's novel is set, *The Philosophy of Insanity by a Late Inmate of the Glasgow Royal Asylum for Lunatics at Gartnavel* was first published.⁶ This non-fictional treatise, for which the (then) anonymous author, later revealed to be James Frame, once modestly declared its futile popularity, stating that: '[a] popular book this never will be [...] it contains many things necessary for the afflicted and their relatives to learn, [...] things which none but a sufferer could tell' (1860: v). While these statements imply the plight of madness as a kind of exclusive knowledge, perhaps informing the Lovecraftian privileging of madness, it also contains a number of insightful views upon nineteenth-century attitudes towards madness; its various meditations on the possibilities of treatment, and its progressive influence would later achieve greater recognition within psychiatric services. In its early pages, the author appeals to future generations of physicians, urging a resistance towards normalising madness that would, in the author's view, confine the malady back to the darker days of *ancién regime*:

Whatever may be the theoretical belief, the mind must be practically looked upon and treated as material substance, capable of being healed and hurt – subject to disease, to decay, and to death. To examine it by any other light than this, is merely to drive them back into the darkness of the past, and to mislead and bewilder the inquirer.

(1860: 9)

The work of Frame, like Waters' source material of Hamilcar, paints a much different picture of what the Victorians had to say about madness than what the historically appropriated

⁶ This Victorian text has proved influential to such twentieth-century psychiatrists as R.D. Laing and Frieda Fromm-Reichmann, the latter of whom saw to its reprint. Allan Beveridge, former superintendent at Queen Margaret's Hospital, Dunfermline, makes this point in his book: *Portrait of the Psychiatrist as a Young Man: The Early Writing and Work of R.D. Laing, 1927-1960* (2011). Here, Beveridge explains that: 'Fromm-Reichmann also had a connection with Gartnavel, in that she provided the foreword to *The Philosophy of Insanity*. This was a reissue of a book by a nineteenth-century Gartnavel patient, subsequently identified as James Frame, who described his recovery from insanity and his thoughts on maintaining mental wellbeing. She had come across the little-known book during her research on patient narratives and was taken with Frame's contention that the difference between the sane and the insane was one of degree not of kind. [...] Fromm-Reichmann was also taken with Frame's belief that a bout of insanity did not necessarily leave a person permanently impaired. She was so impressed with the book that she arranged for it to be re-published in order that her students and others could read its optimistic testimony' (2011: 95).

events featured in neo-Victorian novels claim are authentic nineteenth-century social attitudes. There are, inevitably as a result of the proliferation of neo-Victorian fictions, many important historical factors that remain overlooked. Why is it, for instance, that these stories repeat the mad-doctor tyrant and falsely-confined heroine plotlines? To subvert such a storyline, and have, say, a female madhouse proprietor, would appear unbelievable to the expectations of neo-Victorian readers who claim to desire (according to *Goodreads* reviews) historical authenticity. Although, as Elaine Showalter points out, '[b]etween 1854 and 1870, about one of five provincial licensed houses and one out of four metropolitan licensed houses still had female proprietors' (1986: 53). Later, patriarchal claims of the medical profession insisted that only qualified doctors would be better suited to such positions, and as a result, the female proprietors were forced into roles of lesser fiscal responsibility. That something resembling a patient rights movement even existed in the nineteenth century seems to be forgotten by neo-Victorian fantasies; this is partially because voices were silenced. Authors like Hamilcar and Frame may have found greater reception in the twentieth century onwards, but the neo-Victorian text is guilty of reinforcing such silences by perpetuating commonly held assumptions. Kym Bindle argues that: 'neo-Victorianism imitates the process of reading documentary traces in order to stress the role of interpretation and impel readers to assess the "evidence" in the Gothic excess of competing accounts' (2012: 295). If we take 'competing accounts' to mean history and fiction, the neo-Victorian text becomes a gateway palimpsest between two worlds: the ancient and the modern, and exemplify the cultural attitudes that the present has towards the past.

To return to the bearing that these circumstances have upon John Harwood's *The Asylum*, we should note how the novel works critically to manoeuvre the authenticity of historical and scientific knowledge as epistemological practices. For example, when Georgina

is moved to a different ward in the asylum, allegedly due to her improved temperament (see 107-108), she observes of her surroundings that:

The room, [was] papered in a blue floral print, [...] with a small oak chest beside the wardrobe and a writing table by the window. The paved courtyard below was enclosed by the other three sides of the building, with row after row of windows overlooking mine; I was glad to see that there were curtains. Four metal bars were set into the stonework, but outside the glass, making it seem less like a prison cell. The door had no observation slot; there was even a flimsy bolt for privacy, but no key in the lock.

(106)

In order for Georgina to become placidly institutionalised, the illusion of freedom must always be present: the exit must always be within viewing distance yet sealed securely. Georgina laments of her situation: ‘I should have realised that no lunatic asylum would ever leave its main entrance open and unguarded’ (106). To remain in the asylum – by one’s own will or otherwise – confinement must be an ever-internalised notion, never a verbally stated event. Punishment, particularly as demonstrated in Harwood’s novel, is always a secondary effect whereby the threat of being sedately acclimatised to madhouse life is always the first concern for the mad-patient, regardless of their actual pathological state of mind. One of Georgina’s pronounced fears is that: ‘all roads [will lead] back to Women’s Ward B’ (215); her terror is one of impossible exile. Georgina pessimistically realises that Straker ‘could not afford to release me [...] until he was absolutely certain that every last trace of Georgina Ferrars had been expunged from my consciousness’ (101). This impending danger of self-fragmentation is far more horrific than the barbarous medical tools at the surgeon’s disposal. It is worth noting here that the early nineteenth-century control and restraint ‘measures usually employed are the strait-waistcoat of Willis; the belt of Halloran, with leather mitts or muff; leg locks, and the tranquilising chair, as it is called’ (see Morrison 1856: 24). In *The Asylum*, the later nineteenth-century attempts at moral therapy – which have far more to do with notions of moral hygiene – are portrayed as being far harder to object to than these

earlier physical interventions, and, as a consequence, these psychological strategies are far more difficult for a patient to resist. As Georgina observes:

Idleness was strongly discouraged. Those who were agitated were exhorted to knit or embroider: there was basket-weaving or raffia work for those who could not be trusted with a needle. When I could not walk in the garden, I read, or pretended to read, so as to avoid being pressed to play cards or backgammon. In summer, or so I was told, patients who had made good progress were allowed, under strict supervision, to walk around other parts of the estate. All of this, according to Mrs Pearce, was part of the system of moral therapy. To me it resembled a form of religious persuasion in which, though all the talk was of salvation, the prospect of hell was far more immediate, in realms far more confined, housing dozens of hundreds more inmates whom I never saw.

(92)

Tregannon House is an exercise in the authoritative power of its superintendent Dr Straker, a notion that becomes all the more apparent as the novel progresses towards its conclusions and Georgina's false confinement is revealed to be the result of a complex inheritance plot contrived by her half-sister: an event to which Straker is a primary instigator. During the novel's conclusion, Frederic Mordaunt, revealed to be Georgina's cousin, exclaims that: "[a]n asylum is a business like any other, and when the world hears of Dr Straker's crimes, its reputation will be lost. And to think I worshipped that man...the ruler of a madhouse, and he was mad himself!" (252). The asylum is eventually transformed into a realm of investigatory jurisdiction where the forces of silence and deceit are (seemingly) laid to rest, and, though the estate of Tregannon House is bankrupted, a tantalising fear lingers: for the madhouse is a business, and it is surely only a matter of time before business resumes once more.

Spatially, Harwood's textual asylum is usefully faithful to the nineteenth-century construction practices, and the novel, on the whole, is historically accurate in resurrecting the architectural mechanisms that work to separate the sane from the insane. For this, George H. Bibby's pamphlet, *Asylum Construction and Arrangement* (1894), is as insightful a

comparative resource for its political aphorisms, in addition to its floor plans. Bibby keenly relates how: ‘the working classes may be housed at a cost [of] £30 per head (man, woman or child); but the housing of one lunatic pauper costs from £130 to £200, or even much more!’ (1894: 14). Bibby’s primary goal is to promote a universal asylum building, one that might ‘cater-for-all’ classes of lunatics; this would, in his view, be advantageous to the taxpaying public who ‘have to board out lunatics at great expense in asylums belonging to other counties’ (1894: 15). As for the spatial arrangements that should be employed within these overpopulated madhouses, Bibby suggests that:

The windows of day rooms and corridors should be large, with wood sashes, double hung, and be made to open easily so as to allow the free circulation of air, due care should be observed throughout to protect the windows from being tampered with by the patients, the panes should be of moderate size; the single room windows should be especially arranged with bars, and would be best opened on pivots and out of the reach of the patients; strong solid shutters should be provided for these windows, so constructed as not to admit of being forced open; the doors of the single rooms should be made to open outwards, back to close to the wall, those for epileptic and special patients with small inspection panels.

(1894: 44-45)

Although Bibby does not precisely reproduce Bentham’s panopticon in his plans, the constant surveillance opportunities – designed, of course, with the patients’ best interests in mind – are embellished with doors and windows that do not fully open; where bars serve to remind the patient that, somewhere, an outside world exists where one may enter freely and unobstructed. In *The Asylum*, Georgina consistently observes how her environment is not quite a prison cell, but even in the novel’s opening where locks ‘rasp’ (4) and doors swing inwards (4), there is the sense that the architect’s concept of what is good for the patient has more to do with preventing too much un-monitored movement:

The ceiling above me was a dull white; the bare walls, a dismal shade of green. Grey light filtered through a metal grille; the glass behind it was clouded and streaked with moisture. I sat up, wincing at the pain, to find myself in what appeared to be a prison cell. The door to my left was solid oak, with a narrow aperture at eye level, closed by a wooden shutter. The air was damp and chill, and smelt of cold ashes and chloride of

lime. A small fireplace was, like the window, entirely covered by a stout metal grille. There was no furniture beyond a bedside table, a single upright chair, a washstand, and a small closet; there were no ornaments, no looking glass; not so much as a candlestick.

(3)

The sparse furniture of Georgina's cell is unable to counteract the 'prison cell' appearance that the room maintains. Harwood's depiction of a Victorian asylum consistently manages to expose the exploitative practices that undermine notions of moral therapy. It is not as openly violent and horrific a madhouse configuration as is portrayed in *Fingersmith*. For this reason, the novel's reluctance to conform to the desires of its readership, is less exploitative of historical reality. It does not gothicise the portrayal of the madhouse, as Waters' novel does, but it does not go far enough in condemning institutional malpractice. At the end of the novel, business continues at the asylum – there is merely new ownership. The fantasy of the old regime, like the Gothic of deinstitutionalisation, cannot exorcise its ghosts of the past: it must continuously represent and reinforce belief in the power of institutions.

This chapter has examined how a cultural memory of the madhouse is rendered disingenuous by its reimagined presence in neo-Victorian literature. One further issue, particularly from an historical point of view, is to question whether these frequently commercialised productions are at all helpful to historical excavations. Like much of the sensation fiction of the nineteenth century, the neo-Victorian text seems more concerned with the discrete practices of private madhouses as opposed to district asylums. Social class invariably plays a role here: while Sue Trinder is a pauper, she is believed by her doctors to be a gentlewoman; moreover, Sue Trinder and Georgina Ferrars are both falsely confined, and they are both mentally astute and pathologically healthy. Even in neo-Victorian works where a genuine case of madness is represented, (Adam Foulds' *The Quickening Maze* [2009], for instance), it seems to be that the neo-Victorian text is really concerned about

modern and contemporary cultural dilemmas in mental health. In this way, the neo-Victorian novels, while entertaining, risk reinforcing the silencing of madness; they re-empower the very regime they seek to challenge. It is as if the neo-Victorian cultural work unwittingly undermines the cultural work of actual Victorian texts.

There is an extent to which the neo-Victorian glamorises notions of mental illness, even though it seemingly critiques mental health practice since the Victorian era. Conversely, this notion cannot be fully realised because the past it seeks to liberate has already been erased. In comparing modern and contemporary standards of mental incarceration, the neo-Victorian mode is not a useful outlet; as a means of demonstrating institutional oppression, it does have some advantages. Unfortunately, the deliberate counterfeiting and use of inauthentic histories blurs and exaggerates the reality of past injustices. On the one hand, gothicising the madhouse institution in neo-Victorian fiction can expose how ideas of moral therapy were often corrupt. On the other hand, in giving the madhouse space a greater negative aesthetic risks exploiting the true voices of madness: it renders madness as a grotesque spectacle. It is curious that the twenty-first century is unable to reconcile its own anxieties regarding the future of mental healthcare; it projects these terrors into the historical past through neo-Victorian composition, but in order to anticipate a future for accommodating this otherness – the Gothic needs to embrace the bigger picture of occupying the literature of madness. This is an issue that will be addressed in the conclusion of this thesis, how Gothic is still haunted by the madhouse and madness, and how the notion of a radical change is a spectre that has yet to arrive. At the same time, it is important to question why Gothic does not relinquish the old regime of madness – and perhaps, more importantly, does it need to? Perhaps the role of Gothic as the literature of madness is to demonstrate that the madness of society is rife with negative aesthetics. The asylum is already Gothic enough.

Conclusion:

Spectres of Madness – The Madhouse and its Gothic Future

This thesis has demonstrated how the real-life historical functional site of the madhouse is haunted by discourses of the Gothic. Likewise, the Gothic text is dependent upon themes of madness as a form of excessive transgression; the prose fiction that constitutes the Gothic mode enables a cultural memory of madhouses replete with dark and dismal wards, abusive staff and medical attendants; the Gothic madhouse often features barbaric treatment regimens of shock therapy and lobotomies. And yet, this study has revealed that, through a reading of novels and short stories epitomising key moments in the history of mental health treatment, this image of the madhouse is compromised: Gothic does not only reflect the interests and anxieties of the era in which it is written, but the Gothic also shapes and informs experiences of madness. This notion reveals that the archetypal Gothic asylum – say Seward’s house of lunatics – is as much a cultural trope as it is a snapshot of medical regime. The desire to see dark institutions managed upon outdated care practices fuels the expectation of what a Gothic madhouse should be. While it would be wrong to suggest that the history of the madhouse can be read exclusively through the Gothic, this thesis has sought to demonstrate the significance of Gothic texts as these inform the discourses of patient accounts, psychiatric diagnoses, and the enduring image of the mental hospital as it is remembered by contemporary popular culture. Figures like Norman Bates recur as unfortunate and stigmatising examples of dissociative personality disorder, but to place Bloch’s original novel within the context of deinstitutional politics and the rise of community treatment programmes then provides much more insight into the relationship between Gothic and the history of madness, alongside the fears and cultural anxieties expressed in these fictions. The argument made throughout these pages has been that the relationship between the Gothic text,

madhouse, and madness is one of haunting. It is likely that future Gothic novels will feature an asylum that draws from the influence of what has come before while demonstrating an engagement with contemporary problems in the treatment of mental illness. In Sarah Perry's forthcoming *Melmoth: Intl. A Novel* (expected October 2018), for example, it will be telling to see how Perry re-envisioned the madhouse scenes of Maturin's original novel. While the time periods examined in this study do show inconsistencies between the concerns of the text and the concerns of history, the Gothic mode is itself a palimpsest documenting social attitudes, and more importantly, the fears that regard madness as this state of mind is witnessed by the novel of different eras. The Gothic is intrinsically linked to notions of madness, and the madhouses that feature in its various fictional productions are monuments that attest to readerly prejudice, and the critical reading of this haunted space forces us to confront the types of cultural work that various Gothic novels perform in relation to madness.

In 1858, Bucknill and Tuke regarded insanity and mental disorders to operate on a continuum (1968: 21). This nineteenth-century attitude towards mental illness has persisted, and the concept of mental health is generally regarded as being a spectrum where anyone can be affected by lapses in personal wellbeing. The World Health Organisation, for instance, suggests that:

Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.

(2014)

Aside from the fact that this definition passively accepts the idea of 'normal stresses of life' – (a notion that equally implies some stresses are abnormal) – the definition also associates mental wellbeing with the capability for work and with one's ability to contribute to society. Given that the WHO is talking here about mental health and not mental illness, it can be somewhat forgiven that it fails to acknowledge the number of unemployed people living with

psychiatric conditions, and that it also neglects to mention how the population of long-stay mental health patients might also be ‘serving’ their community. These normalising strategies are widely critiqued in Gothic texts, and the medical screening processes that define madness have been politicised in Gothic writing since the nineteenth century. As chapter one has demonstrated, and to some extent chapter five, this often involves the portrayal of false medical incarceration and deliberate misdiagnosis. The historical narrative of the madhouse that the Gothic offers is not one of progress; it does not document a trajectory from the dark ages of custodial houses to community care homes; rather, the Gothic condemns precisely how little has really changed over the centuries: that madness is still viewed as a burden to society, and even when Gothic appeared to embrace the sanctuary of the madhouse in the early twentieth century, namely through the writings of H.P. Lovecraft, there still remains a discernible othering of the madman.

In 2011, for instance, the English Coalition government published their strategy ‘No Health without Mental Health’. The foreword to this publication acknowledged that mental health services were underfunded and that ‘[s]ocial inequality of all kinds contributes to mental ill health’ (2011: 2). These claims, however, seemed undermined by its neoliberal emphasis on the value of society, as the authors claim: ‘power is moving away from the centre. The concept of the Big Society captures this shift, whereby citizens take more control over their lives and build more capable communities’ (3). Here, the treatment of mental health is portrayed as a transitory service – that once patients have gone through the system they can be returned to the world of work and restored to the domain of the ‘capable’. The Gothic, for all its faults in perpetuating negative portrayals of mental illness, remains deeply critical of this notion. It remains especially resistant to the idea of ‘Big Society’ because the Gothic thrives on otherness; in confronting its readers with the otherness of madness, it also encourages a questioning of the extent to which treatment regimens have really moved on.

Many of the Gothic's depictions of such social groups configures them as inherently dangerous. The Gothic does not show a story of madness to mental illness, but the history of the Gothic madhouse sheds light upon the malpractices that have enabled the continued oppression of vulnerable persons. As Mark Fisher argues, 'the "mental health plague" in capitalist societies would suggest that, instead of being the only social system that works, capitalism is inherently dysfunctional' (2009: 19). This is what this study has tried to show throughout the previous five chapters: that the history of the madhouse is continuously exploited and politicised by the Gothic prose fictions with which they are contemporary.

The conclusion of this study will now address the question of what is likely to come next in the Gothic future of the madhouse. It will be useful here briefly to look at how the madhouse is composed in novels outside of the Gothic mode. As this study has centred on the idea that madness is linked to notions of the Gothic, and that its engagement with the madhouse is somehow more unique than other forms of fiction, (say the novel of realism) it is necessary to justify once more why isolating the Gothic for closer examination in relation to the madhouse is of interest to literary studies and the medical humanities. First, however, it is crucial to reflect upon the outcomes of each chapter. The haunted relationship between Gothic and madness ought to be outlined in full so as to demonstrate and link together one final time the contribution that this thesis has made to Gothic scholarship.

This study has suggested that the contents of a Gothic discourse include negative aesthetics and abjection. Gothic prose fiction constitutes the writing of exorcism: by this, it is meant that the Gothic text exposes historical events and simultaneously reinterprets them – perhaps to the point of distortion. It has also demonstrated that the Gothic is unwilling to vanquish a dark and oppressive cultural memory of the asylum because Gothic discourses are themselves so fuelled by notions of madness. Principally, this has to do with the alluring otherness implicit in madness: it becomes a useful conduit for exploring portrayals of

marginalised groups. Conversely, though Gothic writing can speak out against the perils of social exclusion practices, in representing the madhouse, it further compounds the otherness of madness. In other words, there is an extent to which madness becomes monstrous in the Gothic – even when it appears to be celebrated. David Punter and Glennis Byron explain that:

Monsters, as the displaced embodiment of tendencies that are repressed or, [...] “abjected” within a specific culture not only establish the boundaries of the human but may also challenge them. Hybrid forms that exceed and disrupt those systems of classification through which cultures organise experience, monsters problematise binary thinking and demand a rethinking of the boundaries and concepts of normality.

(2004: 264)

The idea of monsters allegorically promoting a post-human anti-essentialism works well for revenant figures like the zombie or the vampire, but we should be wary of situating madness within these same categories of monstrosity. In some ways, Gothic writing has the potential to achieve a cultural work of re-assimilating madness as the un-abjectedly human. A fundamental part of this study has been the extent to which gothicising the madhouse remains in any way useful to contemporary issues surrounding mental ill-health, namely the social stigma that alienates service-users or prevents them from seeking help. As has been argued throughout these chapters, the answer depends upon the historical contexts influencing the composition of the Gothic text. The Gothic is haunted by madness, and so too, is the madhouse haunted by Gothic, but what this really means is surely a refusal to let go of a fantasy: a fantasy of an old regime, whose historical practices – whether barbarous, manipulative or objectively clinical – are desired in revenant form because they legitimise contemporary present-day struggles in a way that restores a sense of identity; a sense of meaning in madness. The problem, as Derrida identifies in his own commentary on Marx, is that: ‘[i]f the ghost is disseminated everywhere, the question becomes a distressing one: where does one *begin* to look for the progenitor?’ (1994: 138, original emphasis). The Gothic is clearly not the progenitor of madness, at least not in any real historical sense. But what the

Gothic and madness share a terror of social institutions. This results in Gothic prose fictions refusing to let the madhouse and its legacy lie buried beneath the contents of history. Before returning to the question of what Gothic contributes to issues of social stigma, it is necessary to reiterate this study's key findings to realise more fully this haunting relationship between madness, madhouse and the Gothic.

In the nineteenth century, after lunacy legislation had enabled provision for Britain's insane populations either in the form of county district asylums, or privately-owned madhouses, a very specific view of the space is portrayed in the Gothic. In Mary Wollstonecraft's *Maria, or the Wrongs of Woman a Fragment in Two Volumes* (1798), we find such a madhouse described as one of many more: '[a]bodes of horror' (2007: 69), and also as a 'mansion of despair' (69). Later, in Charles Maturin's *Melmoth the Wanderer* (1820), a madhouse is similarly described as a 'mansion of misery' (2008: 55). These early Gothic tales wrote negatively against the image of the madhouse, but also, they wrote against the oppressive management of such institutions. In the case of Wollstonecraft, her narrative is politically driven and powerfully critiques the male-driven tyranny of the institution. In later nineteenth-century imaginings, as we have seen in chapter one, the madhouse space is fascinated by notions of false confinement, floggings, and the portrayal of shrieking, raving lunatics. The depiction of the Victorian madhouse, as observable in nineteenth-century Gothic prose fiction, is that it is a labyrinthian ordeal; the Gothic of this era follows a key sensation fiction trope of false confinement, but it configures madness as a recognisably sympathetic figure. Madness is used in novels as diverse as *The String of Pearls*, *Dracula* and *Lady Audley's Secret* to demonstrate a radical othering and suppression of truth. The Victorian Gothic is critical of institutions, and also of society itself; for these texts, madness is another way to show how society persecutes otherness – often in a legal sense. Tellingly, the madhouse horrors of the nineteenth century are only ever gestured towards; they are never

fully described. It is enough to recognise such functional sites as ‘abodes of horror’ because the purpose of the asylum is not to be horrifying in these texts: it is the institutional forces themselves that its readers find terrifying. Victorian Gothic is haunted by legal as well as value judgements passed on madness, and it continued to represent crises of politicised systematic oppression. When Derrida discusses the topology of mourning, he describes how: ‘after a trauma, the conjuration has to make sure that the dead will not come back’ (1994: 97). In depicting madness as the guarantor of truth, the Victorian Gothic cautioned a future about the social injustices of its own time, who should not be like thee institution. It is almost bewildering that in modern and contemporary reincarnations of the Victorian Asylum, we find a reinstatement of their power to silence. The oppression of the madhouse can easily be exposed, but to work past its oppression we must consider the effects of repeating its horrifying potential.

For writers such as H.P. Lovecraft, whose work in this thesis has demonstrated the madhouse as a privileged form of sanctuary in the early twentieth century, the truth of madness is again legitimated; madness is an elite state of knowledge, but unlike more romanticised notions of madness as seen in Redfield’s study *Touched With Fire* (1993), the madness of weird fiction is hardly desirable – it comes at a perilous cost. With Lovecraft’s madhouses, (even when asylum abuse is portrayed – as with ‘Beyond the Wall of Sleep’), the institutional failings never succeed in silencing the mad-speech of their charges; the madhouse is protection from a weird world of cosmic horror, and madness is the result of seeking forbidden knowledge. The ultimate terror of the madhouse is that it contains madness, and keeps it locked away; the fear is that such madness may escape and find its way back into society. In both Lovecraftian madhouses and the Victorian asylum, the issue is of containing madness: the institution is both prison and sanctuary, exile and entrapment. Though these early Gothic encounters with the madhouse are deeply interested in the inner

workings of the functional site, they fail to represent genuine pathological madness: they are not concerned with portraying medical conditions, but in utilising madness as a way of condemning the madhouse from within. For this reason, literary critical efforts that seek to diagnose the past are wilfully misremembering history and cementing the silence of madness. We can, however, note that nineteenth-century Gothic is far more open in its condemnation of asylum practices than early-twentieth century weird fiction; the reason for this is that Lovecraft gothicises the madhouse in a way that preserves its legacy of sanctuary. This image does not persist in other twentieth-century imaginings of the madhouse space; modernist texts, *Mrs Dalloway* (1925) for example, might refer to its existence, but the later twentieth-century is far more overt in critiquing the asylum as a relic of a bygone age.

At least this is what the majority of novels examined in chapter three appear to be doing; in actuality, these novels are haunted by the loss of the asylum as community care practices start to be implemented. The Gothic of the deinstitutionalisation era repeats the idea of the asylum as a tomb of living death; it also features psychiatrists and nursing staff who are negligent and insincere in their practice of professional care. There is a pertinent terror, realised most evidently in texts like *Psycho*, that madness is better ‘in’ than ‘out’. Such texts are pessimistic about the future of mental healthcare, and they retain a sceptical view of the psychiatric sciences – whether diagnostic manuals, or more invasive treatments such as ECT. The notion of live burial and horror abodes has extended beyond the Gothic prose fiction of the 1950s. For example, in Janet Frame’s novel, *Owls do Cry* (1957), we observe the terror of depersonalisation:

Daphne lived there alone for many years, amid the assault and insinuation of sound in days unshining and nights without darkness; first the farm cries from the hill, the lariat of surging animal talk whipped in and out of the morning mist; the ear strangled in a noose of bark, crow, cry; and scream from the other farm, the down-place with its row of stables rich with steaming manure from imbeciles and the long-dead mad plotting their daily treasure in the small mountain room of four corners and a wooden

pocket window. And the struggle to take hold of time between the slat-shadows of an unreal sun, for there the day is day but never.

(2014: 180)

Though *Owls do Cry* is not strictly a Gothic novel, it utilises the same haunted discourses to describe the experience of being institutionalised; the sense of endless time, unreality, and labyrinthian hospital structure are all components of the Gothic mode. The modern Gothic of the mid-to-late twentieth century is an affront to the madness of society itself, but it is also a body of writing that cannot exorcise the ghosts of its past: it refuses to let go altogether of the old Victorian asylum, and that is why texts like McGrath's *Asylum* demonstrate a building that still retains its nineteenth-century appearance. The future of madness is uncertain in these novels: the Gothic articulates a resistance to the madhouse, a cause it only believes in half-heartedly.

McGrath's novels characteristically feature madness as a pathologised version of the Poe-inspired unreliable narrative. McGrath, with the exception of Lovecraft and Stoker, is one of few authors examined in this thesis to have actually witnessed first-hand a particular history of the asylum. His novels are haunted by the demise of the mental hospital, and as chapter four has demonstrated, there is a sense that they await the new modern Broadmoor, the institution that will offer sanctuary to those whose mental illness presents itself with violent symptoms and behaviours. The Gothic's problematic relationship with the notion of the psychopath – as seen in the novels of McGrath, but also in Bloch's *Psycho* and Banks' *The Wasp Factory* – reflects a tension between law and madness. Even when McGrath's work is seemingly empathetic towards the voice of madness, a voice that can never truly come to speak in any text, there is a didactic force at work that reveals contemporary attitudes towards those diagnosed with mental illness. In problematising the readerly effects of Gothic fictions dealing with madness and the ghosts of the madhouse, the central outstanding

question is the extent to which such portrayals can ever be positive or constructive. Through careful critical dissemination of social exclusion practices, and by acknowledging the implicit prejudices informing even the most celebrated depiction of mental illness, it is possible to start listening to the voices that are silenced in the name of madness.

Chapter five has argued that neo-Victorian Gothic also works to reinforce the silence of the past unwillingly. Such novels often commercialise themselves by appearing to undertake the opposite kind of cultural work. Neo-Victorian Gothic offers a condemnation of past historical practices, but really, these are the concerns of the present-day. The reason for this is that modern and contemporary Gothic remains deeply anxious about mental health treatments but is (at present) unable to foresee a positive future; as a way of compensating for such terrors, it relocates these concerns in a remote yet traceable past. This observation applies specifically to modern and contemporary productions of neo-Victorian Gothic. Contrarily, in horror fiction of the twenty-first century, the asylum is often a haunted location – but it is not haunted by madness or an old regime; the asylum, featured in films like *Gothika* (2003), *Asylum* (2008), or *The Amityville Asylum* (2013), are in fact haunted by literal ghosts. These films problematise the asylum as a location because they elide the historical contexts altogether; they exploit rather than enrich notions of Gothic madness.

To return to the question of what the Gothic can contribute to contemporary problems in mental health treatment, this thesis can only answer in relation to its portrayal of the asylum: the cultural work of the Gothic has historically been the critique of social institutions, and to an extent, it continues to do this. The Gothic has, perhaps reflecting the drastic underfunding of contemporary mental healthcare services, lost its optimism for the future of how society might accommodate madness. It has problematically become increasingly more gruesome in its portrayal of mental illness and bad psychiatric practices. While this thesis has outlined the historical relationship between Gothic and the madhouse in

hauntological terms, future critical efforts that comment upon the modern Gothic and its relationship with mental illness would prove illuminating. If, as this thesis has argued throughout, Gothic writing constitutes the literature of madness: an oeuvre haunted by the discourses of social exclusion and institutional wrongdoings, it remains to be seen whether this understanding of madness will continue or whether it will be forgotten. As the Gothic mode becomes increasingly more difficult to define exclusively and intersects with other literary genres such as science fiction, it will be curious to see what happens to the relationship that this body of writing has shared with madness since its origins in the lateeighteenth century. Horror fiction is surely something separate but closely related to the Gothic mode, but the Gothic madhouse is always a configuration of horror. The institution is monstrous, not because of the madness it shelters but due to the abuses and personal tragedies that constitute its history.

The horrors of the institution persist in popular culture even when that asylum of the old regime has long since been demolished. In the nineteenth century, however, the terror of the institution went by no means unchallenged. Inspiring the main plot of *American Horror Story: Asylum*, Elizabeth Jane Cochran, better known as Nellie Bly, had herself committed to a mental hospital in order to expose the human rights abuses carried out at Blackwell Island Insane Asylum in 1887. This would later be published as the book *Ten Days in a Madhouse* by Ian L. Munroe. Bly's investigation, originally published as a series of articles in the *World*, led to \$1,000,000 additional funds per annum being administered towards the 'care of the insane' (Bly 1887). One of the curious parts of this journalism is the way that Bly imitates lunacy in order that she may better pass as mad. In addition to using a mirror to ensure her appearance closely resembles the poor unfortunate figure, Bly turns to the Gothic. She reads ghost stories:

The weather was not cold; but, nevertheless, when I thought of what was to come, wintery chills ran races up and down my back in very mockery of the perspiration which was slowly but surely taking the curl out of my bangs. Between times, practicing before the mirror and picturing my future as a lunatic, I read snatches of improbable and impossible ghost stories, so that when the dawn came to chase away the night, I felt that I was in a fit mood for my mission.

(Bly 1887)

It would be absurd to suggest here a direct correlation between reading Gothic fiction and pathological madness, but the question of whether Gothic encourages empathy with madness is apparent. Bly begins her mad-character-piece by experiencing uncanny chills on an otherwise warm night, indulging ‘improbable and impossible’ stories until she considers her mood perfect for infiltrating the asylum. The text does not reveal that Bly’s fear-induced state helped hasten her commitment, but it is certainly implied. The other striking aspect to her study is that Bly has a very specific portrait of what the mad woman acts and sounds like: ‘how first of all they have staring eyes, and so I opened mine as wide as possible and stared unblinkingly at my own reflection’ (1887). Though this ‘first of all’ sounds as if there should be more to a mad person’s image, Bly does not offer anything further. The mad are merely seen as being intensely wide-eyed persons, an image of madness that has endured throughout the Gothic texts examined in this thesis.

Bly, like Bradby’s manuscript discussed in chapter one, is in the fortunate position of knowing that she will be removed from the asylum. Furthermore, Bly remained determined that her false madness will not become real:

From the moment I entered the insane ward on the Island, I made no attempt to keep up the assumed *role* of insanity. I talked and acted just as I do in ordinary life. Yet strange to say, the more sanely I talked and acted the crazier I was thought to be.

(1887)

Perhaps the only thing crazier than madness in an asylum is actual sanity; while society casts unreason from its gaze, the madhouse is unsympathetic to reason – it has no place to

accommodate it. What is offered to the institutionalised subject is an illusion of productivity, a false-image of working-production that simply serves to reify the interests and mechanisms of some hierarchical ruling power. Bly reveals that: '[i]t is not the attendants who keep the institution so nice for the poor patients, as I had always thought, but the patients, who do it all themselves even-to [*sic*] cleaning the nurses' bedrooms and caring for their clothing' (1887). The mode of punishment enacted within Blackwell Island is precisely that of prison systems: whereby the attendants' concern for their charges' non-observance – that which the patients/detainees have not done – serves to justify their inhospitable treatment and detainment. Foucault argues that '[t]he reform of criminal law must be read as a strategy for the rearrangement of the power to punish, according to modalities that render it more regular, more effective, more constant and more detailed in its effects' (1977: 80). Yet the enactment of any 'reformed' punishment is always genealogical in its development. It is the fantasy of the power to punish that continues to linger throughout history in a number of literary modes, genres and other forms of cultural production. The more something is suppressed, veiled and unspoken of, the more its story of mystery becomes desired or even idealised. When Bly inhabits Blackwell Island Asylum, which she describes recalling Wollstonecraft as a 'tomb of living horrors' (1887), she uncovers the very fear which fascinates Gothic writing: a sadistic and claustrophobic fantasy of being buried alive: Bly is '[p]ronounced insane by four expert doctors and shut up behind the unmerciful bolts and bars of a madhouse! Not to be confined alone, but to be a companion, day and night, of senseless, chattering lunatics' (1887). Gothic, haunted by the punitive fantasy of the old asylum regime, continues to bury itself amongst such chattering and catatonic persons well into the twentieth and twenty-first centuries. This self-imposed live burial continues perhaps as a result of society's own refusal to accommodate madness. Bly's investigative story brought about change in Blackwell Island Asylum, and a judicial decision made changes to American law so that only the chronically

mentally-ill would be institutionalised in such hospitals. Gothic is, in many respects, the story of problems with reform, and for this reason, the Gothic draws from the otherness of madness to expose far greater failings in institutions and in the societies that enable them to exist.

Michel Foucault questioned the likelihood of re-assimilating madness within the privileged realm of reason. The Gothic, whose later authors are likely familiar with Foucault, engages this issue much further. Foucault wrote of the new emerging nineteenth-century madhouse space

beginning to take on positive values, and the empty, colourless and nocturnal space where unreason had previously been returned to its nothingness was slowly being peopled with a nature to which this newly liberated madness was obliged to submit. Confinement, as the separation of reason and unreason, was not suppressed, but at the heart of its intentions, the space that it occupied allowed natural powers to appear, which were more constricting to madness, and more fitted to subjugating it in its essence than all the repression and limitation of the previous system.

(2009: 337)

Gothic prose fiction has inspired the idea that in each new reform and transformation of the madhouse, the subjugation of unreason persists. The crucial matter of social exclusion endures in Gothic, and in every encounter with madness that it stages, the madhouse and its history lingers like an unwanted ghost at the banquet. The madhouse represents a physical site of the ever present past in Gothic: it serves as a reminder that while cauterising irons are no longer a permanent feature of secure wards, madness still remains persecuted; in American mental hospitals, padded cells are still commonplace, and even controversial treatments like ECT have as many advocates as opponents. False-confinement is not often regarded as a common occurrence in modern medical institutions -- but it is worth asking how many prisoners serving long sentences are misdiagnosed. Ultimately, the Gothic cannot provide solutions in the future of mental health treatment. It can, however, offer a snapshot of the problems that arise at key historical moments. If the image of the Gothic madhouse is unhelpful to the interests of mental health service-users, primarily because it exploits or

wilfully misremembers history, it still provides an insight into cultural attitudes of a particular era – and for this reason, the Gothic madhouse should continue to be examined. Whether the notion of a Gothic madhouse deters access to healthcare services or whether it encourages reform is beside the point here; what matters is the way that Gothic is haunted by its history with the madhouse – and awareness of this history does have the possibility of bringing about change in cultural attitudes toward social exclusion.

The madhouse no longer exists in modern and contemporary society, and the mental health wards of larger hospitals barely resemble the Gothic spaces portrayed in the fictions that have been examined throughout this thesis. The ruins of these historical spaces exist, and so, too, do their archival contents comprising patient registers, casefiles, death certificates and hospital inventories. Bernice Murphy has shown that in the ruins of American asylums, even the toothbrushes of patients and medical records have been left in these otherwise empty, derelict and gloomy buildings providing a haunting return of the familiar and mundane in an otherwise total institution (2018). The asylum is not an evolved form of the Gothic castle, although it can be viewed as a darker shadow of Gothic mansions like Walpole's Strawberry Hill: the Gothic madhouse becomes the mansion of despair. The asylum still carries the threat of deindividuation, and to be sectioned under UK law is a harrowing experience – madness is still inseparable from the notion of live burial. The very problem with contemporary forms of mental health rehabilitation, (particularly as reforms in unemployment welfare seem to be invoking the very regime of Victorian workhouses), is an insistence on being a productive citizen, rather than accommodating an individual's being – as in existence – at all. This is by no means to dismiss the invaluable support services that do exist and are readily available to mental health service users in the forms of charities, psychiatrics, the NHS and so on. On the contrary, it is the growing pressures these organisations face in terms of government funding and appropriate staffing that create additional problems. While translating madness into the

domain of mental illness helps better public understanding of the various debilitating psychiatric conditions, it also enables neoliberal government efforts to further stigmatise those who refuse ‘treatment’ and are consequently found ‘unfit’ to work. The Gothic, as this study has argued, is far less restrained than other aesthetic literary modes, and serves as an opponent of encrypted politicised stigma.

The post-Jungian philosopher James Hillman has articulated a crucial problem with contemporary understandings of mental health:

Most insidious of these abuses of psychopathology is the cover it now gives to a moral philosophy. Ideas of mental health and mental illness are ideas about the psyche, about the soul. When we are told what is healthy we are being told what is right to think and feel. When we are told what is mentally ill we are being told what ideas, behaviour, and fantasies are wrong. A specific ideology of compliant middle-class humanism [...] is propagated by mental health, is policed by professionals and is infiltrated into the community, its courts, clinics, welfare centres and schools. The avenues of escape are blocked by the professional abuse of pathologizing. To refuse the mental health approach confirms one’s “sickness.” One needs “therapy,” soul sessions at the state church, a community mental health conversion centre supported by public moneys. There the young priests of serious good will, whose community influence begins early with “disturbed” children, counsel with families about divorce, suicide, orgasms, and madness – in short about crucial events of the soul.

(1975: 77)

Modern and contemporary Gothic works do not, of course, solve these problems – at least in and of themselves – although they do offer an alternative ‘way into’ mental illness which resists capitalism’s insistence upon competitive economic advantage when it comes to healthcare, mental wellbeing and our ability to find employment. In critically reading the Gothic portrayal of the madhouse, we are inclined to think beyond the dichotomies between health and sickness, right and wrong, sane and insane. The Gothic mode continues to formulate its own ideological ethics of resistance: a mode that demonstrates how to be otherwise – it celebrates (sometimes to the point of distortion) abjection and otherness.

This study has not provided a history of the madhouse because of the wide time period covered here. What this thesis has tried to show is, however, the way that Gothic is haunted by the madhouse space and notions of madness, and of how the discourses of madness shape and are shaped by the Gothic object of prose fiction. The cultural work that Gothic does in relation to the madhouse is that it makes madness a counter-memory of institutional history; in other words, the Gothic provides a horror of the institution. This does not always have the effect of being productive, and especially in later Gothic works (as chapter five has shown), the negative aesthetics attached to the psychiatric profession and the abusive treatments of mental hospitals may deter people from seeking support for their mental illness. In 1946, a little-regarded book was published that suggested the inclusion of psychiatric care within the NHS. This book was titled: *Neurosis and the Mental Health Services*, written by C.P. Blacker. Blacker argued that the effects of World War Two had forever changed civilian life and the medical services that could provide for veterans. Tellingly, Blacker observed that the high number of diagnosed neurotic illnesses amongst those now out of work from military service mostly affected women workers. While Blacker's book inspired psychiatric practices and led to their inclusion within NHS hospitals, there is an extent to which little has really changed in both the understanding of mental illness and in the provision for service-users. Blacker wrote that:

Psychiatry is in a transitional state; means of treating both in-patients and out-patients are likely soon to be amplified and diagnostic standards are largely uncertain. We know where we are with the textbook headings and descriptions; but beyond these, in an ever-receding perimeter, we discern an almost uncharted no-man's land between psychological and physical illness. There is at present little agreement on the indications for admission to hospital, which are apt to vary with the available accommodation; or on the criteria by which therapeutic results are to be measured; and there is still some ignorance among sections of the medical profession as to what psychiatry is and can do. Until the subject's clinical frontiers are more generally recognised, until uniform standards are adopted of severity of illness, of degrees of recovery and of cure; and until the means of treatment, both of in-and out-patients, are unified throughout the country, there will be little hope of measuring real trends in the prevalence of neurosis.

(1946: 16-17)

The effects of deinstitutionalisation are still resounding today, with many patients turned activist by the traumatic experience of insulin-coma therapies and other human rights abuses; anti-psychiatry movements still divide public opinion over the clinical aetiology of mental dis-ease; radical psychedelic therapies still form contentious topics of debate within the medical community, while throughout the world, increasing rates of the prevalence of mental illness show no signs of decreasing. The Gothic text does not help a world gone mad; it may in fact compound such madness. And yet, in the Gothic we are able to recognise the asylum as an intrinsically Gothic space – a site of diminution. Through the Gothic, we are able to identify some of the specific issues that have enabled institutional abuses throughout history, and we can come to identify with the voice of the other – sometimes, we even come close to recognising the voice of madness itself. The literature of madness is, then, surely the Gothic – and the history of the madhouse is impossible to separate from the discourses of negative aesthetics. The Gothic has the unrealised potential for disseminating notions of madness as a form of social exclusion; Gothic does not have to be a didactic form of writing (though it often attempts to be), and Gothic does not have to be a positive metaphor for the future of mental health treatment. The important thing for the Gothic text to demonstrate is the way that madness is viewed historically; through this, Gothic allows for a cultural reference point for which to enact positive change within the future of mental healthcare.

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