Objects of Illness: Winnicott, Materiality, and the Patient Experience

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Declaration

I hereby declare that this thesis has not been and will not be submitted in whole or in part to another university for the award of any other degree.

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References

Author-date references for the key works under discussion in each chapter (which include primary literary texts, psychoanalytic texts and archival material) have been included in the main text at the first instance of citation and then appear with page numbers only, given the frequency with which they appear. All other references are given in Harvard author-date style in-text, with subsequent mentions in the same paragraph giving page number only.

For historical primary and critical texts which have been accessed in a modern reprint, the date of original publication is included in the reference list only (though, where applicable, it may also be referred to within the main body of the text for clarification).

Please note that the abbreviation ‘SE’ has been used in the References section for all volumes of The Standard Edition of the Complete Psychological Works of Sigmund Freud, translated from the German under the General Editorship of James Strachey (24 volumes), with full additional details given under each volume reference.

Punctuation

New concepts are given in italics the first time they are used (for example, internal object, splitting and phantasy).

Single quotation marks denote either a referenced quotation or the usage of a contested term (for example, the word ‘normal’). Quotations within quotations use double quotation marks.

Where ellipses are used in square brackets, this denotes an excision on my part; where ellipses are used as standalone punctuation marks, this denotes the author’s original usage.
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Thesis Summary

UNIVERSITY OF SUSSEX

HARRIET BEATRIX BARRATT

TO BE SUBMITTED FOR EXAMINATION FOR PHD IN ENGLISH

‘OBJECTS OF ILLNESS: WINNICOTT, MATERIALITY AND THE PATIENT EXPERIENCE’

This thesis explores the role and representation of material objects in experiences of illness, recovery and disability. It argues that periods of ill health, broadly defined, can be transformational to unconscious processing, specifically via the testing and strengthening of individuals’ relationships with external, material objects and people, and with ‘internal objects’. It also positions the literary text as a form of ‘holding environment’ – a key Winnicottian concept.

Across five chapters, I demonstrate that literature and experiences of the material environment may equally be used as a site of return to a grieved lost object; that illness and play share a role in processing traumatic external reality, complicating definitions of health and ill health; that textual and material objects may act as ‘containers’ of unintegrated emotions, a phenomenon that includes the tendency of literature to ‘contain’ and perpetuate problematic tropes of disability, even as it claims to offer a radical rejection of them; that an attention to narratives of lived, material experiences of illness and disability offers a way to restore an emphasis on the individual subject; and that illness can be represented as a restaging of early infantile anxiety-situations, shaking object relations.

The scope of this research covers psychoanalytic, literary and auto/biographical writing from the twentieth and twenty-first century. Using in particular the work of psychoanalytic theorist Donald Winnicott, I look at literary and autobiographical writing by Virginia Woolf, Patrick Hamilton, William Faulkner, Flannery O’Connor, and Melanie Klein, alongside anonymised patient oral histories and supporting material. The methodology combines close textual reading with critical contextualisation and an account of psychoanalytic object relations theory in the context of illness, disability and ill health.

This thesis makes a contribution to literature, material culture, psychoanalysis and the medical humanities by making the case for a renewed emphasis on relationality, materiality and supportive ‘holding environments’ in interpretive work within the critical medical humanities and, more broadly, within healthcare delivery.
Introduction

The third part of the life of a human being, a part that we cannot ignore, is an intermediate area of experiencing, to which inner reality and external life both contribute. It is an area that is not challenged, because no claim is made on its behalf except that it shall exist as a resting-place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet interrelated.

Transitional Objects and Transitional Phenomena (1953), D. W. Winnicott (2005h, p. 3, emphasis in original)

In a large room in Paddington Green Children’s Hospital, London, a doctor sits at the corner of a table. The room is intentionally large, large enough to observe at length the visiting parents and children as they cross to greet him: ‘so much can be seen and done’ in this time (Winnicott, 1958f, p. 52). It is 1925, and 1947, and 1960, and he is about to place an object on the table in front of a baby, as he has done hundreds of times before.

The object is nothing special. It is a ‘right-angled shining tongue depressor’ (p. 52; see Figure 1), also known as a spatula, more commonly used to examine the inside of the mouth. The doctor asks the mother (all the case studies in the paper detailing this experiment involve mothers) to sit with the infant on her lap, facing the corner of the table across which he sits. What happens in the ensuing minutes through this ‘spatula game’ shapes his life’s work, as I will demonstrate: this is Donald Woods Winnicott, the paediatrician-turned-psychoanalyst whose theories of materiality and experience underpin so much of contemporary psychoanalytic thinking (see Figure 2). Having started his career as a hospital physician, Winnicott’s early published work (such as his first book, Clinical Disorders of Childhood, published in 1931) was intended to provide guidance for general practitioners on children’s common physical and emotional disorders. By the time he was at Paddington Green (1923-1963), Winnicott was putting his interest in psychoanalysis into practice whilst still working on disorders in both adulthood and childhood, from rheumatism to encephalitis (Rodman, 2003, p. 50). The children playing the ‘spatula game’ were not specifically referred for psychoanalysis; for example, the two cases detailed in this paper came to Winnicott with histories of fitting/feeding disturbances and asthma respectively. Through this work, however, his
interest in the child’s surrounding environment quickly came to the fore, and he increasingly focused on the role of material objects in embodying and explicating the relation between parent and child. In the case of the ‘spatula game’, Winnicott theorised, the baby’s response demonstrates a wealth of information about its psychical health – or lack of – and its capacity for relating to other things and people.¹ Such a deceptively simple experiment also gives us a model for observing the impact of a material object within its environment ‘as an instrument of research’ (p. 52).

This thesis extends Winnicott’s interest in the patterns and structures of object use across one’s lifespan into the productive interplay between psychoanalysis, literature and material culture. In particular, I explore accounts of individuals’ relation to and engagement with the material object in times of illness, disability and recovery (all complex states, processes and temporalities which diverge and converge in important ways, as I will discuss). My intervention into the field is the claim that material objects are part of a complex, cyclical process of ‘working though’ lived experience in analysis,

¹ Throughout this thesis, the words ‘psychic’ and ‘psychical’ are used to mean ‘in relation to the mind’.
illness and literature alike. My argument is that the material objects we encounter when we are ill – domestic, everyday things as well as medical devices – mediate, complicate and embody our relationships with external environments, with our own bodies and minds, and with caregivers and clinicians, both in reality and in representation. While this mediation can apply to many engagements with the material world, I seek to demonstrate that illness provides a particularly charged, fertile ground that throws relationships with material objects into focus. This thesis thus provides a cultural and conceptual context for the role of the material environment in patients’ experience of illness, using psychoanalytic object relations as a way in to reading a variety of written and verbal accounts. More than that, it seeks to examine how we create and represent our own bodily, mental and relational realities in response to complex experiences taking place across intersecting personal, institutional and societal contexts and spaces. This emphasis places this thesis firmly in the transdisciplinary field of the critical medical humanities. Material objects and environments, I argue, help illness to become a potential space of psychical as well as physical transformation within this wider socio-political context: a framing of particular importance at this political moment.

To think about these ideas, I look at writing by the psychoanalysts Donald Winnicott and Melanie Klein, and the literary writers Virginia Woolf, Patrick Hamilton, William Faulkner, and Flannery O’Connor. In my penultimate chapter, I also look at present-day accounts of the experiences of prosthetics users – namely archived and published oral histories and semi-structured sociological interviews – in order to think about the findings of the previous chapters in light of contemporary discussions and potential applications. Each chapter deals with representations of one or more material objects, whether domestic or medical, historical or fictional, which pertain to the texts and ideas under examination – from Woolf’s family dressing table to prosthetic limbs, and from household string to hospital washbasins. As I will explain, my non-hierarchical use of such varied sources in terms of genre, ‘real’ content and theoretical applicability is intentional, with literature, personal accounts, psychoanalytic writing and material artefacts all seen as ways in to discussing the importance of material objects to the patient experience. This scope is evidently broad in terms of disciplinary focus, genre, period, and source material. Throughout the thesis, however, Winnicott is the
consistently unifying voice: his ideas on the importance of material, maternal, and psychical environments to individual experience are central to my approach and to my argument.

In this introductory section, I give an overview of the ‘object’ as it is conceived across material culture and psychoanalysis, first elaborating further upon Winnicott’s ‘spatula game’ as an example of the importance and implications of materiality to the psychoanalytic endeavour. I then lay out my key themes, scope, research questions, methodology, and structure in more detail. Given the range of material and approaches touched upon by this thesis, I frame key disciplinary contexts in this Introduction, with more specific theory or criticism included in each chapter.

0.1 The ‘glittering object’ of interpretation

Donald Woods Winnicott (1896-1971) presented the paper ‘The Observation of Infants in a Set Situation’, focusing on the implications of his ‘spatula game’, to the British Psycho-Analytical Society in 1941. Emerging ten years before his most well-known theory, that of the child’s transitional object (Winnicott, 2005h) – a beloved material object which stands in for the mother – the paper lays the groundwork for his emphasis on the role of material objects in processes of identification and symbolisation during early infantile development.

In ‘The Observation of Infants’, Winnicott (1958f, p. 55) details at length the ‘spatula game’ carried out during a typical observation of babies between five and thirteen months old (after which time the child takes a ‘positive interest’ in a much wider range of objects). A ‘normal’ reaction, he observed, would include three stages, and ‘any variation from this […] is significant’ (p. 53). First, the baby’s attention is attracted to the spatula, but it is immediately stopped short by the awareness that ‘the situation must be given thought’ (p. 53). Unsure of the reactions of either its mother or of Winnicott himself, the child watches and waits in a ‘period of hesitation’ during which its body is held still. No amount of coercion will induce the baby to let the spatula into its mouth during this stage. Gradually and spontaneously, its interest in the spatula returns. In this second stage, the baby ‘becomes brave enough to let his feelings develop’; it accepts ‘the reality of desire for the spatula’ (p. 53). As it grows in
confidence, the baby starts to use its body to express this desire, salivating and allowing itself ‘free bodily movement’ to manipulate the spatula and to make a noise with it (p. 54). In this second stage the baby feels that he possesses the spatula and is able to use it as an ‘extension of his personality’ (p. 67). In the third stage, the baby drops the spatula as if by mistake and is pleased when it is returned, engaging in a repeated game of ‘aggressively getting rid of it’ (p. 54). The experiment is usually ended either by the baby getting down out of the mother’s hold or by a transfer of interest to other objects.

Winnicott sees the spatula game as a manifestation of the baby’s capacity to engage in self-expression and the enjoyment of play, with object experimentation a way of arriving at both. ‘Daring to want and to take the spatula’ without ‘altering the stability of the environment’ is a form of reality-testing that the infant can learn and apply to the wider world: it is an ‘object-lesson with therapeutic value’ (p. 66). Serving to build up the baby’s confidence in people and objects in the external world, the game cements a sense of security via intersubjective facilitation. The spatula, Winnicott suggests, may itself stand for many different things, including the actual mother’s breast, which provides sustenance; people ‘as a whole’; or an object that works in relation to another person or object nearby (pp. 63-65). It is intimately tied up with the baby’s perception of the relationship between the mother and a third presence, here Winnicott – the spatula thus being a prop that may be used to explore or actively test the complex web of relations between different human subjects. For Winnicott, the therapeutic value of the spatula game as an ‘object-lesson’ lies in the fact that ‘the full course of an experience is allowed’ (p. 67, emphasis in original). The two adults in the room let the baby explore and use the spatula in whichever way it wants to, minimising their input. They may play with the baby when approached, miming taking the spatula into their own mouths, as long as they remain in the sphere of play and do not attempt to take it from him or her.

Winnicott directly links these findings to the psychoanalytic setting in adulthood, in which the analyst lets the patients dictate the pace and progress of the work carried

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2 This recalls Freud’s (2001c, pp. 14–16) observation of the *fort-da game* (‘gone-back’), in which the child uses a toy to experiment with absence and controlled loss.
out together. Despite the differences in the relationship, Winnicott finds it useful to think of analysis in terms of the ‘relatively simple’ situation of the spatula game:

> Psycho-analysis [sic] differs from this work with infants in that the analyst is always groping, seeking his way among the mass of material offered and trying to find out what, at the moment, is the shape and form of the thing which he has to offer to the patient, that which he calls the interpretation. [...] Each interpretation is a glittering object which excites the patient’s greed. (p. 67, emphasis added)

This comparison is significant in three ways, all of vital importance to this thesis. Firstly, it stresses the potential of psychoanalytic interpretation to be playful, to present an individual with a creative and even enjoyable way to work something through, however difficult. Secondly, it highlights the role of an outside subjectivity, here the analyst, to work with the patient as they find their way through their own ‘object-lessons’ – to make them hungry, to excite their ‘greed’ for constructing meaning. The analyst stands in for the mother who is ‘good enough’ for the infant’s needs, thus functioning as a holding environment (Winnicott, 1960, pp. 591, 586) in which the patient can ‘get fat’ on external support in order to develop on their own terms (Winnicott, 2005g, p. 122). Thirdly, the description of psychoanalytic interpretation as a ‘glittering object’ highlights the ‘material’ dimension of language and its role as a mediating, objectifiable tool in the transitional space between analyst and patient (or doctor and patient, or parent and child).

Winnicott’s spatula game can also help us to think about wider therapeutic settings beyond the psychoanalytic consulting room, and their potential for ‘object-lessons’. As I will explore at key points throughout this thesis, the role played by doctors and other medical staff (or others who seek to ‘hold’ and help the patient), the ensuing impact on personal agency, and, eventually, the potential for recovery, are central to (and constitutive of) the patient experience. I am directly interested in how objects shape and structure these three experiences – relationality, agency and recovery. Is it possible to ‘play’ with medical objects? What would this look like? The customisations and alterations that many people make to their crutches, wheelchairs and other

3 Winnicott saw the ability to gradually ‘disentangle’ oneself from the ‘holding environment’ of early maternal care as directly constitutive of ‘health’ – a process which may tell us something about the complex back-and-forth of reliance and detachment which can characterise the doctor-patient relationship in adulthood. Note that ‘holding’ is used here to refer to psychical as well as physical holding.
assistive devices – from ribbons to full, bespoke decorations or practical improvements – are, of course, a communication and a form of play in themselves, as well as an assertion of identity and individuality. The ‘mass of material’ offered to a doctor or analyst by a patient encompasses these tangible, concrete objects in addition to verbal and symbolic material (and, of course, an individual’s material specificities – clothes, personal belongings, hairstyle, posture – always form part of his or her presentation to the world in any case). If the analyst’s interpretation is a ‘glittering object’ presented to the patient to help them experiment with their environment, so too may a material object be an opportunity for the patient and analyst to each find their way into an interpretation of their own experience.

0.2 The object in material culture

We all engage in the ‘complex inner experience[s]’ sparked by our material and psychical objects every day, consciously and unconsciously (Bollas, 2009, p. 79). Material objects play a role in our fantasies and daydreams, our aspirations, identities and sense of self-worth, just as do other ‘objects’ – people, ideas, narratives and pieces of music. We invest material objects with meaning above and beyond that which they present us, even if we accept that they have a meaningful history and ‘social life’ of their own, to borrow Arjun Appadurai’s (1986) phrase. As material culture theorist David Jules Prown (2001, p. 222) posits, material objects are, ‘in addition to their intended function, unconscious representations of hidden mind, of belief’ (emphasis added). While he is talking primarily about shared cultural understandings of objects, his comparison of material artefacts to dreams – both ‘expressions of meaning in masked form’ (p. 222) – points to the possibility of understanding our individual relation to the material object as psychological in both cause and expression:

Human minds are inhabited by a matrix of feelings, sensations, intuitions, and understandings that are non-verbal or preverbal, and in any given culture many of these are shared, held in common. Perhaps if we had access to a culture’s dream world, we could discover and analyse some of these hidden beliefs. In the absence of that, I suggest that some of these beliefs are encapsulated in the form of things, and there they can be discerned and analyzed [sic]. (Prown, 2001, p. 223)
What, though, do we really mean by a ‘thing’ or a ‘material object’ – a less straightforward question than it at first appears? The study of material culture has its origins in archaeology and anthropology, and it is concerned with the world of tangible things and their relations to people. The editors of the *Handbook of Material Culture* (Tilley et al., 2013, p. 3) seek to define materiality primarily in terms of *substance* – ‘the fleshy, corporeal and physical, as opposed to spiritual, ideal and value-laden aspects of human existence’. Of course, one could question how this accounts for psychosomatic bodily symptoms in which the material and the internal worlds are fused together – an example of a situation for which a fully recursive model of body and mind is necessary. Within the original definition, these ‘things’ range from objects on a handheld scale – tools, clothes, ornaments – to structures we use to support and surround us – furniture, houses, places of worship, bridges, landscaped parks and motorways. The bulk of material culture studies focus on objects made or assembled by humans. The material significance of the natural world may also come under scrutiny, particularly where an object is transformed by human uses or meaning (a shell or a bone used as an item of currency, for example, or in worship) into something other than that as which it began. As the editors of the *Handbook* put it:

> We “talk” and “think” about ourselves through things [...] Artefacts [...] are signs bearing meaning, signifying beyond themselves. Material culture becomes, from a structuralist perspective, a form of “text”, something to be read and decoded, its grammar [sic] revealed. (Tilley et al., 2013, p. 7)

Objects are here vehicles for meaning in a complex traffic of signification, possessing or taking on an agential momentum in moving ‘beyond’ themselves. This approach is central to the practice of creating ‘object biographies’ in the cultural heritage and museum sector, a way of presenting complex ideas and contexts as a narrative about an inanimate entity that is, one could argue, personified in the process.

Anthropologists such as Daniel Miller (2010, p. 51) see objects as a largely ignored

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4 Heidegger (2001b, p. 164) believed that a thing is ‘self-supporting’ and functions outside of the human gaze, while an object is shaped by the relation of the person engaging with that object; an object’s ‘thingness’ can only be glimpsed obliquely. More recently, the material culture theorist Bill Brown (2001, p. 5) has posited that ‘thingness’ is both the ‘amorphousness out of which objects are materialized by the (ap)perceiving subject’ and also ‘what exceeds their mere materialization [...] or utilization as objects.’ What we perceive as a subject relating to an object, then, is merely one part of what makes it a ‘thing-in-itself’: I hope in this thesis to bring the two concepts closer together.
constant which ‘habituate’ and ‘prompt’ the way we structure our lives, thus ‘mak[ing] us what we are’. Alfred Gell (1998, p. 104) wrote in his foundational book *Art and Agency* that material culture can be a form of “distributed personhood” – that is, personhood distributed in the milieu, beyond the body-boundary. This is a way of extending one’s mind and body into the external environment, whether through excreta or bodily waste, such as fingernail cuttings, or possessions, such as a pair of designer sunglasses. An object may even act as a physical as well as a symbolic extension of the person by incorporating an actual part of their body, such as in the case of Victorian hair jewellery.

Yet there is also a strong emphasis within material culture theory on the individual’s relationship with the object – how we think about ourselves ‘through’ them. The *Handbook* also points to the importance of the ‘origins, associations and combinations’ of things, the ‘manner in which things relate to conscious ideas and intentions’, or to ‘unconscious structures of thought and affect, unacknowledged conditions, habits or experiences’; the ‘relationship of things to the human body’, to culture and society, to ‘value systems, cosmologies, beliefs and emotions’ (Tilley et al., 2013, p. 4). Things are not just things: they are markers of our identity and our choices, of our presumed status and our implied beliefs and resources. Even more than this, they are not merely ‘props for the social’ but things which are, in a repurposing of Claude Lévi-Strauss’s discussion of totemic animals, ‘good to think [with]’ in their own right (Tilley et al., 2013, p. 2). As Chris Tilley (2013, p. 63) concludes, ‘the thing is the person and the person is the thing’, while the philosopher and anthropologist Bruno Latour (2000, p. 10) emphasised in 1993 that ‘things do not exist without being full of people, and the more modern and complicated they are, the more people swarm through them’.

From the initial, deceptively simple definition of material culture as a study of material things, these statements refocus the discipline onto the ways in which humans create, use, and conceptualise objects, both individually and collectively. As Appadurai (1986, p. 5) proposes in his ground-breaking edited volume *The Social Life of Things*, ‘objects’ meanings are inscribed in their forms, their uses, their trajectories’. Material culture studies are thus concerned not only with materiality itself but with the ongoing dialectic between (and perceived dichotomy of) subject and object, in a seemingly boundless multiplicity of forms. This broadened scope is, however,
problematic. To begin with, are we sure that we can definitively prescribe the nature of a subject and object? Bruno Latour (1993, pp. 10–11; 51) argued that the ‘modern critical stance’, in an act of ‘purification’, has ontologically separated inanimate objects and human subjects, whereas the world is in fact full of ‘quasi-objects’ and ‘quasi-subjects’ – terms coined by Michel Serres in 1980 (2007, pp. 224–34). In any case, Peter Boxall (2013, p. 87) calls our post-humanist selves ‘a series of contingent subject positions, determined by the ongoing discursive production of the culture’. If subjectivity is shaped by changing culture, and is thus in constant flux, what does this mean for definitions of the ‘object’? How does the post-humanist subject account for fleshy, non-cultural, subjective experiences such as somatic pain? How do we relate to and categorise objects that extend the body’s function, such as walking aids, spectacles or digital healthcare tools, or those incorporated into the body for decoration, like piercings – all types of objects which pose pertinent questions around the material aspects of individual identity and the borders of inner and outer selfhood? What about something manmade but internalised and unseen – a bone screw, or an artificial heart valve?

Contemporary work on the philosophy of technology can provide a fruitful context for the interrogation of these questions. Theorists such as Donald Ihde and Peter-Paul Verbeek are interested in the ways in which man-made objects have their own technological intentionality beyond human subjectivity. Their work echoes Merleau-Ponty’s (2012, p. 154) example of the role of the blind man’s cane, which acts as a telescopic extension of the human self in exploring the world. Building on this idea, Ihde (1990, chap. 5) has put forward a framework of phenomenological relations with designed objects, comprising four distinct modes of technological mediation, which are glossed here with examples by Robert Rosenberger and Verbeek (2015, pp. 14–18): embodiment relations, in which one sees through an object to the world (the most obvious examples being a window, or a pair of glasses); hermeneutic relations, in which an object represents an aspect of the external environment (for example, a thermometer which describes rather than produces heat or coolness); background relations, in which technology shapes the experiential context beyond conscious experience (such as a central heating system, or a buzzing computer); and alterity relations, in which an object forms a ‘quasi-other’, such as a seemingly conscious ticket
machine. In each of these forms of object relation, objects co-shape their own use. The field of postphenomenology takes these ideas further: while early twentieth-century phenomenology ‘replaced the split between subject and object with an intentional relation between them’, in the words of Rosenberger and Verbeek (2015, pp. 11–12), postphenomenology reconceptualises the relationship between subject and object by investigating its ‘fundamentally mediated character’. Indeed, Verbeek’s earlier work (2005, p. 6) goes further, building upon these forms of human-object-world interaction by adding an additional, post-phenomenological, post-human proposition: that technology and the world have their own relational construct in which the human does not figure. In this configuration, we access the reality of the world through an object relationship in which we play no part, like some kind of ontological third wheel.

The postphenomenological concept of multistability, a term coined by Ihde in 1999 to refer to the simultaneous functions of one object, is especially relevant to the aims of this thesis. Ihde emphasises that no object’s usage or meaning is fixed:

\[\text{All technologies display ambiguous, multistable possibilities. Contrarily, in both structure and history, technologies simply can’t be reduced to designed functions. [...] No technology is ‘one thing’, nor is it incapable of belonging to multiple contexts. [...] I argue that the very structure of technologies is multistable, with respect to uses, to cultural embeddedness, and to politics as well. (Ihde, 1999, pp. 46–47, emphasis in original)}\]

Ihde is thinking here of the practical usages of objects, particularly in terms of how philosophy can help to identify and mitigate the ethical ramifications of new technology in the early stages of product design processes. In this context, it is notable that many of the examples that he and other philosophers of technology use spring from the world of medical technology, our bodies being sites of some of the knottiest debates around material ownership, political power, and ‘real’ and ‘imagined’ phenomena (for example, see Ihde, 2008).

Ihde’s emphasis here on the variety of ‘uses’ and meanings of an object, in the wider context of the postphenomenological concern with its relationality, bring us directly into the realm of psychoanalytic object relations theory. Both disciplines coalesce at the border between practical and psychical ‘usage’. Winnicott (2005g, p. 121) states that our minds’ projective mechanisms ‘assist in the act of noticing what is there, but they are not the reason why the object is there’; it has ‘its own autonomy
and life’ (emphasis in original). In emphasising objects’ ‘ambiguous, multistable possibilities’ which can be reduced neither to the ‘functions’ conceived of by their creators nor to a single interpretation, Ihde is similarly concerned with objects’ origin, ownership of meaning, and transformation through usage. If we unpick the definitions of ‘material object’ given above, which focus on tangibility and substance, we can see that this confluence is in fact embedded in the central tenets of material culture. For example, the anthropologist and archaeologist James Deetz (1996, p. 36) has proposed that even spoken language could be classified as material culture, because the act of voicing the sound (a ‘gaseous state’) dispels the air around the speaker’s mouth (or the waves within a telephone line) in order to travel to the ear of the listener. In going beyond the perceptibly tangible, we start to veer into the world of a kind of ‘immaterial materiality’. This is of central importance to ideas of the mentalised internal object of psychoanalytic theory – a concept especially associated with Melanie Klein, who posited that external objects, people and ideas have an internal counterpart made up of unconscious phantasy (Bronstein, 2009a, p. 241). After all, the spoken word is not just a sound wave – it is a shared cultural signification, a route into individual symbolisation, and a shorthand for human relationality. This kind of example fundamentally complicates our sense of what counts as matter, of what matters materially, of what is of ‘material importance’ (note how even these terms, dealing in concepts of value and substance as they do, blur the distinctions between tangible and conceptualised matter).

Both psychoanalysis and material culture, then, are interested in the simultaneous materiality and interiority of our relation to an object – how it feels sensorially and how it feels emotionally. If, as Miller (2010, p. 41) proposes, ‘the first task of the anthropologist’ is to convey ‘the tactile, emotional, intimate world of feelings’ related to a material object, then the concurrent task of the psychoanalyst is to analyse how these object-induced feelings do or do not become part of the interior world of fantasy. Yet, as Lisa Baraitser highlights, object relations are a two-way process, with our own introjected meanings having a counterpart in the distinct life of the object:
Just as there are elements of our internal world that resist self-knowledge, that always remain obscure, so there are elements of the external world that escape our projective impulses, that resist internalization, that remain intact despite our need to relate to them in fantasy as part of our internal world, and that at times take us by surprise or bite back. (Baraitser, 2009, p. 133)

For example, a pram ‘acts in all sorts of ways to both aid and fail to aid the mother’ in her daily life: it ‘changes the relations between mother and child as well as between the mother and her environment, and ultimately the mother and her self’ (Baraitser, 2009, p. 139). Objects that resist, attack, or transport us; objects that make us and give us meaning: these are clear, emergent, shared themes which span psychoanalysis and material culture – and, by extension, are the focus of literary and biographical representations of social and material relationships, particularly in relation to illness.

0.3 The object in psychoanalysis

Why and how, though, does an object and its otherness play such a central role in our internal worlds? What are we asking objects to be and do to and for us on a psychical level? How do they prompt us to shape meaning and the relational self as an individual within, and in interaction with, this wider social and material environment? To address these questions, this thesis relies heavily on the rich and diverse field of psychoanalytic object relations. Object relations are ‘the structures that govern and determine the outline of a person’s relations to others’ (Burgoyne, 2009, p. 333), where the object is ‘usually taken to be a person or part of a person, represented in the internal world or psychical reality’ (Scharff, 2009, p. 333). These ideas have ‘the crucial dimension of including relationship [sic] between two subjects, even in the mind of the individual’ (Scharff, 2009, p. 334). They stress the relational self and the dialogue between subject and object, just as contemporary material culture theory does. Where material culture starts with the tangible structure of the object, however, psychoanalysis has traditionally facilitated the subject and their internal world to step into the foreground. In addition to

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5 This development from early psychoanalysis’s emphasis on instinctual drives which produce behaviours to an understanding of the self’s role in relation to others in some ways traces a similar path as that trod by anthropology, the root of material culture studies, over the course of the twentieth century. Anthropology’s original focus on objects’ manufacture and origin has been largely superseded by an emphasis on social relations, and more recently augmented with additional questions on the nature of materiality as it is related to the human body and mind.
Winnicott and Klein, key foundational thinkers in the field of object relations theory include Ronald Fairbairn, Wilfrid Bion, Michael Balint, John Bowlby and, more recently, Christopher Bollas. As with any discipline, the work of each of these theorists often simultaneously builds upon and challenges earlier frameworks: while their work is often complementary, it is not always compatible with another’s. In particular, the interaction between the very young infant, its sense of itself as a boundaried entity, and its material and maternal environment – and how early the relationships between these phenomena are formed – are key areas of theoretical difference across the psychoanalytic field. As I will outline later in this introduction, in this thesis I foreground Winnicott’s emphasis on the importance of the early infantile environment, and suggest its relevance to representations of the patient experience.

The field of object relations examines our relationship with our surroundings through a sustained attention to the earliest material environment each of us experienced: the mother’s body. This is not only because of the parental element of care-giving and care-receiving common across experiences of illness, childhood and analysis. It is also a question of origins, and of how we explain, understand and negotiate our ‘fleshy, corporeal and physical’ place in the world (Tilley et al., 2013, p. 3). Indeed, in his essay Symbolism in the Dream, Freud (1920, p. 132) explains that ‘[the word] [m]aterial is derived from mater, mother. The material out of which something is made, is at the same time its mother-part’. This confluence between materiality, care-giving and health is evoked by the verb ‘to curate’, a term central to more practice-based sectors which deal with material objects. From the Latin curare, it means both ‘to care’ and ‘to cure’. Used to describe the process of categorising, contextualising and presenting material objects, this term could equally apply to the process of internal symbolisation, that individual ordering of internal counterparts to the external world. The medical, the material and the maternal thus share a potential to effect (and to complicate) transformation, care and cure.

Melanie Klein is often seen as the first theorist to have put the internal object world at the heart of infantile experience. Along with practitioners such as Margaret Lowenfeld and Anna Freud, Klein’s (1989) use of play therapy relied upon the child’s manipulation of material objects to reflect their internal landscape. This interplay between material and mental experience is cyclical:
The relation to the first object [the mother’s breast] implies its introjection and projection, and thus from the beginning object relations are moulded by an interaction between introjection and projection, between internal and external objects and situations. (Klein, 1997b, p. 2)

The internal object, despite being linked to the ‘real’ world, is altered and transformed through this internalisation:

The baby, having incorporated his parents, feels them to be live people inside his body in the concrete way in which deep unconscious phantasies are experienced – they are, in his mind, ‘internal’ or ‘inner’ objects, as I have termed them. Thus an inner world is being built up in the child’s unconscious mind, corresponding to his actual experiences and the impressions he gains from people and the external world, and yet altered by his own phantasies and impulses. (Klein, 1998c, p. 345)

Klein posited that the infant’s growing ability to take part in the object world is formed by a complex cycle of attachment to and aggression against the mother. For Klein, the mother, or more specifically her body, is the baby’s first object, and sees this as a constant from birth onwards. Her use of the term ‘object relations’ is based on the contention that ‘the infant has from the beginning of post-natal life a relation to the mother [...] which is imbued with the fundamental elements of an object-relation, i.e. love, hatred, phantasies, anxieties, and defences’ (Klein, 1997d, p. 49). To make sense of this relation, the baby engages in an act of *splitting* the internal object of the mother’s breast into a good breast which provides sustenance, and a bad breast which frustrates its desires (Klein, 1997b, p. 2).

Winnicott (2005h, p. 2), however, proposed that the infant’s recognition of the difference between ‘me’ (a hand, a foot) and objects which are ‘not me’ (the mother’s breast, a toy or other object) only emerges gradually. This gives the baby the increasing ability to understand its body as self-contained and physically divisible from its surroundings, what Winnicott (2005h, p. 3) called the ‘limiting membrane’ between inside and outside. For Winnicott, this development depends upon the act and presence of maternal care, the *holding environment* which encourages and facilitates the gradual ability to relate to external reality at a manageable rate. This emphasis

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6 *Introjection* is ‘the unconscious process of taking inside the self aspects of the other’ (Bernstein and Burgoyne, 2009, p. 253), while *projection* is a ‘mental operation by which feelings and desires that a subject rejects or refuses to recognise are treated as if they emanate from within another individual’ (Erreich, 2009, p. 378).
places the emerging, holistic environment of the mother’s body, her active attention, and the surrounding material setting at the forefront of his theoretical landscape, in contrast to Klein’s focus on the infant’s phantasies of destruction against the internal object of the mother’s breast.

Winnicott (2005h, p. 5) saw a baby’s self-soothing mechanisms, such as the act of stroking its face with its thumb, as transitional phenomena which help to smooth the process of developing an awareness of being a separate entity. By extension, transitional objects such as soft toys and blankets are used as repositories for the idea of the absent mother. This concept relies on an ‘intermediate area of experience which sits between the subjective and that which is objectively perceived’ (Winnicott, 2005h, p. 4). This area is the mental space in which the baby can create its own sense of an object: ‘[The object] comes from without from our point of view, but not so from the point of view of the baby. Neither does it come from within: it is not a hallucination’ (Winnicott, 2005h, p. 6). The ability to reside in this intermediate area of experience without seeing its contents as either fully real or fully imagined is crucial to the ‘perpetual human task of keeping inner and outer reality separate yet interrelated’ (Winnicott, 2005h, p. 3). In another key differentiation from Klein’s work, Winnicott’s (2005h, p. 11) transitional object is definitively ‘not an internal object (which is a mental concept) – it is a possession. Yet it is not (for the infant) an external object either’ (emphasis in original). The ‘essential feature in the concept of transitional objects and phenomena [...] is the paradox, and the acceptance of the paradox: the baby creates the object, but the object was there waiting to be created’ (Winnicott, 2005g, p. 119, emphasis in original). Winnicott’s (2005h, p. 4) major contributions to psychoanalytic theory turn on this ‘substance of illusion’ (emphasis in original) – and, we could add, the ‘illusion of substance’ – on the matter of non-matter, and on imagined psychical objects. As I will explore throughout the thesis, Winnicott later further extended the concept of the transitional object by stressing the difference between ‘object relating’ and ‘object use’. An individual may be able to relate to an object, but primarily as a ‘bundle of projections’ which has its origins in the internal world; it is still a ‘phenomenon of the subject’. In contrast, only an object which is perceived as ‘a thing in itself’, something which ‘must necessarily be real in the sense of being part of shared reality’, can truly be used as an external object (Winnicott,
2005g, p. 118). The subject enables this object usage through psychically attacking the object, and relies on the object being strong enough to survive such destructiveness. An example is the process by which a psychoanalytic patient is able to ‘place the analyst outside the area of omnipotent control’ and their ensuing ability to ‘use the analyst’ – to experience them as objectively real and supportive through a sustained but unsuccessful psychical assault (Winnicott, 2005g, p. 122). Baraitser’s (2009, p. 133) attention to how material objects ‘escape our projective impulses’ and ‘remain intact despite our need to relate to them’ builds upon this earlier work of Winnicott’s.

The re-staging of early infantile experience in later life is a crucial context to this thesis: when I write about object relations theory written in reference to the earliest developments of the infant, I have followed Winnicott’s (1958b, pp. 244–45) view that ‘whatever applies to very early stages also applies to some extent to all stages, even to the stage that we call adult maturity’. The development of the ‘me’/’not me’ division as a step away from the perceived omnipotence of early infancy and a step towards the act of adult relating, and the centrality of these developments to object relations theory, may imply that humans progress from one stage to another, discarding their old selves as they go. Yet in many ways we are each a cumulative layering of our previous selves at different stages – baby, child, adolescent, colleague, parent, and many more besides. These states never go away, but may come to the fore when our situations and surroundings call them forth, such as in illness. In this sense, although each experience of illness is unique, its often inescapable dependence and need for external care recalls a state and an experience that is generalisable to all.

Illness tells us something about how it is to be an infant, and our own experiences of having been an infant – of having been an infant in some form of relation between carer and cared for – are at work in adult illness. This is a re-enactment that sits alongside the process of regression, though that too may be a feature of the illness experience: Melanie Klein’s surgeon himself said that ‘he feels sure that extremely early fears are stirred by an operation, that it takes one back into quite early times’, as I will discuss further in Chapter 5 (Klein, 1937, pp. 5–6). The phrase ‘taking one back’ suggests that the self is transported to a different setting but remains whole and boundaried, while the ‘layering’ image instead emphasises the constant, if hidden, presence of our earlier selves: the ‘inner child’ who rises to the surface to seek
transitional objects in times of threat. For example, Bollas (1989, p. 199) points to the way in which ‘small children [...] think operationally by using objects, so the objects I remember are a part of my way of thinking about my life at the time’. Objects can carry within them a route to these earlier selves, as can our modes of relation. As Winnicott (1989d, p. 205) remarked: ‘To my surprise I found that play and playing and the transitional phenomena form the basis for cultural experience in general, and that therefore what I was looking at concerned the greater part of our lives’. Our interaction with the potential space between subject and object is a lifelong activity (Winnicott, 2005d, p. 55).

Just as material culture theory’s assumed definitions of the object come under pressure at the point of the body boundary, these theorisations come down to foundational understandings of what constitutes the body, and what goes into (and is in turn shaped by) bodily experience. As David Wills (1995, p. 129) memorably puts it, there is an ‘elemental pileup of blood and shit and death that is always at the other end of the psychoanalytic inquiry, for it is a theory of how the unthinkable comes to be thought’. Melanie Klein (1998c, p. 127) wrote that ‘deep unconscious phantasies are experienced’ inside the body in a ‘concrete way’, while Winnicott (2017, p. 69) thought that the ‘link between outer and inner reality, between bodily senses and fantasy’ was forged by an ongoing ‘sensuous exploitation’ of the world. Object relations are inextricably tied up with fleshy bodies, however much they are dependent on internally represented objects. Indeed, the central thrust of this thesis is that the two are intertwined and co-constituted. As Winnicott wrote:

[W]e can see that the infant’s use of an object can be in one way or another joined up with body functioning, and indeed one cannot imagine that an object can have meaning for an infant unless it is so joined. This is another way of stating that the ego is based on a body ego. (Winnicott, 1989f, p. 55)

Infantile development is thus predicated on ‘a constant interchange and testing between inner and outer reality’:

[T]he inner reality is always being built up and enriched by instinctual experience in relation to external objects and by contributions from external objects (in so far as such contributions can be perceived); and the outer world is constantly being perceived and the individual’s relationship to it being enriched because of the existence in him of a lively inner world. (Winnicott, 1958f, p. 61)
The key for my thesis is the emphasis that Winnicott places on the nature of the object in conjunction with the experience of the subject, with both acting within a wider environment. The intersubjective exchange is what helps both subject and object to come alive (and is a central theme of Chapter 1). I am particularly interested in the interplay between the Winnicottian sense of the mental ‘use of an object’ – as reliant as it is on external reality – and ‘actual’ material use, and the ways in which this brings to the fore the idea of the mind and body working in tandem. This points towards the importance of ‘real’ objects to psychoanalysis, and the importance of ‘unreal’ objects to material culture. So too does Winnicott’s emphasis on intersubjectivity lay the groundwork for the space between caregiver and patient, patient and healthcare institution, medical object and medical subject.

The work of contemporary psychoanalytic and philosophical theorists such as Bollas (whose work spans from the 1970s to the present day) and Baraitser is central to this entanglement of the ‘real’ and the ‘unreal’, the material and the mental. In bringing into greater focus the role of material objects and their use in our internal worlds, each offers a rationale for a transdisciplinary approach such as this one. In Being a Character, Bollas (1993, p. 4) noted that psychoanalytic object relations theory gives ‘very little thought […] to the distinct structure of the object which is usually seen as a container of the individual’s projections’. In an overview of his own theoretical trajectory, Bollas describes his move from prioritising symbolic objects to considering their interaction with concrete, material objects:

I aimed to show how it was actual object use in one’s childhood – not simply thinking evocatively about an object – that inscribed itself in one’s mind. Thus when thinking later of an object from one’s childhood, one was implicitly recalling the experience of the object at the time. That temporal inscription was a crucial step in my turning to the view that it is the object as a thing-in-itself which needs the attention of psychoanalytic theory. […] I had no intention, of course, of discarding the way in which objects do serve as receptacles of the projected, but I was turning my attention now to the specific character of an object. (Bollas, 2009, p. 88, emphasis added)

Bollas’s terms – an object’s ‘distinct structure’, its status as a ‘thing-in-itself’ with a ‘specific character’ – draw attention to both the object’s material being and its dynamic ‘doing’ within an individual life’s chronology. The emphasis on ‘actual object use’ and its capacity to spark a memory of a particular experience adds a third
element, namely the way in which an individual places the object within their own sensory and mental histories. Yet, writing over 15 years after Being a Character, Baraitser (2009, p. 125; with reference to Tonkinwise, 2004) refers to the continuation of the psychoanalytic characterisation of ‘stuff’ as ‘the despised substance, set apart or at least tangential to human-to-human relations’, whereas ‘[material] relations are not just instruments of social relations involved in the creation of symbolic meaning, but essential aspects of culture in their own right’. As she identifies, although psychoanalysis is largely the study of the unconscious, it cannot overlook the role of the material world:

[P]sychoanalysis also wishes to account for how “things” get inside us, how the internal is both related to and formed out of its interaction with “external reality”, and must surely, to some extent, deal with an expanded notion of objects or things? (Baraitser, 2009, p. 133)

In foregrounding Winnicott’s emphasis on the ‘real’ material object in conjunction with the internal object of the mental landscape, I reinflect ideas of the ‘material’ in illness and literature alike. Bollas’s focus on the specific character and structure of the object further extends Winnicott’s attention to the ‘real object’ of psychoanalysis. His idea of the object which transforms the subject – with the mother acting as the first transformational object – is dependent on its own characteristics, not just its effect on the subject:

[T]here is a slight but important step just beyond the transitional. It is akin to a separate sense, in which the individual unconscious recognizes that any one object has a specific structure that makes its use for the subject transformationally distinct. This use of the object describes processes evoked by the subject’s engagement with different types of experience in reality: reading a book will have a different effect on oneself than listening to music; gazing at a painting will evoke a difference set of internal responses than playing volleyball. These “objects” have differing structures, and in this respect are almost exactly the opposite of the transitional object, which is one thing standing, as it were, in the place of all things to come and all things that have been. (Bollas, 1995b, pp. 88–89, emphasis in original)

Using these psychoanalytic theorisations as a jumping-off point, the issue at hand in this thesis is not whether an object is ‘real’ per se – although its felt materiality is a crucial part of how its user interacts with it. Instead, it looks at what its uses and transformations can tell us about the ongoing ‘conversations’ between a material object and an ‘ill’ subject (and how this is defined), between body and mind, and
between reality and representation. Analytic, medical and literary ‘material’ is multi-faceted, shifting in both origin and effect, and, ultimately, as a tool in the service of transitional and transformational processes. As Bollas (2009, p. 79) summarises, ‘for the unconscious there is no difference between a material and a non-material evocative object; both are equally capable of putting the self through a complex inner experience’. To extrapolate from this, to consider the form of an object (material or psychical) is really to approach the same phenomenon from a different angle. As long as we are regarding the world subjectively through the intermingled experience formed by the human body, mind and psyche in conjunction, then no object is purely psychical, just as no object is solely material.

0.4 Methodological approach

Research questions, methodology, sources, and chapter outline

To do this, I explore four research questions. Firstly, what insights to the patient experience can psychoanalysis, literature and material culture together bring to the cultural discourse around illness and the uses of objects? Secondly, how do my selected writers and sources present ‘object relations’ in illness; in other words, what do their literary, psychoanalytic and autobiographical texts say about the relationship between the patient and their material surroundings, and between real, material objects and their mentally internalised counterparts? Thirdly, in which ways do material objects ‘bridge’ our physical experience, mental perception, and psychological understanding in the context of illness? And, finally, can methodological approaches from the area of material culture, such as ‘object biographies’, broadly conceived, provide a new context for literature studies, and vice versa?

Across my five chapters, I explore literary or autobiographical writing on experiences of illness and disability by Virginia Woolf, Patrick Hamilton, William Faulkner, Flannery O’Connor, and Melanie Klein, as well as present-day accounts of the experiences of prosthetics users. My methodology primarily melds close textual reading with an

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7 Bollas’ concept of an evocative object places the existence of a ‘real’ external object at the centre of processes of memory and identification (Bollas, 2009).
engagement with psychoanalytic object relations theory, with Donald Winnicott’s work acting as a binding thread; I also use the contextual backdrop of material culture studies where appropriate. Some elements of this thesis build, not always directly, on collections-based research into medical and domestic objects from the Science Museum’s Medicine Collection (where I spent ten months on a part-time research placement in 2016-17), the Wellcome Collection, Charleston House and Garden in Sussex, and the Freud Museum in London.

The sources selected for this thesis reflect this transdisciplinary methodology, while its structure echoes my emphasis on the sensorial and theoretical centrality of the object. I have retained a traditional chapter structure, but each one centres around representations of one or more material objects as represented in literary, autobiographical or historical narratives around illness or disability. In each case I have led with the object, seeing how its meanings and uses emerge in, and through, the text.

The thesis opens with a domestic object employed to channel and express experiences of distress and mourning. Chapter 1 explores the use of the dressing table in the work of Virginia Woolf, reading this through Winnicott’s concept of the mother’s mirroring role. A dressing table which belonged to Woolf’s mother, now at Charleston House in Sussex, is biographised in this context. Especial attention is paid to the role of objects in the formation of identity, to the ‘chaos’ which may be triggered by an object, and to the ambivalence which may underpin spatial relations: where an object is placed, and how it is made to play a part in the ongoing day-to-day life of its surroundings.

Chapter 2 discusses Patrick Hamilton’s *Hangover Square* (1941) in relation to Winnicott’s ‘string boy’ (my own term), a child who utilised household string in increasingly alarming circumstances around the home as a defence against maternal absence. This chapter looks at the potential for illness itself to be a space of play, both creative and destructive, acting as a challenge to traditional psychoanalytic ideas of play as something belonging only to a state of health. It seeks to unsettle the boundaries of health and ill health via an exploration of a biomedically and narratively ambiguous text concerned with schizophrenia, object relating, hope and terminality.

Chapters 3 and 4 deal in complementary ways with the concept and representation of prosthesis. Chapter 3 uses two short stories featuring prosthetic limbs, by William
Faulkner and Flannery O’Connor respectively, to look at how literature may act as a ‘holding environment’ or ‘container’ for societal and medical experiences. Chapter 4 uses biographical writing from Sigmund Freud on his jaw prosthesis, alongside oral histories and sociological interviews with prosthetics users, to explore ideas of bodily and psychical identity, incorporation and ‘wholeness’. Both these chapters on prosthetics look at ideas of ‘working through’ object relations which may have been shaken by illness or injury.

Following this theme with a more explicit emphasis on the role of the internal object in processes of ‘working through’, in Chapter 5 I explore a little-known biographical piece by Melanie Klein, entitled *Observations after an Operation*. Although a scanned copy of this typescript is available on the Melanie Klein Trust’s website, as far as I can tell this piece has never been formally published or analysed. Written in July 1937 while she was in hospital recovering from a gallbladder operation, this piece discusses Klein’s (1937, p. 6) personal experiences of illness and recovery as a way to do ‘a lot of work with myself’. I discuss it here in depth in relation to internalised conceptions of healthcare objects and spaces and their links to the body. In particular, I use Klein’s observations on the similarities between illness and our earliest anxiety experiences to think of the doctor-patient relationship as a revival of the mother-child dynamic, and to look at the role played within it by medical and domestic objects.

Following the definitions pointed to in material culture theory, as laid out above, in this thesis I understand ‘material objects’ to mean things made or used by humans which are in the first instance apprehensible through the senses – primarily through touch and sight, though smell, sound and taste may also play a role. In the realm of illness, this could include medical instruments and devices, sickroom objects used in care-giving, bodily implants, and other objects which offer a meaning or usage which is not directly medical but vital to our own mental and bodily histories. Bodily objects, such as removed body parts or bodily fluids, are relevant, too, partly through their resistance to the traditional dichotomy of subject and object. Food and oral medications could also be considered as objects that bring meaning and content to these kinds of explorations – they are uneasy, liminal materials which begin as external objects and become, both temporarily and permanently, part of our bodies and often our internal world too. However, while there is a broad range of objects which could
be fruitfully discussed, in my five chapters I deal with objects and environments of health and ill health which give us a way into thinking about particular psychoanalytic theories and textual sources, and vice versa: both medical (a hospital room; prosthetic limbs) and domestic (a dressing table mirror; string). In this thesis, then, I am focusing on objects in illness in the sense of those which ‘habituate’ how we live our lives (Miller, 2010, p. 51), those which extend or complicate selfhood (Gell, 1998, p. 104; Winnicott, 2005h), and, more broadly, ‘evocative objects’ that trigger an internal experience (Bollas, 2009). What interests me is how and what the objects explored in these texts ‘come to mean’, for both their protagonists and their readers. To think of this approach more broadly, I am using these sources as examples of how the objects of everyday life, a constant mingling of health and ill health, take on meaning – whether in a hospital, a sickroom, a nursery, or a museum setting – and how interpretation and association is layered onto these objects. Having begun with an interest in using an ‘object biography’ approach at the intersection of literature, psychoanalysis and material culture, I have extended this into a form of ‘internal object biography’. In some ways, I have come up against the limits of the material object, which has proved genuinely opaque: for example, my work in medical museum collections has shown me the limits of an object’s role as a ‘material witness’ when it is completely devoid of any accompanying narrative or explanation. However, I have also retained a focus on the object as a ‘thing in itself’ (for example, through centring a very real dressing table at the heart of Chapter 1, or in considering prosthetic materials design in Chapter 4, but also by considering the sensory and material roots of representations of the internal object). There is a central tension between the internal and external object: through being introjected and projected, each changes the other, and each is changed in turn by narrative representation. It is these very tensions that I exploit to unveil the varied and often paradoxical uses of the object in illness.

**Disciplinary scope**

Within such a multi-faceted disciplinary context, my research necessarily has a finite and boundaried scope. As I have started to outline above, any humanities-focused discussion of material objects in illness faces onto psychoanalysis, philosophy,
phenomenology, affect theory, sensory studies, literature, life-writing, material culture, anthropology, museum studies, design and technology, the history of medicine, arts and health, disability studies, bioethics, ‘smart objects’, and medical robotics, and touches on many more areas besides.

While these have all informed my thinking to greater or lesser extents, I have limited the parameters of the thesis to a transdisciplinary use of literature, psychoanalysis and material culture. Working between these three disciplines has given me a way to understand the three primary processes of object relations: how we perceive material things and experience them bodily; how we internally symbolise these sensory, physical experiences; and how we represent them to the outside world, here through written and spoken representations. As such, I am working to an assumption of a recursive conversation between body, mind and environment which goes beyond a biomedical mode, with the idea of the material object acting as a bridge to understanding all three in tandem. While my three disciplines stand alone without hierarchy, here it is psychoanalysis which, I believe, transforms our conception of the role of the material object in the context of illness. As such, psychoanalysis leads and frames my argument throughout the thesis.

*Modernism*

While the modernist context and its parameters is not the primary emphasis of my thesis, it is the case that my focus on the first half of the twentieth century is not accidental. The only exceptions to the modernist or mid-century slant of my sources are the contemporary oral histories and sociological interviews examined in Chapter 4. Their inclusion explicitly positions the thesis towards an application of my work to the contemporary sphere of healthcare, as I explore in my conclusion. Although not all of the earlier texts and accounts I look at are commonly defined as ‘modernist’, they are nearly all located in or emerge out of a historical period which saw the birth of psychoanalysis, a fervent cultural engagement with emerging medical, cultural and industrial technologies, and an ensuing re-examination of the role and status of subject and object. These overlapping concerns are often conceived of as simultaneously exhilarating and threatening: Tim Armstrong (1998, p. 101) writes that technology in
the modern era offered ‘both utopian possibilities and a wounding and fragmentation of the self’ because of its inherent commodification of the human. Sara Danius (2002, p. 3) sees human-technology relations as a ‘sensory crisis’ that is directly constitutive of high modernist aesthetics, not only contextual. This is a framing that brings us straight to the body-boundary as a site of meaning-making between inner and outer experience. Indeed, the double movement towards and away from the body in the early twentieth century creates a productive tension in much modernist literature – what Martin Jay (1993, p. 187) calls the ‘recorporealization of the cognitive subject’ did not come easily. As Virginia Woolf (1982, p. 350) wrote in regard to her novel The Years (1937), seeing it as a hybrid novel of the material and the spiritual, ‘I have a sense that one cannot control this terrible fluctuation between the two worlds’. She saw this seeming dichotomy as an issue of representation, her quest being to reconcile the novel of vision and interiority with the novel of material fact, in which readers are ‘wedged among solid objects in a solid universe’ (Woolf, 2010, p. 94). This conflict between inner and outer – both for the individual and the writer – is all the more evident, I would argue, within the context of illness, which Erin O’Connor (2000, p. 11) sees as a moment of both panic and potential. After all, the epistemological stakes are rarely higher. Accounts of medical environments, and the subject-object relationships within them, give voice to what Lisa Mullen (2016, para. 2) calls a ‘semantic crisis’ as a result. It is this perpetual but problematic co-constitution of external reality and subjectivity that leads Laura Salisbury (2010, p. 889) to highlight ‘certain structural connections’ between psychoanalysis and modernism: in seeking ‘to order the jumble of symptoms into a narrative of trauma and symptom that maps out the shape of the individual mind’, psychoanalysis is itself an attempt to metaphorise the material aspects of the self.

In Freud’s formation, written representation works as a reflection of the importance of our earliest material environments and developmental attachments (an idea which in turn looks forward to Winnicott’s work on transitional objects and spaces). He draws a direct comparison between the text’s ‘holding’ of spoken narrative, and the womb’s ‘housing’ of the foetus:
Writing was in its origin the voice of an absent person; and the dwelling-house was a substitute for the mother’s womb, the first lodging, for which in all likelihood man still longs, and in which he was safe and felt at ease. (Freud, 2001i, p. 91)

As Derrida (1998, p. 281) points out, ‘writing is the supplement par excellence since it proposes itself as the supplement of the supplement, sign of a sign, taking the place of a speech already significant’. For Serres (1995, p. 132), this prosthetic characteristic of language is not so much an equivalence as ‘an abuse and a violence’ which disembodies the object: ‘All around us language replaces experience. The sign, so soft, substitutes itself for the thing, which is hard’. Material objects provide a fertile thematic ground for the literary exploration of these epistemological tensions between absence and presence, lack and substitution, external experience and phantasy.8 However, as I will explore, these objects’ own status as metaphorical, textual phenomena calls into question whether it can ever be possible to represent embodied experience.

Within a transdisciplinary approach, I in many cases treat literary and psychoanalytic writing in a similar way, despite their many differences. As Freud (Freud and Breuer, 2001, p. 160) noted, ‘the case histories I write [...] read like short stories’ – a comparison with which he sat uncomfortably, regarding it as unscientific: ‘I must console myself with the reflection that the nature of the subject is evidently responsible for this, rather than any preference of my own’. In effect, I see psychoanalytic, literary and autobiographical writing as different forms of accounts, ‘testimonies’ and representations of ideas and experiences. This is not to sidestep the many questions around how to think about narrative, biographical and historical ‘truth’ that critics have already identified.9 Evidently, I am not seeking to find an objective ‘truth’ or diagnosis of these writers’ own health conditions or those of their fictional characters. This is especially pertinent given the writers with whom this thesis is concerned; the work of Virginia Woolf in particular, for example, is caught up in an

8 Klein saw phantasy as the ‘primary content of unconscious mental processes’, as opposed to the everyday fantasy of daydreaming: ‘Unconscious phantasies (the “ph” spelling denoting their unconsciousness) are the mental representation of libidinal and destructive impulses or instincts and they accompany gratification as well as frustration’ (Bronstein, 2009b, p. 358).

9 As Arnold Modell (1999, p. 81) argues in a discussion of whether one can construct a psychological past, paraphrasing Donald Spence’s (1982) work Narrative Truth and Historical Truth, ‘there is only narrative truth and not historical truth’.
ongoing critical discourse about what can be known of her life, the origins of her work, and the space in between. To seek to understand the text, it often appears, is to seek to understand or capture both the life and the mind behind the life, the motivating but invisible agent – a curiously enduring and problematic urge. Instead, I am interested in the way that writing of many kinds seeks simultaneously to bring to light and to complicate meaning – both to pin down and to unsettle our understandings of our state of being in the world around us. As such, I follow Jacqueline Rose’s (1991, p. 5) view that writing is an exercise in psychic fantasy which is bound up with, but never directly representative of, the life.

This approach is always going to produce contingent and unreliable knowledge in traditional terms. Freud (2001g, p. 179) wrote that psychoanalysts are 'content with fragmentary pieces of knowledge and with basic hypotheses lacking preciseness and ever open to revision'. Malcolm Bowie (1988, p. 7) complicates ideas of veracity more directly, writing that the 'truth about the human mind and about human speech is fiction accepted and espoused at its unstemmable unconscious source'. As a result, the mechanisms by which writing reflects the 'provisional, precarious nature of self-representation' are what is really under examination (Rose, 1991, p. 5). The mode of reading used throughout this thesis is thus an inevitably speculative, consciously qualitative way to gather and analyse experience. This is itself a reflection of existing work on ‘meaning-making’ in illness: in the field of medical sociology, research has found that narratives are how individuals make sense of illness or other ‘bodily crises’ (Williams, 1984; Kleinman, 1988; as cited in Heavey, 2013, p. 130). As such, my approach does not claim to be representative, instead seeking to show the process by which lived experience of illness may translate into meaning for the individual (which, psychoanalysis holds, accords to patterns of unconscious behaviour shared by us all).

As William James (1993, n. 2) put it in 1887 in his account of phantom limb syndrome: ‘A single patient with the right sort of lesion and a scientific mind, carefully cross-examined, is more likely to deepen our knowledge than a thousand circulars [quantitative questionnaires]’.

In this thesis I hope to demonstrate that, just as the judiciously used material conditions of a writer’s life may provide a fruitful context for how we can think about the psychic fantasies presented through their work, so too can ‘real’ material objects
act as a locus for the narrative uses to which their fictional counterparts are put. As I will go on to interrogate in later chapters, illness is a state or a process in which the immediate material environment, the relationship between subject and object, and questions of the ownership of our bodies (and minds) as objects come to the fore. Writing about illness plays with these liminalities in a way that foregrounds their complexity. A writer’s own investment in this ‘play’, via the representation of internal and material objects in illness, can provide a way into thinking about the material experience of the ill self. In Winnicottian terms, we might see the resulting piece of writing as a ‘glittering object’ of interpretation that offers itself up ready to be used as an ‘object-lesson’ by the reader (Winnicott, 1958f, p. 67).

As I will explore throughout the thesis, psychoanalytic writing, literature, and the analytic setting all seek to ‘work something through’ in this way, to analyse a situation in which object relations have been shaken or shocked into question. Thomas Ogden (2005, p. 109) sees psychoanalytic writing as a literary genre that attempts to replicate ‘something like the analytic experience’ through a continuing conversation that draws on conscious and unconscious experience. This ‘working through’ works on many different semantic and creative registers – it is a ‘thing’ itself in process rather than a complete or fixed entity, with no sure outcome. As Bollas (1995a, p. 53) has written in relation to the process of free association, the attempt to create meaning freely and experimentally out of psychical material is itself a form of ‘creative destruction’: it ‘is bursting with many ideas that break up into differing meanings upon free association’ (emphasis in original). I see the attempt to read literature psychoanalytically (and, too, to read psychoanalytic theory as a written account of forms of experience), as a similar task – one that seeks to open up the movement and potential of the text, rather than to pin it down. As such, I am not seeking to apply psychoanalytic theory to the texts, accounts and objects in this thesis, but to use it as a ‘thing to think with’.10

The critical medical humanities

10 As well as the Handbook of Material Culture’s (Tilley et al., 2013, p. 2) description of material objects as things which are ‘good to think [with]’, this formulation has a parallel in Jo Winning’s (2018) exploration of contemporary medico-legal case studies as material to ‘think-with’ [sic] in order to address the knotty issues of medical humanities through active engagement with practice.
In this approach, this thesis follows the aims of the critical medical humanities, a rich, transdisciplinary field which places critique and ideas of relationality at its heart. It is important to note at this juncture that the primary editors of the *Edinburgh Companion to the Critical Medical Humanities*, Anne Whitehead and Angela Woods, have made a compelling case for a movement away from the ‘first wave’ of the discipline. Their contention is that early medical humanities work, as necessary and vital as it was, assumed or set up a ‘primal scene’ in which the humanities was a ‘supportive friend’ or added extra, the humanising, communication-enhancing ‘cherry on the top’ of rational, diagnostic biomedicine (Whitehead et al., 2016, pp. 1–2). Its focus was the examination and portrayal of the patient experience in an attempt to rebalance the privileging of institutional, biomedical science within a conventional history of medicine. The emergent ‘second wave’, Whitehead and Woods suggest, offers a more critical medical humanities, which seeks to examine questions crucial to this thesis, such as:

> How might the bodies of doctors and patients be marked in terms of race, class, gender, ability and disability, and with what effects? What else, we might ask, is in the room, and with what forms of modes of agency might it be associated? How might we account for non-human objects and presences, for belief systems, and even for the diagnosis itself – what, for example, is its history, or its status as a performative act? (Whitehead et al., 2016, p. 2)

I am directly concerned with ‘what else [...] is in the room’, seen or unseen – the ‘non-human objects and presences’ and the mental internalisations and projections of patient and doctor alike. As such, I hope to contribute to the ongoing extension of the medical humanities into a critical enquiry of the foundations of how we create meaning (and, by extension, how we accord epistemological value) within such an experience. However, my approach is directly concerned with the patient experience as its own exercise of collaborative, intersubjective meaning-making within its wider, networked context, rather than replicating an ‘us and them’ model of doctor and patient. Through an attention to the psychological, literary and material processes working at the border of inner and outer reality, I seek to contribute a sustained discussion of the ramifications of individual experience to contemporary healthcare debates.

In conjunction with these theoretical concerns, the medical humanities (alongside its sister discipline, arts and health) has a clear practical application. For example, in
line with the ‘materialisation’ of psychoanalytic object relations theory, there is an increasing recognition of the role and impact of sensory, material experience in healthcare settings. The non-clinical use of material objects for therapeutic purposes is on the rise, though little research currently exists beyond project-specific evaluations. This springs in part from a growing understanding of the central importance of a patient’s immediate environment (with light, art and views onto nature all playing a role), which has been proven to improve recovery rates (Daykin et al., 2008; Staricoff and Arts Council England, 2004; Lawson and Phiri, 2003). For those sequestered in a hospital ward or a nursing home, the sensory environment can provide a way in to engaging with their surroundings or with their own histories: indeed, therapeutic professionals who use both digitised and material objects in object handling sessions report that the use of the former tends to limit the emotional response of the participant or patient (Chatterjee, 2015). The same is true for non-verbal patients who may rely heavily on touch for communication or mental and emotional stimulation. Notably, some psychodynamic psychotherapists use object-based tools to help people visualise, spatialise and articulate the inexpressible. For example, the communication toolkits ‘Tools for Therapy’ (Bodewes, n.d.) and the ‘Communicube’ (Casson, n.d.) each comprise a range of abstract and representational objects – shapes, people figures, stones and so on – which can be manually manipulated by a patient to explain or explore an emotion or experience. These offer an example of the way in which solid objects may act as tools in the reflection and formation of new or hidden understandings of one’s psychical reality. The Communicube has been used to assist with the construction of a psychological structure within the therapeutic setting, particularly in cases of dissociation or schizophrenia, with one early adopter describing its use as ‘sensitizing the mind to symbolization’ (Dr. Adam Blatner, cited in Casson, n.d., p. 33). This thesis seeks to

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11 For example, see the UCL ‘Heritage in Hospitals’ project (UCL, n.d.) on the impact of object handling on patients’ wellbeing and their 2014-17 AHRC-funded study ‘Museums on Prescription’ (UCL, 2017) on the role of museums in ‘social prescribing’, a form of intervention linking people to community support. Objects also form a key part of reminiscence work with dementia patients, led by community-based organisations such as Strike a Light (‘Object Handling for Reminiscence Work’, n.d.).

12 For example, Bag Books (n.d.) sells multi-sensory books for people with profound learning disabilities, with objects forming a key part of the kits; the practitioner Joanna Grace’s (2017) work focuses on the importance of ‘sensory being’ and ‘sensory storytelling’ with similar patient groups.
provide contextual evidence to support this kind of application by offering an in-depth exploration of how individual narratives represent the psychical, material and literary ‘use’ of an object in illness.

Illness and disability: contexts and definitions

My understanding of what constitutes ‘illness’ against these contextual backdrops is intentionally broad, and includes related phenomena such as disability, surgical recovery, and mourning. I am conscious of the deep and careful work done by service users, campaigning groups and academics alike to interrogate the many and varying demarcations of physical, mental, infectious and psychosomatic illnesses, diseases, conditions and disabilities – the classification, interpretation and treatment of each of which is itself open to interpretation and debate. In this thesis, I use the word ‘patient’ to refer to the experience of receiving medical treatment, but with the knowledge that many people would prefer to use terms such as ‘survivor’ (particularly in the sphere of mental health), ‘service user’, or simply ‘person’. In looking explicitly at individual accounts of ill health from a psychoanalytical and narrative angle, I aim to think of it in experiential terms, focusing on its expressions and representations. As a general rule, however, I am reading illness as a process, whether or not it has a defined beginning or end. By this I mean that I am interested in how object relations take shape and fluctuate throughout different stages of illness, injury and disability, which often (though not always) include experiences of trauma, treatment and recovery. The sources selected for the thesis, however, primarily fall into two camps: mental health and limb loss.\footnote{Although this is out of scope for my discussion, both these areas particularly highlight the huge inequalities of global healthcare and treatment. The patient experiences and literary representations I look at are all Western (British and American), and their subjects and protagonists are all privileged enough to have access to well-structured healthcare of one kind or another. As N. Katherine Hayles (1999, p. 6) puts it, ‘techno-ectasies [...] which customarily speak of the transformation into the posthuman as if it were a universal human condition’ in fact affect ‘only a small fraction of the world’s population’.} This is partly because there is a wealth of textual material exploring these two areas, and also because they allow me to explore to some depth the representation of less normative processes of mental symbolisation and physical embodiment – two key facets of object relations.
My focus on ill health as an experience and a psychical process brings up a range of conceptual issues, however. Key to this are questions around the relationship between identity, autonomy and temporality. Limb loss, for example, comprises a distinct set of elements and experiences: the psychical aftermath of sudden, painful amputation may last a little or a long time, and may involve types of relation and dependence which are completely new experiences for the patient. Such a process is conceptually and temporally distinct from the phenomenon of a person who may or may not identify as ‘disabled’ in the long term, as a state, whether they have done so from birth or in response to an acquired impairment, which is an identity often celebrated as one more facet of selfhood – if a shifting, changeable, often individually contested facet, of course. The now established field of disability studies seeks to unpick our problematic cultural investment in positioning disability as a form of ‘lack’ or ‘failure’ to do or be something. This much-needed shift in theory directly inflects the exploration of the formation of meaning in terms of the body, mind and environment in conjunction, and I explore this disciplinary context more fully in Chapters 3 and 4 via narrative and lived accounts of prosthesis.

It is important to note, however, that there are several tensions between psychoanalysis, literature and disability studies which are not easily resolved. The emphasis of psychoanalysis on the place and expression of individual distress, and the desire for change and progress, is not always consistent with areas of disability studies that seek to counteract normative expectations of recovery. In turn, the psychopathologising aspect to both public and private mental health services, including though not restricted to psychoanalysis, may not embrace experiences which attract a psychological or medical diagnosis that is explicitly rejected by an individual. Disability studies, meanwhile, has highlighted the way that prejudice and inequality is embedded not just in our social structures, but in our cultural products. Of particular relevance to this thesis is the concept of narrative prosthesis proposed by David T. Mitchell and Sharon L. Snyder (2001, p. 49) to describe the use of disability ‘as a crutch upon which literary narratives lean for their representational power, disruptive potentiality, and analytic insight’. Disabled bodies, they suggest, are used in literature as ‘metaphorical signifier[s] of social and individual collapse’, though may also appear as ‘dynamic entities that resist or refuse the cultural scripts assigned to them’ (pp. 47,
The effect of narrative prosthesis is to foreground and yet displace the materiality of a wide range of ‘marked’ bodies – or ‘unthinkable, abject, unlivable bodies’ in Judith Butler’s (2011, p. 10) terms – thus simultaneously objectifying and dematerialising their place in the text and in wider culture. Mitchell and Snyder see narrative prosthesis as suggestive of the notion that ‘all narratives operate out of a desire to compensate for a limitation or to reign in excess’; disability is a mark of difference that ‘originates the act of storytelling’ (pp. 53-4). In this rendering, bodies must be ‘spoken for’, but disappear in the process (p. 64). While these representations may offer a radical resistance to normativity, the very process of narration demarcates disability as a deterministic construction of a single-state identity.14

With these contexts in mind, I am keen to be clear about the tensions and limits of my focus and scope. A central thread to my work is the examination of ways in which uses of the object in illness are represented across a broad range of experiences, and how these uses are characterised by the flexibility and fluidity that is central to intersubjective relation. In using narrative sources – both literary and autobiographical – to do this, I am conscious of the pressure that a structured narrative may place upon its own claims to an act of representation (even if that representation does not purport to be ‘truthful’ or consistent). The narrativisation of an event, particularly those seeking to exploit modernist convention, can open up an examination of areas of irresolvable complexity: as Armstrong (2005, p. 9) puts it, modernism in particular works with ‘notions of temporality which overlap, collide, and register their own incompletion’. Storifying, however, may also work to ‘fix’ someone’s experience into a chronological structure which occludes paradox, simultaneity and the fluidity of experience. As Lennard Davis puts it with regard to disability in particular:

> When one speaks of disability, one always associates it with a story, places it in a narrative. A person became deaf, became blind, was born blind, became quadriplegic. The disability immediately becomes part of a chronotype, a time-sequenced narrative, embedded in a story. But by narrativizing an impairment, one tends to sentimentlaze it and link it to the bourgeois sensibility of individualism and the drama of an individual story [...] I want to defamiliarize disability, denarrativize it, and in a sense debourgeoisify it. (Davis, 1995, pp. 3–4)

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14 See the work of Oliver, Sapey and Thomas (2012) on the ‘social model of disability’, which distinguishes between specific points of impairment and the disabled identity imposed upon an individual.
In using narrative as my primary material for an exploration of the object in illness, I am explicitly not ‘denarrativiz[ing]’ the object of illness, but holding narrative up as a way into understanding both individual and collective experience founded on perceptual content and form that is open to ongoing interpretation. My approach assumes that personal accounts and fictional experimentation (and, of course, the two are not mutually exclusive) are simultaneously our most productive and our most fallible way to understand another’s subjectivity: it is in this space between objective and subjective reality that transformation may occur. Throughout this thesis, I lean on the idea of literature giving us a space to experiment, to ‘play’, in ways similar to the analytic setting – a way to unsettle perceived knowledge, not to solidify it.

0.5 Key themes

These ideas support several key threads running through this thesis. Firstly, my exploration of the role of the object in illness is predicated on the idea that we create what we see (or sense), and that what we see creates us – an idea which applies across literature, psychoanalysis and material culture. We know from developments in perceptual science and psychology that the images and colours we see are influenced or even created by our expectations, habits and desires – inner realities which literally shape how our brain perceives the world. How we internalise and interpret a material object has as much to do with our psychological and sociocultural patterning as it does with ontological reality and visual processing (Chirimuuta, 2015; Otten et al., 2017). We need objects to fulfil certain functions for us (and, of course, the importance of an object’s practical and psychological function is especially brought to the fore in illness). This is true both at the individual level and, as I explore later in the thesis, at the societal level. An attention to the objects of illness is an attention to the function that the objects of healthcare – institutions, medical staff, and diagnostic processes – perform, or fail to perform, within society.

This brings me to the second key thread, namely that, to borrow Winnicott’s terminology, the mental use (or uses) of a material object is as important as the object itself, and vice versa. I am not seeking to privilege one over the other, but rather to demonstrate that material and psychological experiences work hand in hand: as
Winnicott (2005f, p. 128) said, ‘[Freud] gave new value to inner psychic reality, and from this came a new value for things that are actual and truly external’. In addition, onto this approach I layer the literary ‘uses’ of objects in the broadest sense, from their role as structural hinge points to their use as containers of thematic matter that we ‘don’t want to know’.¹⁵

The third key thread which runs through this thesis, and potentially the most important, is the idea that transformational processes happen in ‘the space between’ (Winnicott, 2005e, p. 72). This includes not only the space between the subject and the object – including mother and child, analyst and analysand, doctor and patient, and text and reader – but the space between the mind and the body, the space between biographical or historical ‘fact’ and literary representation, the importance of architectural space, and the space at the intersection of mutually fruitful academic disciplines. As Winnicott writes of the transitional object, experiences and things apprehended in this intermediate area are neither fully presented from without, nor fully created from within: they are not hallucinations, but neither are they immovable realities with fixed, closed meanings. As I examine in the closing section to the thesis, psychoanalytic object relations give us a way to think about the place of space in contemporary healthcare, from buildings design to the less tangible, increasingly hostile spaces of public health policy, and to the material setting of the analytic encounter itself. As Bollas (1987d, p. 24) makes clear, the patient’s transference ‘is as much to the analytic space and process as it is to the person of the analyst’. My extension of the dual concepts of Winnicott’s holding environment and Bollas’s transformational object across healthcare, the analytic encounter, and literary texts alike are crucial to these considerations: this thesis seeks to draw connections between the way patients, analysands and readers may be held (or not held) within spaces of potential transformation. We could understand each of these spaces, I will argue, as an environment in which a recreation of the earliest psychical environment or transformational maternal object can take place, thereby restaging early relational

¹⁵ I am following the wording of Deborah Levy’s (2014) book Things I Don’t Want to Know, which has been helpful to me in thinking about the place of repression and unveiling in literary narrative. Levy’s book details her childhood preoccupation with writing out things she is aware she ‘doesn’t want to know’, and I use this idea as a recurrent thread throughout the thesis.
developments and fractures in order to attempt the ‘working through’ of the loss of the first object.

What these threads have in common is the role of the object – specifically the object within its internal and external environments – as a bridge between different realms of experience. The intervention made by this thesis is the expansion of ideas of how objects create meaning, how this meaning is re-created, altered and expanded internally, and how this interaction between inner and outer is represented narratively, focusing in particular on the realm of illness and the patient experience. As such, I add psychical and literary uses of objects to the material, social or technological ‘forms, uses and trajectories’ of objects to which Appadurai (1986, p. 5) refers (see Section 0.2). I have made a conscious choice to use the material to help us to think about the immaterial, and vice versa; not as a binary or duality, but as an iterative, co-constitutive process – what Elizabeth Grosz (1994, p. xii) sees as the infinitely recursive ‘mobius strip’ of experience. As Jessica Benjamin (1995, p. 7) puts it, grasping the enmeshed co-constitutivity of this intersubjective movement between inner and outer experience ‘also requires a kind of transitional space in theory, which can encompass the paradoxes that arise when we are aware that two or more competing and convincing perspectives apply to the same phenomenon’. What could be seen as a division may be reconceptualised as a meeting point or a border: an ‘intermediate area of experience’ and play in which the self can be transformed.
Chapter 1: Mourning Made Material: Woolf’s Dressing Table, Winnicott’s Mirror-Role, and the Lost Object

[The primary function of furniture and objects [...] is to personify human relationships, to fill the space that they share between them, and to be inhabited by a soul. [...] What gives the houses of our childhood such depth and resonance in memory is clearly this complex structure of interiority, and the objects within it serve for us as boundary markers of the symbolic configuration known as home. [...] In their anthropomorphism the objects that furnish it become household gods, spatial incarnations of the emotional bonds and the permanence of the family group.]


In the spare room at Charleston House in Sussex – the sometime home of artist Vanessa Bell and her family from 1916 onwards – sits a heavy piece of mid-Victorian furniture: a dressing table that belonged to Julia Stephen, the mother of Bell and her sister Virginia Woolf (1882-1941). It was in the room at the family’s London home where Julia died of rheumatic fever at 49 in 1895, when Woolf was 13. In Woolf’s (2002c, p. 102) account of her mother’s death, the dressing table features as a material distraction in the face of muted grief: ‘I remember the long looking-glass; with the drawers on either side [...] I stooped and kissed my mother’s face. It was still warm’.

Julia’s death was a structuring moment in Woolf’s life, one that ‘unveiled and intensified; made me suddenly develop perceptions, as if a burning glass had been laid over what was shaded and dormant’ (Woolf, 2002c, p. 103). In this chapter, I propose that the dressing table and its mirror become powerful vehicles of mourning in Woolf’s writing, a means to explore the themes of maternal absence – the original ‘lost object’ – and epistemological distress in material and metaphoric terms.

In this chapter, I aim to maintain a critical distance from too diagnostic an approach, a lens under which Woolf’s life, work and death – by suicide in 1941 – have been placed all too often. Instead, I wish to illustrate how her representations of loss highlight the complex entanglements of mental health and ill-health with our daily, sensory lives, and how a material object such as the Stephen family dressing table gives us a way back into exploring individual experiences of grief and breakdown. To explore this entanglement of the mental and the material, I first set out a short object
biography of the dressing table at Charleston (see Figure 3), drawing a link between its cultural and biographical contexts and Woolf’s representations of material embodiments of distress. I then investigate Woolf’s narrative fixation on such a seemingly commonplace material object, using Donald W. Winnicott’s (2005c) work on the mother’s *mirror-role*. This analysis brings to the fore an emphasis on the intersubjective nature of relationships between subject and object as a core part of the structuring of the self within ‘the world of seen things’ (Winnicott, 2005c, p. 151). I next look at the use of bodily mimicry to reproduce or ‘revivify’ the lost mother through material environments, dress and gesture. Finally, as an extension of the chapter’s concern with the inherent relationality of the subjective state, I look at Woolf’s representation of material objects as simultaneous triggers of distress and pacifying anchors which support re-entry into the relational world. The importance of materiality as both a source and an expression of the sensory and affective elements of the experience of distress is thus central to this chapter, as are the intertwined meanings and implications of the material, literary, emotional, and psychical ‘use’ of objects.

The turn to Winnicott in literary and cultural studies is hugely relevant to Woolf’s work and approach, with their shared emphasis on intersubjectivity and the impact of not being ‘seen’.¹⁶ I propose that an examination of Woolf’s use of the relationship between material and symbolic modes of relating in the context of the development of the self – embodied in material objects such as the dressing table and its representations – opens up a deeper understanding of subjective experience as portrayed in her work. Woolf exemplifies Winnicott’s ideas about selfhood, specularity and materiality, while Winnicott theorises Woolf’s concerns about the reception of the subject.

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¹⁶ For example, Emily Dalgarno (1994, pp. 179–81) has read Woolf’s (2002c) biographical ‘Sketch of the Past’ in relation to the averted gaze of the non-mirroring Winnicottian mother.
Figure 3: The Charleston House dressing table. Accession no.: CHA/F/152. Photograph © Harriet Barratt, with thanks to The Charleston Trust.
1.1 The dressing table

The Charleston dressing table is large and imposing, with a velvet footrest, a broad, central mirror, and two rows of deep drawers with turned handles. Its provenance is unknown, but its craftsmanship and material render this a relatively high-status piece of furniture (it is handmade, though not bespoke, and is listed in the Charleston catalogue as walnut, though from close examination may in fact be mahogany – both expensive imports). This sense of quality without showiness reflects the conventional ideals of the Victorian domestic space: it is a serious, useful object that places serviceability over exhibitionism. Unlike the many items at Charleston decorated with chalky, homemade paint as part of Vanessa Bell’s interiors project, the dressing table is unadulterated. It is now in an aged condition – all mottled glass and scuffed corners – and stands out as a mute, solemn anomaly amidst the cheeriness of the rest of the house.

This uneasiness extends to the spatial context of the dressing table within the confines of the Charleston farmhouse. It is tempting to read its location both in actuality (the spare room) and in Woolf’s symbolic representations of it (as a site of problematic intimacy) as an indication of daughterly ambivalence. The dressing table was not part of the immediate domestic environment, not actively cared for, not part of Bell’s ongoing project to transform Charleston. Nor, though, was it disposed of, given away or left to moulder completely. Still less was it ‘burnt’, ‘torn up’ or ‘batter[ed] down’ as were many of the family’s belongings after the death of their father in 1904, the family home having been ‘wound up’ by Bell while Woolf lay ill in bed (Woolf, 2002a, pp. 45–46). In Woolf’s (2002a, pp. 46–47) description, such immolating destruction seems a necessary part of the siblings’ move towards personal and material freedom, being ‘full of experiments and reforms’ as they were: ‘Everything was going to be new; everything was going to be different. Everything was on trial’. Did the dressing table’s role in the reproduction of the maternal body – literal and symbolic – protect it from anything as certain as destruction, instead leaving it in the hinterland of not-quite-possession? For Woolf, at least, Julia’s belongings set the form and standard for all other objects. Her pen was ‘the pen, as I used to think it, along with other objects, as a child, because mother used it’ (Woolf, 1977, p. 208, emphasis in original). For Vanessa to dispose of the dressing table would presumably have constituted an unthinkable act. It seems, though, to have been both wanted and not
wanted, preserved and excluded, neither fully Vanessa’s nor fully Julia’s – an uneasy, abject status, permanently ‘on trial’. Indeed, the dressing table’s full-length design also blurs the gendered assumptions behind the use of the mirror. Because men stood to shave, this style is more commonly associated with a male, not a female, owner (Adlin, 2013, p. 10); perhaps, although it is listed in the Charleston catalogue as Julia’s dressing table, it originally belonged to her husband Leslie Stephen?

The dressing table’s spatial abjection is underlined by the connotations of the ‘spare room’ in which it was kept (which also housed Bell’s sons, Julian and Quentin, as children). It is a chilly term which sidesteps the hospitality inherent to a ‘guest room’ or the nostalgia of the ‘children’s old room’ (Spalding, 1994, p. 273). An anecdote of Bell’s underlines a certain uncanniness associated with it: shortly after Julian had departed for the Spanish Civil War, in which he died, Bell thought she saw a figure cross the room in which his brother was staying.17 ‘It gave me such a shock,’ she wrote, ‘but of course was some trick of light or something’ (unpublished letter, 20 June 1937, cited in Spalding, 1994, p. 295). Though quick to dismiss any suggestion of the supernatural, Bell seemed to regard the room with some anxiety. Yet it was also a space without rules, the undefined function of which left it open to re-interpretation. In 1936, Bell wrote: ‘Angelica [her daughter] and I decided that it would be fun to tackle the spare room [by painting it]. We have great plans for letting ourselves go on that’ (unpublished letter, April 1936, cited in Quentin Bell and Nicholson, 1997, p. 116). It is evidently a low-risk space of play – ‘letting oneself go’ suggests that an ugly outcome is not a disaster – and yet its uneasy liminality, its status as a dumping ground for difficult objects, emotions, and even ‘visionary’ projections, renders it something that requires ‘tackling’ in more ways than one.

Mirrors and their spatial settings play an unsettling role in our shared cultural inheritance. In the eighteenth-century dressing room – then a more public space, for a certain class at least – the dressing table came to act both as a symbol of status and as a byword for political and sexual conspiracies (Adlin, 2013, p. 9). In the nineteenth century it was reworked in the service of a vain, frivolous, female virginity which

17 Quentin Bell also slept in Maynard Keynes’s old bedroom later in his life, so my assumption about which room Vanessa Bell is referring to here is supposition (Charleston Room by Room, n.d., sec. ‘The Spare Room’).
carried within itself the threat of social and bodily destruction. In her work on the dressing room in Victorian literature, Tara Puri (2013, pp. 504, 506) argues that this space is also a ‘significant site for the creation of female identity, as well as a certain kind of feminine intimacy’, which offers women an ‘experience of secluded intimacy, homospectatorial display, and genuine friendship’. For a newly-female Orlando, however, in Woolf’s novel of the same name (1928), the dressing table plays a coercive role in the way women’s bodies are prepared for a predominantly male gaze:

“[W]omen are not [...] obedient, chaste, scented, and exquisitely apparelled by nature. They can only attain these graces, without which they may enjoy none of the delights of life, by the most tedious discipline. There’s the hairdressing,” she thought, “that alone will take an hour of my morning; there’s looking in the looking-glass, another hour [...]” (Woolf, 2000b, p. 110)

Woolf also used the mirror metaphor to explore the pressure placed on women to ‘reflect’ and ‘smooth’ the world around them:

Women have served all these centuries as looking-glasses possessing the magic and delicious power of reflecting the figure of man at twice its natural size. [...] if [a woman] begins to tell the truth, the figure in the looking-glass shrinks; his fitness for life is diminished. (Woolf, 2000a, pp. 32–33)

As Susan Squier (1981, p. 274) notes, ‘to woman, the mirror reveals no comparable consoling, semidivine image of the self’. Note also the shifting subject-object positioning of Woolf’s own terminology around the dressing-table’s reflective surface. It is predominantly described as a ‘looking-glass’ (something into which the subject, taking charge, chooses to look, although the uncanny double meaning of a glass that looks back sits beneath this) and only occasionally, as in later quotations in this chapter, a ‘mirror’ (which, as an object with its own agency, reflects).

As I will explore, in several of Woolf’s novels we watch more mature women at their dressing table through the eyes of younger women who are on the cusp of emerging into society. The connection between the dressing table and this quest for intimacy with older women in Woolf’s work highlights the connection between this material object and the body of the mother, both alive and dead. Nuala Hancock (2012, pp. 140–41), writing of

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18 For example, see the changing representation of the dressing table throughout modern Western visual culture in Hogarth’s The Toilette (c. 1743), Augustus Egg’s A Young Lady at Toilet (1860), and C. Allan Gilbert’s 1892 print All is Vanity.
the Charleston dressing table, suggests that its materiality sparks both an emotional and a
temporal engagement: it ‘implicates the viewer in the painful emotions that surround
untimely death [...] [and] insist[s] that we contemplate not only death, but the moment of
dying’ (indeed, she sees its ‘abject air’ as being shaped by our ‘associative imaginings’ as
much as by its own ‘burden of distress’). As a material object, the dressing table
represents the live body of the mother and the child’s projected inheritance of her
problematic role as aesthetic object – not to mention the legal inheritance of the object
itself. The child’s act of looking in the mirror echoes the early embodied relation between
mother and infant, and the space between them, while also refracting out into the social
world.

That Woolf was compelled to resurrect the figure of the mother throughout her
writing has been central to critical approaches to her work. Such representations have
been seen as Woolf’s ‘project of the recovery of the mother’ (Marcus, 1987, p. 9), an
attempt to fill the ‘empty centre’ left by the deaths of Woolf’s mother and half-sister
(Rosenman, 1986, p. 16), and ‘rips which echo everywhere’ in Woolf’s work, forming
an ‘absolute void’ (Defromont, 1992, p. 67). I argue that the mirror, acting as a vehicle
for oblique images of the mother’s face and body, plays a key part in Woolf’s literary
attempts to ‘revivify’ the mother at specific structural hinge-points concerned with
wellbeing and ‘ill-being’. Although Squier (1981, p. 273) contends that the mother’s
mirror-role in Woolf is evidence of a ‘commitment to confront and accept
ambivalence’, I believe that there is an endless circling or doubling of this encounter
which allows ambivalence to remain unresolved. In effect, Woolf’s repetition of the
dressing table trope allows her to stay close to, yet never fully within, the lost ‘house
of light’ – Francoise Defromont’s (1992, p. 63) phrase for the radiance and warmth of
the maternal realm – created by the dressing table scene: a position from which she
can both desire and critique.

This focus on the mother’s role in structuring selfhood, and the turning of the
‘daughter-in-the-mother’ and the ‘mother-in-the daughter’ inherent to concepts
around the mirror-role, highlights the problematic role of mothers in psychoanalytic
theory. Traditionally, the mother’s own subjectivity has been largely untheorised,
representing as she does a pre-Oedipal, pre-Symbolic realm (in the thinking of
Freudian and Lacanian theory respectively). Following Luce Irigaray’s theories of sexual
difference, which explicitly call for a way of structuring the female imaginary, critics such as Amber Jacobs (2007) and Janice Doane and Devon Hodges (1992) have highlighted that there is still no clear theorisation of maternal subjectivity outside of these structures. As Jessica Benjamin has highlighted, there is a central tension in traditional object relations theory in relation to the mother’s own consciousness:

The mother’s mental work is so essential to the construction of the mind, and yet the mother’s own mind was not represented. As long as psychoanalysis could not theorize maternal psychic work as an aspect of subjectivity, it could not formulate a mother who is more than merely a mirror to the child’s activity. (Benjamin, 1998, p. 57)

Carolyn Dever (1998, p. 77) even argues that Winnicott’s theory of primary maternal preoccupation – the mother’s devoted attention which characterises the first few weeks of a baby’s life – requires an annihilation of the mother’s own needs, what she calls ‘Winnicott’s ideological truncheon’. This is a complex schema of blame which makes several assumptions about the mother’s needs (for example, as well as the need to retain independence, the mother may well also feel a need to be preoccupied with her baby during its first months). Benjamin has reframed this debate by suggesting that contemporary object relations has the potential to counter its own implicit bias. We can do this, she argues, by theorising a shared human experience that exists in an early infantile stage prior to the domination inscribed in gender relations (if there is such a thing): ‘psychoanalytic theory can help illuminate what it formerly accepted: the genesis of the psychic structure in which one person plays subject and the other must serve as his object’ (Benjamin, 1990, p. 7). Paradoxically, in being ultimately unable to represent or ‘use’ her mother reflectively in her work, Woolf might be said to be reaching towards an understanding of ‘maternal psychic work’ that goes beyond the child-centric search for its reflection – to represent a mother who is ‘more than merely a mirror’ and who claims the potential to centralise her own subjectivity in the world of shared experience.

1.2 Finding ‘meaning in the world of seen things’: Pursuing intersubjectivity

Woolf’s own early experiences of mirrors were characterised by unease, in a jolting fusion of bodily affect and subjective instability. She describes an early fascination with her own
reflection, which provoked ‘a strong feeling of guilt’ that seemed ‘naturally attached to it’; ‘the looking-glass shame has lasted all my life [...] I must have been ashamed or afraid of my own body’ (Woolf, 2002c, pp. 81–2). She goes on to recount a dream:

[A] horrible face – the face of an animal – suddenly showed over my shoulder. [...] I have always remembered the other face in the glass, whether it was a dream or a fact, and that it frightened me. (Woolf, 2002c, p. 83)

From a Lacanian angle, the ‘other face in the glass’ may be oneself, threateningly other – ‘the double, in which psychical realities [...] are manifested’ (Lacan, 1977, p. 3, emphasis in original). Indeed, throughout Woolf’s work, mirrors are ‘ambivalent and often hostile cultural devices which threaten a woman’s psychological well-being’ through this ‘doubling oppressiveness’ (Deppman, 2001, pp. 31–2). They can even be actively violent. In Woolf’s family epic The Years (1937), the reflection of Eleanor’s sunburnt face suffers a ferocious assault, before sinking into self-imposed erasure:

Her neck had been cut off from her chest as if it had been painted brown, she thought, as she slipped on her evening dress in front of the looking-glass [...] and gave one glance at the woman who had been for fifty-five years so familiar that she no longer saw her – Eleanor Pargiter. (Woolf, 2002d, p. 145)

Woolf seems clear that a reflection which dissolves and attacks identity, even as it helps to form it, proves an unreliable aide in the problem of defining the subject. The near-full length of the Charleston dressing table mirror is important in this respect, drawing the viewer’s eye not just to the face, but to the body and the body’s gestures – a view that was inaccessible to consumers before the nineteenth century due to manufacturing limits on glass size (Armstrong, 2008, p. 96). The cheval style, in effect, newly extended (and complicated) the limits of the apprehensible body.

Jacques Lacan (1977, p. 2) posited that, when infants discover their own image in a mirror, an Ideal-I is internalised alongside the ‘true’ ego, splitting the self into inner and outer entities which meet at the boundary of the body.¹⁹ As in the extracts above, the mirror thus defines and delimits our physical place in the world while simultaneously undermining psychological unity. In contrast to Lacan’s emphasis on the baby’s solitary

¹⁹ For further work on Lacan and Woolf, see Minow-Pinkney (1987), Dalgarno (1994) and Howard (2013).
encounter with the mirror, however, Winnicott’s model of the *mother-mirror* centralises inter-subjectivity, positioning it as absolutely vital to the development of an individual’s place in their material surroundings. His central tenet is that ‘the precursor of the mirror is the mother’s face’:

> [O]rdinarily, what the baby sees is himself or herself. In other words the mother is looking at the baby and what she looks like [to the baby] is related to what she sees there [in the baby’s own face]. ...when the average girl studies her face in the mirror she is reassuring herself that the mother-image is there and that the mother can see her and that the mother is *en rapport* with her. (Winnicott, 2005c, pp. 151–2, emphasis in original)

The mother’s specular devotion is crucial: a complex doubling occurs which, paradoxically, enables the emergence of the baby’s own identity. It is in this way that we can start to trace the emergence in Winnicott’s work of the mother as the primary and original prosthetic supplement within the wider infantile environment, as this thesis will go on to argue. Though the mirror here has significance primarily in the figurative sense, Winnicott (2005c, pp. 158–9) points out that we can nevertheless include ‘the actual mirrors that exist in the house and the opportunities the child gets for seeing the parents and others looking at themselves’ – an intermingling of material and mental objects.

In Woolf’s *To the Lighthouse* (1927) – her well-known novel about a large Victorian family, maternal loss, and the passage of time – a dressing table encounter between mother and daughter centres on this interaction of material and symbolic meaning. Rose, of indeterminate age but probably pre-pubescent, is allowed to help her mother, Mrs Ramsay, with the ‘little ceremony of choosing jewels’ (Woolf, 1992b, p. 88). This scene recalls Puri’s (2013, p. 504) interpretation of the role of the dressing room as a ‘significant site for the creation of female identity’:

> [Rose] had some hidden reason of her own for attaching great importance to this choosing what her mother was to wear. What was the reason, Mrs Ramsay wondered, standing still to let her clasp the necklace she had chosen, *divining, through her own past, some deep, some buried, some quite speechless feeling that one had for one’s mother at Rose’s age.* (Woolf, 1992b, p. 89, emphasis added)

Rose is here on the edges of the mirror encounter, gazing neither at her own reflection nor into the mother’s face but at the mother’s replication in the glass: an opportunity for ‘seeing the parents [...] looking at themselves’ (Winnicott, 2005c, p. 159), though
Mrs Ramsay in fact ‘avoid[s] her face’ (p. 88). While Rose’s brother takes Mrs Ramsay’s arm to go down to dinner, with Rose left to carry her handkerchief (p. 89), it is Rose to whom Mrs Ramsay turns for a description of the rooks outside, ‘hoping that Rose would see it more clearly than she could. For one’s children so often gave one’s own perceptions a little thrust forwards’ (p. 88). Here, Rose pursues an emergent selfhood through the ritualised use of the dressing table, but she does not see herself in the mirror. She is literally off to the side, escaping a direct engagement with both her own reflection and the potential exchange with the mother.

The necessity of personal adornment, an ambivalent relationship with one’s own appearance, deference to one’s male counterparts and yet a hope that she will ‘see [the external world] more clearly than [Mrs Ramsay] could’: this is a loaded set of expectations for mother to hand to daughter, and all under the explanation (or pretext?) that it is at Rose’s bidding, driven by her dangerously ‘deep feelings’ and her obsessive objectification of her mother. The dressing table provides a locus for this multifaceted and complex set of maternal expectations to be made clear, under the guise of ritual and preferential treatment. Mrs Ramsay plays her part in the inheritance of gestures and rules, just as the female writers of Woolf’s (2000a, pp. 72–3) A Room of One’s Own (1929) are ‘the descendant[s] of all those other women whose circumstances I have been glancing at’, women whose ‘characteristics and restrictions’ they will inherit. The obsession with the maternal body is also a fascination with one’s own beginnings and potential futures.

Françoise Defromont argues that the first awareness of oneself as an individual body engaging with another is inextricably tied up with the idea of the maternal in Woolf’s work. The mirror’s ‘endless to-and-fro’ brings about a ‘double trajectory’ of stage and spectator, author and reader, which creates an anxiety about ‘those questions of identity and origin […] which point to the mother’ (Defromont, 1992, p. 63). Yet, while Defromont here sees Mrs Ramsay as ‘a reflecting surface: she absorbs the light to radiate it out again in her turn’, we can also read this passage as a portrayal of a mother using the intersubjective space to give her own creative perception ‘a little thrust forwards’ in answer to an impossible expectation:
Like all feelings felt for oneself, Mrs Ramsay thought, it made one sad. It was so inadequate, what one could give in return; and what Rose felt was quite out of proportion to anything she actually was. And Rose would grow up; and Rose would suffer, she supposed, with these deep feelings... (Woolf, 1992b, p. 89)

She is unable to reconcile Rose’s phantasmic internal image of her alongside her own subjectivity, the two being ‘out of proportion’. It is as if Mrs Ramsay is the infant and Rose is the mother-mirror, giving back to Mrs Ramsay an image of herself as a child rather than taking part in a ‘two-way process’ of self-enrichment ‘in the world of seen things’ (Winnicott, 2005c, p. 151). Beyond Winnicott, then, we could also read this passage with Benjamin’s (1998, p. 57) sense of the formulation of ‘a mother who is more than merely a mirror to the child’s activity’.

Meanwhile, Kitty Malone in The Years turns away from her mother’s cold mode of relating towards the internalised image of a warm, bright-faced visitor, Mrs Fripp. She is shocked and attracted by her glimpse of the older woman’s dressing table and its cosmetic secrets, the ‘truth’ of which offers an insight into the performativity of female adulthood:

[T]here was something strange about the room tonight, Kitty thought, glancing over her mother’s shoulder... [...] on the dressing-table there were a number of little pots and jars and a large powder-puff stained pink. Could it be, was it possible, that the reason why Mrs Fripp looked so very bright and the Oxford ladies looked so very dingy was that Mrs Fripp – But Mrs Malone [Kitty’s mother] was saying, “You have everything you want?” with such extreme politeness that Kitty guessed that Mrs Malone too had seen the dressing-table. (Woolf, 2002d, pp. 43–4)

Kitty’s mother, with her ‘crisp white hair curled stiffly’ (p. 42), is a model of chilly propriety, touching Kitty ‘perfunctorily on the cheek’ in comparison with ‘bright’ Mrs Fripp’s goodnight kiss, which leaves ‘a little glow’ (p. 44). Always busy, Mrs Malone only ‘glance[s]’ (p. 57) at Kitty when judging her behaviour – no self-structuring gazing here.

After her consciousness has been awakened by her interaction with Mrs Fripp, Kitty goes to her room and, alone, enacts her need to see and be seen. Coming to from a daydream to find herself at an open window in her petticoat, she goes on to examine herself in the mirror: ‘Am I pretty? [...] What did Mrs Fripp think of me, she wondered?’ (pp. 44-45). If a girl looking into the mirror ‘is reassuring herself that the mother-image is there and that the mother can see her’ (Winnicott, 2005c, p. 152), Kitty’s fantasy of being watched by Mrs Fripp points to her need to be led in the collaborative creation of
selfhood, using the dressing table as a prop to enable both real and imagined relationships. Deprived of chances to tap into the homospectatorial aspects of identity within her relationship with her own mother, Kitty’s need for intimacy is answered by little more than a passing stranger, whose dressing rituals she glimpses over her mother’s shoulder, beyond the face which does not join her in intersubjective creativity.

Winnicott (2005c, pp. 158, 152) proposes that a child whose selfhood is not ‘give[n] back’ through the maternal face, like Kitty, will ‘grow up puzzled about mirrors and what the mirror has to offer’. Without such an exchange, ‘the infant’s developmental task is infinitely complicated’, and they will ‘organize withdrawal’ in response to this ‘threat of chaos’ (pp. 150, 152). The failed mirror encounter, Winnicott suggests, is ‘the case of the baby whose mother reflects her own mood, or, worse still, the rigidity of her own defences’:

[The baby] look[s] and they do not see themselves. [...] their own creative capacity begins to atrophy, and in some way or another they look around for other ways of getting something of themselves back from the environment. [...] [One-way] perception takes the place of that which might have been the beginning of a significant exchange with the world, a two-way process in which self-enrichment alternates with the discovery of meaning in the world of seen things. (Winnicott, 2005c, p. 151)

Woolf’s repeated use of the dressing table trope in her writing brings to the fore not only maternal loss but also this ‘unreflective’ Winnicottian mother. Her portrayals of distress may in some circumstances be interpreted as the puzzlement of daughters who cannot ‘use’ the maternal mirror to construct the self in an ongoing process of intersubjective relation. In Winnicott’s (2005c, p. 158) terms, both mothers here seem unable to ‘give back to the baby the baby’s own self’. Yet Woolf’s portrayal of Mrs Ramsay, at least, gestures towards a maternal consciousness sitting at the centre of the relation between mother and child which psychoanalysis has traditionally sidestepped. This highlights the need to maintain a focus on the implicit multi-subjectivity of intersubjective relation, rather than reproducing the subject-object dichotomy.
1.3 ‘Finding the self in the other’: Reflection, relation, and reproduction

Acts of bodily mimicry give the daughter figure in Woolf’s work one way to attempt to ward off the ‘threat of chaos’ posed by this complexity at the heart of intersubjective relating (Winnicott, 2005c, p. 152). As Leeat Granek (2014, p. 63) has proposed, any consideration of grief necessarily ‘places the focus on the individual body of the griever’. Woolf’s insistent dwelling on the body’s mirror-image brings the somatic and material selves portrayed in her work into the literal and literary frame. Mimicry need not be ominous; Lacan (1977, p. 1) points to the child’s creative reduplication of its own gestures as part of its mirror play. The psychoanalytic theorist André Green (1997, p. 151) argues that the mother is always an imago in the child’s mind that the child engages in a kind of ‘mimicry’. Where it points to the submergence of one self under another, however, identity is threatened. Victoria Coulson has emphasised that, when it functions, the Winnicottian maternal mirror offers ‘not a clone, but a likeness’:

Transcending the idealist opposition of self and other, mind and matter, the mother’s face offers her baby a visual representation of the emergence of his identity from within her look, and installs that relationship as the structure of the baby’s self. Intersubjective and consubstantial, Winnicott’s face-to-face encounter finds the identity of the self in the representations of the other, and honours the work of the mirror as a creative activity of looking, seeing and showing. (Coulson, 2013, p. 813, emphasis added)

‘Transcending the opposition of [...] mind and matter’: the mother’s act of mirroring both highlights and diffuses the tension between mental and physical experience, instead placing importance on the fruitful conjunction of the two. Vicky Lebeau (2015, p. 177) stresses that Winnicott’s representation of a successful mirroring relationship is about this ‘relation in reflection, a reflective relation’ (emphasis added) – not about reproduction.

Night and Day (1919) – Woolf’s most generically conventional novel, which follows two young women through the trials of social and romantic relationships – turns upon these substitutions and acts of mimicry. In a now familiar trope, a young woman, Cassandra, is impressed by her cousin Katharine’s ‘great looking-glass’, and the ‘mature’ arrangements of her brush and comb (Woolf, 1999, p. 360). Sitting on the bed, she gazes at the ‘serious’, ‘intent’, ‘romantic’ reflection of the older girl’s face in the mirror, a ‘slightly moving effigy of the beautiful woman’ with her Virgin Mary-like blue dress and dark hair. Her admiration contains a desire to double her cousin: ‘with a desire to finger what her cousin
was in the habit of fingering, Cassandra began to take down [her] books’ (p. 361). Cassandra’s idle admiration foreshadows the accelerated substitution of her identity for Katharine’s – she ultimately takes Katharine’s place as William Rodney’s fiancée, inheriting the ring which ‘will fit you without any alteration’ (p. 521). As Mrs Hilbery, Katharine’s mother, says, ‘“Where’s Katharine, I say? I go to look, and I find Cassandra!”’ (p. 522). As Rosenman (1986, p. 34) puts it, she ‘attract[s] the possessive impulses of William and Mrs. Hilbery like a lightning rod so that Katharine may reach maturity’: a sacrifice of one merging, emerging selfhood in order to liberate another.

Katharine’s relationship with her mother is itself presented as an interplay and negotiation of resemblance and contrast:

[S]eeing her own state mirrored in her mother’s face, Katharine would shake herself awake with a sense of irritation. Her mother was the last person she wished to resemble [...] Mrs Hilbery [looked] at her with her odd sidelong glance, that was half malicious and half tender. (p. 43, emphasis added)

Katharine here rejects the maternal mirror, later described as a ‘kind of maternal scrutiny which suggests that, in looking at her daughter a mother is really looking at herself’ (p. 221). Instead, she breaks with family convention to choose the working-class Ralph Denham and his ability to ‘see’ her: ‘Was he not looking at something she had never shown to anybody? Was it not something so profound that the notion of his seeing it almost shocked her?’ (p. 403). Her anxiety about this newfound ability to display herself brings about a fear that she will ‘cease to be real’ to Denham, with the implication that her face cannot be read: ‘It’s the faces in a storm again – the vision in a hurricane’ (p. 497). For his part, Denham is ‘struck cold by her look of distance, her expression of intentness upon some far object’ (p. 499). Yet they resolve their difficulties with all the momentum of the conventional marriage plot, moving swiftly through mutual looking towards their engagement:

She blushed very deeply, but as she did not move or attempt to hide her face she had the appearance of someone disarmed of all defences [...] The moment of exposure had been exquisitely painful – the light shed startlingly vivid. [...] She [...] found his gaze fixed on her with such gravity that she turned to the belief that she had committed no sacrilege but enriched herself, perhaps immeasurably, perhaps eternally. (p. 518, emphasis added)
Katharine has exchanged the binding role of the reflective daughter for another form of being seen, the conventional set-up of male gaze and female exposure. Her sense of having ‘enriched herself’, though, recalls Winnicott’s (2005c, p. 151) summary of successful mirroring as ‘a two-way process in which self-enrichment alternates with the discovery of meaning in the world of seen things’. In these terms, Katharine has found the act of shared relation missing from her experience of maternal mirroring, which was instead built upon the reproduction of the mother in the daughter.

Woolf’s representation of her half-sister Stella, Julia’s daughter by her first marriage, follows this inversion of maternal mirroring. Stella was ‘always the beautiful attendant handmaid, feeding her mother’s vivid flame’: ‘[their relationship] had something of the morbid nature of an affection between two people too closely allied for the proper amount of reflection to take place between them’ (Woolf, 2002b, pp. 14–5, emphasis added). Again, this is stifling ‘reproduction’ rather than ‘relation’: Julia herself admitted that ‘she was hard on Stella because she felt Stella “part of myself”’ (Woolf, 2002c, p. 107). Stella herself, Woolf believed, was comforted by Vanessa’s presence after Julia’s death because she was ‘both in nature and in person something like a reflection of her mother’ (Woolf, 2002b, p. 19, emphasis added).

Despite the family preoccupation with mimicking and reflecting the mother, Woolf presents Julia as a vague presence whose reflective ‘surface’ is spread so thin that creative intersubjectivity cannot take place:

[S]he was living on such an extended surface that she had not time, nor strength, to concentrate, except for a moment if one were ill or in some child’s crisis, upon me [...] I see now that [she] must have been a general presence rather than a particular person to a child of seven or eight. (Woolf, 2002c, pp. 94–5, emphasis added)

Even Leslie Stephen (1977, p. 58), Woolf’s father, conceived of his wife’s core self as somehow absent, since ‘she lived in me, in her mother, in her children’, her own subjectivity obscured (Stephen specifically wrote his ‘Mausoleum Book’ in the 1890s to commemorate Julia for her children [Hyman, 1980, p. 121]). Woolf’s quest was to find her own reflection in a busy mother who could only come fully into view when she was ill or in crisis – examples of a child’s effort to ‘[get] something of themselves back from the environment’ (Winnicott, 2005c, p. 151).
For all this busy efficiency, though, Julia’s presence in Woolf’s autobiographical writing is primarily melancholic. As a young woman, Julia had ‘been happy as few people are happy’; her first husband’s death was a ‘disillusionment as well as a tragic human loss’ and ‘reversed those natural instincts which were so strong in her of happiness and joy in a generous and abundant life, and pressed the bitterest fruit only to her lips’ (Woolf, 2002b, p. 5). One is reminded of Green’s (1997, p. 142) concept of the ‘dead mother’, a ‘distant figure, toneless, practically inanimate’: ‘a mother who remains alive but who is, so to speak, psychically dead in the eyes of the young child in her care’. I am not suggesting that Julia was a ‘dead mother’ in exactly the way Green outlines – Woolf (2002b, p. 12) also talks of her quickness to anger, her vividness, and the way she ‘[lit] our random lives as with a burning torch’ – but this ‘deadness’ is a useful concept to consider alongside the absence of ‘reflective relation’. In Green’s (1997, p. 162) framework, the child is caught in a ‘mad passion’ of which the mother is the object; mourning becomes an ‘impossible experience’. Extending this idea, critic Jed Sekoff (1999, p. 114) posits that the dead mother complex highlights the need for an engagement with the ‘terrible beauty’ of our absences to avoid the absent other becoming ‘the graveyard of the subject’ – in other words, that we lose ourselves in ignoring the urge to regain what is already irredeemably lost. The doubled, distorted images of the lost, unreflective mother refracting through the pages of Woolf’s novels are effectively a sideways glance, an oblique look at this ‘mad passion’; it is too great to look at face on, but returns again and again, cementing the ‘graveyard’ of the subjective self by other means.

There is a tension between Woolf’s implied sense of duty to being a ‘reflection’ or bodily reproduction of this disappearing or dead mother-image, with her averted gaze and beatific features (see Figure 4), and her written representations of her resistance to such an act. In 1938, after coming across a photograph of herself published without permission in The Times Literary Supplement, she asked her friend Ethel Smyth ‘Why shd. [sic] I reflect “what a beautiful woman” I am? I’m not, and never think so. (This is true)’ (Woolf, 1980b, p. 235). As well as its more common meaning, the word ‘reflect’ can be read in relation to Woolf’s perceived power over the literal replication or ‘reflection’ of her image: essentially, why should I show myself? In both the extract about the relationship between Julia and Stella and the note to Ethyl about her own
image, Woolf positions ‘reflection’ as a form of psychic activity and obsession. The dressing table evokes this obsession, offering a vehicle for both the face of the mother and her refiguring in the interior world of the onlooking daughter.

Figure 4: Mrs Herbert Duckworth (later Julia Stephen), 1867. Photograph by Julia Margaret Cameron, courtesy of the J. Paul Getty Museum Open Content Programme.

In May 1926, Woolf was photographed by Vogue wearing one of her mother’s dresses – a curious set of images (see Lee, 1997, image 59) which Pamela Caughie (2013, p. 204) proposes ‘infantilize’ and ‘desexualize’ Woolf ‘by identifying her with the angelic image of her mother’s face’. In effect, Woolf is seeking to reproduce the maternal body through a performative, material enactment of both clothing and gesture, an instance of what Maggie Humm (2010, p. 4) calls ‘the emotional burden of the matrixial’ – ‘matrixial’ in the sense of Bracha L. Ettinger’s feminine realm as an alternative to phallocentric critical theory. Humm (2003, p. 86, paraphrasing Green), in her work on the domestic photography of Woolf and Bell, concludes that they each use art to ‘refuse’ their mother’s death by ‘revivifying’ the maternal. There is a parallel in how Lily Briscoe, the ‘skimpy old maid’ painter in To the Lighthouse, finds peace in filling the spatial ‘void’ of a painting of Mrs Ramsay: ‘For what could be more formidable than that space?’ (Woolf, 1992b, pp. 196, 172). Lily cannot bring herself to
engage with the mother figure mimetically, face-on; instead, she abstracts her into a ‘triangular purple shape’ (p. 58).

This relentless, problematic pursuit of the mother through the material trappings of her existence further distances Julia in its very attempt to reclaim her. In Lacan’s (1977, p. 3) glossing of the French theorist Roger Caillois, bodily mimicry is an ‘obsession with space’, which has a ‘derealizing effect’. Through the very act of material and literary reproduction or representation, the original object is itself altered. This has a parallel in the Kleinian internal object, which inevitably undergoes a process of alteration in its introjection from external to internal reality (Klein, 1998d, p. 155). The mottled surface of the Charleston dressing table’s mirror effects another distancing – the reflection can never truly give back the image that is sought, the image of a mother who was ‘the most beautiful of women … [and] one of the most distinct’ (Woolf, 2002b, p. 4). As Isobel Armstrong (2008, p. 96) has written: ‘Reflections are ideal images hosted by matter but not of it. Thus they are always in a sort missed encounters […] the reflection is forever unreachable, always an “as if”’.

Without Winnicott’s (2005c, p. 152) ‘mother-image […] en rapport’ with the speaking subject, facing the mirror remains a fraught experience in Woolf’s autobiographical writing. Although as a young woman she described visiting a professional photographer as an ‘entertainment’ (Woolf, 1980a, p. 78), in her sixties (by this point well-known) she compared it to ‘being hoisted about on top of a stick for any one to stare at’ (Woolf, 1980b, p. 351) and felt ‘tampered with’, ‘pinned’ down, ‘looked at’ when sitting for Stephen Tomlin’s sculpture of her (Woolf, 1982, p. 37; see Figure 6). Woolf’s affective reaction, which positions the persistent looking of another as a physical violation, problematises the intersubjective gaze as an ultimately oppressive, objectifying threat. These are not the words of an individual who can use what the mirror (or the camera, or the gaze of others) ‘has to offer’ (Winnicott, 2005c, p. 152): by positioning ‘reflection’ as a form of psychical obsession, Woolf resists or subverts the potential of the mirror (and the other-as-object) for structuring selfhood. Hermione Lee (1997, p. 622) posits that the Tomlin sittings ‘made [Woolf] think of herself as an image, a thing: she hated it’. Indeed, the day before her suicide, Woolf apparently told the doctor Octavia Wilberforce that she could not ‘remember any enjoyment of my body’ (Parsons and Spater, 1977, p. 18). After six meetings with
Tomlin she refused to continue; the sculpture remains unfinished, its eyes left blank – an enduring material symbol of an agential conflict over seeing and being seen.

Figure 5: Bust of Virginia Woolf by Stephen Tomlin, 1931. Photograph by P. Fewster, courtesy of the Charleston Trust.

1.4 ‘A thing to be looked at but not to be looked into’: Material embodiments of relation and dissociation

These representations of incomplete relating, bodily mimicry and the violatory gaze – centred around the mirror and other replicated self-images – point to a fixation with, and problematisation of, the idea of ‘normal’ identity and behaviour, and of the dressing table’s role in their constitution. In this final section, I propose that the dressing table in Woolf’s work acts as a material trigger for characters’ navigation between ‘functional’ and ‘dysfunctional’ distress and epistemological uncertainty; a difference of degree, not of substance. Solid materialities are used to reinstate, reproduce or replace the lost human object, here both the perceived reflection of the mother’s physical presence and the internal image held in the daughter’s mind. By
replicating moments of intersubjectivity, the encounter between a subject and a material object prompts the re-establishment or extension of a lost emotional connection – even if these attempts fail (and even where the original intersubjective encounter has failed, as in Woolf’s rendering).

At its most extreme, the unstructured self in Woolf’s work is at threat of dissolution, with the dressing table acting as the trigger for this ‘chaos’ (Winnicott, 2005c, p. 152). The dying Mrs. Pargiter in *The Years* is unable to ‘use’ her dressing table either materially or psychically: ‘The dressing-table was illuminated. The light struck on silver bottles and on glass bottles, all set out in the perfect order of things that are not used’ (p. 16, emphasis added). Unmoored from the routines and relationships of daily life and health, she has no way to process the configuration of her surroundings: ‘“Where am I?” she cried. [...] “Here, Mama! Here!” [her daughter, Delia] said wildly. “Here, in your own room.”’ (p. 17). Delia is caught in a frozen reflection of both her mother’s passivity, with ‘nothing to do but look’ (p. 16), and her bodily disjunction. Leaving the room, Delia tries to anchor herself on material objects to re-enter the house’s ‘thudding’ reality:

Delia rose and went out. Where am I? she asked herself, staring at a white jug stained pink by the setting sun. For a moment she seemed to be in some borderland between life and death. [...] Then she heard water rushing and feet thudding on the floor above. (p. 19)

Without a way to process or reflect the strain of material-metaphorical relating, mother and daughter are each struck by the ‘borderland’ of blankness and dissociation, each ‘alone in the midst of nothingness’ (p. 31). Here, the very solidity of the dressing table and the reminder of its disuse (much like Julia’s dressing table at Charleston, marooned in the spare room) underlines the missing relation between mother and daughter, which in turn provokes a feeling of bodily dissociation. The interest and investment in the use of the female face to explore notions of the problematic or lost maternal realm is at its most extreme here, too. Delia, desperate to be free of her invalid mother, perceives her portrait, hanging on the wall, as ‘simper[ing] down at her daughter with smiling malice’ and ‘presiding over the protracted affair of her own death-bed with a smiling indifference that outraged her daughter’ (pp. 28, 33). Deprived of a functional relation with the real thing, Delia
experiences distress and rage at the visual stand-in for the mother-mirror, in a
subversion of the ‘delicacy’ of the Winnicottian baby’s sense of ‘omnipotence’ under
the mother’s gaze (Winnicott, 2005c, pp. 150–51).

Kitty, the character in The Years who was so shocked by a glance at an American
visitor’s cosmetics in the ‘1880’ section of the novel cited earlier, encapsulates the
desperate attempt to find a substitute for an ‘unreflective’ mother and the potential
for later disintegration. Thirty-four years later, in the ‘1914’ section of the book, a
wealthy and titled Kitty experiences a moment of blankness and dissociation at her
own dressing table which undermines the careful adult persona she has built up:

[The servant] stood at the dressing-table waiting. The three-folded mirror reflected silver
pots, powder puffs, combs and brushes. [...] ‘Now my hat,’ said Kitty. She stooped to settle it in front of the mirror. The little tweed
travelling-hat poised on the top of her hair made her look quite a different person; the person
she liked being. She stood in her travelling-dress, wondering if she had forgotten anything. Her
mind was a perfect blank for a moment. Where am I? she wondered. What am I doing? Where
am I going? Her eyes fixed themselves on the dressing-table; vaguely she remembered some
other room, and some other time when she was a girl. At Oxford was it? (p. 195)

In this later dressing room scene, Kitty’s adolescent uncertainty over her appearance
seems to have made way for a more confident engagement with the dressing room – the
older Kitty literally owns the room and everything in it, and sees her mirror image as ‘the
person she liked being’. Yet this direct engagement with herself in the mirror, itself
mediated through her hat and dress, jolts her into a ‘perfect blank’ in which she is utterly
dissociated from her surroundings. Notably, Green’s theory of the ‘dead mother’ also
points to ‘blankness’ and potential madness as an effect of ‘distant’, ‘toneless’ mothering:

[When the analyst succeeds in touching an important element of the nuclear complex of the
dead mother, for a brief instant, the subject feels himself to be empty, blank, as though he
were deprived of a stop-gap object, and a guard against madness. (Green, 1997, pp. 162, 167)]

Perhaps it is even the disconcerting apprehension in the mirror of a self she ‘like[s] being’
which jars Kitty into this blankness, momentarily annihilating the sense of self she has
taken such pains to construct – she is more comfortable, perhaps, with small talk around
how ‘one never likes one’s own picture’ (p. 187). It is the dressing table (complete with
her own powder puffs) which draws her back to herself via her memory of that teenage
negotiation of mothers and daughters in ‘some other room, and some other time’. 
This cycle of dissociation and re-attachment takes place more aggressively in *The Voyage Out* (1915), Woolf’s first novel, focusing on its motherless protagonist Rachel Vinrace. Invited into an older girl’s hotel room, with hatpins, scent bottles and scissors on the dressing table, and shoes and silk petticoats scattered around, Rachel ‘felt [...] that Evelyn was too close to her, and that there was something exciting in this closeness, although it was also disagreeable’ (Woolf, 1992a, pp. 236, 239). She pours her ‘physical restlessness’ into ‘finger[ing] different objects’ to escape the ‘scrutiny of [Evelyn’s] bright blue eyes’ (p. 239). Here, the seclusion of the bedroom and the emphasis on physical adornment provoke an ambivalent response in Rachel: she is both attracted and repelled by Evelyn’s coded advances. Escaping from Evelyn’s bedroom, with its suffocating, unsettling silks and cosmetics, Rachel goes outside to watch ‘two large women in cotton dresses’ sitting on a bench plucking dead chickens, ‘with blood-smeared tin trays in front of them and yellow bodies across their knees’ (p. 238). Her attentiveness is to the raw, visceral, performative violence of the chicken slaughter – the bloody trays offering an alternative ‘reflective surface’ a world away from the shimmering control of the dressing table mirror – not to the enforcing control of the feminine boudoir.

Where a conscious subject is portrayed as being unable to embrace their own unfixed subjectivity in relation to the world around them, or is overwhelmed by it, total dissociation ensues. Woolf’s *The Waves* (1931), an experimental narrative intertwining six friends’ stories and consciousnesses, offers a darker vision of the impact of incomplete relating. Rhoda, whose internal psychical environment is ‘a grey desert where no bird sang’, presents a more extreme inability to relate to external materialities or to ‘use’ the mirror (Woolf, 2000c, p. 194). Unlike her friend Jinny, who seeks out full-length mirrors (p. 30) and flirts via her reflection in a train window (p. 46), Rhoda experiences complete alienation from her own reflection:

“That is my face,” said Rhoda, “in the looking-glass behind Susan’s shoulder – that face is my face. But I will duck behind her to hide it, for I am not here. I have no face. Other people have faces; [...] whereas I shift and change and am seen through in a second. [...] I hate looking-glasses which show me my real face. Alone, I often fall down into nothingness.” (pp. 30-31)

Rhoda is not so much puzzled as viscerally threatened by the mirror, recalling once again the ‘threat of chaos’ (Winnicott, 2005c, p. 152) confronting a baby who has no
access to the mother-mirror. She confronts the co-existence of her inner and outer reality, accepting both that ‘that face is my face’ and that ‘I have no face’. Rhoda can only temporarily avoid a state of ‘nothingness’ by self-inflicting a physical shock: ‘I have to bang my hand against some hard door to call myself back to the body’ (p. 31). Her fear is that she can neither look in the mirror as a perceiving subject nor be reflected by the mirror as a perceived object, but that she is ‘seen through’ – a transparent image rather than a substantial entity. ‘Meaning has gone’ (p. 14) for Rhoda, who not only obsessively repeats her certainty that she ‘[has] no face’ (pp. 23, 31, 171), preventing her engagement with the seen and seeing world, but also that she ‘has no body as the others have’ (p. 15), that her body is ‘clumsy’ and ‘ill-fitting’ (p. 78), and that ‘identity fail[s] me’ (p. 47). She anchors herself on hard materialities like the mirror, despite its inherent threat, to counteract this barrenness of being: ‘I will assure myself, touching the [bed] rail, of something hard. Now I cannot sink’; ‘Oh, but I sink, I fall! That is the corner of the cupboard; that is the nursery looking-glass’ (p. 19). Rhoda stands in contrast to her peers, whose selves are multiple yet cohesive, as a harrowed character who cannot ‘use’ the mirror and has no face, no body, and no true self to summon. Her agitation can only be ‘quenched’ by ‘draughts of oblivion’ (p. 78), and she eventually kills herself (p. 216).

These women are struck by the chaos inherent to a mirror that is a thing ‘to be looked at but not to be looked into’ (Winnicott, 2005c, p. 152). Seeking selfhood in a material object without the concomitant internal object (here the mother) in place, their experiences of distress are only increased by the fissures in this mode of relating. The sway back and forth between states of material and mental dissociation, demonstrated by the Pargiter women’s repeated cry throughout the narrative of ‘Where am I?’ (pp. 17, 19, 31, 195), hints at the blurred boundaries between ‘normal’ and ‘ill’ states of being – who in these scenes is not, at least temporarily, unmoored from the world? This problematises the proposition of the perceiving subject as a discrete, bounded physicality; external materialities, themselves seemingly whole, here provoke a breakdown of individuals’ knowable limits of experience. The near-psychosis, aggression and dissociation these characters experience is intimately connected with the body, whether through Delia and Kitty’s weightless dissociation, Rachel’s urge towards physical violence, or Rhoda’s detachment from her own physical
reflection. The material meets the symbolic through the representation of the dressing table, underlining the plurality of the subject and the simultaneous threat of ‘nothingness’ (Woolf, 2000c, p. 31) that leads to mental breakdown.

1.5 Conclusion

The repeated trope of the dressing table encounter in Woolf’s work can be read as an ambivalent, ongoing act of mourning made material, pointing to the complex entanglement of selfhood with the physical world. By positioning the dressing table and its mirror as both an assistive lens and an obstacle to the act of getting close to the body and face of the mother, Woolf partially revivifies the lost maternal object while underlining the very impossibility of doing so. Indeed, her exploration of the ‘reflective relation’ between mothers and daughters demonstrates the inherent tensions between subjectivities which co-exist in the same literal and narrative space (Lebeau, 2015, p. 177). Rather than resolving these tensions, Woolf’s portrayal of the maternal mirror draws attention to the persistent difficulties of intersubjective relating and to the fissures in our prevailing conceptions of the psychoanalytic subject and object.

This act of mourning takes place in the context of the baggage of looking at and ‘dressing’ (developing, preparing) oneself. The dressing table, seemingly such an inconsequential piece of furniture, carries myriad meanings, extended by Woolf into the realm of the daughter figure’s interior world. It enshrines and structures women’s uses and interpretations of the mirror – the development of intimacy, a vehicle for bodily shame and distress, a staging of their sexual and social selves, visual and moral double-ness, the weight of inherited identity, and the urge to participate in the creative act of seeing.

Winnicott’s theory of the mother’s mirror role gives us one way to read the dressing table trope across Woolf’s writing, offering an explanation of the obsessive yet ambivalent fixation on the body and face of the mother. Illnesses and crises are proposed by both Winnicott and Woolf as ways to attract the ‘unreflective’ mother’s attention, setting up a problematic link between nurturing, selfhood and bodily disorder. Illness is here a form of mental retreat, even if – or especially as – its
assumed passivity can be a way to draw attention to the outer limits of a dysfunctional relationship. Winnicott elsewhere refers to

those who carry round with them experiences of unthinkable or archaic anxiety, and who are defended more or less successfully against remembering such anxiety, but who nevertheless use any opportunity that turns up to become ill and have a breakdown in order to approach that which was unthinkably terrible. (Winnicott, 1986b, p. 32)

The dissociation experienced by Rhoda in *The Waves*, Rachel in *The Voyage Out* and Kitty in *The Years* may be read as an illustration of the psychical pain that hovers under the surface, an ‘unthinkable or archaic anxiety’ created by an early deference to the primacy of the mother’s moods. Note too the linguistic resonance of the idea of ‘archaic’ emotion with Rose Ramsay’s ‘deep’, ‘buried’ feeling for her mother in *To the Lighthouse* (p. 89).

This distress, though primarily mental, is intimately connected with the body, whether through Kitty’s dissociative ‘jolts’, Rhoda’s detachment from her own reflection, or Rachel’s attraction to the violence and gore of chicken slaughter. There is a key point here about the way material objects appeal to our sensory memory as well as our language-forming brain: this pain is perhaps overlooked until it surfaces with a material immediacy bypassing conscious thought, like a half-remembered smell triggering an instant reaction. Founded and foundering on the unstructured self of Winnicott’s ‘unreflected’ child, these forms of mental distress offer examples of unconscious trauma that a repetition of the act of coming into contact with a material object, the dressing table, may evoke.

Woolf’s use of the dressing table in texts so heavily imbued with autobiographical revisitations – particularly of mothers – brings up the question of who, ultimately, acts as a mirror. Is Woolf holding up a mirror to society, as the use of mirrors held up to a theatre audience in *Between the Acts* (1941) would suggest (Woolf, 1998, p. 179)? Is she here primarily a writing self, or a reflected self, or do both – can both – co-exist? One must bear in mind Judit G. Varga’s (2012, p. 300) argument that ‘autobiography’s own resistance to self-disclosure’ serves to dismantle the traditional presentation of autobiography as a fixed reflection of reality. Instead, autobiographical mirroring can be understood as a ‘de-facing’ – a term used by Paul
de Man (1979) – of experienced reality, not a way of giving reality a definitive written form. The act of writing is itself a mirroring of the mother-daughter relationship, exposing and hiding simultaneously. As with Woolf’s reproduction of the maternal body through her wearing of Julia’s dress for the *Vogue* shoot, the written representation of the mother seeks to ‘reflect’ an experience which, through this very act, is always altered. Such a re-representation is, too, hard to keep bounded by consciously planned or generically bound form. As Woolf (2002c, p. 78) wrote in the autobiographical ‘Sketch of the Past’, which begins with her earliest memories: ‘So without stopping to choose my way, in the sure and certain knowledge that it will find itself – or if not it will not matter – I begin: the first memory.’

This emphasis on ‘de-facing’, what I understand as an essentially deflective quality inherent to autobiographical (or autobiographically-inflected) representations on the page, has been useful to me in thinking about Woolf’s use of the mirror and dressing table to explore maternal loss. By reinforcing the model of the daughter who perceives the mirror as ‘a thing to be looked at but not to be looked into’ (Winnicott, 2005c, p. 152), Woolf’s texts construct a mirroring act of writing which works deflectively rather than reflectively – just like the material and symbolic mirrors in her writing. Her autobiographical style, expressed through those casually non-committal (perhaps unconvincingly so) ‘sketches’ and ‘reminiscences’ which ‘will find [themselves] – or if not it will not matter’, essentially works in meontic rather than mimetic mode. By this I mean that it reproduces what is not there, what has been there but is no longer, or what is there only in imagination, rather than what is. This is the absent heart at the centre of these dressing table passages: the depiction of loss, itself a fleeting representation. Yet the Charleston dressing table acts as a material counterpart to these depictions, as far as its psychical representations may have wandered: the internal object has its roots in an external reality, even if it is always altered in the process of introjection and representation.

By writing ‘without stopping to choose my way’, Woolf could be said to simultaneously lead herself to, and distance herself from, the unspeakability of maternal loss and the threat of depression or psychosis. Rosenman goes further, aligning Woolf’s urge to recast internal reality through writing with the deep needs underpinning her ‘madness’:

...
Madness is not art, of course, but both restructure reality in response to deep needs and desires [...] I am interested in the displaced acts of recovery, repudiation, and control which animate [Woolf’s] writing, in the diverse symbolic forms into which she casts the psychological experience of daughterhood, even when she is not writing "about" mothers and daughters in a literal sense. (Rosenman, 1986, p. x)

I see the dressing table in Woolf’s work as an object which, in its recurrence in scenes of emotional and epistemological complexity, is itself used in a ‘displaced act of recovery, repudiation, and control’ – an attempt to address, at an angle, the ‘terrible beauty’ of the image of the absent mother (Sekoff, 1999, p. 114). If Rosenman (1986, p. 15) sees Woolf’s creative project for ‘wholeness’ coming back to 'the need to recover the mother', the mirror at the heart of the dressing table suggests that this project will never succeed: the act of recovery will remain always partial, always oblique.

As the narrator of Woolf’s (2006, p. 80) short story ‘The Lady in the Looking-Glass: A Reflection’ says, ‘People should not leave looking-glasses hanging in their room’, providing distressing, unavoidable truths about the viewing subject as they do. These ‘distressing truths’ point to the dressing table’s dual role as reflective and constitutive. In Woolf’s work it is both symbolic – a material embodiment of the mourned maternal body and its imagined replications – and functional, a mirror which relays, reproduces or complicates looks and actions where speech cannot, or will not, do. It is evidence of a ‘mad passion’ wrought by the ‘terrible beauty’ of an absence that remains stubbornly, terribly, paradoxically material (Green, 1997, p. 162; Sekoff, 1999, p. 114).
Chapter 2: Winnicottian Play and Destructiveness in Patrick Hamilton’s *Hangover Square*

The real plight of dwelling is indeed older than the world wars with their destruction, older also than the increase of the earth’s population and the condition of the industrial workers. The proper dwelling plight lies in this, that mortals ever search anew for the essence of dwelling, that they must ever learn to dwell.

*Building Dwelling Thinking* (1971) by Martin Heidegger
(2001a, p. 159, emphasis in original)

In the last chapter I explored how Virginia Woolf’s writing dwells in a repeated trope of the maternal and the spectral, channelled through embodied representations of the lost mother’s body and face. I turn now to a narrative that, I argue, melds together explorations of the material environment, socio-political violence and individual psychopathology that can together be read as a direct provocation to psychoanalytic ideas of ‘healthy’ relational behaviour.

The writer Patrick Hamilton (1904-1962) was a ‘heavy drinking man’ (Hamilton, n.d.) – a phrase he chose as the title of his unfinished, unpublished autobiography – who suffered from serious depression. Seen as a talent of remarkable promise in his day, he died at 58. While his plays are arch thrillers (*Gaslight* and *Rope* are still regularly performed on the West End), his novels, many of them now out of print, portray the dark, heavy world of London’s pubs and boarding houses from the 1920s to the 1950s. *Hangover Square* (1941), his most enduring novel, offers a portrayal of sexual obsession and mental illness in the months leading up to the Second World War. George Harvey Bone is a large, affable, young man in love with Netta Longdon, a woman who bears his presence only for the money, drinks and presents he can provide. Their largely unemployed set spends its days circulating the saloon bars and bedsits of Earl’s Court, then a slightly seedy area of London. George is prone to periods of dissociation signalled by a mental ‘click’, in which he is certain that he must kill
Netta.\textsuperscript{20} The plan only presents itself in what he thinks of as his ‘dead’ moods, and he forgets it entirely in between.

Despite George’s attempts to break free of the damaging structure of his daily life, rattling between London and Brighton on a series of drink-fuelled jaunts, his symptoms – including his murderous premeditations – display themselves more and more severely. He eventually succeeds in killing Netta and her lover, Peter, both fascist sympathisers, before taking his own life in a rented room in Maidenhead. The murders – George drowns Netta in her bath, and strikes Peter on the back of the head with a golf club – are fast and efficient: disconcertingly, George wants to avoid ‘hurting them’ (Hamilton, 2001, p. 193). Afterwards, he uses four reels of grey thread to weave an intricate web across the two rooms in which the bodies lie, in what we might understand as a complex act of play: ‘Now for the thread, the thread so that nothing should be disturbed, so that there should be no intruders, and it was all over’ (p. 274). The implications of this scene are the main focus of this chapter, allowing as it does an exploration of the potential of object relating in psychical work and play to shape and express the self in differing states of health. The scene also highlights the novel’s concern with ideas of ‘holding’ and the impact of lost or dysfunctional environments – both Earl’s Court and Maidenhead take on hyper-symbolic resonance in the narrative setting, standing in respectively for the hated and loved mother-figure. In particular, as I will explore, the environmental strand to the novel – its focus on space and place – is rooted in a particular example of Hamilton’s displacement of illness and injury from his own life into narrative form.

These explorations take place within a thematic and narrative organisation which turns upon pathological illness and its expressions. The novel’s narrative structure, parcelled into ‘dead’ and ‘alive’ sections in turn, mirrors the supposed splitting of George’s consciousness. The epigraph to the novel, a brief entry for schizophrenia from a medical dictionary, seems to imply that he suffers from the condition:

\textsuperscript{20} In 1915, Freud wrote about a young woman who, he surmised, had a paranoid fantasy about a ‘click’ she heard while engaged in a pre-marital love affair. Her fantasy that a hidden cameraman was recording their embraces was, according to Freud (2001a, pp. 268, 267), indicative of a ‘mother-complex’ which acted as an extension of an externalised ‘conscience’.
SCHIZOPHRENIA: ... a cleavage of the mental functions, associated with assumption by the affected person of a second personality.

Black’s Medical Dictionary (p. 6)

This is never made explicit in the main narrative, and contemporary accounts suggest that it is not the diagnosis that would be made today (Russ, 2014, p. 248). However, the epigraph functions as a frame for the underlying, pathologising slant to the novel, inviting us to read it as something which is tethered around mental morbidity. The period preceding the publication of Hangover Square (1941) had seen a rapid expansion of psychiatric outpatient departments in the UK – from 25 in 1925 to 162 in 1935 (Andrews et al., 1997, p. 557) – as well as an influx of psychiatrists and psychoanalysts from Germany and Middle Europe (Peters, 1996). Although I could not find explicit evidence of Hamilton having engaged with any relevant sources beyond the medical dictionary in the epigraph, his interest echoes an increasing contemporary awareness of schizophrenia. For example, Agatha Christie (2001, pp. 151–52) has a character with ‘symptoms of schizophrenia’ in her 1938 novel Appointment with Death, symptoms which are notably framed as a supposed response to her mother’s bullying: ‘Unable to bear the suppression of her life, she is escaping into a realm of fantasy’.

Coined in 1908 by Eugen Bleuler, the term schizophrenia was used clinically in the UK from the mid-1920s to replace its precursor, dementia praecox. Coming from the Greek roots schizo (split) and phrene (mind), the term was meant to ‘describe the fragmented thinking of people with the disorder’, but was ‘not meant to convey the

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21 The positioning of the epigraph is important, implying a pathological theme as it does. In the first edition, published by Constable, it appeared on the right-hand page opposite the bibliographic front matter, directly before the contents page (Hamilton, 1941). In modern editions the epigraph appears after the contents page and before J. B. Priestley’s 1972 Introduction, which was added after Hamilton’s death. In both layouts, the definition of schizophrenia is clearly positioned as an epigraph for the whole narrative, and is given greater weight than the quotations which appear under the eleven ‘Part’ headings throughout the book (many of which are, pointedly, from Milton’s Samson Agonistes, the tragic dramatic poem detailing Samson’s loss of strength at the hands of woman and society). The placing in the modern edition, though, is curious: why is it not after the introduction, commencing a clear thread to be supplemented by the ensuing chapter epigraphs? In effect, putting it before the introduction serves to further foreground the epigraph, and yet displaces and distances it from the main narrative. As I will explore, the implied diagnosis of schizophrenia itself in the main text is, similarly, offered up to the reader and yet curiously displaced at the same time.

22 For example, psychiatrists at the Maudsley Hospital in London, a major psychiatric centre from 1923 onwards, were still using ‘dementia praecox’ in 1923–24, but by 1928 were using Bleuler’s term ‘schizophrenia’ (Jones and Rahman, 2008, p. 110).
idea of split or multiple personality’ (Kyziridis, 2005, p. 45). This misconception became embedded, however, even within the medical profession (hence the now problematic medical dictionary entry). Hamilton seems to be endorsing this framing by his selection of the epigraph, focusing as it does on psychical ‘cleavage’ and the idea of a ‘second personality’. Such slippery meanings and interpretations have persisted. As Berrios, Luque and Villagráñ (2003, p. 111) note, neither the cultural nor the biomedical concept of schizophrenia over the twentieth century has ever been static: instead, they describe it as a conceptual entity that is ‘a patchwork made out of clinical features plucked from different definitions’. Kieran McNally (2016, p. 3) similarly refers to the proliferation of ever-more specific subtypes as ‘a feast of splitting, lumping and synonymising’. While biomedical research has historically sought to provide a genetic or neurochemical explanation for the condition, schizophrenia has from the 1960s onwards been seen more and more within the psychotherapeutic profession as an expression of, and a psychical strategy that is responsive to, the wider family dynamic. As such, although still contested, there is a case to be made for it being symptomatic of dysfunctional relational states, rather than primarily as an inherited or biologically induced condition or set of behaviours. The psychoanalyst and ‘anti-psychiatrist’ R.D. Laing (1970, pp. viii–ix), with Aaron Esterson, wrote of the ‘social intelligibility’ of family dynamics that may lead to a diagnosis, in contrast to the ‘comparatively socially senseless’ appearance of the condition without this context. The current Oxford English Dictionary definition (OED Online, n.d.) reflects this shift, stating that schizophrenia is a ‘mental disorder occurring in various forms, all characterized by a breakdown in the relation between thoughts, feelings, and actions, usually with a withdrawal from social activity and the occurrence of delusions and hallucinations’. In any case, societal curiosity about the condition and its apparent potential for wider socio-political and critical applicability (for example, to postmodern discussions of subjectivity) has persisted. As Angela Woods (2011, p. 4) points out, cultural commentators are united by ‘their conviction that the phenomenon of schizophrenia — as they understand it — gives us insight into something more than clinical theory would allow’. In this sense, as she terms it, schizophrenia might be seen as the ‘disciplinary limit point’ of psychiatry (p. 2); it is still resorted to as a generalised, often problematic byword for varying forms of social pathology. Hangover Square lets a similarly
unbounded understanding of the condition emerge without engaging directly with these clinical models. As Laing and Esterson (1970, p. viii) put it: ‘We do not accept “schizophrenia” as [...] a fact. [...] We propose no model of it’. The novel does, however, mobilise the epistemological fluidity of schizophrenia as a central part of a narrative that serves as an exploration of the relational potential of material and psychical environments of illness, allowing us in turn to think of ‘something more than clinical theory’ allows.

The shifting, unreliable history of schizophrenia as a concept is the backdrop but not the focus of this chapter. In the following pages I read *Hangover Square* – the post-murder ‘thread scene’ in particular – alongside Winnicott’s theories related to destructiveness and play, including his account of a young boy’s use of string and rope as a form of communication. While Winnicott saw the experience of playing as a creative, potentially transformative phenomenon, he was also interested in how the act of play functions in more psychopathological terms, how the two modes (content-driven play and creative playing) interweave, and the relationship of each to the early holding environment. In aligning these two texts by Hamilton and Winnicott, I explore how the literary representation of mental illness may portray the potential of play to express deep-seated psychical processes. I also consider the role of ‘play’ in psychoanalytic theory as something that is not necessarily ‘healthy’, positive or constructive, a discussion which implicitly questions the assumptions behind these terms. Reading George’s webs of grey thread as a form of ‘play’ within psychosis, as jarring as this may at first seem, can help us to consider the various and surprising forms taken by object relating in illness. Literature here acts as a provocation to the theory: Hamilton’s work challenges us to consider what our conception of ‘play’ comprises, what it leaves out, and how it may have more in common with extreme forms of mental illness than our clinical or cultural narratives allow.

To do this, I first look at how Hamilton portrays George’s relational states, before laying out the key elements of Winnicott’s ideas around play and the use of string as a form of communication. I then come back to the murder scene in *Hangover Square* with this psychoanalytic frame in mind, seeking to explore how it might help us to understand portrayals of the objects and environments of illness. Winnicott’s concept of the holding environment, and the narrative positioning of material space and place
to express debilitation, are key here. Finally, I bring these threads together by discussing how Hamilton and Winnicott’s texts can in tandem help us to think through and question the various expressions, roles and outcomes of object play in illness.

2.1 The boy who ‘could not play’

The portrayal of George’s condition in Hangover Square is intimately tied up with his relationships to his material and psychical environments. His ‘dead moods’ force or express a split from his own sense of selfhood: when in their grip, he is ‘an automaton, a dead person, another person, a person who wasn’t you’ (p. 25). Despite the second person narrative standpoint (he is not ‘you’), suggestive of an ongoing conversation between two aspects of George’s self, he is simultaneously ‘bewildered and inaudible to himself’ (p. 265). Such detachment extends to his external environment and objects:

A silent film without music – he could have found no better way of describing the weird world in which he now moved. He looked at passing objects and people, but they had no colour, vivacity, meaning – he was mentally deaf to them. They moved like automatons, without motive, without volition of their own. He could hear what they said, he could understand their words, he could answer them, even; but he did this automatically, without having to think of what they had said or what he was saying in return. Therefore, though they spoke it was as though they had not spoken, as though they had moved their lips but remained silent. They had no valid existence; they were not creatures experiencing pleasure or pain. There was, in fact, no sensation, no pleasure or pain at all in this world: there was only himself – his dreary, numbed, dead self. (p. 17, emphasis added)

It is not only that he is unable to relate intersubjectively with his external objects (note that, here, ‘passing objects and people’ are categorised separately but prompt an identical form of relation – they are flattened into a single robotic backdrop by an affectless George). They have been stripped of their ability to contain meaning, to effect action, or to experience their own sensory world. It is as though they are ‘not really alive [...] as though they were shadows’ (p. 83). There being ‘no sensation [...] at all in this world’ further underlines George’s lack of an understandable model for his own condition, recalling Hannah Arendt’s (1978b, p. 123) statement that ‘[t]he only possible metaphor one may conceive of for the life of the mind is the sensation of being alive’. These ‘cleavages’ between George and aspects of both the environment and his own material body invite an examination of the relational self. What
constitutes the ‘him’ here, during both his ‘dead’ periods and his ‘normal’, alive states? What is being pathologised – self, body or environment?

Even as a child, within these moods George ‘could do nothing ordinarily, think of nothing ordinarily, could not attend to his lessons, could not play’ (p. 15, emphasis added). These earliest descriptions of his ‘dead moods’ date from his time at boarding school, and it is notable that, throughout the novel, his life before this is barely mentioned. Just once do we hear about characters whom we assume to be his parents. On his long tramp through Sussex late in the novel on his way to kill Netta and Peter, he develops a fancy to see a little farmhouse ‘where he had stayed as a child and been happy, before they sent him to school and made him miserable’ (p. 268). We assume that ‘they’ are now dead, George having spent Christmas with an aunt in Hunstanton. His older sister, Ellen, is dead, too, but she plays a more forceful role in the novel. Having taken George on a trip to Maidenhead when he was a child, Ellen becomes the idealised absent other towards whom he reaches. It is a quest which only makes itself prominent in his ‘dead’ moods: at other times, ‘[h]e just couldn’t bear to think about Ellen, nowadays’ (p. 56). The absence of more explicit details about George’s childhood sets up a hole in the narrative comprising his early relational history. This gap distances and dislocates George from his own origins and trajectory, instead throwing the narrative back on his moment-to-moment phenomenological experiences and social agonies.

Such a severance of individual chronology recalls Fredric Jameson’s (1991, p. 27) description of schizophrenia as ‘a series of pure and unrelated presents in time’. It also sets up an explicit and multi-faceted analogy between the characteristics of George’s ‘dead’ moods and the distancing effect of modern technology: this portrayal of illness is explicitly concerned with relationality throughout. It is ‘as though his head were a five-shilling Kodak camera, and someone had switched over the little trigger which makes the exposure’ (p. 165). As above, he sees his environment as a ‘silent film without music’ (p. 17), or a ‘talking film’ in which ‘the sound-track had failed’ (p. 15); it is ‘as though a shutter had fallen’ (p. 15); the experience is like entering the ‘muffled, urgent, anxious, private, ghostly world’ of a telephone booth (p. 60), in which one has ‘shut the door tightly on oneself’ (p. 83). These comparisons serve to mechanise the biomedical aspect of George’s condition, painting it as a logical if fallible system,
attributable to particular forces or causes. They also underline the difficulty of representing mental states through anything other than material analogy. George thinks of his episodes as periods of deadening deafness, ‘and yet he was not physically deaf: it was merely that in this physical way alone could he think of what had happened in his head’ (p. 15) – note here that this is his ‘normal’ self, not his ‘dead’, desensitised self, applying such an analogy. These analogies, though, immediately come up against the intermingling of the material and the metaphoric: film, telephones and cameras are all technologies which depend upon – and play with the aesthetic potential of – the tension between presence and absence.

The co-constitution of theories of technology, modernism and the body has been widely explored. Tim Armstrong (1998, pp. 4–5) points to how ‘[m]odernist texts have a particular fascination with the limits of the body, either in terms of its mechanical functioning, its energy levels, or its abilities as a perceptual system’. While the definition of *Hangover Square* as a modernist text is open to debate, the novel attempts repeatedly to ‘voice’ the body in the context of unknowable – unrepresentable – mental states, and dwells in its own inability to do so. For example, Hamilton complicates his own descriptions by drawing attention to the way in which the meshing of mental and bodily experience fails to answer to the mechanised logic of these modern communication tools:

*Like a camera. But instead of an exposure having been made the opposite had happened – an inclosure [sic] – a shutting down, a locking in. [...] A moment before his mind had heard and answered: now he was mentally deaf and dumb: he was in on himself – his mute, numbed self. (p. 165, emphasis in original)*

To be mute, numbed, deaf and dumb is here to be made static, non-relational (note also the use of the trope of disability to denote a ‘lack’ – something I will explore further in Chapter 4). In this state, meaning itself shuts down, is enclosed and locked in. Others temporarily enter this ‘deadness’ when they engage with technology, becoming static, ‘disembodied’ objects themselves:

*In the line of telephone booths there were a few other people locked and lit up in glass, like waxed fruit, or Crown jewels, or footballers in a slot machine on a pier, and he went in and became like them – a different sort of person in a different sort of world – a muffled, urgent, anxious, private, ghostly world, composed not of human beings but of voices, disembodied*
communications – a world not unlike, so far as he could remember, the one he entered when he had one of his ‘dead’ moods. (p. 60)

This is a seemingly paradoxical interpretation of technology designed to increase communication: efforts at relation here have a dislocating, displacing effect which strips individuals – not just George – of their personhood. Talking films with failing soundtracks, silent films without music, phone calls which unsettle: these are not straightforward efforts at relation, and, once again, underline George’s difficulty with locating a workable ‘model’ for what is going on in his head.

Hamilton underlines this disjunction by employing a second, starkly different trope for George’s ‘dead’ moods, that of a murky, non-human, underwater ecology:

The world he was in now was the same in shape, the same to look at, but ‘dead’, silent, mysterious, as though its scenes and activities were all taking place in the tank of an aquarium or even at the bottom of the ocean – a noiseless, intense, gliding, fishy world. (p. 83)

Returning to the ‘normal’ world is like ‘bursting up into fresh air after swimming gravely for a long time in silent, green depths’ (p. 21). These moods are filtered through two very different thematic fields in an attempt to make the ‘mysterious’ world (and the mysterious self) knowable, ostensibly through materially constituted systems but really through symbolic language designed to give the reader access to meaning which seems inaccessible to George himself. Neither the technological (for which we could read ‘cultural’) or the natural world, though, or indeed the metaphorical potential of language, offers George a way to understand what is happening in his mind – it remains unknowable.

This narrative sleight of hand – the simultaneous withholding and offering of meaning – becomes a preoccupation for George within the text. Social communication is transmuted into dissembling: George regards his behaviour in his ‘dead’ moods as something that appears ‘[s]o completely natural. Here he was, plotting a killing in the next few hours, and he could make entirely natural conversation in a train’ (p. 184).

This reads as a detached interest in his own ability to mimic a ‘natural’, socialised self, rather than fear at the inability to be natural – pride in not having his intentions ‘found out’, rather than relief. His actions, too, are directed by something beyond his understanding in what he otherwise sees as a ‘confused, meaningless, planless world’
Finding a suitcase mysteriously pre-packed for his final journey, having forgotten his movements in his ‘alive’ periods, he thinks to himself that ‘[i]t was odd how always everything fitted in’ (p. 271). The pull of the narrative towards its destructive ending relies on these movements between his two selves, a kind of self-communication conducted in the dark. Of course, the reader has already been presented with a suggested biomedical explanation of these two alternate realities and two modes of consciousness via the epigraph: the narrative structure echoes this move, but serves also to question it. If we read these sections through a pathologising lens, we might see them as a portrayal of symptomatic, remorseless dissociation; however, this is problematised by the uncertain nature of George’s condition and his problematic moral framing as a compassionate and underappreciated victim of a cruel social circle. This framing is tied up in the presence of an implied third consciousness that makes itself felt through, but goes beyond, the knowing narrative voice: the reader is invited to work to understand ‘how always everything fitted in’ across conflicting models of the ‘natural’ self.

Therefore, although the epigraph arguably seeks to prescribe a reading of the text that foregrounds mental illness, the narrative portrayal of George’s condition instead unsettles how we may read its importance and function in the text. His condition is structurally central but strangely unexamined – an example of Foucault’s (1988) point that madness is itself spoken rather than spoken about. The diagnostic moment is consistently being postponed (George repeatedly dwells on the idea of going to a doctor but never quite gets around to it). One of Hamilton’s biographers, Sean French (1993, p. 167), positions George’s supposed schizophrenia as a ‘clumsy, unnecessary and unconvincing device […] a literary mechanism rather than a medical condition’. Steven Earnshaw (2000, p. 250, n. 242) sees it as an unnecessary ‘added weight’ within the plot, seeing its representation as merely ‘a more extreme version of drunkenness’. Michael Hallam (2011, p. 153) sees the dissonance between George’s two states as something with ‘satirical potential’ but little more. These approaches share an emphasis on the narrative function of mental illness in literature, and a certain distaste for a medical portrayal that does not seem concrete or ‘real’ enough. What the novel does instead, I suggest, is to present a shifting world of object relations that refuses to adhere to one fixed ontological form. Just as the schizophrenic subject became, in the
words of Louis Sass (1987, p. 4), 'psychiatry's quintessential Other [...] whose very essence is "incomprehensibility" itself', *Hangover Square* works to undermine meaning while claiming to fix it in a pathological frame. It is a double move that does not *necessarily* pathologise the central character, conjuring up instead an ultimately ambiguous spectre of mental illness within a society that acts as a form of *facilitating environment* (Winnicott, 1990b).

2.2 Winnicott’s ‘string play’: Destructiveness, communication, and the denial of separation

I turn now to looking in some depth at Winnicott’s ‘string boy’ case study. My goal here is to explore the role of object relating in a narrative about a boy who ‘could not play’ (p. 15), but who ultimately seeks to control and master his external objects and environment.

String, thread and the knots they form have both a practical and a symbolic application within the field of psychoanalysis beyond Winnicott. Through its material capacity to be so easily manipulated and handled, string evokes the tangles and linkages of thought processes. The *fort-da* game observed by Freud (2001c, pp. 14–16), in which his grandson experimented with the loss and recall of the mother by throwing and pulling back a cotton reel on a string, is an early example of this link. In unpublished notes which ended up with the patient to whom they referred, Anna Freud describes a young boy who ‘play[s] incessantly with a fishing reel tied to a string, throwing the reel away from himself, then pulling it back with the string’ to express his melancholy over the thought of his mother moving away from the family home, and his urge to control her movements (Heller, 1990, p. 133). Melanie Klein included string in her toolbox of toys for play therapy with infants (Anthony, 1986, p. 10). Lacan (1998) repeatedly uses the image of the knot as a way to represent the connection between the three levels of psychical reality (the Imaginary, the Symbolic and the Real) that form the Lacanian subject: the knot is a model of inter-relation as an essential aspect of subject formation. R. D. Laing (1972) even published a poetry volume called *Knots* which explores this territory. In serving both to connect and to complicate, string is a
material and metaphorical tool that allows one to access and express the complexity of
the human subject.

For Winnicott, the very act of relating to something external to oneself is rooted in
destructiveness. Unlike Kleinian theory, which sees the infant as deploying destructive
phantasy in the service of feelings of hate, in Winnicott’s framework the presence of
eyearl infant aggression is physical in the first instance. He describes it as a kind of
‘muscle erotism’ tied up in the enjoyable use of one’s physical abilities. The infant first
kicks for the joy of kicking, not to kick an object per se. Something just ‘happens to be
in the way’ (Winnicott, 1989e, p. 581). Winnicott’s position still implies that the baby
has a relation to that emotion and to that action, but it is not an aggressive action in
the way that Klein understood it. Later, as the infant becomes able to test and
therefore to use the reliable object as a ‘thing in itself’, destructiveness becomes ‘the
unconscious backcloth for love of a real object: that is, an object outside the area of
the subject’s omnipotent control’ (Winnicott, 2005g, pp. 118, 126). Primarily,
Winnicott’s focus is on the way that the exercising of these and other motor skills
become part of a rich, creative exchange between mother and child that enables the
baby to experience and test a growing sense of selfhood within the external object
world. Bodily experience, which gradually accrues mental meanings and associations,
is crucial in the move from the baby’s belief in its own ‘magical’ omnipotence to an
understanding that the world is external, ‘not-me’, and can thus be manually and
socially manipulated (Winnicott, 2005h, pp. 12, 2).

The growing ability to play within the rich, intersubjective, transitional space
between mother and child – and, later, with others – is central to this developmental
process:

Just as the personalities of adults develop through their experience in living, so those of children
develop through their own play, and through the play inventions of other children and of adults.
By enriching themselves children gradually enlarge their capacity to see the richness of the
externally real world. Play is the continuous evidence of creativity, which means aliveness.
(Winnicott, 1957, p. 150)

Play, Winnicott (1957, p. 151) surmises, allows the child to tie ‘the two aspects of life
to each other, bodily functioning and the aliveness of ideas’ – in other words, the body
and the mind. More specifically, as Winnicott remarks in his ‘Notes on Play’ (n.d.), the
act and experience of play intimately ties together the internal object landscape with the external, sensorially-experienced material environment:

Gradually as the child becomes more complex as a personality, with a personal or inner reality, play becomes an expression in terms of external materials of inner relationships and anxieties. This leads on to the idea of play as an expression of identifications with persons, animals and objects of the inanimate environment. (Winnicott, 1989c, p. 60)

In these terms, play is a form of communication, a language in its own right, unique to the child undertaking it as an exercise in the ‘expression of identifications’. It is the ‘external materials’ of the ‘inanimate environment’ that bear the meaning and association of these explorations. Winnicott stresses that the use of material objects is a normal, indeed vital, part of childhood – both in the baby’s early transitional stages and in the more mature stage of older children’s observable play as we would more commonly understand it.

In extreme cases, though, he states, this manipulation of material objects may become pathological in itself. He cites the example of a seven-year-old boy who became ‘obsessed with everything to do with string’:

[W]henever [his parents] went into a room they were liable to find that he had joined together chairs and tables; and they might find a cushion, for instance, with a string joining it to the fireplace. (Winnicott, 2005h, pp. 22–23)

They were increasingly worried as he had recently tied a string around his younger sister’s neck. Winnicott linked this behaviour to a fear of separation, citing notable absences in the boy’s early childhood when his mother had first an operation and, later, a two-month hospitalisation with mental health issues (note the resonance with the separation between George and his parents in *Hangover Square*). Though Winnicott does not explore this, there is a potential for complex forms of sibling jealousy to have played a part here, too – the boy not only tied a string around his younger sister’s neck, but was said to be ‘obviously anxious’ about his elder sister, who had learning difficulties (Winnicott, 2005h, p. 22). Anticipating André Green’s ‘dead mother’ concept (as explored in Chapter 1), the mother was able to talk to the boy about her absences, noting:
[S]he felt the most important separation to have been his loss of her when she was seriously depressed; it was not just her going away, she said, but lack of contact with him because of her complete preoccupation with other matters. (Winnicott, 2005h, p. 24)

Winnicott’s interpretation was that string’s physical power to join things together was used symbolically in place of the boy’s desire for an enduring emotional connection in which he felt reliably ‘held’. We might think of the connotation of a ‘mother’s apron-strings’ which tie a child to her:

String can be looked upon as an extension of all other techniques of communication. String joins, just as it also helps in the wrapping up of objects and in the holding of unintegrated material. In this respect string has a symbolic meaning for everyone; an exaggeration of the use of string can easily belong to the beginnings of a sense of insecurity or the idea of a lack of communication. [...] [In this case] the function of the string is changing from communication into a denial of separation. As a denial of separation string becomes a thing in itself, something that has dangerous properties and must needs be mastered. (Winnicott, 2005h, pp. 25–26, emphasis in original)

Building upon the shared cultural symbolisation of string as something that joins, wraps and holds, the boy uses his play not only to express the infant-maternal separation he has experienced but to deny it: ‘Just before loss we can sometimes see the exaggeration of the use of a transitional object as part of denial that there is a threat of its becoming meaningless’ (Winnicott, 2005h, p. 20). Marie Lenormand (2018, p. 94) sees this denial as a rejection of the potential for object relating, meaning that the string becomes a “transitional pseudo-object” that cannot open out into a space of play, as does the transitional object.

In this substitution for the mother, the original holding environment, the string takes on an ambiguous status – it is an environment as much as an object, a psychoanalytic atmosphere as much as a relational prop.23 It ‘is changing’ (Winnicott, 2005, p. 26) from one meaning to another, and is thus simultaneously both; it is not that it has changed. In effect, this represents a regression to a moment before the child has separated ‘me’ from ‘not-me’, when the environment is more real to it than the individual objects which will emerge later. 24 At that time, object relating has not yet

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23 For more on the role of sensory atmosphere within the study of environments, see the work of Gernot Böhme (2017).
24 A key element of Bollas’s (1987d, p. 14) theory of the transformational object is that the mother is originally experienced by the infant as a process that effects changes in the self, rather than as a discrete object.
become possible (which may also help to explain why Lenormand sees the string as having failed as a transitional object). Winnicott (1964, p. 96) writes that, during the time an infant is experimenting with the ‘fusion of the idea of destroying the object with the fact of loving the same object’, the mother is ‘an environment mother and at the same time an object mother’. As such, in a typical Winnicottian paradox, string is here both ‘a thing in itself’ with ‘dangerous properties’ and something that joins and wraps as a mediating environment, not as a bounded individual object (Winnicott, 2005h, p. 26). In line with this, the ‘string boy’ is simultaneously a seven-year-old boy and a pre-relational child. The paradox of the object mirrors and expresses the paradox of the subject.

Although the string obsession emerged more than once after the initial psychoanalytic work, it stopped being a matter of such intense anxiety for both parents and child. Winnicott initially saw this case study as a success, because the boy seemed to have been reached when his behaviour was still a hopeful communication, and open to reciprocation:

In this case the mother seems to have been able to deal with the boy’s use of string just before it was too late, when the use of it still contained hope. When hope is absent and string represents a denial of separation, then a much more complex state of affairs has arisen – one that becomes difficult to cure, because of the secondary gains that arise out of the skill that develops whenever an object has to be handled in order to be mastered. (Winnicott, 2005h, p. 26)

A note added a decade later, however, states that Winnicott (2005h, p. 27) believed ‘that this boy could not be cured of his illness’; he became addicted to drugs, and was unable to pursue an independent life away from his mother. As Winnicott was only able to see the family a handful of times spread over several years, his belief that the boy ‘could not be cured’ may be expressive of his awareness of his own practical inability to provide the conditions for the salient issues to be worked through – a second failure of the holding environment. As he wrote in a 1970 talk, a doctor’s provision of ‘care-cure is an extension of the concept of holding’ (Winnicott, 1986a, p. 119).

In the extract above, Winnicott seems to be implying that ‘hopeless’ handling of the object (here both the string and the mother, external and internal objects respectively)
becomes an action and an end in itself. It is not clear whether he thinks this still counts as an act of play: this is a key question for this chapter. The idea of object ‘handling’ recalls the ‘muscle erotism’ of early aggression, which implies a certain joy and satisfaction in manipulating one’s body (and, by extension, the external object). String, after all, represents potential transformation in much the same way as Winnicott’s Squiggle Game, a free drawing exercise he undertook with his child patients (Winnicott, 1989g). Both start with a line or thread which takes on meaning or function only when it is turned into, or used to enable, something else. As with the ‘squiggle’, one uses string in various forms to do something else or to make something else emerge (a parcel, a functional shoe, a line of decorations), and there is a certain potentiality and creativity embedded in such shape-shifting. In this case, though, such handling is not so much joyful as compulsive (it ‘has to be handled’ [Winnicott, 2005h, p. 26, emphasis added]). When this boy played the Squiggle Game, he converted seven out of ten squiggles into string-related images (a yo-yo, a lasso, a whip, a string in a knot, and so on [Winnicott, 2005h, p. 22]).

The ‘secondary gains’ of such an obsession, namely the manual and psychical skill that arises in pursuit of the ‘mastery’ over the string and the internal mother, seem little compensation for the absence of a successful early holding environment. Without having received the ‘ego support’ he needed to develop and maintain an ‘introjected ego-supportive mother’, he must continue to compulsively act out his lack of internal structure – in ‘string play’ in youth, and addiction in adulthood (Winnicott, 1958d, p. 312). His behaviour, in the end, in Lenormand’s (2018, p. 93) words, ‘did not open out onto anything other than itself, and in no way made it possible to dialectalize the question of separation as Winnicott had initially hoped’.

I would argue, however, that we can read this case study in less dichotomous terms. The implications of Winnicott’s work over the limits of ‘healthy play’ are, I think, a genuinely ambiguous area of his theory. Winnicott is interested both in play that ‘goes wrong’ in some way, and in the behaviour that floods in to fill the gap left by an inability to play. The characteristics of the former, what Winnicott (1989c, p. 61) calls ‘psychopathological play’, include the ‘loss of the capacity [to play] associated with lack of trust, anxiety associated with insecurity’, the ‘flight into daydreaming’, sensualisation and a tendency towards being dominating. There is a blurring here of
‘psychopathological play’ into the lack of a capacity to play. Winnicott seems to be suggesting that, in this case, the patient’s activity is essentially of a different order – that it is in fact ‘non-play’. Pertinently for a reading of Hangover Square, Winnicott (1989c, p. 63) says that individuals who are not able to play may ‘get thrown back’ on schizoid behaviour or addiction.

In his lecture ‘Play and Reflection in Donald Winnicott’s Writings’, Green (2005, p. 11) questions Winnicott’s emphasis on playing as something that is only fully available to someone in a state of health, even stating that he is ‘not even sure that play belongs to health’. He cites Freud’s (2001k, p. 187) comparison of neurosis to child’s play, both being characterised by an individual’s act of symbolisation in an attempt to substitute for reality. Glossing Freud’s suggestion that play may develop in many directions, not just into health and creative outputs but also into neurosis and delusion, Green (p. 15) works to undermine what he sees as Winnicott’s supposed binary (healthy play/psychotic non-play). Instead, he positions ‘destructive’ play as a kind of ‘negative playing’ that is still in the same phenomenological realm:

I believe that play, apart from its emotional value, is a form of thought (like the dream) or of knowledge that, according to some patients, is a form of not knowing. In the same way, just as treacherous, cruel, and destructive plays are forms of non-playing, they can also be seen as negative playing. (Green, 2005, p. 12)

Such ‘negative playing’ is not the same as ‘non-playing’: instead, they are two ways of interpreting behaviour that is not healthy play. The subtlety of Green’s contribution here lies in the space left open for a third kind of play, ‘negative play’, which contains elements both of play and of non-play. In introducing this possibility, he places destructive or cruel play on the same spectrum as creative, ‘healthy’ play (and we must always bear in mind Winnicott’s [2005g, p. 126] belief that destructiveness underpins all object relations). Green also stresses the flexibility of how behaviour manifests itself differently from moment to moment, and how this might be seen by the analyst. Rather than positioning particular behaviour decisively as ‘healthy play’ or ‘unhealthy non-play’, he makes it clear that different interpretations can be made, sometimes in parallel. In this way, both the patient and the analyst are engaged in analytic play that is itself ‘a form of not knowing’. Green (2005, p. 11) also points out
that the analyst may bring a form of provocative play to the analytic session, thus sometimes stepping out of the role of ‘good-mother’. This adds a further layer to the idea of analyst and patient (or writer and reader) ‘playing’ together in the potential space between them, whereby a supposedly threatening provocation may act in the service of care. These positions complicate the idea of the Winnicottian holding environment, and the ‘potential space’ of play between mother and child, as a reliably supportive frame in which the baby (or analysand) develops (even if this occasionally means thwarting the infant’s desires). Instead, it could be seen as reliably unreliable, and supportively unsupportive: an environment in which a ‘bad-enough’ mother may be possible.

Winnicott’s hesitation to describe destructive or dysfunctional play as play may suggest that at certain points in his career he has his own limitations around what constitutes the expression of mental health and ill health, and the internal objects associated with both. His 1968 comment that the use of an object is ‘bypassed in the schizoid personality or borderline case, and presumably in schizophrenic illness’ suggests that Winnicott (1989a, p. 239) is proposing that the more complex stages of object relating are restricted to those in a state of health. Yet it is possible, too, that Green overemphasises what he sees as the binary at the heart of Winnicott’s theories on play (namely that there is either ‘healthy’ play which leads to meaning and transformation, or ‘non-play’ which can lead to neither). After all, Winnicott (2005b, p. 37) is the man who stresses, in relation to the idea of fantasying, that it is possible to swing ‘from well to ill, and back again to well’ even in the space of one conversation. By the very end of his career, he writes:

> It is important for us that we find clinically no sharp line between health and the schizoid state or even between health and full-blown schizophrenia. While we recognize the hereditary factor in schizophrenia and while we are willing to see the contributions made in individual cases by physical disorders we look with suspicion on any theory of schizophrenia that divorces the subject from the problems of ordinary living and the universals of individual development in a given environment. (Winnicott, 2005a, p. 89, emphasis in original)

Winnicott is here suggesting that there are certain ‘universals of individual development’ from which those in schizoid states are not excluded. And, in 1967, he
makes clear that there is a spectrum of experience encompassing psychosis, health, play, and cultural experience, a spectrum that is life itself:

[W]hat is life about? [...] Psychotic patients who are all the time hovering between living and not living force us to look at this problem, one that really belongs not to psychoneurotics but to all human beings. (Winnicott, 2005f, pp. 134–5, emphasis in original)

After all, Winnicott was also keen to stress that the adult self has much in common with its infantile counterpart (see Introduction, Section 0.3). We could extrapolate from this that parts of the adult psyche are still composed of the baby’s early fusion of libidinal and aggressive drives. Winnicott (1989a, p. 239) points to the earliest infantile stage as one in which ‘the baby’s aliveness starts off as a unit or unity’ of the two. Quoting Pliny, he asks: “‘Who can say whether in essence fire is constructive or destructive?’”

This obscured part of Winnicott’s thinking must remain paradoxical. Meanwhile, the sorry addendum to the case of the string boy who could not be ‘cured’ reframes the paper as one that explores the unsuccessful attempt to make something out of the transitional object, to take it beyond an act of communication and allow it to transform the self. To briefly recap Winnicott’s (2005g, p. 120) thinking, true object use can only come about through the operation of psychical destructiveness which tests the object, but does not succeed in destroying it in fantasy. The object survives these attacks, thus proving its own objectivity and resilience — then, and only then, can it fully be used as an external support for the ego. As such, this destructiveness and the ensuing successful objectivisation has ‘a vital positive function’ (Winnicott, 1989a, p. 239). In schizophrenic illness, he implies, destructiveness is still present, but it is positioned as a strangely unfocused, truncated process. Indeed, Winnicott (1989a, pp. 239–40) likens the ‘bypass[ing]’ in schizophrenia of this constructive form of destructiveness to the inhabiting of ‘an infinite space in which the individual can operate without passing through the risky experience of destruction and survival of the object’. Schizophrenia, it is suggested, avoids the risk inherent in destroying the external object, instead dwelling in an ‘infinite space’ of internal unreality.
2.3 Mastering the object in *Hangover Square*

Winnicott’s paradoxical reading of schizophrenia – as a state that occupies a constructive plane of destructiveness – offers an illuminating frame through which to read *Hangover Square*. In his ‘dead’ moods, George displays psychotic behaviour in which there is seemingly no possibility of using psychical destructiveness as a ‘positive function’. Instead, his actions are channelled towards altering Netta beyond the possibility of object usage – that is, by destroying her in reality. This urge, however, is complicated and multi-faceted. George’s associative play on the name ‘Netta’, which takes material expression through his careful threading together of her possessions, highlights an obsessive concern with protection:

Round the hot tap, round the electric-light switch, back and forth, and across. A real net. Netta. Poor Netta – don’t worry – nothing should be disturbed: nothing should be disturbed until the police came. It must all be in order for her. He must see to that: he owed her that much.

[...]
It was all threaded together. All the threads were gathered up. The net was complete. The net, Netta. Netta – the net – all complete and fitting in at last. (p. 275)

George’s own ‘string play’ – the careful, thorough binding together of objects and fittings across Netta’s apartment using four reels of grey thread – is a strangely gentle, methodical act of preservation to follow the violence of his double murder. Hamilton paints a picture of the ultimate denial of aggression, with George believing that ‘he would get it done with quickly, without bungling, without hurting them. [...] That was one thing he had never done in his life, hurt anybody’ (p. 193). Having killed both of them, George is nonetheless convinced that ‘he had made a good job of it and hadn’t hurt [Netta] – he was sure of that’ (p. 273); to Peter’s freshly dead body, he asks ‘I didn’t hurt you, did I? Are you all right?’ (p. 271).

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25 String and thread carry quite different connotations as material objects. Where string is temporary and largely non-aesthetic, thread is used as much for decoration (for example, in the form of embroidery) as it is for its functional joining powers. Verbally, we talk of ‘stringing something together’ to denote a much less nuanced or convincing process than that suggested by ‘threading together’. In this chapter, though, I to some extent conflate the two, focusing primarily on their shared ability to join, connect and hold other objects.
In effect, he works to ‘hold’, care for, and communicate with the corpses which he has already destroyed beyond all possibility of survival. They finally ‘fit in’, materially and psychically, to a world of his own making; this disconcerting form of care might even recall Winnicott’s (1958c, p. 154) sense of the mother ‘bring[ing] the world’ to the infant. This seeming contradiction – a gentle act of post-homicidal care – positions George’s thread play as a psychotic, dissociative ‘denial of separation’ (Winnicott, 2005h, p. 26). His use of thread to keep ‘in order’ the bodies of the two friends he has just murdered could be read as an exploration of the ‘handling’ and ‘mastery’ of physical and mental matter. Winnicott’s hypothesis that string in particular represents the ‘holding of unintegrated [psychical] material’ is notable. Both George’s rage and the physical corpses can be read as different forms of ‘unintegrated material’, as forms of matter that have not been processed. At the level of character the murders close off the potential for George to communicate (in reality, at least) with his external people-objects, while at a structural level they set the closure of the text in motion. The intricately threaded-together space of the flat acts as a material symbol of both forms of terminality, limiting movement and potential development in a fantasy world where everything has been rendered hyper-static. Although schizophrenia is sometimes characterised as a loss of contact with reality, this object play instead evokes Baudrillard’s (1988, p. 27) view that the condition can be characterised by ‘the absolute proximity to and total instantaneousness with things, this overexposure to the transparency of the world’. George’s ‘holding’ of Netta and Peter’s corpses in their fragile ‘net’ keeps them in a sphere of ‘instantaneous’ suspended animation which in turn reflects his own ability to control ‘the limits of his very being’.

**Testing the limits of ‘subjective mutation’**

This scene can be read as evocative of a very Winnicottian contradiction, in which the potential of string to connect, communicate and transform is here transmuted into the severing of relations. This is despite the fact that seeing destructiveness as a form of ‘work’ and ‘working through’ – George believes he has done a ‘good job’ (p. 273) – points to its potential within the Winnicottian framework to lead to recovery. His play is a form of relation – but one that, in taking destructiveness beyond where the object
can 'survive' and be 'used', shuts down meaning and closes off potentiality, rather than opening it up. He is left instead with seemingly omnipotent control but no usable object, and thus little 'potential space' for play and development (Winnicott, 2005d, p. 55). By ensuring that Netta cannot possibly survive such destructiveness, George’s character cannot undergo the transformation of the self that comes with being able to use the living object which has survived attack.

These contradictions can to some extent be better understood within the context of Winnicott’s changing ideas of the constitution of play itself. Around the late 1960s, Winnicott moved from using the term play to playing. The extracts from Winnicott’s undated ‘Notes on Play’ which define play as an expression of projections through material object manipulation, cited at the beginning of Section 2.2, therefore probably date from before this time, as does ‘Why Children Play’, written in 1957 (see editors’ footnote on his changing terminology in Winnicott, 1989c, p. 59). Building on Green’s work, Lenormand’s demarcation of the conceptual and experiential differences between these two terms in Winnicott’s work has both a theoretical and a clinical application. Unpicking Winnicott’s career-long concern with play, she suggests that there is an implicit negative (in the photographic sense of the term) to the ‘solid optimism’ of Winnicott’s interest in the creativity of play (Lenormand, 2018, p. 82). While, in Lenormand’s reading of Winnicott, ‘play’ came to refer to the act itself – the concrete activities, which might or might not be bound by the rules of a game, and which offer content available for interpretation – ‘playing’ is a creative experience that fundamentally alters one’s subjecthood. The experience of Winnicottian playing is implicitly both relational and transformational, leading to what Lenormand (2018, p. 86) terms ‘subjective mutation’:

The therapeutic effect does not result from the verbal explanation of what the patient is experiencing, but of the discovery in the immanence of the experience itself of something new and of a relationship to the world and to oneself that was hitherto unknown. (Lenormand, 2018, p. 85, emphasis in original)

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26 It is not, however, that the ‘potential space’ of play between mother and child can only take shape if the infant has achieved the ability to use the object; it is instead a key activity at the earlier stage of object relating.
For Winnicott (2005e, p. 86), such ‘subjective mutation’ of the self within its environment can only take place when the experience of playing is ‘reflected back’ in the potential space between mother and child (or between analyst and patient). Read in the context of George’s thread-play as a form of communication with his destroyed people-objects, however, this raises the question of whether an internal object may facilitate some form of transformation without its external counterpart (the phenomenon of mourning would suggest that it could). A subject may engage in an act of psychical communication with an object that can no longer answer back in reality, or, indeed, may communicate with another facet of themselves – and may thus presumably undergo some form of non-intersubjective transformation. While it is not relational in the sphere of real experience, there is still an act of relation taking place internally. It is a far cry from the ‘reflection’ of the mother-mirror experience which structures the self, but nonetheless raises the question of how stringently we read these definitions and their presumed limits.

Lenormand’s point is that both play (as communicative content) and playing (as a creative experience) can be therapeutically helpful, but that they are rooted in different forms of unconscious logic. As Green does, she proposes a third phenomenon to broaden the field further, suggesting that the act of play within the therapeutic setting can sometimes be a form of resistance, a shutting down, that works as a very different form of transference from the creative act of playing. Lenormand sees this as the ‘reverse side’ of playing, which may have a number of psychopathological causes and forms:

While Winnicott had already noted the impasse of forms of play that are organized around a fetish and a denial [i.e. in the string boy case], he insists here [in his paper ‘Dreaming, Fantasying and Living’ (1971)] on the impasse of forms of play involving dissociation, a mechanism akin to psychosis. (Lenormand, 2018, p. 95)

While playing requires an open ‘formlessness’ that is richly, creatively ‘unintegrated’ (Winnicott, 2005e, p. 74), ‘reverse play’ signals disintegration, thus stymying the potential for ‘subjective mutation’. Winnicott saw ‘unintegrated’ experience as a way of reaching back temporarily to the earliest infantile state, which does not in itself have to be a problematic regression; disintegration, however, is seen as a dangerous
response to threat. This delineation is complex, and, in my view, highlights the tension between ‘usable’ and seemingly ‘unusable’ psychical matter. If the creative, unintegrated state of playfulness allows a form of working through, how is this process mirrored in the ‘disintegrated’ state of ‘reverse play’ – or is it only terminal and static? What happens in psychical fantasy to the parts of the environment that are not ‘good enough’ – to those memories, ideas and events which contribute to a parallel set of ‘not good enough’ internal objects in a ‘disintegrated’ child’s psyche? Where do they go in play and ‘reverse play’ alike; how are they expressed? In psychical terms, nothing can really be seen as ‘waste’, so there is an open question here about where the ‘unintegratable’ matter of the psychical world goes, particularly in mental illness, and how we understand this processing. I argue that ‘reverse’ or ‘negative’ play contains ‘communicative content’ just as play does. Whether it might allow for ‘subjective mutation’ in a form of ‘reverse playing’ is still an open question.

Texts such as Hangover Square allow us to reflect upon these questions in an extended form of ‘not knowing’, not fixing, to re-purpose Green’s (2005, p. 12) phrase on the psychoanalytic process. In this sense, we can see literature itself as a form of play which offers a place for ‘unintegratable’ matter to be expressed. In his 1968 essay ‘Playing and Culture’, Winnicott sees the realm of cultural experience in adulthood – art, literature, theatre – as directly analogous to the play of the infant:

It is possible that we may find that it is in this area of cultural experience that many of us live most of our time when we are awake, and if we transfer this idea to childhood we can see immediately that we are talking about playing. (Winnicott, 1989d, p. 204)

Crucially, it is not the creative output which draws this analogy, but the experience of entering the formless state of play (which may or may not lead to a creative product). Klein (1997e, p. 138) has a slightly different view of the defensive elements of play, interpreting it as a process in which the child layers its guilt, anxiety and phantasies onto the material object of a toy. Both interpretations, however, are implicitly concerned with play and creativity as acts of symbolisation. Following Freud, we can also see play as a form of re-ordering, re-arranging what is already there, similar to the structuring of a text:
The child's best loved and most intense occupation is with his play or games. *Might we not say that every child at play behaves like a creative writer in that he creates a world of his own, or, rather, rearranges the things of this world in a new way which pleases him.* [...] In spite of all the emotion with which he constructs his world of play, the child distinguishes it quite well from reality; and he likes to link his imagined objects and situations to the tangible and visible things of the real world. (Freud, 2001e, pp. 143–44, emphasis added)

In this sense, play is not fantasy, or not *only* fantasy – it is a conscious re-ordering and ‘working through’ of the internal landscape which uses external objects as its tools. The sensory manipulation of toys and other material things is central to what Freud sees as a form of psychical ‘mastery’, recalling Winnicott’s (2005h, p. 26) idea of string as something which ‘has to be handled in order to be mastered’:

> It is certain that children behave in this fashion [re-enacting trauma] towards every distressing impression they receive, by reproducing it in their play. In thus changing from passivity to activity they attempt to master their experiences psychically. (Freud, 2001b, p. 167)

Green (2005, p. 21) similarly emphasises this explicitly spatial understanding of the mental work of play, conceptualised as a process of constructive rebuilding: ‘Play is a manifestation of the mind that I understand as being the result of undoing the pieces belonging to reality, in order to recombine them and create a potential existence’. In this, we can also recast the analytic space itself as a space of play – think again of Winnicott’s (1958f, p. 67) idea of an analytic interpretation as a ‘glittering object’ that can be put to use by the patient in the same way as a child plays with a shiny spatula. Winnicott (2005e, p. 72) described his own analytic style as ‘simple as a child’s play’ – an analyst who ‘cannot play’ is ‘not suitable for the work’. Therapeutic success occurs when the ‘two areas of playing, that of the patient and that of the therapist’, overlap: ‘Psychotherapy has to do with two people playing together’ (Winnicott, 2005d, p. 51). One might say that the potential of a literary text to offer and ‘work through’ meaning can, similarly, only take place when writer and reader ‘play together’, when their internal worlds of fantasy meet in the space between the two. Literature, play and analysis alike allow us to rebuild the world, internally and externally.

**The ‘unintegratable’ object**
These connections, as seemingly abstract as they are, have a direct application within socio-political spheres in the contemporary world. Play, unconscious destructiveness and power dynamics are at the heart of modern relations at both the personal and macro-political level. In *Hangover Square*, this is most evident in its fundamentally misogynistic structure (and reception). Netta is positioned as a disappointing external object throughout, whose demise is signalled from the fourth page of the novel. In contrast to her physical attractiveness, she is painted as morally repellent and imaginatively stunted, with a ‘solemn’, not ‘fully conscious’ relational style:

Her thoughts [...] resembled those of a fish – something seen floating in a tank, brooding, self-absorbed, frigid, moving solemnly forward to its object or veering slowly sideways without fully conscious motivation. [...] Lacking generosity she lacked imagination, and in her impassivity had developed a state of mind which does not look forward and does not look back, does not compare, reason or synthesize, and therefore goes for what it wants, in the immediate present... (pp. 124-5)

The comparison of Netta to a ‘frigid’ fish – perhaps denoting a queasiness about female sexuality – recalls George’s analogy of an underwater world to explain his dead moods (p. 83): she is positioned as encroaching upon the most hidden depths of his state of being, despite her ‘impassivity’ and lack of ‘fully conscious motivation’. J. B. Priestley, in his 1972 introduction to the book, memorably describes Netta as ‘a selfish and callous little bitch’ who ‘seems to represent some principle of evil’ in direct contrast to the ‘compassionate creation’ that is George, her predatory, obsessive murderer (pp. 9-10). Bruce Hamilton (1972, pp. 95–96), Patrick’s brother, similarly paints George as a ‘gentle, simple-hearted and lovable’ character in love with ‘a princess of bitches’ who ‘has brought him to a schizophrenic condition’. Here, womanhood is positioned as a dangerous ‘material’, something needing ‘to be handled in order to be mastered’ (Winnicott, 2005h, p. 26): ‘[George] felt he would like to beat [Netta] up, do her some physical damage, smash her face and tell her to go to hell. He could understand men wanting to hit women’ (p. 178). Sean French (1993, pp. 167, 166), one of Hamilton’s biographers, sees this passage as one which ‘enlists the reader in a desire that Netta be punished’, in a novel he describes ‘an extended poem of humiliation’ (that is, George’s humiliation).
George’s obsession is channelled through a hyper-associative attachment to his surroundings, which become an ontological whole with his primary love-object: ‘Netta was Earl's Court ... [s]he was the buildings and the shops and the rain’ (p. 216). It is only George’s realisation that Netta is sleeping with Peter that strips her of this symbolic porosity: ‘She wasn’t violets and primroses in April rain any more: she was a woman in bed with a nasty man in Earl's Court’ (p. 118). This discovery acts as a hinge point in the plot in which the underlying misogyny of the novel, and its interest in ‘mastering’ the female object, comes into fresh focus. George newly sees Netta as a consumable object, something that can be ‘had’ and therefore ‘brought down’ from perfection by a conglomerate manhood that allies him, however uncomfortably, with Peter:

Instead of being jealous of Peter, he was in a manner grateful to him: he had brought her down to the sordid level of Peter – and on that level she did not hurt so much. [...]
She was something to be had by men, and as such he could do without her. Or so he believed. (p. 118)

George is positioned here as the aggressive child railing against a figure of mother-love who cannot be fully ‘owned’ – what Winnicott (1989h, p. 241), following Freud, would call the ‘love-strife’ drive at the heart of destructiveness. His attitude towards her is one of aggressive attachment, echoing the Kleinian infant’s urge to split the maternal object into good and bad (Klein, 1998a, p. 266): ‘He was netted in hate just as he was netted in love. Netta: Netta: Netta! ... God – how he loved her!’ (p. 29). Netta, meanwhile, is painted as a distracted care-giver: she speaks to George ‘as a mother, watching the screen at a cinema, might speak to her talkative child’ (p. 76). Such an analogy recalls the comparison of George’s external objects in his dead moods to the actors in a ‘silent film’ (p. 17), with technology used as a metaphorical shorthand for relational distance.

In this reading, Netta’s role as a maternal ‘love-strife’ object in George’s phantasy world renders Peter the father in the sexual couple. Ostensibly, it is not the discovery that Peter has been sleeping with Netta that leads George to include him in his plan (he originally intends only to kill Netta). George’s thought process instead focuses on Peter’s criminal past as a drink-driver and a thug – a ‘sinister brute’ (p. 167). However,
he only follows this train of thought after Peter turns up on a trip to Brighton, usurping George’s role as Netta’s potential lover: Hamilton offers sexual humiliation as a potential vindication of George’s later actions. It is the pair’s symbolic role as the sexual couple from which George is excluded that shapes the movement of the plot: ‘Why, Peter and Netta were one. […] You could no more kill Netta without killing Peter than you could kill Peter without Netta’ (p. 168). Reading this passage with a Kleinian lens, the murders are evocative of a re-enactment of the attack in phantasy that the infant enacts on the parental couple – symbolically united as they are in the mother’s body (Klein, 1998b, p. 211). Meanwhile, the framing of the murders as a form of come-uppance, with George in the role of justice-giver, reinstates him in phantasy as a father figure where Peter has failed.

War, psychosis, and the facilitating environment

This reading of George’s heavily symbolic violence echoes a central concern of the overarching narrative: the mirroring of war and psychosis, both rushing towards a seemingly foregone, destructive conclusion. Halfway through his work to contain and ‘hold’ the corpses with the grey thread, George switches on the wireless to disguise the sound of the ‘obscure process in which he was engaged’, catching Neville Chamberlain’s announcement of the Second World War. Nigel Jones (2008, p. 247) reads the character of George Harvey Bone as an ill self in (and expressive of) an ill society, ‘a human metaphor to express the sickness that in Patrick’s view underlay the whole course of the twentieth century’. In this reading, George’s murders become merely part of the shared moral failure of the Western world: ‘The war is going to make killers and victims of everyone, and Bone’s private homicide and suicide are swallowed up in a larger genocide’ (Jones, 2008, p. 249).

For Sean French, the medical framing of the novel is a distraction from this concern with moral action:

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27 Jacques Lacan saw paternal authority as a central element in the Symbolic Order of subjective experience, a shared cultural sphere in which language, and thus order and law, are located (Warshawsky, 2009).
George’s invented psychological condition fudges the crucial moral and aesthetic challenge of the book, which is to justify the final terrible murder at the end, especially since Hamilton takes great trouble to link the final catastrophe with the outbreak of the Second World War. (French, 1993, pp. 167–68)

French would have *Hangover Square* be a straightforward moral thriller, untainted by questions of mental illness (and it is telling that he picks out this ‘invented’ element alone for disapprobation within a fictional narrative – perhaps an expression of the ongoing stigmatisation of mental illness). Yet to place the murders in a psychopathological frame, and then to undermine such a frame, invites us to ask complex, wider questions about the role of destructiveness in selfhood and society. George even fleetingly finds hope – that elusive, redemptive element on which Winnicott places so much importance – in the prospect of war, a chance at changing his state:

*A filthy idea, but what if a war was what he was waiting for? That might put a stop to it all. They might get him – he might be conscripted away from drinks, and smokes, and Netta. At times he could find it in his heart to hope for a war – bloody business as it all was. (p. 31)*

Laura Salisbury (2014, p. 10) situates Winnicott’s discussions of play within the context of a ‘climate dominated by modern warfare’ (his theory was in part built on extensive work with child evacuees). If play is ‘the work that children do’, tied up with the demarcation of relational boundaries and ‘spaces of containment’, then war is the ultimate anti-play, ‘an absolute levelling off of the human capacity to choose to play in a momentary elsewhere’. Salisbury builds on Steve Connor’s (2005, p. 9) sense of play as a defining feature of modernity, something that denotes ‘free self-government’. To extend my discussion of Hamilton’s alignment of war and psychosis within the context, I would suggest that we could consider how a concept of ‘negative play’ – the ‘reverse side’ of healthy play that is nonetheless a form of creativity – might fit into this delineation. If an ‘ill’ man might be supposed to be experimenting with a form of supposed ‘non-play’ that is nevertheless manually and psychically creative and communicative, might we also understand war as a version of ‘negative play’? And, if we accept that the understanding of play and creativity pertains across a spectrum of health and ill health, of variously functional and dysfunctional operations of society, what does this imply about our conception of such slippery terms? What if, in Connor’s
(2005, pp. 1, 10) terms, play no longer ‘knows its place’; what if ‘all existence [...] were a kind of playful exceeding of the necessary, of what merely had to be’?

While these questions remain open to debate, it is significant that they place the burden of interpretation and meaning-making onto the shared material and socio-political environment rather than the individual. According to Tom Russ (2014, p. 249), instead of focusing on schizophrenia at all, we might think of George’s symptoms in *Hangover Square* (dissociation, derealisation, violence, and ‘ambulatory automatism’, a propensity to walk long distances while in the grip of an episode of some form of mental illness) as expressive of a range of ‘transient conditions’ that belie fixed classifications of mental illness. Russ’s proposition is prompted by Ian Hacking’s study of what he terms ‘mad travellers’, the ‘fugueurs’ of late nineteenth-century Europe who walked for miles in seemingly dissociative states. For Hacking (1998, p. 1), these kinds of mental illnesses ‘thrive’ within those often indefinable sociocultural circumstances which from time to time lead to a geographically located spate of previously unrecorded symptoms, behaviours and diagnoses. A review of Hacking’s book summarises its central claim more starkly:

> [W]hat we call ‘mental illness’ is not a permanent, intangible reality. For it to develop, it needs a hospitable environment, what Hacking compares to an ecological niche. Without a facilitating environment, mental illness languishes, wastes away, disappears, or emigrates somewhere more propitious. (Borch-Jacobsen, 1999, p. 9)

This description echoes to a remarkable extent that of Winnicott’s ideas on the facilitating environment needed in healthy early infant development for the self to emerge. For Hacking to propose that mental illness itself requires certain conditions to grow – effectively its own ‘holding environment’ – is to recast how we conceive of the relationship between environment and health (and, by extension, between war and society). Rather than thinking of mental illness as a result of what is *lacking*, the idea of

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28 This echoes Klein’s thinking in relation to the paranoid-schizoid position undergone in childhood, characterised by the act of ‘splitting’ the object. The Melanie Klein Trust summarises her position by stressing that ‘Klein holds that schizoid ways of relating are never given up completely and her writing gives the impression that the positions can be conceptualised as transient states of mind’ (Melanie Klein Trust, n.d.).
an ‘ecological niche’ that facilitates mental illness puts the emphasis squarely back on the content and form of the psychical, physical and cultural environment.\footnote{Though out of scope of this thesis, we might also think of the various characters’ overwhelming reliance on alcohol throughout \emph{Hangover Square} as a key element of this facilitating environment. Bruce Hamilton (1972, p. 96) describes the novel as being ‘saturated with, almost drowned in drink’, what he calls ‘the governing condition of its little world’ (emphasis added).}

Instead of ‘fudg[ing]’ the moral issue (French, 1993, p. 167), then, I suggest that the intertwined medical, military and socio-political frames of \emph{Hangover Square} are significant precisely because they work to question what is ‘normal’ or ‘healthy’ across the breadth of human experience. It places a vital emphasis on the complexity of individual subjectivity within a relational environment, both material and social – here explored against the socio-political backdrop of war and gender relations. These relations are not solely ‘positive’ and healthy; they span from violence and rage to love and care, all tied together in the thread scene. The pathological frame gives shape to this exploration of the manipulation and mastery of objects, allowing a much more delicate portrayal of psychical, bodily and political fragility and flexibility.

\section*{2.4 The lost holding environment}

If, as Jones has it, \emph{Hangover Square} aims to comment on the illness of a society, how does this broader environment play back into its portrayal of \emph{individual} illness? In part this is a question about the importance of the environment in literature, which creates not just a functional setting but a tonal and thematic container for the movement of the text. We can read material environments as expressive of a chronology that stretches far beyond the timeframe of the novel, implying a ‘before’ and ‘after’ into which the text is merely an interpolation. In this respect, I see a parallel with the central concern of psychoanalytic object relations with an individual’s early environment. Where the text explores experiences of illness, the role of environments in the wider process of object relating comes into even greater focus. This is despite, or perhaps due to, the tendency of representations of ill health to focus on the contraction of everyday time and space (I will look at this idea further in Chapter 5).
For Winnicott, an explicitly spatio-temporal holding environment in very early childhood allows the infant to progress on to functional object relating:

The term ‘holding’ is used here to denote not only the actual physical holding of the infant, but also the total environmental provision... [...] In other words, it refers to a three-dimensional or space relationship with time gradually added. This overlaps with, but is initiated prior to, instinctual experiences that in time would determine object relationships. (Winnicott, 1960, p. 588, emphasis added)

Antisocial tendencies such as vandalism and theft, Winnicott suggested, are about a search for this supportive environment – with the lost object of the mother’s body at its centre – rather than a rejection of it:

[T]he child is seeking that amount of environmental stability which will stand the strain resulting from impulsive behaviour. This is a search for an environmental provision that has been lost, a human attitude, which, because it can be relied on, gives freedom to the individual to move and to act and to get excited. (Winnicott, 1958d, p. 310, emphasis added)

The psychopathology of schizoid behaviour is clinically separate to this type of antisocial tendency. In Winnicott’s work, however, what these two forms of destructiveness share is a pull towards a missing environment (a term which brings with it all of the attendant spatial and material connotations which this thesis has explored so far).

**Homelessness, space, and debilitation**

The ‘homelessness’ brought by failed or missing environments – material, psychical, social and familial – is felt throughout *Hangover Square*. J. B. Priestley points to this dislocation in his 1972 introduction to the novel:

[H]amilton] is above all the novelist of the homeless. [...] ...what is lurking in the shadowy background [...] is a suspicion of the society from which his chief characters are exiled. It is a deep feeling that there are no real homes for his homeless people to discover. (pp. 8-9)

In a psychical sense, ‘real homes’ may be found in the support provided by the mother or analyst (or, I suggest, the medical professional) – for example, in the ‘reflect[ing] back’ (Winnicott, 2005e, p. 86) of the patient or child’s creative experience of play in
order for them to undergo transformation as a subject (Lenormand, 2018, p. 86). George, though, has no recourse to either the analytic space or the space of the family, or to an institutionalised space of public healthcare. The world of *Hangover Square* seems not to offer any clearly ‘reflective’ environments in which one can be held, imperfectly or otherwise (although, as I will go on to explore, the male social circle of his school friend Johnnie comes the closest).

Instead, I suggest that Hamilton makes a curious link between spatial location and debilitation (the opposite of a holding environment which supports the structuring of the self). Intriguingly, Hamilton’s own medical history appears in *Hangover Square* in recast form. In 1932, he suffered serious injuries in a car accident on Earl’s Court Road. The driver was fined only for driving without due care and attention, although the policeman attending the scene allegedly said that he had been ‘stinking of gin’ (Jones, 2008, p. 192). Following multiple fractures and serious contusions, Hamilton was left with a ‘withered left arm and a stiff leg’, and his facial composition was altered for the rest of his life (Jones, 2008, p. 190). It was a hugely disruptive and consciousness-altering event for Hamilton, one he referred to as ‘when I was killed’ (Jones, 2008, p. 191). Tellingly, Hamilton chooses to place Netta’s flat in *Hangover Square* – sitting at the centre of ‘all the bleak scenery of [George’s] long disgrace and disaster’ as it does (p. 214) – on the junction of Logan Place and Earl’s Court Road, the exact site of Hamilton’s real-life accident. As French (1993, p. 167) puts it, ‘he turned [Netta] into everything he hated and feared [...] He placed her at the spot where his arm was paralysed, his leg permanently damaged and his nose ripped off’. Tied up in such an act of return, too, is the fact that his sister Lalla – an actress like Netta, and like the women with whom Hamilton repeatedly become obsessed – had a flat on the same street (Hamilton had been visiting her on the day of his accident). *Hangover Square* thus functions as a dwelling on, and a dwelling in, psychical loss, rage and idealisation, funneled through the spatio-temporal settings of Earl’s Court and Maidenhead and through the merged figures of (absent) mother/sister/lover. Laura Frost (2013, p. 163) sees Hamilton’s work as consistently located in ‘another place which was perpetually the same’, a ‘claustrophobic psychic terrain’ with limited and stifling boundaries.footnote{30} I

footnote{30} In this first citation, Frost is referencing Jean Rhys’s (1985, p. 3) novel *Voyage in the Dark*; Hamilton and Rhys are often seen as thematically and tonally similar writers as well as being contemporaries.
suggest that this deadening of space is less a flattening of experience than a refocusing on the importance of the material environment in how writer and text conceptualise ideas of being ‘held’, or unheld, psychically and creatively.

The dust jacket for the 1942 US edition of the novel (see Figure 7) echoes this reading, portraying a line of terraced houses shorn of its wider city context. In the colour version, what we can assume is Netta’s flat is marked out in a deep, blood-like red, her two windows shining out of the centre-frame like a pair of eyes gazing at the faceless, cowed man in the foreground, while the shadows of the roofline jaggedly thrust towards him. The perceived danger, threat and seductiveness posed by Netta as the primary ‘love-strife object’ has been diffused out into ‘her’ material environment. Even her front steps have ‘always been too dark and cold and wrong’ (p. 239). This is a more insidious example of the connection between mother and matter set up in this thesis so far. While Julia Stephen’s dressing table is not always a benign embodiment in Chapter 1, this cover points sharply to the integral misogyny inherent to Hamilton’s portrayals of the female object. In contrast, the George figure is made into the archetypal Man, synecdochised by greatcoat and hat: a simultaneously empowering and reductive move. Interestingly, twenty-first century editions such as that published by Europa Editions (Hamilton, 2006) tend to opt instead for interior settings such as a bar scene, or, as in the Penguin edition cited throughout this chapter, a close-up of alcohol and cigarettes (Hamilton, 2001). Perhaps these indicate changing attitudes to the perceived ‘causes’ of the ‘ill’ aspects of the novel, moving towards a greater attentiveness to social and environmental factors?

31 The German version of the novel, however, portrays a heavily sexualised woman in leather gloves holding a glass, so this tendency is by no means pervasive (Hamilton, 2007).
Figure 6: *Hangover Square*, first US edition, Random House, 1942

Image © Burns Books.
The ‘male mother’: care and recovery

Towards the novel’s denouement, there are two instances when it seems as if George will be able to regain a sense of a future replete with object relationships. The first is a bout of physical illness that offers George a fresh ‘potential space’ for transformation. George suffers from a bout of ‘flu that allows him time and space away from his usual difficulties: ‘It was a good thing, he said, to have a complete break sometimes. You could sort of sort things out and start again’ (p. 210). The ‘peace of his convalescence’ (p. 215) gives him the strength to decide to break with Netta and leave the neighbourhood:

He believed he had reached the crisis at last: that he had burned his passion out. It was only just in time. His whole health would have been wrecked if he had gone on like that. But now the climax had come: he had had a rest: the ‘flu, and the ‘dead’ moods (both brought on, he believed, by drinking and nervous exhaustion) had receded, and he could start again. (p. 215)

This passage positions illness as a space of psychical recovery as well as physical recovery: although it is an ‘attack’, it is also a ‘rest’ and a ‘complete break’. It allows one to ‘sort things out’ through a process of resetting relationships with one’s external objects. The body seems central to this process, ‘flu being such an inescapably bodily experience, allowing George to regain the sensation lost to him in his ‘dead’ moods. His only visitor is his school friend Johnnie; without him ‘happening to ring up and coming round to see him, he would have been quite alone’ (p. 209). It is Johnnie who gives him the strength to consider breaking with Netta after his bout of ‘flu: ‘Somehow, the fact that Johnnie had suggested the notion, that Johnnie was secretly behind him, enabled him, for the first time, to think of running away as a serious proposition’ (p. 215).

George does not succeed in using his ‘flu as the prompt to break away from his destructive lifestyle, but there is a second scene of hope. Late in the novel, Johnnie invites him to join a party of theatre stars and agents. It is a life to which Netta aspires, but she is cast out:
This was where she had wanted to be tonight – cheating him and leaving him out in the cold – but it was he who was inside, who had come to the wonderful birthday party instead! It was fairy-like. A battered failure, a stray Earl’s Court boozer, but he was good enough for Johnnie, and it seemed he was good enough for them. They made him welcome, these strong and powerful ones with whom she had schemed to insinuate herself: they made him welcome, and gave him brandy and liked him, and thought she was a bitch! (p. 256, emphasis added)

If we read George’s character as an exploration of the potential effects of being deprived of the holding environment – the ‘good enough’ Winnicottian mother – then this scene is pivotal. George is ‘good enough’ to be ‘inside’ with the ‘strong and powerful ones’, and hope is temporarily restored – though only through the demonisation of women:

He sat there, this enormous, ill, simple-minded man who had suffered so much mentally [...] his blue unhappy hunted eyes staring out, harmless, bewildered, hopeful, grateful. All the years and sorrow seemed to slip away from those eyes, and there was the little boy again, the little boy who had been hurt, and was being given a treat. (p. 259)

Hamilton positions George’s access to this social circle as a regression and return – a repeat of his childhood loss in which things are, this time, put right. It is a homosocial environment from which women are excluded, with men doing the ‘holding’ (earlier in the novel, he ‘had to make do with a friendly bank clerk to remind him that he was a man amongst men’: p. 56). Indeed, Johnnie is the only figure in the novel who provides anything approaching maternal support in the sphere of real experience:

Johnnie held him closer, drew him into the wall, hid him, like a mother with a child, from passers-by. “What’s the matter, old boy?” he said. “You’re all worked up. What are you crying about? Take it easy now, and tell me.” (p. 251, emphasis added)

Johnnie here protects George from an environment which is not sufficiently nurturing, ‘like a mother with a child’, and introduces him to a more welcoming one. However, the calm George finds is short-lived:

Oh God – they had been kind at last to him: at last they had been kind! He flung himself on the bed, and hid his face in his arms, incontrollably, vastly sobbing, incontrollably, vastly happy.
And then, of course, a little later, something snapped in his head. (p. 261)
Pathology reasserts itself here (perhaps denoted by the chaotic parapraxis of the repeated non-word ‘incontrollably’), signalling the denouement of the novel, and apparently closing off the ‘potential space’ of healthy play offered by Johnnie. Such a narrative pendulum, though, supports the reading that neither George nor his environment are definitively, permanently ‘ill’ or deficient within a vacuum: both feed into a cyclical pattern of hope and decline, health and ill health.

**Play and psychosis as spaces of transformation**

Although the ‘flu in the first scene above is clearly of a different order and origin from George’s ‘dead’ periods, we could understand both as a break from something intolerable – a way to step out of the bodily world for a period of time, or a way to split off mentally from what cannot be faced. The ‘dead’ periods are ‘a sort of anaesthetic which Nature had contrived to prevent him going dotty through thinking about Netta’ (p. 24), thus taking on the character of a temporary cure or respite. In a suggestive parallel, Winnicott saw psychotic illness as a defence against an unthinkable, underlying, primitive agony:

> [W]hat we see clinically is always a defence organisation, even in the autism of childhood schizophrenia. The underlying agony is unthinkable. It is wrong to think of psychotic illness as a breakdown, it is a defence organisation relative to a primitive agony, and it is usually successful... (Winnicott, 1989b, p. 90)

In this sense, mental or psychosomatic illness is not so dissimilar to play, which is not only a way to develop relationships but also an escape from the grim reality of facing difficult emotions head on. Green (2005, p. 8) wrote that ‘it is in the presence of horror that we understand the necessity of play in making it bearable’. In fact, he goes on to define play as this potentially dissociative escape: ‘the specificity of play is to change reality into something else, something that transforms what is unbearable in reality – be it internal or external’ (Green, 2005, p. 13). Green’s contribution problematises the conception of playing as a purely creative, hopeful activity with the ‘potential space’ of two-way relation, instead positing that illness and play are more intermingled than Winnicott had it.
The implication of the novel, then, in this reading, is that, if play and psychosis both ‘change reality into something else’, perhaps they are not so opposed as we might at first suspect. Both share a transformative role, and both, in Green’s view, have an origin in ‘unbearable’ ‘horror’. After all, what exactly is George Harvey Bone doing with his reels of thread if he is not playing, if he is not experimenting with his internal objects via the manipulation of external objects? It is not only the thread with which George ‘plays’, but with his murder methods – Peter is killed with a golf club, golf being one of the few outlets George has for pleasure and play in his ‘normal’ moods. What does our conception of ‘play’ presume, or exclude; how does it relate to lost and idealised environments? Is this kind of exploratory, abnormal creativity an entirely separate phenomenon from play, or is it a shadow of it, a pathological mirror image of ‘normal’ play? If so, what do these differing forms of play mean within spaces of illness, particularly mental illness? How do we delineate between the creative play of recovery and the psychopathological play of a more terminal destructiveness? These questions are fraught with difficulty and may potentially lead to reductive conclusions. However, the act of play in all its facets, positive and negative alike, seems to me to be a fundamental and overlooked element of object relations in relation to illness. We are not used to thinking of mentally or physically ill people as being ‘at play’ within this aspect of their identity, and therefore might fail to consider the complex motivations and expressions of what this play might be, its origins, and how it might take shape.

In a technical sense, George’s use of thread at the murder scene in *Hangover Square* adheres to Winnicott’s definition of play. In terms of George’s urge towards the protective destruction of his ‘love-strife’ object, the webs of grey thread can be read as ‘an expression in terms of external materials of inner relationships and anxieties’ which employ both his fine motor skills and his imaginative, projective capacities (Winnicott, 1989c, p. 60). Yet George’s use of the thread as a form of ‘work’ (a ‘good job’, p. 273), and the fatal outcome of its destructiveness seem to undermine its potential status as ‘play’, as does the fact that he was a boy who, in his ‘dead’ moods, ‘could not play’ (p. 15). It might be, though, that we can think of the thread scene not as ‘non-play’, but, following Green, as a subtly different kind of material and psychical manipulation that borrows from, echoes, and parallels ‘healthy’ play. Such a shift in
emphasis reinforces this thesis’s interest in the nuances and varieties of ways of relating to internal and external objects in illness.

**Maidenhead**

Without any ‘reflective’ environments to effect transformation, the trajectory of the novel is, instead, a terminal one. Having killed Netta and Peter, leaving a note for the police, George leaves London. Funnelling all his energy into what he sees as his one and only option – Maidenhead – George closes down all other practical and psychical routes forward:

> He supposed Maidenhead was going to come up to scratch? How was Maidenhead going to solve things exactly? He couldn’t quite see. Perhaps he was tired, but he couldn’t see it now. Of course, if Maidenhead let him down there was only one thing he could do, because that would be the end of all things. (p. 278)

George runs down his money (‘when he had got to Maidenhead there would be no more banking’: p. 190) and drops out of the public transport network to progress on foot. His fantasy is of being beyond persecution. The police, he thinks, cannot ‘find him’ or ‘touch him’ in Maidenhead, ‘where he would be happy’ (p. 18); ‘he had to get to Maidenhead and be at peace with himself’ (p. 166). There, ‘there would be no running and no sordidness any more; only peace, the bright, watery, quavering reflection of the ripples on the side of the boat’ (p. 185). His trips to Brighton, as disastrous as they are in terms of his pursuit of Netta, signal the potential for a place to act as a womb-like idyll that can ‘hold’ the individual: Brighton seafront is ‘somehow all bigger and cooler and darker and nicer than himself, and he was glad of that’ (p. 143).

The choice of Maidenhead – a hugely gendered word – as George’s container of phantasy is not, of course, coincidental. Conjuring up the image of a pure, idealised, virginal helpmeet, it is bound to ‘let him down’ in its more prosaic reality. This is another instance of the misogynistic undertone to the novel, here a thematic frame which links womanhood to certain disappointment. There is also a darker subtext at play. The concept of a woman’s ‘maidenhead’ is founded on two things: the first, a paradoxical sexualisation and idealisation of virginity, and the second a presupposition
of its capacity to be ‘robbed’ or defiled. As R. Howard Bloch (1991, p. 109) has it, ‘there is no way of talking about virginity that does not entail its loss’. By extension, the supposed purity of one’s maidenhead goes hand in hand with deeply culturally embedded imagery around violence, blood and spoliation. Netta’s death by drowning is, in this sense, ‘clean’: no blood is shed in what George sees as a ‘good job’ (p. 273). Perhaps this points to her status as a woman who is ‘something to be had by men’ (p. 118), with no blood left to shed and no maidenhead to be ‘given up’: she is not a ‘good enough’ mother/lover figure to fulfil his needs. Instead, the town of Maidenhead is a fantasy substitute, positioned as a place in which George can be ‘held’ by his environment and external objects.

The spatial element of Maidenhead’s symbolic role is important, too – another instance of the confluence of the maternal and the material. Psychically, George has kept Maidenhead untainted by the grimy, adult reality of London, splitting it off as his ‘good object’. He chooses not to take his cat as ‘the cat was a bit of Earl's Court, and if a bit of Earl's Court, however small, got into Maidenhead, it would upset Maidenhead completely’ (p. 270). Such hygienic mental separation implies that Maidenhead is a potential space of ‘working through’ for George, however unlikely his vision, and however terminal his actions. It is a symbol of hope, even in the midst of destructiveness, recalling Winnicott’s (2005h, p. 26) idea of forms of denial where ‘hope is absent’ being difficult to cure: where there is hope, there is a chance of analytic work succeeding in replacing what has been lost. As a physical location, Maidenhead stands in for a mental space of rest. As Thomas Ogden writes on Winnicott’s concept of the holding environment, as the infant enters the phase of early object relating, they need to be externally supported in constructing their own psychical space of retreat:

One of [the] later forms of holding involves the provision of a "place" (a psychological state) in which the infant (or patient) may gather himself together. [...] This type of holding is most importantly an unobtrusive state of "coming together in one place" that has both a psychological and a physical dimension. (Ogden, 2007, pp. 80–81)
We can read Maidenhead in *Hangover Square* as an externalised, symbolic version of this retreat, a place in which George hopes to ‘come together’ mentally and physically in the absence of an internalised holding environment.

Upon arriving in Maidenhead, however, he apprehends the gulf between the town as idealised internal object and its reality:

> He had very little idea of what he was doing now, but he was utterly resigned, and he appreciated at once the fact that Maidenhead was no good at all.

> It was just a town with shops, and newsagents, and pubs and cinemas. It wasn’t, and never could be, the peace, Ellen, the river, the quiet glass of beer, the white flannels, the ripples of the water reflected quaveringly on the side of the boat, the tea in the basket, the gramophone, the dank smell at evening, the red sunset, sleep...

> It ought to have been, but it wasn’t. He had made a mistake. In fact he could hardly recognize it. It had let him down, like Netta.

> But as there was no Maidenhead, there was no anywhere, and he had got rid of Netta and Peter, and now of course he must get rid of himself. (p. 279)

The external world has ‘let him down’, and the text cannot take the strain of such environmental failure. It is ‘the end of all things’ (p. 278): having no home, he must ‘get rid of’ his homeless, out of place self. As Winnicott (1989b, p. 88) writes in ‘Fear of Breakdown’ (potentially dating from 1963), ‘[t]he ego cannot organise against environmental failure in so far as dependence is a living fact’. ‘[A]s there was no Maidenhead, there was no anywhere’: the absence of a holding environment seems to render all other material experience inaccessible and unreal. His external objects have ceased to be channelled through the hyper-association of earlier parts of the novel (hence the fact that George can ‘hardly recognize’ Maidenhead). Here, the shops and the newsagents are just that: they cannot stand in for his sister or his sensory memories of a boating trip. It is notable that George is still in a delusional state when this realisation takes place: towards the end of the novel, the differences in object relating between his ‘dead’ and ‘alive’ states no longer seem so clear. Having underpinned the narrative as a foreshadowed endpoint both structurally and thematically, Maidenhead itself, much like the corpses left in Netta’s flat, is ultimately ‘unintegratable’.32

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32 See passage cited in Section 2.2 on string being an attempt to hold ‘unintegrated material’ (Winnicott, 2005h, pp. 25–26).
By the close of the novel, George’s ‘dead’ periods start to creak under the strain of a delayed ‘horror’, with reality threatening to push through. Though he tells himself that ‘His mind was all right: he had done everything as it should be done: he had nothing on his conscience’, his body, felt to be an external object, ‘let[s] him down: his body had a feeling of disgust and it made him tremble’ (pp. 276-77). Here, dissociation seems to George to be the only ‘true perspective’, the only possible response to this enforced non-dependence:

He had a peculiar feeling of being in a dream – unable to focus his mind. He felt he had been in a dream for days now. And yet something told him now that he must not wake from this dream – that only in this dream state could he understand and see in their true perspective the now haunting and repellent events in which he had participated this morning. If he woke up now, if anything happened to change his dream state of mind, he felt that he might be faced with some inconceivable horror of the mind such as he could not bear. (p. 278)

As he drifts into unconsciousness in Maidenhead (the site of regressive fantasies of protection and peace) in the final scene of the book, overcome by gas fumes, he hallucinates Ellen’s presence:

He was under chloroform. It was like that time, years and years ago, when he was a little boy before he went to school, when he had that operation for adenoids, and his sister Ellen was allowed in to hold his hand...

He put out his hand to see if Ellen’s hand was still there. Yes, he felt it there – amidst all the whorls and tunnels and shafts. ‘All right,’ she said, as she said in those old days. ‘It’s all right. Don’t be frightened, George. It’s all right.’

He died in the early morning [...] (p.281)

There is an intermingling here of several layers of experience – sensory hand-holding, the ‘whorls and tunnels and shafts’ of mental processing under stress, and chemically-induced delirium. The memory of surgical chloroform in his childhood underpins his experience of the gas, George’s chosen method of suicide – another medical lynchpin tying together the trajectory of his life course. George’s hallucination in this extract takes bodily form, in the phantasied, maternal hand of his dead sister. This scene recalls Susan Isaac’s (1952, p. 91) idea, which I will explore in Chapter 5, that ‘[t]he first phantasied wish-fulfilment, the first ‘hallucination’ is bound up with sensation’ (emphasis in original). The hallucination represents a double maternal absence: Ellen is not his mother, and no longer alive. Underlying such an absence is the British trope of
a young child being removed to boarding school, widely conceived of as an inadequate substitute for the support of the ‘good enough’ family; Nick Duffell and Thurstone Bass (2016) make a direct link between childhood trauma and the boarding school experience in their book *Trauma, Abandonment and Privilege*. One is reminded of Winnicott’s (1960, p. 585) emphasis on the role of maternal care in enabling the infant ‘to live and develop in spite of his being not yet able to control, or to feel responsible for, what is good and bad in the environment’. In the same passage, Winnicott stresses the reliability of the analytic environment as especially important for the treatment of those with schizophrenia, more so than the making of interpretations. Here, again, it is primarily the *environment* that allows one to ‘work on oneself’ and to improve object relationships.

2.5 Conclusion

*Hangover Square* is an ultimately ambiguous portrayal of an experience of mental illness that works in conversation with its material and socio-political environment. Its particular ‘ecological niche’ – that of a country on the brink of war, in a community awash in violence and addiction – allows an exploration of ideas of the facilitating environment, particularly the ‘holding’ stage, and of the socially, materially and textually structuring role of pathologisation. The narrative works both to open up and to close down meaning and potential, echoing the double movement of George’s hopeful periods and the lockdown of his ‘dead moods’. The murder scene, I argue, offers hugely rich material for considering these themes, channelled through the multiple meanings and uses of something as seemingly innocuous as grey haberdasher’s thread. The flexible act of object relation – from ‘handling’ and mastery to play – is the mobilising process which binds together these medical and material threads of the plot. In so doing, it allows us to examine questions of the constitution of health and ill health, and the role played by literature in perpetuating or complicating these questions.

Hamilton uses the character of George Harvey Bone to explore the paradoxes at the heart of both the object and subject position: that to develop into health, one must be sure of an internal object that reflects something lost in reality; and that, to ‘use’ the
external object as a ‘thing in itself’, one must exercise a brutal but loving
destructiveness in phantasy. The play between absence and presence, loss and
security, takes shape through George’s obsession with protecting, spoiling and,
ultimately, harming his love objects in actuality. As with Winnicott’s ‘string boy’,
George’s ‘thread play’ serves to connect, communicate, join, wrap and hold his
external objects, while keeping the relation in a place of hyper-stasis that is a denial of
separation. In both cases, the reader is led to engage with forms of matter – psychical
and physical – that are ‘unintegratable’, that resist acts of working through.

A key word for both texts is ‘hope’. Notably, in *Hangover Square* Hamilton positions
both illness and relational holding – in the form of a bout of ‘flu and a caring school
friend respectively – as moments of hopeful potential. Hope stands for the potential
for transformation, for the ‘subjective mutation’ of creative play. I argue that we can
understand the idea of *reverse play*, despite its many differences from Winnicottian
*playing*, as something which, in its emphasis on psychical and textual movement,
leaves open the door for hope to stand. After all, despite the disappointing outcome to
the string boy case, with Winnicott coming to believe that he ‘could not be cured of his
illness’, his earlier ‘reverse’ or negative play still contains *hope*. While he cannot ‘use’
the object (the internal object of the mother) for subjective mutation, the string is still
placed in relation to himself. This is the case whether we read the string as a
transitional object (as Winnicott has it), a “transitional pseudo-object” that cannot
open out into a space of play’, in Lenormand’s (2018, p. 94) terms, or as a substitute
holding environment (as I have explored). The boy’s psychopathology, which Winnicott
comes to see as incurable, does not mean that his ‘reverse’ play is less of a
communication or a relation than content-driven ‘play’.

As Joyce McDougall (2000, p. 46) has emphasised, even self-destructive, violent
forms of defence are still relational statements ‘in the service of psychic survival’: ‘To
my mind the compulsion to maintain and repeat deep unconscious patterns of
behaviour while they might give rise to pathological repetitions, is nevertheless on the
side of life’. Communication and relation are implicitly flexible acts, meaning that
‘playfulness’ may be apparent, and may offer hope, in even the most unlikely cases.
Despite the ultimate terminality of both plot and psychical processing signalled
throughout *Hangover Square*, the text functions as much as an opening of questioning
as it is a closure. Object play, I argue, in all its surprising forms, is at the heart of this opening up of meaning, extending and complicating our inherited ideas of relationality in mental illness.

This is the key implied claim of the novel, and its provocation to psychoanalytic theory, in my reading of it: if play and psychosis both ‘change reality into something else’, perhaps they are not so opposed as we might at first suspect. While the ability to use an object is not a given for anyone within Winnicott’s framework, and does not preclude ‘normal’ object relating, I believe that these tensions highlight that there is still work to be done within object relations theory around the urge to classify mental processes or experiences as indicative of fixed diagnostic states. This is particularly true, as I will consider in the conclusion to this thesis, within the context of a global health system which is predicated on defining patienthood as a fixed psychical and physical state, rather than as a flexible, shifting, multi-faceted subjective experience. What Green and Lenormand add to a reading of Winnicott’s ideas on play, then, is a broadening of the ambiguous parameters of object use and play in relation to ideas of health. By positing a kind of ‘reverse’ or ‘negative’ play that is nonetheless on the same spectrum as both ‘healthy’ play and creative, transformative playing, I suggest that these approaches allow us to newly consider the transformative possibility of object play across the breadth of experiences of mental illness. As Steven Connor puts it:

> When every instance of play deepens the reach of organised complexity, simultaneously loosening and consolidating, when the place of play is no longer self-evident, the effects of play are themselves put into play. (Connor, 2005, p. 12)
Chapter 3: The Prosthetic Other: Materiality, Metaphor, and Object Use

This thesis has so far explored the way in which material objects and environments may embody mourning and distress (Woolf, Chapter 1) and communicate the psychotic denial of separation and loss (Hamilton, Chapter 2). Objects mediate the complex interactions between the subject and their setting, echoing the role played by things between mother and infant, and analyst and analysand. These rich, varied representations of object relations demonstrate a range of complex, iterative projective impulses. In each of these cases, the subject is fundamentally shaped by the environment around them, and shapes it in turn.

The bodily prosthesis, particularly the artificial limb, brings together these threads in an especially charged way. It is both an object and a concept, a culturally loaded device sitting at the body-boundary of inner and outer experience – a curiously private and public double status which reflects and shapes meaning and identity. It has been used as a critical exemplar of the mediation through which material objects complicate both experiences of injury, disability or illness and a more general ‘being in the world’. Prosthetics become objects of critical tension in a move that obscures their role as ‘things-in-themselves’ in the external world, used by patients globally every day. As a result, the idea of the prosthetic has itself become a problematic critical object, one which we can read as a figurehead for society’s ambivalent attitude towards the ‘object’ of the disabled body. In particular, this investment takes expression in the urge to ‘fix’ such bodies (physically, textually, societally, epistemologically) – in the sense both of solidifying meaning and in ‘curing’ a perceived lack.

Over the next two chapters, I will explore literary, historical, and first-hand accounts of the use of prostheses, weaving together two twentieth-century short stories, oral histories, and qualitative data from sociological interviews. This conscious use of mixed...
sources is designed to draw explicit links between ‘real’ and fictionalised accounts of how users may relate to their prostheses, and how these relationships are configured and represented in sensory and mental processing. In this chapter I give a brief critical contextualisation, setting up the area of discussion for both ensuing chapters, before considering the more specific context of two literary representations of prostheses. I will look at ways in which the material prosthesis is represented as a container for difficult emotions, using William Faulkner’s 1934 short story ‘The Leg’ alongside Wilfred Bion’s idea of the container-contained and the hostile object, and Melanie Klein’s concepts of the persecutory and pined for object. Finally, I explore a representation of the varying ways of extending selfhood into the prosthetic, using Flannery O’Connor’s 1955 short story ‘Good Country People’ to think about Winnicott’s ideas of the ‘use’ of an external object in mental and bodily life. I also discuss Bolas’s extension of Winnicott’s theory into the realm of what he terms the terminal object. In the next chapter, I build on this work by thinking more explicitly about the lived, embodied experience of prosthetics users. Their accounts further problematise psychoanalytic ideas of the psychical and bodily uses of the object, while continuing to complicate the critical and cultural fascination with the metaphoric potential of the prosthesis.

William Faulkner and Flannery O’Connor are both often placed within the Southern Gothic tradition, a genre of literature from the late nineteenth- and twentieth-century American South which expresses dark, unspoken histories: Allison Graham (2007, p. 349) describes the South as a ‘repository of national repressions’. Both stories are centrally concerned with what is repressed, what is expelled, what is transformed (or transformable), and what survives psychical experimentation – with the short story form acting as a container for such experiments. I am especially concerned with ‘things we don’t want to know’ (see Section 0.5), and how material objects in a text may burst forth to insist upon a multiplicity of meanings which may not be containable by its narrative structure. To do so, I build on existing work that questions the literary and theoretical urge to categorise the prosthetic as an inherently foreign object that acts in opposition to a normative sense of bodily integrity and identity, instead seeing its representation as a potentiality that allows us to question a ground that is always already unstable and unfixed. Against this context, I argue that both these short stories
allow us to think about how material and psychical objects are integrated in narrative and structural terms, thus raising questions about the possibilities and limitations of these objects’ literary representations – as well as their representation in psychoanalytic theory. In effect, material objects tread a careful existence between the reparative and destructive elements of their psychical, material, literary and social uses. My contribution, as in Chapters 1 and 2, is to highlight the broad range of uses of the object in illness, from the transformational – both creative and destructive – to the terminal. In doing so, I am also once again drawn back to ideas of the maternal object, her role within psychoanalytic theory, the text’s replication of the infant’s quest for a transformational other, and the implications for understandings of material experience in illness.

3.1 Critical field: ‘Gaps and fissures’

In focusing on the iterative back and forth between an individual and external reality, I see embodied experience as a phenomenon that is in conversation with, not subservient to, the more metaphoric relation with the world of objects. This follows Macquard Smith and Joanne Morra’s (2006, p. 3) aim to ‘reassert the phenomenological, material, and embodied nature of “the prosthetic impulse’ without losing sight of ‘the metaphoric potential’ of prosthesis to spark ‘imaginative speculations, analyses, and interpretations’. Concerned with the historical and conceptual ‘edges’ of ideas and realities of the prosthetic, Smith and Morra set the model for the navigation of a ‘delicate dialectical situation’, using prosthesis as ‘a way of interrogating the notion that an isomorphic [i.e. corresponding] relationship exists between the subject’s internal world and its external projection’ (pp. 3, 9-10). My use of psychoanalytic object relations theory within the wider critical discussion gives us a key framework through which we can understand this ‘isomorphic relationship’ – a central focus of my wider thesis.

The need for this re-positional work across the history of medicine and literary theory alike sits in response to the enduring popularity of the idea of ‘the prosthetic’ (freshly re-nounced, or an adjective shorn of its referent) amongst cultural theorists. Foundational texts such as Donna Haraway’s Simians, Cyborgs and Women (1991) and
N. Katherine Hayles’ *How We Became Posthuman* (1999) positioned the prosthetic as a way to comprehend and articulate relations between humans and the technologies we have created. This concept can apply both to bodily extensions (our smartphones, our mechanised baby cradles) and abstract actants of selfhood (our data networks, our obscure financial systems). Haraway (1991, p. 249, n7) emphasises the two-way meaning-making made possible by the prosthetic relation, with ‘prosthesis becom[ing] a fundamental category for understanding our most intimate selves’, tied up directly with ‘the making of meanings and bodies’. Meanwhile, Hayles (1999, pp. 5, xi) seeks actively to counteract the ‘flesh-eating’ theory of the 90s (in the words of theorists Arthur and Marilouise Kroker [1996]), a movement that valorised information systems over ‘enaction in the human life-world’ and brought about what Hayles calls an ‘erasure of embodiment’. Hayles instead argues for a definition of the postmodern subject that embraces bodily realities as centrally as it does the virtual self. Intrinsic to this interplay between mind and body is the place of both in the sphere of material objects which bring together our 'enacted' and 'represented' bodies: our bodies in the physical world, and our selves in a networked, modern world. The overlay between the two 'is no longer a natural inevitability but a contingent production, mediated by a technology that has become so entwined with the production of identity that it can no longer meaningfully be separated from the human subject' (Hayles, 1999, p. xiii). This conception of our selves as minds and bodies in a recursive conversation with a networked world of objects – rather than as fixed human subjects who 'have' rather than 'are' bodies – repositions the body and its sensory experience as constitutive of selfhood, not as its side effect or outward expression. The emphasis on the co-constitutive relationship between human and technology echoes the movement of this thesis, in which medical objects act as triggers for perception, throwing the emphasis back onto medical subjects as collaborative makers of meaning rather than as passive vehicles for metaphor.

Such a move provokes simultaneous excitement and anxiety around those man-made tools and technologies which, non-organic though they are, appear to have taken on a more originary function – they, not we, are where the body seems to begin and how it appears to define and limit itself. As Haraway (1991, p. 177) suggests, ‘[i]t is not clear who makes and who is made in the relation between human and machine’.
This anxiety has not dissipated: contemporary Western culture, from the Industrial Revolution onwards, has dwelt persistently on the perceived threat posed by machines which suck ‘honest’ (read: sensorily experienced) labour and organic life into their metallic shells. For example, Ryan Sweet (2014, p. 14) has traced the nineteenth-century’s ‘anxiety about both the potential for technology to supplant the organic whole and the ability of medicine to preserve life at the cost of human agency’, concerns which have persisted into the twenty-first century. This anxiety carries within it an eroticised fascination, and, in Hayles’s (1999, p. 4) words, ‘both evokes terror and excites pleasure’—a position of cultural ambivalence which seeks both to valorise and expel the prosthetic object. In this formation, the fear of the replicability of the human body renders it as ‘simultaneously the site of productive work and violent dispersal, with its parts the replaceable components of a machine’ (Armstrong, 1998, p. 92). In David Wills’s Prosthesis (1995, p. 2), an experimental essay-memoir about his father’s prosthetic leg, the ambivalence towards prosthetics is part of the dream and dread of ‘a cataclysmic future convulsion in which metal fuses with flesh, the cyborg synthetic ecstasy that is the fiction of a science or the science of a fiction and the love of a machine past all fear of rejection’. Here, the prosthetic metaphor tends towards a form of transcendental othering, an imposition of material hierarchies which privileges the foreign, the novel and the external, the ‘not-me’—for all that it suggests that fusion of metal and flesh is possible and aspirational. In opposition to a conception of prosthesis as something which covers or fills the ‘lack’ (itself a contested reading and term) experienced on a daily basis by its user, this version of the prosthetic offers ‘a more utopian version of technology, in which human capacities are extrapolated' (Armstrong, 1998, p. 78).

The literary texts I explore in this chapter insist upon their prosthetic objects’ materiality in dialogue with the act of symbolisation, often against the assumed parameters of a conventional written text. Prostheses’ sonic presences burst out of the text, ‘creaking with explosive loudness’ (Faulkner, 1995, p. 837) or wielded ‘with about twice the noise that was necessary’ (O’Connor, 2009, p. 282). The wooden leg in Faulkner’s ‘The Leg’, which takes a back seat for much of the story, ‘saves’ its user from a violent stabbing when an intruder stumbles against it in the dark. Meanwhile, the prosthesis in ‘Good Country People’ is explicitly not a primarily symbolic object: in
O’Connor’s (1969d, p. 99) words, ‘it is a wooden leg first, and as a wooden leg it is absolutely necessary to the story’. The inescapability of the material objects which structure these two short stories underline the way in which narrative is, in Hayles’s (1999, p. 22) term, an ‘embodied form of discourse’ (emphasis in original).

These mid-century experimentations take place within a broader literary context centrally concerned with the tension between the material and the metaphorical. Unlike Faulkner, though, Flannery O’Connor is not necessarily seen as a modernist. In fact, James M. Mellard sees O’Connor as fundamentally resistant to modernism: [O’Connor] adamantly opposed herself to modernism in her intended themes. Indeed, her themes as she sees them reflect a distant time, and her insistent pursuit of Christian, specifically Catholic, values makes her dream of another time [...] when the Church stood as the regnant power in a world universally perceived as spiritual, as one in which spirit and matter were fully united, not split as O’Connor saw them in her century. (Mellard, 1999, p. 626, emphasis added)

In her work, though, O’Connor is explicitly interested in examining and exploiting such a tension or split; this persistent interest, and her quest to ‘distort’ meaning through a paradoxically metaphorical use of the concrete, owe much to the tenets of modernist experimentation. A modernist contextualisation of these stories gives us a framework for thinking about the short story form as a space for unfixed meaning that reaches towards a perceptual, if not literal, truth; it is a space that facilitates. The modernist writer Elizabeth Bowen (1937, p. 15) wrote in the introduction to The Faber Book of Modern Stories that the conclusiveness that makes the novel ‘too often forced and false’ is lacking in the short story, therefore enabling it to ‘more nearly […] approach aesthetic and moral truth’. Clare Hanson (1989, p. 25) argues that its form works as a frame which permits ‘gaps and absences’ to remain: we ‘accept a degree of mystery, elision, uncertainty in the short story as we would not in the novel’. Such absences further underline the themes of loss and reconstruction running through this thesis, most evidently in the form of the lost object which evokes the lost mother. Writing about Henry James, for example, Tzvetan Todorov (1973, pp. 74–5) concluded that his short stories are ‘based on the quest for an absolute and absent cause’; ‘The essential element is absent; absence is an essential element’. Tim Armstrong (1998, p. 94) even sees the short story form itself as a ‘symbolic version of a lost object' because it is a
'unity which constantly struggles to restore an integrity to the disarticulated and mechanical'.

More troublingly, we can also contextualise both short stories explored in this chapter against the backdrop of the modernist project to distort or ‘de-form’ the text as an object. This project, Maren Tova Linett (2017, p. 145) claims, is intimately tied up with bodies of illness and disability: ‘Modernism’s relationship to bodily deformity was shaped by the efforts of modernist authors to de-form the novel’. Linett contrasts the figure of ‘deformity as a model for the reshaping modernists set out to perform on traditional art forms’ with its shadowy inverse, that of the early-twentieth-century eugenics movement. Across both these contexts, bodies (including texts) and spaces that did not adhere to inherited ideals of form came into fresh focus. In a telling metaphor, given the pervasive use of the prosthetic to stand in for different figures of collapse, Virginia Woolf (1984, p. 211) wrote that for modernists to forge a new path risked ‘cost of life [and] limb’, as well as a threat of ‘breaking and falling, crashing and destruction’. This critical connection between disability, ‘deformity’ and destruction is a troubling interjection into our canonical valorisation of modernist aesthetics. As Michael Davidson (2019, p. 2) puts it, there are ‘many awkward confrontations between modernism and disability’. In their work on narrative prosthesis (see Section 0.4), Mitchell and Snyder argue, the use of disability as a literary trope works against the opening up of meaning which literature aims to offer:

Disability recurs in these works as a potent force that challenges cultural ideals of the “normal” or “whole” body. At the same time, disability also operates as the textual obstacle that causes the literary operation of open-endedness to close down or stumble. (Mitchell and Snyder, 2001, p. 50, emphasis in original)

This stumbling block is resolutely material: the disabled body becomes ‘the unseemly matter of narrative that cannot be textually undone’ (Mitchell and Snyder, 2001, p. 49, emphasis in original). Instead, they propose, texts seek to control this matter by ‘fixing’ it, ‘to resolve or correct – to “prostheticize” in David Wills’s sense of the term – a deviance marked as improper to a social context’ (Mitchell and Snyder, 2001, p. 51). Disability becomes a potentially reductive narrative device, even as it can simultaneously take form as an empowering, potentially radical act of representation.
Others such as Davidson (2019, p. 2), however, propose that ‘disability is a constitutive feature of modernist art and literature by making visible those bodies and minds that interrupt an ideal of bodily coherence and health’. Claiming that modernism’s reliance on disability acts as ‘a critical framework by which to rethink the nature of the human’, Davidson cites Tobin Siebers’s (2008, p. 3) argument that ‘disability aesthetics refuses to recognize the representation of the healthy body – and its definition of harmony, integrity, and beauty – as the sole determination of the aesthetic’. If disability – and, by extension, the body and the medical object as internal objects both for the individual and for the collective – are ‘textual obstacle[s]’ that unsettle meaning in both disruptive and potentially, there is an open question over how to interpret their status and impact. By focusing on how these short stories are entangled with and challenge psychoanalytic object relations, I aim to demonstrate that objects of disability are wielded in a broad, shifting range of ways which do not easily sit with one critical approach.

Given these contexts, what are the prosthetic limbs in these texts doing; or, rather, what are these texts ‘doing’ to prostheses? How do they ‘come to mean’ – textually, psychically, socially; how are they ‘used’? As I will explore in detail, I argue that they are vehicles for epistemological uncertainty and anxiety which simultaneously foreground and unsettle the fluid relationships between subject and object; they concretise concerns around problematic definitions of identity and categorisation; and they mediate spatial, textual and social relationships. The common thread here is that prosthetics are an extreme example of the shifting roles and meanings taken on by medical objects, heightened by their position at the body boundary.

3.2 ‘The Leg’, William Faulkner

The amputated limb or prosthesis which takes on a life of its own is a constant in cultural representations of limb loss. In Louisa May Alcott’s *Hospital Sketches* (1863), a veteran double amputee imagines his limbs coming to meet him on the Day of Judgment. In Silas Weir Mitchell’s (1900) ‘The Case of George Dedlow’, first published in 1866 and taken to showcase a real-life biographical subject at the time, a soldier is visited at a séance by his amputated legs coming back to spell out their museum object
numbers. More recently, David Wills (1995, p. 29) personified his father’s prosthetic leg as a member of a disturbing category of objects ‘that wait, parasitic, for a suitable host’: ‘The wooden leg is detachable, it has a life of its own. Its life is mostly secret, few know of it. It begins at night standing in a corner of the bedroom’. Such uncanny objects may be sent underground, literally and psychically, but threaten to rise up at any moment. Steven Kurzman, an ethnographer with a prosthetic limb, questions the theoretical positioning behind this trope while demonstrating the ease with which one jumps to attributing life to prostheses, however unwillingly:

Amputees do not oppress artificial limbs, they use them. Artificial limbs are not subaltern subjects, they are mechanical devices. People do deploy artificial limbs as actors in power relations, but the limbs themselves are not agents. I have a modest collection of below-knee prosthetic legs in a box in my basement. [...] I couldn’t help but imagine a scenario in which my prostheses develop a collective consciousness of oppression, realize that I have been using them to complete my identity, and march upstairs to have a word with me about this. (Kurzman, 2001, p. 380)

These objects present as epistemologically unreliable. In Baraitser’s (2009, p. 133) words, as explored in the Introduction to this thesis, they ‘bite back’ in resistance to our urge to assign a fixed meaning to them. Faced with such resistance, the prosthesis users in these sources turn to an extreme, Gothicised version of projection – namely severed or artificial limbs which move or communicate – which both seeks and fails to put these prostheses back in their ‘place’ in unconscious mental processing. These ghostly, newly live limbs here function as an overflow of fantasy that serves to reinforce its own limits by working within contained generic convention. Yet, although these internal and narrated representations give individuals a medium through which they ‘work on’ their associations with unsettling objects, the relationship between subject and object remains unstable and unfixed. This is despite the stronghold of an ongoing, implicit textual and sociocultural drive towards multiple forms of ‘restoration’ – whether as a working body (in both the functional and the capitalist sense of the word) or as a vehicle of meaning.
3.2.1 Loss, substitution, and dream-work

The three-part story ‘The Leg’ (1934), one of William Faulkner’s less well-known short stories, opens with an idyllic, pre-war scene on the river in Oxford in the summer of 1914. Davy, the story’s main protagonist, and George are two privileged undergraduates whose boating consists of clogging up the river’s lock while they apostrophise the lockkeeper’s daughter, Everbe Corinthia. This is not her real name; in the first of a series of substitutions throughout the story, the two young men are mobilising their classical knowledge to take ownership of their environment. A minor accident occurs, in which George is left clinging to a pile-post in the lock; rescued by the lockkeeper’s son, Jotham, he is unhurt. Seemingly trivial, the passage foreshadows the story’s violent undercurrent. George, we are told at the end of this section, is shortly to die in the First World War (p. 829). Following the ‘fine and incongruous oblivion’ of his self-absorbed stunt, George’s ‘round head’ is ‘now dark in the sunlight’; the onlooking boatmen watch the friends ‘across the parapet [of the lock] like two severed heads in a quiet row’ (p. 825). This section acts as a foundational scene, trailing problematic sexual and social relations, with Everbe’s ‘patient despair’ at the accident and tears of ‘crystal purity’ marking her out as the story’s sacrificial object (p. 825).

Part Two of the story plunges the reader starkly into the operating theatre of a First World War field hospital in the summer of 1916, in which Davy is undergoing a single leg amputation. In Davy’s narration, George is present, too, seemingly hidden amongst the staff: ‘I told him to wait until they got done giving me the ether […] I was afraid someone would brush against him and find him there’ (p. 829). It is not clear whether George is really there, a ghostly presence, or a hallucination (though we later find out that George died in action before Davy’s amputation, not after). The moment of amputation is not directly represented, too shocking to recount, perhaps. Instead, the story’s concern with loss, mourning and the unreliable potential for the restoration of self is seen through the friends’ talk, with the loss of Davy’s leg set up in parallel to the loss of a generation of men in the chaotic, coercive war that acts as a backdrop to the story. George is ‘lucky’, Davy says, for being ‘out of it’ – the war, the messy business of life, the medical trauma his body is undergoing alongside this hallucinatory
conversation (p. 830). Davy, injured but alive, will have to ‘go back’; the amputation is the first step towards the reinstatement of his body as a tool of war (p. 830). Post-operation, the hospital staff attempt to ‘hold’ Davy in his quest to find his lost objects, but cannot provide the ontological certainty he seeks: ‘he’s not going’, they tell him, as he calls for George, then, changing tack to placate, ‘he’ll come back. Lie still, now’ (p. 831).

Though Davy is taken up with the search for his missing friend, it is the severed leg which gives him somatic, chaotic pause, his body ‘surrounding, enclosing that gaping sensation below my thigh where the nerve- and muscle-ends twitched and jerked’ (p. 831). The search for neurological connection marks a severance of relations with Davy’s habitual external objects, with the disturbing, newly-formed gap in his body schema standing in for physical, psychical and cultural loss. Such a gap is hard to conceptualise. Erin O’Connor (2000, p. 114) writes that amputation is ‘a problem of somatic signification’, a problem which prosthesis seeks to solve. Davy lies ‘curled about the gaping hole like a doughnut’ (p. 833), enveloping and protecting something which has already gone, recalling Smith and Morra’s (2006, p. 10) description of the relationship between the internal world and its external projection in prosthetics use as one ‘constituted by gaps and fissures’. This passage also points to the tension between lived experience and some aspects of contemporary disability studies, as I outlined in the Introduction. The rejection of a bodily identity defined by what society perceives to be a ‘lack’ is, of course, a necessary and welcome theoretical move, but may not account for the initial perceptual loss of the newly disabled (I will explore this further in the next chapter).

In line with the generic conventions of the ‘uncanny object’, Davy’s response to this epistemological chaos is the creation of a Gothicised, wandering limb. It is this that has led the majority of critics to designate ‘The Leg’ as an example of the paranormal (Hamblin, 1989, p. 163; Towner and Carothers, 2006, p. 430). In Faulkner’s (1977, p. 31) own words, from a letter written in 1925, it is ‘a queer short story, about a case of reincarnation’. This generic situating is intriguing, saying much about our need to categorise stories about absence and loss, placing them safely into a recognisable and distancing ‘container’. Instead, as Hans Skei (1985, p. 148) has it, the story is ambiguous in meaning and genre, seeming ‘to resist any logical or coherent
interpretation or explanation’. Perhaps it is more helpful to follow the nonchalance of a contemporary reviewer who claimed that “‘Leg’ is pathology, shell shock, or what you will’ (Dawson, 1995, p. 114).

While Davy awaits his amputation, he charges the ghostly George with tracking the progress of his soon-to-be severed leg around the hospital:

"It's my leg," I said. "I want you to be sure it's dead. They may cut it off in a hurry and forget about it."
"All right. I'll see about it."
"I couldn't have that, you know. That wouldn't do at all. They might bury it and it couldn't lie quiet. And then it would be lost and we couldn't find it to do anything." (p. 830)

The internal ‘dream leg’ is in place psychically before the amputation has even taken place – a pre-emptive installation of the internal object that foreshadows the loss of the external object, thus altering the ‘real’ leg while it is still in situ. But George cannot find the ‘dream leg’ (this is my phrasing: throughout the story, the word ‘leg’ is used interchangeably and confusingly for the real severed leg, the hallucinated or ‘dream’ leg, and his later prosthesis). "It must be all right,"’ George tells Davy; ‘‘They must have killed it'’ (p. 831). But Davy can still ‘feel it’: ‘‘It jeers at me. It's not dead'’ (p. 831). Here, the perceived sensation of a lost body part (the ‘phantom limb’) has become the significant, signifying other in the landscape of the ‘problem of somatic signification’ (E. O’Connor, 2000, p. 114). The ‘dream leg’ is simultaneously a ‘good’ and ‘bad’ object: Davy ‘pities it’ (p. 831), wishing it was at peace to ‘lie quiet’ (p. 830), but is also concerned that the ‘jeer[ing]’ leg might be ‘doing something you don’t want it to’ (pp. 831-32).

Without any resolution over the wandering ‘dream leg’, the narrative once more jumps ahead several weeks. Davy is back to work in the Observers’ School, a Royal Air Force facility for training bomb-aimers. He is here in the midst of a troubling period of adaptation, with the prosthetic leg unable to provide a workable substitute for his lost limb:

[M]y nights were filled too, with the nerve- and muscle-ends chafed now by an immediate cause: the wood-and-leather leg. But the gap was still there, and sometimes at night, isolated by invisibility, it would become filled with the immensity of darkness and silence despite me. (p. 833)
Throughout ‘The Leg’, Davy’s sudden loss of bodily matter and its semantic and affective meanings – and the pervasive grief that accompanies both losses – shakes the foundations of his subject-object relations. He conflates parts of his own body with the people and things around him, confusing referents in his internal speech and unsettling any reliable narrative. Waiting in hospital for a distraction from the shock of his amputation, he seeks to use a spectre of George as a substitute in a way in which he cannot, or will not, use his prosthesis. Faulkner’s use of the pronoun ‘it’ exaggerates this loss, the lack of resolution, and the interchangeability of the prosthetic leg, the dream leg and the conceptual gap at the top of Davy’s thigh.

By offering a portrayal of the psychic interchangeability of an amputated leg, a ‘dream leg’, a wooden leg and people-objects, the story hinges on prostheses’ role as both ‘things-in-themselves’ and substitutes (bodily, epistemological, metaphorical). This persistent confusion – it is a story which is remarkably hard to follow – also points to the text’s similarities to dream-work. Freud saw dreams as the fulfilment of a repressed wish, but it is a fulfilment that works through displacement and substitution, the condensation of action, elision and omission, and, often, a paradoxical inversion of what is desired. In The Interpretation of Dreams (1900), he distinguishes between dreams’ manifest content and their latent content – between the ‘dream-content’ as it appears to the sleeper in a kind of ‘pictographic script’, and the ‘dream-thought’ in which meaning lies, and which often appears in a disguised form (Freud, 2001j, p. 277). In particular, Freud details how dream content is often ‘divorced from its context and consequently transformed into something extraneous’ (p. 305). Freud’s conception of ‘the work of displacement’ central to dream-work is pertinent to ‘The Leg’, a short story so concerned with substitution, expulsion, and the borders between internal and external (both in terms of objects and in relation to the waking/dreaming self).

Lying in hospital, Davy has an intense dream in which his severed leg returns, with a now ‘rank, animal odor [sic] […] which I had never smelled before, but I knew it at once, blown suddenly down the corridor from the old fetid caves where experience began’ (p. 833). The dream is remarkably brief, more of a scene than a narrative: ‘Suddenly I knew that I was about to come upon it […] just around the corner. […] And then I was awake’ (p. 833). Its primary content is the striking feeling of being back in
the depths of early experience, ‘the old fetid caves’, signalled by the comparison of his ‘dread and disgust and determination’ to one’s response to archetypal danger tropes, ‘as when you sense suddenly a snake beside a garden path’ (p. 833). This regression signals a multi-faceted layering of Davy’s experience in which early maternal relation (perhaps even pre-natal), bereavement and physical trauma are intermingled. His attempts to adapt to his prosthetic leg are ‘almost’ successful, and, notably, it is through this process of adaptation that his quest for his lost objects is brought to the fore:

My thigh was almost reconciled to the new member [the prosthesis], and, freed now of the outcast’s [the severed/dream leg] doings, I could give all my time to seeking George. But I did not find him; somewhere in the mazy corridor where the mother of dreams dwells I had lost them both. (p. 834)

The dream content which initially seems the most important and the most legible – here, Davy’s wandering severed leg – acts as a distraction, a substitution for its latent meaning. I first read the phrase ‘the mother of dreams’ to mean the leg, in the sense of it presenting as Davy’s ultimate ur-dream: however, I have come to read this as meaning that the dream-like mother (the original loss, the ur-loss) dwells in the same unconscious space as his lost leg and lost friend. The conflation and substitution at work throughout the story, and the displacement and condensation so evocative of dream-work, both evoke this original loss, the latent content of the story’s central, structuring dream: the ‘mother of dreams’.

Tellingly, it is at this point that the element of sexual guilt enters the story. The ghostly George is there as Davy awakes, bringing him an urgent message about an unknown event on the river in which Davy apparently ‘hid’ in the shadows: ‘there was a girl with you’ (p. 833). It is evident that something terrible has happened, though the reader is left unaware of exactly what. Davy seems both to know and not to know, while indirectly acknowledging some major guilt:

“Was there a moon?” I said,  
“Yes. There was a moon.”

33 As I will explore in Chapter 5, Melanie Klein (1937, p. 5g) draws a parallel between the potential for both illness and grief to send one back psychically to these early threats – the fear of danger essentially being a fear of loss of one’s good objects.
“Oh God, oh God,” I said. “I won’t again, George! You must find it. You must! […] I won’t! I won’t again!” (p. 834).

The moon evokes the world lost to the young men at war – nature, femininity, the foundational scene at the river – and, as we shall see, also acts as dream-like evidence of Davy’s as yet unclear guilt.

The narrative here loses all demarcation between dream and reality – a demarcation that has, of course, been nothing but precarious up until now. A few days after the dream, written as if it is part of waking experience, Davy finds himself back in the ‘corridor just beyond the corner of which It waited’ (p. 834). The dream leg here becomes, for the first and only time, a capitalised proper noun, though this transitory clarity is immediately muddled by a series of conflated referents – another example of dream-like displacement:

[George] never came back, nor the dream. I knew it would not, as a sick man who wakes with his body spent and peaceful and weak knows that the illness will not return. I knew it was gone; I knew that when I realized that I thought of it only with pity. Poor devil, I would think. Poor devil.

But it took George with it. Sometimes, when dark and isolation had robbed me of myself, I would think that perhaps in killing it he had lost his own life: the dead dying in order to slay the dead. (p. 835)

At first, ‘it’ is the dream, but things swiftly dissipate into confusion: is Davy thinking of the leg with pity (and, if so, the organic leg or the demonic dream leg), or George, or even the dream – in which case, is he really thinking of himself? Who then is the ‘poor devil’ – the real leg, the dream leg, George, Davy? Is it even Everbe, to whose imminent death the story is to shortly return, or Jotham, Everbe’s brother, whom Davy later describes as a ‘poor devil […] crazy with his own misfortunes’ (p. 837)? By the second paragraph of the main quotation above, ‘it’ seems to refer to the dream leg on which Davy had become so fixated. The dream displacement at work here is a tangle of lost objects in psychical motion, caught in an unresolved attempt at working through: ‘the dead dying in order to slay the dead’.

In line with the simultaneous awe and horror of bodily objects out of bounds remarked upon throughout the critical literature on prosthesis, this final return of the ‘dream leg’ sparks ‘horror and dread and something unspeakable: delight’ (p. 834). In his relation to the leg, Davy even believes that he feels ‘what women in labor [sic]
feel’ – a tacit acknowledgement of the leg’s origins in his own creative capacities (p. 834). This maternal identification is intriguing: he has ‘birthed’ a ghostly leg which he believes has turned upon him, and over which he has lost control. Embedded in this period of mania, then, is a revisiting of the earliest infantile relation, in which the baby enacts its aggressive impulses upon the mother. Perhaps this positioning also leaves space for us to consider the aggression felt in turn by the mother: Davy asks George to ‘find [the severed leg] and fix it so it can get dead’ (p. 832), to put it in its place, to silence it, to restore order. As Winnicott says, there are multiple reasons why a mother may hate her child, and they are not incompatible with her ability to be a ‘good-enough’ mother or to be in a state of primary maternal preoccupation. She must, however, ‘be able to tolerate hating her baby without doing anything about it’: ‘the mother hates the baby before the baby hates the mother, and before the baby can know his mother hates him’ (Winnicott, 1958a, pp. 202, 200). In ‘The Leg’, Davy becomes that unthinkable social object, the mother who acts upon her hate – a thing that we, in Levy’s (2014) formulation, ‘don’t want to know’.

The story’s third and final part takes place in early 1917, and in it the reader is presented with a proliferation of new gaps in narrative, chronology and relation. We learn that Everbe Corinthia, the lockkeeper’s daughter from Part One of the story, has died several months before, in suspicious circumstances. The account of her final days is recounted from the perspective of her brother, Jotham – he who rescued George from the lock in the first part of the story. Having gone home on army leave in the summer of 1916, Jotham finds his family house ‘strained in its atmosphere and out of tune’ (p. 838). Everbe is clearly having a love affair with an unknown man, and disappears each evening to meet him. One night, Jotham having unsuccessfully confronted Everbe earlier that day, something wakes him. ‘There was a moon and by its light he saw something white flitting along the towpath’ (p. 839). He pursues his sister, who turns on him ‘like a vicious small animal’ (as in Hangover Square, the woman is bearing a considerable burden here as a loved and hated object, both virginal muse and bestial object of sexual disapprobation):

He grasped Corinthia’s arm. She raged at him; it could not have been very pretty. Then she collapsed as suddenly and from the tangled darkness of the coppice behind them a man’s laugh came, a jeering sound that echoed once across the moonlit river and ceased. Corinthia now
crouched on the ground, watching him, her face like a mask in the moonlight. He rushed into the coppice and beat it thoroughly, finding nothing. (p. 839)

The next day, Everbe disappears; the lock is dragged that night but turns nothing up. Early the following morning she is found lying in the towpath: ‘She was unconscious, but showed no physical injury’ (p. 840). She eventually revives, but ‘screamed all that day’:

She lay on her back screaming, her eyes wide open and perfectly empty, until her voice left her and her screaming was only a ghost of screaming, making no sound. At sunset she died. (p. 840)

Jotham goes on the run from the army for several months, intent upon hunting down the man ‘whose laugh he had heard one time’ (p. 840). He is convinced that this is Davy, and, after several months, he finds him. Attempting to stab Davy to death while he lies asleep, Jotham is ‘foiled on the verge of success by an artificial leg propped on a chair in the dark’ (p. 840):

“If it hadn’t been for my leg, I’d have got the knife in my ribs instead of my arm.”
“Your leg?”
“I keep it propped on a chair beside the bed, so I can reach it easily. He stumbled over it and waked me. Otherwise he’d have stuck me like a pig.” (p. 837)

Davy denies all knowledge of Everbe’s death. Jotham is tried by court martial for desertion, and executed at dawn.

In the final scene of the story, purporting to provide some resolution, the clergyman assigned to the spiritual oversight of Jotham’s case presents Davy with a photograph of himself. The photograph had been amongst Everbe’s possessions, and had been carried by Jotham throughout his search. Dated from the time Davy had been ‘lying in hospital talking to George’, the photograph is scrawled with an ‘unprintable phrase’ ‘in a bold sprawling hand like that of a child’, and has ‘a quality vicious and outrageous and unappalled’ (p. 841). Davy seems to have no recollection of the photograph, though this final piece of the jigsaw may, in a more literal reading, explain George’s earlier recriminations around being ‘left’ by Davy and a girl on the river. Everbe’s descent into a stricken death in which her voice is literally removed from her, becoming ‘only a ghost of screaming’ (p. 840), takes place at the physical location of
Davy’s loved, foundational scene – the river at Oxford. The story ends with a chilling double image of the dream leg and prosthetic leg, playing a now central role in a narrative still mired in confusion:

I told him to find it and kill it. The dawn was cold; on these mornings the butt of the leg felt as though it were made of ice. I told him to. I told him. (p. 842)

The final image of the story – the prosthetic’s icy butt – again underscores an object conflation that, this time, aligns the fate of the organic leg, the dream leg, and Everbe.

3.2.2 Pining, containing, and destroying

What happens to the subject’s relation to the lost object in – through – this tension? To think about this, I will consider Faulkner’s representation of amputation and prosthesis with reference to work by Klein, Winnicott and Bion. Both approaches, psychoanalytic and literary, deal in the interplay between the personal and the structural, complicating ideas of bodily disability and the medical object of the prosthesis.

To briefly summarise Klein’s (1998c, p. 345) ideas on mourning (something I will discuss further in Chapter 5): the ‘infantile depressive position’ posits that the baby establishes defensive positions to protect itself from the actual or feared loss of its loved objects, initially the breast. Having split its primary objects into ‘good’ and ‘bad’, the baby who fears the persecutory object simultaneously pines for the loved object. In this formulation, pining encompasses ‘feelings of sorrow and concern for the loved objects, the fears of losing them and the longing to regain them’ (p. 348). Klein’s definition of mourning here foregrounds the importance of the ‘testing of reality’, ‘[t]he most important of the methods by which the child overcomes his states of mourning’ (p. 344). In response to this ‘pining’ and their ‘slavish and perilous dependence’ upon the object, the individual sets up ‘manic defences’ as an attempt both to master and to preserve it (pp. 348-9):
The ego is driven by depressive anxieties (anxiety lest the loved objects as well as itself should be destroyed) to build up omnipotent and violent phantasies, partly for the purpose of controlling and mastering the 'bad', dangerous objects, partly in order to save and restore the loved ones. (Klein, 1998c, p. 349)

Thinking about ‘The Leg’ through this lens allows us to interpret Faulkner’s focus on Davy’s manic, omnipotent control of his lost and projected objects as one centrally concerned with mourning. Davy simultaneously expels the ‘dream leg’ as a ‘bad’, hostile, persecutory object, desiring its death, and pines for the ‘good object’ of George, already dead and lost. During his post-operative recovery, Davy asks the hallucinated George about the latter’s supposed life back at Oxford:

‘Is it nice there now? It must be. Are there still punts on the river? Do they still sing in the punts like they did that summer, the men and girls, I mean?’ (p. 831)

In positioning Davy in an attitude of pining for this foundational scene, Faulkner could be said to set up a textual pull towards ‘mastery’, a destruction of the object in phantasy (a phantasy potentially enacted at the plot level, if we are to read Davy as being involved in Everbe’s death). This fixation runs parallel to Davy’s quest for his severed leg, both mournful obsessions which block the text, keeping it in the realm of psychical experimentation.

Central to the interpretation of Davy’s projections as an act of splitting is the use of the ‘dream leg’ both as a repository for Davy’s difficult feelings of grief and as an agent of his desires – particularly his aggressive and destructive impulses. We can also read this exploration of the simultaneously lost and hostile object, both pined for and persecutory, in terms of Wilfred Bion’s (1985) idea of the ‘container and the ‘contained’. For Bion, each idea or emotion is an entity which is directed towards or onto something, and is thus ‘contained’ by a ‘container’, initially the mother. The ‘container-contained’ theory is useful as a way of conceiving of how external objects may act as receptacles for violent or hostile emotions which cannot be dealt with in their ‘raw’ state. This act is essentially preservative, a way of holding on to threatening objects and converting them for use in healthier relations – much like Klein’s (1997a, p. 192) emphasis on splitting being ‘essential for integration’. Successful containment can ‘detoxicate’ a fear or idea ‘so that the infant may take it back into its own personality
in a tolerable form’ – a process analogous to the role played by the mother in helping the baby to develop its relation to the external world (Bion, 1963, p. 27). For the baby, the act of expelling difficult emotions and images is thus not only self-protective, but creative too. Bion (1963, p. 42) describes this behaviour as ‘a method of evacuating objects that could then be scrutinized or dealt with in some way that would cause them to yield a meaning’. Through repeated transformation of its bad objects into productive, ‘detoxicated’ objects, the infant develops a psyche which is itself able to integrate its good and bad objects into one complex external being, accepting the multifaceted nature of all entities. Bion’s (1984a, p. 39) ‘unhealthy’ adult, however, becomes fixated on the expelled emotions in their raw form, which grow in size and hostility.

In ‘The Leg’, the severed limb bursts the bounds of its role as a vehicle of associative meaning, taking on an ultra-real presence. For Bion (1984b, p. 84), it is its very ‘thingness’ that makes an object threatening and liable to be expelled: ‘The thing in itself is non-existent and therefore tantalizing. It is dealt with by divestment (evacuation)’. Through this lens, Davy’s severed limb has suffered from being too much itself: threateningly, uncannily independent. The threat and anxiety provoked by the prosthesis is displaced by an expulsion of the hostile object into generic, Gothicised phantasy. However, the ‘dream leg’ is neither processed nor neutralised, leaving both Davy and the narrative dwelling in a ‘toxic’ object relation to their ‘bad objects’. In effect, Faulkner has Davy destroy the only remaining material container of his hostility, Everbe – one in a morass of conflated lost objects – thereby removing the possibility of ‘detoxification’. This interpretation provides one way of reading the double acrobatics of, firstly, a character seeking to ‘master’ the chaos of object loss and, concurrently, a text exploring the limits and difficulties of its own containing function.

We can also use psychoanalytic object relations to ‘think with’ in relation to ‘The Leg’ by looking at the violence and destruction that runs thematically throughout, with both sexual guilt and war providing a channelling for these concerns. In Winnicottian theory, the enactment of aggressive feelings on the external environment is a defence

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34 As well as invoking Klein’s idea of the ‘good’ and ‘bad’ object, this term recalls Naomi Schor’s (1995, p. xv) use of the term ‘bad object’ to denote a critical object that is ‘tabooed’ within the ‘carefully policed precincts of the academy’. See also Mitchell and Snyder’s (2001, p. 182, n. 5) extension of this idea to disability as a ‘bad object’ within literature.
against the difficult emotions brought up by loss, or the fear of loss. The individual uses the environment as a way to both exercise and protect themselves from threatening internal forces:

[When the cruel or destructive forces [within the personality] threaten to dominate over the loving, the individual has to do something to save himself, and one thing he does is to turn himself inside out, to dramatise the inner world outside, to act the destructive role himself and to bring about control by external authority. (Winnicott, 2017, p. 69, emphasis added)]

This aggression, Winnicott believed, implies the breakdown of an explicitly sensory interaction with the environment, that ‘sensuous exploitation which, when successful, provides a link between outer and inner reality, between bodily senses and fantasy’ (p. 69). In ‘The Leg’, the prosthetic limb is held back as a replacement tool for Davy’s ‘sensuous exploitation’ of the physical world, with the ‘dream leg’ instead used as a way to bring ‘the inner world outside’ and to ‘act the destructive role’ of Davy’s threatening feelings of lost potency and agency. In ‘The Leg’, objects are put through an ongoing process of alteration and substitution, reformed and ‘retold’ afresh each time, with Faulkner eliding metaphorical and physical versions of prosthetic objects to focus this exploration. The complex dynamics of amputation and supposed restoration become a way to explore the subtleties of loss, violence and guilt at both a personal and a societal level.

This multi-layered ‘use’ of the prosthetic leg and its ‘dream’ and organic counterparts in ‘The Leg’ — encompassing literary, material and psychical uses — points to their central organising role in the text. The material prosthetic leg increasingly pushes through the weight of internalised imagery, demanding that the reader recognise its place in the plot as a structuring absence-turned-presence. For most of the story, it is true, the medical prosthesis, the ‘real’ object, takes a back seat. It is the lost organic leg, the gap it leaves, and its imagined substitutes which dominate, born and lost in the ‘mazy corridor’ of the unconscious, ‘where the mother of dreams dwells’ (p. 833). Through the adaptive process, Davy and his gap have together built a supposedly two-way mode of relation: ‘The gap was still there, but we had now established a sort of sullen armistice’ (note that he is still relating to the absence of the original leg rather than to its stand-in) (p. 832). The George figure seems to suggest
that it is the introduction of the prosthetic that has made the difference, though it is unclear whether he too is referring to Davy’s attitude towards the gap, or to the artificial leg: "Maybe that's what it was waiting for," he said. "Maybe now..." (p. 832).

And yet it is the prosthetic leg – its disturbing, icy butt enduring as the story’s closing image – which saves Davy from his own demise when Everbe’s brother hunts him down with a knife, his trajectory disrupted by a fall over the prosthetic. In the end, the prosthesis, the presence of which ‘creak[s] with explosive loudness’ towards the end of the story (p. 837), is the only ‘survivor’ of Davy’s attacks on the morass of confused, conflated external objects.

### 3.2.3 Bodies of war, bodies of work: Holding and restoration

Here, the delicate balance between Davy’s internal and external realities finds its partial expression in the prosthetic leg, which offers both material protection and a potential return to subject-object relating. Yet things are not so simple. The simultaneous necessity and impossibility of the idea of ‘restoration’ – bodily, psychically and in terms of social identity – is one of the tensions which snags any attempt to present a single representation of prosthetics use, or of debates around the body more broadly. For example, Erin O’Connor (2000, p. 114) expands on her interpretation of amputation as a ‘problem of somatic signification’, as explored above, by looking at how prostheses ‘foreclos[e] on the inarticulate expressions of amputated anatomy’; they ‘shut the stump up’ and supply the body with a ‘material means of making sense’ in the biomedical model. She interprets ‘stump pathology’ (the pervasive narrative that dismemberment disrupts the concept of a ‘whole’, vital person) in the Victorian era as a threat to masculinity in particular, a threat which prostheses defuse by providing a more palatable story of bodily integrity: ‘if phantom limbs signify a break in the body's logic, artificial ones stand for the possibility of both anatomical and epistemological repair’ (p. 123).

‘The Leg’ works against such a pull towards ‘completeness’. Instead, it underlines how object relations can never be pinned down or returned to a foundational scene in which the subject constructs meaning in a vacuum. The idea of ‘restoration’ assumes an original, fixed point; relation, as discussed in previous chapters, is, instead, a
constant back and forth between multiple subjects which co-constitute one another in the process. By the third and final section of the story, the newly, partially ‘repaired’ Davy is now deemed suitable for bomb-aiming:

[I]t doesn’t require two legs to operate a machine gun and a wireless key and to orient maps from the gunner’s piano stool of an R.E. or an F.E. ['Reconnaissance Experimental' and 'Farman Experimental', two types of WW1 bomber]. (p. 832)

Davy’s return to socially sanctioned meaning and identification bears within it an emphasis on his role as a material tool in someone else’s project, the provision of the prosthetic limb meaning that he can be put back to work in the service of the war. The prosthetic limb, it is implied, restores meaning and function within a troubling cohesive whole predicated on patriotic service. As Joanna Bourke (1996, p. 31) puts it: ‘The most important point to be made about the male body during the Great War is that it was intended to be mutilated’; the national forces at work were ‘determined to wreak havoc on their bodies’. Although back home the ‘absent parts of men’s bodies came to exert a special patriotic power’ (p. 59), such commonplace havoc, it is implied, is not to be dwelt upon within the space of war. Bourke even cites one surgeon who complained about how ‘monotonous and uninteresting’ battlefield amputations swiftly became (p. 33, citing F.A.V., 1920, p. 59). Instead, Davy’s external environment is populated by the ‘correct’ tools of the shared cultural sphere, leaving little room for his lost and mutilated objects: ‘I had learned the guns and the wireless and the maps, and most of all, to not observe what should not be observed’ (p. 834, emphasis added). Filling his days with war work gives Davy a misleading distraction from his perceptual instability, something to which one can either pay attention or, seemingly ‘arbitrarily’, choose not to observe:

[M]y days were pretty well filled, what with work and with that certitude of the young which so arbitrarily distinguishes between verities and illusions, establishing with such assurance that line between truth and delirium which sages knit their brows over. (p. 833)

‘The Leg’ tears open this border ‘between verities and illusions’. Jotham’s execution serves as a punctuation point in a story which refuses to provide any certainty of relation or resolution, arbitrary or otherwise. Amidst this confusion, the seemingly
nonsensical construction of ‘the dead dying in order to slay the dead’ (p. 835) – namely George, already dead, dying again in phantasy in order to ‘kill’ Davy’s ‘dream leg’ – implodes meaning and value. What is saved amongst all this loss; what survives? The prosthetic leg is society’s way of making reparation for the loss of Davy’s limb, though (or, perhaps, therefore) his body still belongs to the war effort. Yet, in relational terms, the prosthesis is not fully ‘used’ psychically at a character level; nor does the narrative resolve its uncertain place in the text as both matter and metaphor, verity and illusion.

Restoration, repair, and recovery – all three processes being central to the medical project – are here presented as partial and unstable. This short story unsettles and questions subject-object relations in traumatic injury without working towards an applicable resolution in the way that ‘real-life’ holding of an analyst or medical professional seeks to do. Perhaps the generic conventions of the text – ghost stories being a particular form of working through loss and mourning – ‘hold’ Davy’s experience more closely than his medical care: the ghostly George is more real to him than the ‘bodiless’ voice that wakes him from his dream (p. 834). We can see in ‘The Leg’ a demonstration of how literature itself acts as a holding environment or container for hostile objects which are difficult to process in reality – limb loss, grief, generational trauma – with the object of the prosthesis channelling this experimentation. Yet the generic framing of ‘The Leg’ is not, I would suggest, one that succeeds in ‘containing’ its objects. Even given the ‘unknowability’ of the supernatural elements of the traditional ghost story, ‘The Leg’ leaves the effects of Davy’s psychical processing and material experience so unresolved that there is little transformative potential. In effect, the text only ‘quarantines’ its contained emotions and themes, rather than enabling them to be processed (as do Bion’s container and Bollas’s transformational object). In effect, ‘The Leg’ ends in limbo, with its destructive elements left uncontained and uncontainable.
3.3 ‘Good Country People’, Flannery O’Connor

Faulkner’s ‘The Leg’ is invested in processes of psychical expulsion in response to material, societal and symbolic threat, with the figure of the prosthesis channelling this exploration. The second short story I consider in this chapter, Flannery O’Connor’s ‘Good Country People’, gives us a way in to considering the role of the prosthesis within a more explicitly familial dynamic in which questions of material origin, bodily ownership and the transformational potential of one’s chosen objects come to the fore.

Literature’s reliance on the phenomenological root of experience was a given for Flannery O’Connor. Writing in an undated lecture that ‘the world of the fiction writer is full of matter’, O’Connor seeks to define the root of the writer’s task and motivation as fundamentally sensory:

*The beginning of human knowledge is through the senses, and the fiction writer begins where human perception begins. He appeals through the senses, and you cannot appeal to the senses with abstractions. (O’Connor, 1969c, p. 67)*

Indeed, O’Connor (1969a, p. 108) saw her stories in bodily form, and an anatomically dissected form at that: 'Every time a story of mine appears ... I have a vision of it, with its little organs laid open, like a frog in a bottle'. She stresses that the writer who is interested in ‘possibility rather than probability’, in ‘what we don’t understand rather than in what we do’, will ‘use the concrete in a more drastic way. His way will much more obviously be the way of distortion’ (O’Connor, 1969b, p. 42). This distortion is really a form of ‘set[ting] down exactly what [the writer] sees’, as when a child draws – a literal truth that is founded on individual perception (O’Connor, 1969b, p. 113). O’Connor saw the ‘texture of existence’ as the writer’s proper focus, believing that ‘all those concrete details of life [...] make actual the mystery of our position on earth’ (O’Connor, 1969c, p. 68, emphasis added).

It is this ‘making actual’ – the use of material objects and environments within a text to mobilise meaning – that I believe is usefully read in terms of the process of psychical interpretation. O’Connor’s comments point us towards literature’s potential to act as a catalyst or provocateur, to unsettle the relations to which we have grown
used, to un-habituate us, to open up a fertile ground of new external-internal relationality which remains nonetheless undefined by the text (‘possibility rather than probability’). For O’Connor, reading is not only reflective. In her undated talk ‘The Nature and Aim of Fiction’, she suggests that reading is in itself ‘a way to have experience’; when reading a novel, ‘something is happening’ to us (O’Connor, 1969c, p. 78). The refusal to have an experience, she suggests, has its parallel in people who will not read: ‘People without hope’ don’t read novels, she claims, because they lack the ‘courage’ to ‘take long looks at anything [...] The way to despair is to refuse to have any kind of experience’ (p. 78). The idea that each reader makes a text afresh is not new, of course; to build on O’Connor’s comments, my point is that the experience of reading may act to shake the specific internal landscape built up in a reader’s mind, and can introduce questions that may unsettle our internal object world without risk of actual loss. Meaning in literature is constituted through an interplay of external reality and internal veracity, each being ‘true’ only insofar as they work within cyclical lived and internalised experience. As O’Connor puts it in the same talk, ‘Art is selective, and its truthfulness is the truthfulness of the essential that creates movement’ (p. 70, emphasis added). These two characteristics of literature – the way that material life ‘make[s] actual’ the human condition in an otherwise abstract fiction, and the potential of symbolisation to create movement, to ‘increas[e] … the story in every direction’ – work in tandem (p. 71). Lived material experience fuels symbolisation, and symbolisation seeks to explicate lived experience by opening up meaning, not by acting as a ‘code’ to be correctly translated in only one way: ‘The truer the symbol, the deeper it leads you, the more meaning it opens up’ (p. 72). Essentially, literature interposes itself within the psychical process of meaning-making, providing ‘truthful’ fictions grounded in the material ‘texture of existence’ to fuel the internal ‘working through’ of the stuff of life.

For O’Connor, this experience was primarily spiritual. Her stories, which are often violent, shocking, and brutal, might be read as a comment on irredeemable human nature: characters are time and again tricked, amputated, or left for dead, their hypocrisies and vanities uncovered without mercy. However, O’Connor’s Catholic faith and the project of salvation take expression through these moments of visceral, bodily brutality:
In my own stories I have found that violence is strangely capable of returning my characters to reality and preparing them to accept their moment of grace. Their heads are so hard that almost nothing else will do the work. This idea, that reality is something to which we must be returned at considerable cost, is one which is seldom understood by the casual reader, but it is one which is implicit in the Christian view of the world. (O’Connor, 1969a, p. 112)

In O’Connor’s terms, catastrophe merely brings one nearer to godly grace. It is not a fashionable reading, but it is one that, I think, has a corollary in a psychoanalytic reading of the text. If for ‘grace’ we think of the potential of analysis, both offer a chance at working something through and transforming a problem into a creative solution. Leaving aside the evident issues with a positioning of the analyst as some form of higher power, what psychoanalysis does provide is a way of thinking about things – and with things – that is explicitly about the collaborative creation, interpretation and recovery of meaning. Psychoanalysis and O’Connor’s version of religious experience both ‘return’ one to reality ‘at considerable cost’; as I will explore in Chapter 5, one might say the same about the process of ‘working through’ that takes place in various forms of illness. Indeed, coupled with these concerns is the frame of O’Connor’s own medical experience, which can be felt throughout the narrative of ‘Good Country People’. Already ill with life-limiting lupus at the time of writing, O’Connor was a regular user of double crutches and had returned to live with her mother in 1952 (she was to die in 1964 from the condition, aged 39). The story, published in 1955, centres on a young woman who uses a wooden leg after a shooting accident in childhood. Joy Hopewell – or Hulga, as she has legally renamed herself – is a highly educated 32-year-old, having left home to take a PhD, but, suffering a heart condition, returns home to live with her mother. In a 1955 letter discussing the need to ‘dominat[e]’ one’s own fictional characters, O’Connor (1988, p. 106) described Joy as, potentially, ‘a projection of myself into this kind of tragic-comic action’ – ‘projection’ being a notable word to choose in relation to her view of the paradoxical literality of fiction as a kind of perceptual truth.

‘Good Country People’ takes place across two days on the Hopewell farm, an unremarkable smallholding in the Southern states of America. Joy has a fraught relationship with her mother, Mrs. Hopewell, and with the ‘good country people’ around her, whom she dismisses as misguided, uneducated fools. As with ‘The Leg’,
substitution is at play throughout the story, often with tongue firmly in cheek. Mrs. Hopewell ‘had no bad qualities of her own but she was able to use other people’s in such a constructive way that she never felt the lack’, while a salesman tells her that the Bible is ‘the one lack you got’ (pp. 272, 278). Joy has to be ‘impressed for [chaperoning] services’ on country walks, standing in for her missing father whom Mrs. Hopewell ‘had divorced [...] long ago’ (p. 274). Most pointedly, the main character is referred to as ‘Joy’ when the narration sits with her mother, as it does at the start of the story, and, increasingly, ‘Hulga’, as the narration shifts to her perspective. Just once, she becomes the shape-shifting ‘Joy-Hulga’ (p. 275).

O’Connor does not dwell on Hulga’s own relationship to her childhood accident. Instead, we hear about it through the obsession of a neighbour, Mrs. Freeman:

Hulga had heard Mrs. Hopewell give [Mrs. Freeman] the details of the hunting accident, how the leg had been literally blasted off, how she had never lost consciousness. Mrs. Freeman could listen to it any time as if it had happened an hour ago. (p. 275)

This displacement of Hulga’s experience simultaneously highlights the intensely personal aspect of limb loss – it is not an experience with which the majority of people can identify – and its irretrievably public nature, both in the moment and in the retelling. The external narration keeps Hulga’s moment of injury in the present – ‘as if it had happened an hour ago’ – in a move which halts a ‘normal’ temporal experience which can unfold and progress. O’Connor (1988, p. 91) wrote about her own life that, as someone with an ‘energy-depriving ailment’, she was ‘afflicted with time’. This passage also implicates Hulga’s mother, Mrs. Hopewell, in this ongoing obsession – as well as a listener, a story repeated over and over needs a teller who is similarly invested in the subject at stake. Mrs. Hopewell’s investment in Hulga as a ‘subject’, in this instance, is channelled through her prosthetic leg, which comes to embody a problematic mother-daughter relationship in which the possibility for subjective transformation is at stake.
3.3.1 The non-/transformational object

In Mrs. Hopewell’s eyes, Hulga’s limb loss renders her eternally child-like, with the prosthesis failing as a socially restorative object. She ‘excuse[s] her daughter’s attitude because of the leg’:

She thought of her still as a child because it tore her heart to think instead of the poor stout girl in her thirties who had never danced a step or had any normal good times. (p. 274, emphasis in original)

Hulga displays a deep hatred and rejection of the people and things around her (‘she didn’t like dogs or cats or birds or flowers or nature or nice young men’: p. 276):

Here she went about all day in a six-year-old skirt and a yellow sweat shirt with a faded cowboy on a horse embossed on it. She thought this was funny; Mrs. Hopewell thought it was idiotic and showed simply that she was still a child. (p. 276)

Hulga uses the prosthesis’s aggressive ‘stumping’ noise (p. 275) as revenge for her mother’s stifling disapprobation – an aural reply to, and rejection of, Mrs. Hopewell’s sentimental ‘torn heart’ and the normative pressure of her sense of ‘normal good times’. Mrs. Hopewell compares Hulga’s use of the leg with her choice of name, ‘the ugliest name in any language’, which she changes without telling her mother until afterwards (p. 274):

[Hulga] saw it as the name of her highest creative act. One of her major triumphs was that her mother had not been able to turn her dust into Joy, but the greater one was that she had been able to turn it herself into Hulga. (p. 275)

Hulga’s ‘dust’ can be read to stand for both her bodily matter and her right to a nihilistic outlook: this ‘creative act’ rejects the expectation that she will be ‘restored’ to Joy, or to joy, in others’ terms. It’s notable too that ‘dust’ is a charged substance across O’Connor’s writing (a point to which I will return), used as it is to explicate her belief that literature must perforce engage with the physical matter of everyday life:

The fact is that the materials of the fiction writer are the humblest. Fiction is about everything human and we are made out of dust, and if you scorn getting yourself dusty, then you shouldn’t try to write fiction. (O’Connor, 1969c, p. 68)
Fiction is dusty reality, dusty bodies, dusty material put to work symbolically through language. Hulga similarly puts both her name and her leg ‘to work’ to communicate her psychical state: she ‘ha[s] a vision of the name working like the ugly sweating Vulcan who stayed in the furnace’ (p. 275). In effect, Hulga uses her name – a name like ‘the broad blank hull of a battleship’ (p. 274) – as an aggressive object in its own right, just as she ‘lumber[s]’ and ‘hulk[s]’ her prosthesis around (pp. 271, 273).

For Mrs. Hopewell, it is Hulga’s interest in philosophical nihilism – the ‘non-existent’ thing – that is so chilling. Leafing through one of Hulga’s books, she comes across an extract of Heidegger (1956, p. 359) – known for his nihilism, though contested – which ‘worked on Mrs. Hopewell like some evil incantation in gibberish’, giving her ‘a chill’: “[S]cience wishes to know nothing of nothing. Such is after all the strictly scientific approach to Nothing. We know it by wishing to know nothing of Nothing” (p. 277, citing Heidegger’s 1935 lecture ‘What is Metaphysics?’). Hulga has underlined these words: does she wish to know ‘nothing of Nothing’? In Bion’s (1984b, p. 34) terms, it is what is pined for, what is absent, what is nothing in reality, that ‘is more likely to become recognized as an idea’, rather than the ‘good object’ which is a ‘thing-in-itself or a thing-in-actuality’. Wishing to know ‘nothing of Nothing’ is thus a circular kind of denial – in turning away from ‘nothing’, one is potentially turning both towards ‘things-in-themselves’, but away from one’s own creative ability to ideate, to imagine. Hulga states later in the story that she sees ‘through to nothing’, that realising that ‘there’s nothing to see’ is ‘a kind of salvation’ (pp. 287-88). O’Connor thus sets up a tension between material tangibility and ‘nothingness’ early in the story, highlighting her fascination with the meeting points of matter and metaphor.

These failures of supportive relation between mother and daughter, channelled through the prosthetic leg and the battleground of identity, position Mrs. Hopewell as a mother who can neither ‘reflect’ Hulga’s experience through her own ‘mirror-role’ (Winnicott, 2005c; see Chapter 1) nor transform it. For Bollas (1989, p. 213), the mother is as much a ‘processor of the infant’ as she is an ‘actual object’; the infant is really relating to her ‘continuous action that alters the infant’s psycho-somatic being’. This theory of the mother as a transformational object extends Winnicott’s work on the mother as the first object, whose loss is always mourned by the child. Effectively,
Mrs. Hopewell is here positioned as a non-transformational object who mourns Hulga’s subjective reality (it ‘tore her heart’) rather than giving her back to herself. In turn, Hulga refuses to engage in intersubjective relation:

[The large hulking Joy, whose constant outrage had obliterated every expression from her face, would stare just a little to the side of [Mrs. Hopewell], her eyes icy blue, with the look of someone who had achieved blindness by an act of will and means to keep it. (p. 273)

In her mother’s eyes, Hulga is someone who, as she ages, is becoming ‘less like other people and more like herself – bloated, rude, and squint-eyed’ (p. 276). Hulga’s response is to stand ‘square and rigid-shouldered’, telling her mother ‘“If you want me, here I am, LIKE I AM”’ (p. 274). Being ‘like’ oneself – not ‘as I am’ – is itself a curious doubling. As explored in Chapter 1, the self is structured on an intimate process of reflection from – not reproduction of – the other: Winnicott’s mother-mirror delivers ‘not a clone, but a likeness’ of the baby back to itself (Coulson, 2013, p. 813). We all have multiple facets to the self; Bollas (1987a, p. 42) has written on the commonplace occurrence of the self as object, present particularly when we think ‘to’ ourselves. Here, though, the object-self could be understood to have become a mirroring other, in a closed circle of the structuring of selfhood: to be reflected back by one’s own likeness leaves little room for transformation. I would argue that this phrasing thus subtly evokes the search for an external transformational other, an object which can change the self, aligning this quest with both the disappointment of the mother-daughter relationship and the structuring role of the prosthetic leg. As I will go on to explore, Hulga’s ‘use’ of both the prosthesis and her first sexual encounter evoke the search for a transformational object. However, it is the text itself, and its attempt to grapple with the edges of matter and metaphor, which I argue most closely offers the transformational ‘experience’ O’Connor wanted her readers to actively seek.

3.3.2 Using the leg: Difference and the terminal object

Against the backdrop of this fraught mother-daughter relationship, the action of ‘Good Country People’ centres on a visit from a travelling Bible salesman, Manley Pointer. Manley is initially presented as an innocent, simple youth who is ‘not even from a
place, just from near a place’ (p. 279) – he is dislocated from spatial roots, just as Hulga’s chronological life course is somewhat stuck in the moment of her accident. Manley claims to have a heart condition similar to Hulga’s, a coincidence that makes Mrs. Hopewell warm to him, inviting him to stay for dinner (perhaps her maternal relation is really to Hulga’s invalidism?). In another paralleling, Hulga’s amputation is echoed by an accident suffered by Pointer’s father: ‘He had been crushed very badly, in fact, almost cut in two and was practically not recognizable’ (p. 280). Hulga gives Manley one look ‘and then throughout the meal had not glanced at him again’, while he gazes at her ‘with open curiosity, with fascination, like a child watching a new fantastic animal at the zoo’ (p. 283). Despite her disdain, he convinces her to meet him the following day, when Hulga successfully pursues her plan, conceived at night after this first meeting, to seduce him. Her seeming dismissiveness, hiding her sexual inexperience, speaks through her ‘dirty white shirt’, dabbed with Vapex ‘since she did not own any perfume’ (p. 284).

The pair’s clumsy mutual attempts at seduction in a neighbouring hayloft place the leg in a central role as an object of fascination:

He leaned over and put his lips to her ear. “Show me where your wooden leg joins on,” he whispered.

The girl uttered a sharp little cry and her face instantly drained of colour. […] “No,” she said. “I known it,” he muttered, sitting up. “You’re just playing me for a sucker.”

“Oh no!” she cried. “It joins on at the knee. Only at the knee. Why do you want to see it?”

The boy gave her a long penetrating look. “Because it’s what makes you different. You ain’t like anybody else.” (pp. 288-89)

It is Manley’s interest in the incontrovertible material presence of her leg, and its impact upon her identity – ‘what makes you different’ (p. 288) – which offers the first hint at potential transformation, the key element missing from her relationship with her mother. Her capitulation to his request to see the jointure of her leg to her body ‘was like losing her own life and finding it again, miraculously, in his’ (p. 289), and she fantasises that ‘every night [Manley] would take the leg off and every morning put it back on again’ (p. 289). Here, the reflective element so crucial to intersubjective relating finds its expression in a moment of bodily unveiling. It is not so much a sexual moment as one that underlines the vulnerability of displaying one’s core selfhood: ‘The obscenity of the suggestion was not what shocked her […] This boy, with an
instinct that came from beyond wisdom, had touched the truth about her’ (pp. 288-89). This scene builds on her earlier fantasy that, in seducing the boy, she ‘took his remorse in hand and changed it into a deeper understanding of life. She took all his shame away and turned it into something useful’ (p. 284). This temporarily maternal stance – a stepping out of her previously child-like state – is further supported by Manley’s mumbling during their caresses, which ‘was like the sleepy fretting of a child being put to sleep by his mother’ (p. 297). For a brief moment, then, Manley and Hulga seem to offer each other themselves as versions of Bollas’s transformational object.

This potential for transformation turns on the prosthetic leg itself, with which Hulga has a shy, ambivalent relationship:

[S]he was as sensitive about the artificial leg as a peacock about his tail. No one ever touched it but her. She took care of it as someone else would his soul, in private and almost with her own eyes turned away. (p. 288)

This is an object relationship defined by awe and uncertainty, with perhaps an undertone of shame or perceived taboo. The clunky wood and canvas fabric of a mid-century prosthetic is presented simultaneously as a sumptuous display piece – the tail of a peacock, exhibited and yet guarded ‘in private’ – and an extension of, or container for, her ‘soul’. In line with this, critics have tended to read the prosthetic leg as a symbol for Hulga’s moral lack or damage. Margaret Whitt (1995, p. 76) sees the leg as a stand-in for Joy/Hulga’s ‘maimed soul’, and Carter W. Martin (1994, p. 63) as a symbolisation of her ‘spiritual incompleteness’. Note, however, that Hulga takes care of the artificial leg ‘as someone else would his soul’. The leg is less of a symbol for her soul than a direct equivalent of it – a subtle difference. In this ambiguity, O’Connor may be aiming to make the reader question whether the nihilistic Hulga even has a soul, and, if so, where it is lodged. It also implies the great value and risk with which she is playing when she allows Manley to remove her prosthesis, telling her that ‘You got me instead’ (p. 289) – a double substitution.

Hulga’s prosthesis, then, is much more than a functional physical support. In its life as an internal object which stands in for something else, it takes on a transitional status. Yet Winnicott distinguishes between, firstly, the ability to relate to an object (the mother, the analyst, a prosthetic limb) – to identify with it and to take it into
oneself – and, secondly, to truly use what it has to offer. As he puts it, object-relating is essentially a subjective act:

In object-relating the subject allows certain alterations in the self to take place, of a kind that has caused us to invent the term cathexis. The object has become meaningful. Projection mechanisms and identifications have been operating, and the subject is depleted to the extent that something of the subject is found in the object, though enriched by feeling. (Winnicott, 2005g, pp. 117–8)

An individual may only ever reach this stage, and be able to function in society nonetheless. To truly ‘use’ the object, however, one must be able to see it as separate and to believe in its independent existence: it must ‘necessarily be real in the sense of being part of shared reality, not a bundle of projections’ (Winnicott, 2005g, p. 118). To establish this awareness, a subject must effectively destroy the object as it is first perceived – to prise it clear of the implicit subjectivity at the centre of projective identification. In surviving this destruction, the object grows in value to the subject and cements its own ontological status ‘not as a projection, but as a thing in itself’ (p. 118). It becomes ‘usable’ to the subject in a way that, paradoxically, opens up the potential for internal life to step in and shape it into meaningful content: the ‘subject may now have started to live a life in the world of objects’ (p. 121). Winnicott thought that patients who could not ‘use’ the analyst as an object were stuck in ‘a kind of self-analysis, using the analyst as a projection of a part of the self’ – they ‘feed only on the self and cannot use the breast for getting fat’ (p. 122).35 Hulga’s mother’s view that she is ‘still a child’, and Hulga’s refusal in turn to see her mother as a person in control of her own selfhood (“Woman! do you ever look inside? Do you ever look inside and see what you are not?”), may suggest a closure of this potential to ‘feed’.36

The comparison of the prosthetic leg to Hulga’s ‘soul’ or a ‘peacock’s tail’ certainly implies that it has ‘become meaningful’: in a Winnicottian reading, something of herself has been psychically lodged there. She has allowed ‘alterations in the self’

35 Rather disconcertingly, Winnicott referred to his Paddington Green clinic as the ‘Psychiatric Snack Bar’ (Rodman, 2003, p. 50).
36 O’Connor (Letter to ‘A.’, 20 July 1955, 1988, p. 90) was invested in the need to feed psychically: she thought that ‘the only thing that makes the Church endurable is that it is somehow the body of Christ and that on this we are fed’.
(Winnicott, 2005g, p. 117) to take place, feeling that the leg is what ‘makes her different’ (p. 288). In this sense, there is a clear projective identification being presented here. Yet this incorporation of the leg into a sense of her own selfhood contains an inherent tension at its heart – it is so close to her that she is almost blind to it. She takes care of it with the conscious shyness of attachment, ‘almost with her own eyes turned away’ (p. 288), as part of a wider disinclination to pay ‘any close attention to her surroundings’: ‘I don’t have illusions. I’m one of those people who see through to nothing’ (p. 287, emphasis in original). Hulga’s disinclination for ‘illusions’ – for Winnicottian ‘bundle[s] of projections’ (Winnicott, 2005g, p. 118) – might imply that O’Connor moves the narrative onto an act of ‘object use’, to an acceptance of ‘shared reality’, through the prosthetic relationship. But seeing ‘through to nothing’ is a different kind of incapacity; one cannot relate to or use an external object if it is already assumed to mean ‘nothing’. Hulga is not operating in the realm of shared reality at this point. Winnicott (2005g, p. 121) states that our minds’ projective mechanisms ‘assist in the act of noticing what is there, but they are not the reason why the object is there’; it has ‘its own autonomy and life’ (emphasis in original). Even if Hulga stops short of turning away from the prosthetic leg as an object altogether (she takes care of it ‘almost with her own eyes turned away’), this ‘seeing through to nothing’ is essentially a deferral of the act of ‘noticing’ or seeing. As a result, her prosthetic leg only becomes truly external at the moment it is lost: her unseeing view of the world around her and her body’s place in it has been literally stripped down, leaving her with a new-found understanding of dis/embodiment. This is not the ‘use of an object’ as Winnicott would have it, centring as it does on the object’s survival of psychical destructiveness: here, force is imposed upon Hulga’s object relation from outside, and in reality. As such, her potentially transformational object transforms her only through loss, not through relation. O’Connor’s emphasis on ‘godly grace’ moving through moments of shock and chaos seems particularly pointed here, with Hulga’s belief in ‘Nothing’ brutally unveiled as a feint which masks a deeply valued attachment to her lost soul-object.

This representation details, in effect, something closer to an anti-use of the object. As in my previous chapter, which looked at the more destructive elements to play, Hulga’s usage complicates Winnicott’s emphasis on the creative potential of object
relations. Instead, it evokes Bollas’s work on the terminality of object usage. In his paper ‘Preoccupation unto Death’, Bollas (1995b, p. 75) writes of an analysand who was not able to ‘use’ her husband transitionally to ‘assist the self in moving forward toward deployment of the self’s idiom into the object world’. Instead, she focuses obsessively on his annoying behaviours to block her own ‘self’s disseminative movement’, setting him up as a ‘terminal object’:

> She picked a terminal object that ended the natural forward movement of those departing trains of thought that are the elaborations of any person’s idiomatic experience of life. Clearly there was a dread of surrender to the rhythm of unconscious experiencing itself, a process which usually feels, or should feel, natural. (Bollas, 1995b, p. 75, emphasis added)

Such blocks are installed as a defence mechanism against the development of the self. The terminal object is a kind of obsession, ‘a purely projective container into which the individual evacuates his psychic life in order to terminate contact with it’ (p. 87). Bollas’s patient uses her husband as a way to avoid her own ‘unconscious creativity’ (p. 74), to permanently postpone her engagement with the potential of the world around her:

> Hating her husband conjured up powerful emotions that gave her a reason for existence. Positive emotions were mistrusted, because love left her feeling as if she were coming apart, losing any sense of inner coherence: hate organized her, gave her purpose. (p. 75)

Though Hulga regards her prosthesis with a more loving awe, her deferral of the act of ‘noticing’ what is around her, and her revulsion towards her environment, recalls this woman’s ‘organization’ around hatred. The use of the terminal object, Bollas says, is a form of ‘anti-relating’, a ‘deadening blockage’ which can feel to the analyst like ‘occasional madness’ (pp. 74-5, 81). He roots his patient’s use of the terminal object in adult relationships in her early bond with her possessive and over-adoring mother:

> She transformed her mother into a terminal object, only approaching her for essential needs, but avoiding her as an other to whom she could bring her thoughts and feelings. Where another child would collaborate with the mother in order to disseminate important inner experiences, she saw talking to the mother as an impossibility. Thus she did not have that important use of the mother as a sympathetic and inspiring other. She was unable to lose herself in the experience of an object, unable to develop her unconscious creativity. She felt shallow and out of touch with life’s riches. (Bollas, 1995b, p. 76)
By painting a representation of a failed transformational ‘collaboration’ of meaning between mother and child, and between Hulga and her prosthesis, O’Connor evokes a similar form of ‘anti-relating’. It also recalls the moment in Winnicott’s Spatula Game (see Introduction) when the baby is frozen in a moment of indecision over its relation to the object in front of it:

The baby puts his hand to the spatula, but at this moment discovers unexpectedly that the situation must be given thought. He is in a fix. [...] All the time, in ‘the period of hesitation’ (as I call it), the baby holds his body still (but not rigid). [...] Whether the hesitation corresponds to my normal or differs from it in degree or quality, I find that it is impossible during this stage to get the spatula to the child’s mouth apart from the exercise of brutal strength. (Winnicott, 1958f, pp. 53–4)

In my reading, the text of ‘Good Country People’ itself becomes a ‘period of hesitation’ in which relation is held static and the decision to engage in ‘the experience of an object’ is deferred. In the context of using brute force to engage a child with an object (not, of course, a course of action which Winnicott supported), it is notable too that O’Connor (1969a, p. 112) believed that ‘violence is strangely capable of returning my characters to reality and preparing them to accept their moment of grace’.

Is transformation still transformative, or transition truly transitional, if it is forced rather than created intersubjectively? In extending Winnicott’s idea of the transitional object into that of the transformational object, Bollas is open to the phenomenon of negative or traumatic transformation. Speaking of the adult’s pursuit of cultural experience as a restaging of the early ‘rapport’ with the transformational mother, he states:

Although my emphasis here is on the positive aesthetic experience, it is well to remember that a person may seek a negative aesthetic experience, for such an occasion ‘prints’ his early ego experiences and registers the structure of the unthought known. Some borderline patients, for example, repeat traumatic situations because through the latter they remember their origins existentially. (Bollas, 1987d, p. 17)

I suggest that, just as *Hangover Square* allows the reader to question our sense of play as something that is purely ‘healthy’, ‘Good Country People’ questions the idea that the use of the object is primarily available for the pursuit of ‘healthy’ growth.
3.3.3 ‘Dusty reality’: Matter and metaphor

Hulga’s encounter with the Bible salesman in the hayloft swiftly turns sour when Manley produces a box of condoms, a bottle of whisky and a pack of cards out of one of the Bibles, which turn out to be hollow. Hulga is finally shaken out of her disaffected state, and calls repeatedly for her leg to be restored to her. Instead, Manley steals it, leaving Hulga with only one leg in the hayloft. Here the prosthetic takes on its own affective character, ‘forlornly’ submitting to its theft:

“Give me my leg!” she screeched. He jumped up so quickly that she barely saw him sweep the cards and the blue box back into the Bible and throw the Bible into the valise. She saw [Manley] grab the leg and then she saw it for an instant slanted forlornly across the inside of the suitcase with a Bible at either side of its opposite ends. He slammed the lid shut and snatched up the valise and swung it down the hole and then stepped through himself. (p. 290)

Manley’s swift accumulation of movement (‘and’... ‘and’ ... ‘and’) underlines Hulga’s enforced passivity. The boy tells her that he has ‘gotten a lot of interesting things [...] One time I got a woman’s glass eye this way’ (p. 291). Manley evidently has his own form of fetishistic object attachment, seeking value in forcibly removing, possessing and ‘curating’ others’ psychically loaded objects: he has also tucked Hulga’s glasses into his shirt pocket. Hulga is left alone in the hayloft with neither mobility nor vision, while her mother and Mrs. Freeman watch the ‘nice dull young man’ (p. 291) leave from afar. We do not get to see Hulga’s reaction to her own moment of ‘grace’, an object loss which, in O’Connor’s terms, will open her eyes to the downfall of her atheistic nihilism or, in Winnicott’s (1958f, p. 54) terms, will unveil her refusal to accept the ‘reality of desire’ for object use.

O’Connor’s own reflections on ‘Good Country People’ both clarify and further obscure questions about the way selfhood and experience are shaped and expressed through object relating and use. She positions the leg as a prop in a story that can be read as being about the exposure and concealment of the self as constituted bodily, psychologically, and spiritually. In an undated talk, O’Connor focuses explicitly on the material and symbolic roles played by the prosthetic limb in ‘Good Country People’:
This story does manage to operate at another level of experience, by letting the wooden leg accumulate meaning. Early in the story, we're presented with the fact that the Ph.D. [Hulga] is spiritually as well as physically crippled. She believes in nothing but her own belief in nothing, and we perceive that there is a wooden part of her soul that corresponds to her wooden leg. [...] when the Bible salesman steals it, the reader realizes that he has taken away part of the girl's personality and has revealed her deeper affliction to her for the first time. (O'Connor, 1969d, p. 99)

The wooden leg’s accumulation of symbolic meaning is not necessarily positioned as somehow more valuable than its materiality: they are simply two concurrent ‘level[s] of experience’ that are allowed to unfold for the reader within the space of the story. Despite the leg’s metaphorical function, though, O’Connor (1969d, p. 99) was adamant that it functions primarily as a concrete, material object: ‘If you want to say that the wooden leg is a symbol, you can say that. But it is a wooden leg first, and as a wooden leg it is absolutely necessary to the story’ (emphasis added).

How are we to read these two seemingly opposing commentaries alongside one another – one stressing the prosthetic’s symbolic content and the other prioritising its inherent materiality – each complicating the other as they do? The first quotation here foregrounds the leg’s material status in conjunction with its symbolic content. Where we might expect O’Connor to have noted that the leg stands for Hulga’s ‘wooden soul’, instead it is the soul which ‘corresponds’ to the leg; it is a ‘part of the girl’s personality’ (emphasis added), not merely a stand-in or symbol. The Bible salesman ‘reveal[s] her deeper affliction’ by using the prosthetic limb as a route into understanding the ‘wooden’ soul: meaning is exposed here by a process of association triggered by lived experience. However, the material experience of prosthesis as described here by O’Connor comes before its symbolic potential in a temporal sense – one cannot introject something one has not experienced sensorily in some way. It is, crucially, as a material object that the leg corresponds to, or is an equivalent of, Hulga’s soul.

I also suggest that the productive tension between matter and metaphor in ‘Good Country People’ takes shape not just through the prosthetic leg, but through the two characters of Mrs. Freeman, the neighbour, and Joy-Hulga respectively. Mrs. Freeman is overtly positioned as someone motivated by an interest in all things bodily and visceral. She is ‘as real as several grain sacks thrown on top of each other’ (p. 271), and reports each morning on her pregnant daughter’s digestive state: ‘Every morning Mrs. Freeman told Mrs. Hopewell how many times [Carramae] had vomited since the last
report’ (p. 272). Her fascination with Hulga’s prosthesis is just one element of a ‘special fondness for the details of secret infections, hidden deformities, assaults upon children. Of diseases, she preferred the lingering or incurable’ (p. 271). If Hulga is potentially O’Connor’s (1988, p. 106) ‘projection of myself’ in the role of daughter and invalid, then we could read Mrs. Freeman as a second structuring presence mirroring the writing self: in ‘all her human dealings’, Mrs. Freeman’s ‘eyes never swerved to left or right but turned as the story turned as if they followed a yellow line down the center of it’ (p. 271, emphasis added). Notably, Mrs. Freeman, standing in for visceral materiality as she does, both opens and closes the story. Its final image is of an ‘evil-smelling onion shoot [Mrs. Freeman] was lifting from the ground’ – an offering up of a productive yet provocative object, much like the story itself, for our readerly consumption (p. 291). In this way, ‘Good Country People’ is framed by an emphasis on matter, symbolised by the prurient Mrs. Freeman and underlined by the prosthetic leg’s incontrovertible status as an ‘object in its own right’ over which Hulga has little control.

Despite Hulga’s mobilisation of her prosthetic leg to aggravate her mother, ‘lumber[ing]’ and ‘hulking’ it about (pp. 271, 273), she operates on a primarily mental plain. When Manley first kisses her, the adrenalin ‘went at once to the brain’ (p. 285) rather than to the body; she feels ‘as if her heart had stopped and left her mind to pump her blood’ (p. 289). It is, paradoxically, only through the loss of her leg, and its substitution by another human being on whom she is ‘entirely dependent’, that the locus of her experiencing self is shifted to the body. Her face becomes newly mobile, in contrast to the previous ‘obliteration’ of ‘every expression’ by her ‘constant outrage’ (p. 273):

> Without the leg she felt entirely dependent on him. Her brain seemed to have stopped thinking altogether and to be about some other function that it was not very good at. Different expressions raced back and forth over her face. (p. 289)

Ultimately, Hulga’s tendency to dwell purely in the mental plain is blasted apart by the status of the prosthesis as ‘a wooden leg first’ which is ‘absolutely necessary to the story’ as a material object (O’Connor, 1969d, p. 100). First a substitute for her soul, the leg becomes the catalyst for potential transformation but ends as another lost object.
All three ‘uses’ are intermingled with the simultaneous fear of being, and the desire to be, transformed through maternal and sexual relation.

O’Connor’s interest and translation of ‘dust’ – the conceptual battleground on which mother and daughter tussle – comes into focus once again in this context. O’Connor (1969c, p. 68) uses ‘dust’ to stand simultaneously for bodily matter (‘we are made out of dust’) and fictional veracity (‘if you scorn getting yourself dusty, then you shouldn’t try to write fiction’), not to mention the battle for subjectivity (‘One of her major triumphs was that her mother had not been able to turn her dust into Joy’: p. 275). Mrs. Freeman’s interest in others’ matters, and in their matter, is signalled by a previous employer’s biting summary of her nosiness: ‘If she don’t get there before the dust settles, you can bet she’s dead, that’s all. She’ll want to know all your business’ (p. 272). Lingering in the background of the Hopewells' breakfast time, Mrs. Freeman comments on the ‘top kitchen shelf where there was an assortment of dusty bottles’, drawing their attention to the ignored matter of their daily lives. Dust protrudes on Hulga’s cataclysmic moment in the hayloft, in which her mental and physical experience seem finally to be melding together: ‘A wide sheath of sunlight, filled with dust particles, slanted over her’ (p. 287). At the close of the story, shorn of her glasses and her prosthetic leg, Hulga is ‘left, sitting on the straw in the dusty sunlight’ (p. 291), newly apprised of the devastating importance of materiality – both its transformative potential and its ability to be seized, stolen, forcibly removed from the body. To paraphrase O’Connor, if Hulga stands in for the phenomenon of metaphor, then ‘Good Country People’ exposes her as a material body first and foremost – and as a body she is ‘absolutely necessary to the story’.

3.4 Conclusion

I argue that these two short stories render the disabled body and the prosthesis objects for a ‘contained’ examination of psychical processing. In Winnicottian terms, we might see this usage of such charged objects as a form of destructiveness which ultimately seeks to strengthen relation (Winnicott, 2005g, p. 126). The prosthetics themselves are put through a series of textual tests: they are rejected (Davy’s abjection of his prosthetic), fetishized (Hulga’s idolisation of her ‘leg-soul’) and
textually reified (Davy’s ‘saviour’ prosthetic). In Faulkner’s ‘The Leg’, the disabled body is first isolated, shorn of psychical care, and then co-opted as a tool of war – a second, more entrenched re-enactment of the military violence played out upon it. In ‘Good Country People’, Hulga’s body is a source of both fascination and revulsion, objectified by Mrs. Freeman and mourned by her mother for all that it is not (not a wife, not a lover, not a dancer). Davy’s reluctant acceptance of the prosthetic limb technically restores him to the reality principle and to his work as a soldier (both positions which rest on a problematic sense of ‘restoration’, as explored above), but we do not see him ‘get[ting] fat’ (Winnicott, 2005g, p. 122) on the objective support it can provide.

O’Connor’s ‘Good Country People’ sits at the other extreme, presenting a form of hyper-identification with the object that blocks its availability as a thing to be ‘used’. We can also interpret these two characters’ psychical relations to their prostheses as an expression of the longing for the lost maternal object, which Freud (2001i, p. 91) posits is a constant state. To complicate this, though, both prostheses become objects from which, at different levels, we turn away; they are, in a way, things we don’t want to look at. The main characters of each story turn away from their prostheses, one through a hallucinatory obsession with his severed organic leg, the other through an awestruck, obsessive hyper-attachment. Neither prosthesis ends the narrative in a psychically and materially incorporated state – one is physically present, but still rejected; the other is physically stolen, wrested from the space of the narrative.

I argue that ‘The Leg’ and ‘Good Country People’ are two examples of how a text may encapsulate several paradoxical positions. Both stories invite us to situate their disabled protagonists within a bodily specificity that works against the unresolved meanings opened up by the text – a double movement that serves to fix and unfix. Each story works both for and against fixed sociocultural meanings of disability and objects of disability, replicating them while simultaneously resisting them – a tension that remains unresolved. This tension is mirrored in the conflicting representations of how characters understand their own individual and disabled personhood. Hulga’s urge to assert her own identity is undermined by an unsettling and unresolved ending in which she is quite literally stripped of her agency and independence, while Davy’s complex projections of his organic leg stand in opposition to his prosthetic, which never becomes, in Haraway’s (1991, p. 178) terms, either an ‘intimate component’ of
his body or a ‘friendly sel[f]’. As Mitchell and Snyder (2001, p. 57) put it, ‘narrative inevitably punishes its own prurient interests [in disability] by overseeing the extermination of the object of its fascination’. Here, we might see this tendency towards ‘extermination’ and psychical foreclosure (as in the terminality of Bollas’s ‘terminal object’) as a key element of these stories’ unresolved, multi-layered narrative tension. The ‘fixing’, supposedly curative role of the prosthetic in each story does not offer social rehabilitation, but in this failure it reinforces the ability of each character, and the text, to shape meaning outside of these structures. Each character ends the story in an ambiguous state of relation to society, to identity, to meaning and to their own body and bodily objects. In this ambiguity, though, is the potentiality left open in the text for change and transformation.

In the next chapter, I take forward these concerns with the ‘perceptual truth’ of writing as it relates to material and mental experience. Where this chapter focused on the difficulties and implications of representing disabled bodies and their associated medical objects on the page, Chapter 4 looks at ‘real life’ oral histories and biographical writing about injury and disability in relation to prosthetics use. As such, I move from a concern with narratives constructed explicitly as experimental versions of ‘truth’ to one engaged with the representation of lived physical experience. Both have in common the concern with the meeting point of matter and metaphor, and with the refracting effect of language upon experience.
Chapter 4: The Lived Prosthetic: Roehampton Limb Fitting Clinic Oral Histories

We do not have a body the same way that we have other objects. Being a body is something that we must come to accommodate psychically, something that we must live. 

Volatile Bodies by Elizabeth Grosz (1994, p. xiii)

In 1923, Sigmund Freud (1856-1939) was diagnosed with a form of mouth cancer (most probably linked to his 20-a-day cigar habit) that required the removal of his entire left lower jaw and most of his palate. The ensuing operations, cauterisations, biopsies and prostheses shaped the remainder of his life: he had around 34 operations on his mouth in total, and saw his doctor 74 times in 1924, over 60 times in 1925 — including experimentations with three different prostheses — and 92 times in 1932 (Schur, 1972, p. 389; Davenport, 1992, p. 205). Freud died of a planned overdose of morphine, administered by his doctor, Max Schur, in 1939; he never gave up smoking.

Schur (1972, p. 364, n13) called Freud’s prosthesis ‘the monster’; Freud’s own relationship with his series of prostheses was more ambivalent, and, as might be expected, changed as the technology improved. From ‘hat[ing] my mechanical jaw’ in 1926, by 1931 he described the maker of his new, refined prosthetic, Varaztad Kazanjian, as a ‘magician’ (Riaud, 2015, paras. 3, 7). Even so, difficulties persisted. Schur (1972, p. 365) ‘vividly remember[ed] what a complex maneuver [sic]’ was required by Freud’s daughter Anna (the only one he would allow to touch his prosthesis) to remove it for cleaning purposes. Its presence also made eating, talking and smoking difficult. As Freud (Abraham and Freud, 1965, p. 369) wrote to his pupil Karl Abraham, ‘I, that is to say my prosthesis, is again under treatment to adapt it to changed conditions’. This forced adaptation further highlights that this supposed conflation of self, of ‘I’ and prosthesis, was not a straightforward symbiosis. Two of Freud’s bespoke jaw prostheses survive, and are held at the Freud Museum in London along with a series of head X-rays of a disconcertingly familiar jaw outline (see Figures 8-10). The prostheses are made of deep red wax, vulcanised rubber and gold, with
spring mechanisms, and are heavily customised. They smell faintly of disinfectant and, underneath, a hint of necrosis.

The obdurate, unspoken presence of Freud’s protheses makes itself felt in both the content and the form of his writing on technology in *Civilisation and its Discontents* (1930). The following quotation is often used as a foundational reference point to kick off discussions of prosthesis as a concept, though much less commonly alongside his biographical writing on his own lived experience:

> With every tool man is perfecting his own organs, whether motor or sensory, or is removing the limits to their functioning. [...] by means of spectacles he corrects defects in the lens of his own eye; by means of the telescope he sees into the far distance [...] These things that, by his science and technology, man has brought about on this earth [...] are an actual fulfilment of every – or of almost every – fairy-tale wish. [...] To-day [man] has come very close to the attainment of this ideal, he has almost become a god himself. [...] Man has, as it were, become a kind of prosthetic God. When he puts on all his auxiliary organs he is truly magnificent; but those organs have not grown on to him and they still give him much trouble at times [...] present-day man does not feel happy in his Godlike character. (Freud, 2001i, pp. 91–2, emphasis added)

Freud here associates the progress offered by technology with a form of shared desire – society’s ‘fairy-tale wish[es]’, which seek to exert control over the body’s environment. Such an extension of our physical presence, it is implied, should be both
fulfilling and perfectible (though Freud’s deep suspicion of religion further undermines the half tongue-in-cheek, half deadly serious, representation of humans invested with godly supremacy). Instead, this presumed ‘ideal’ exacerbates feelings of disjunction and discomfort, and is never fully complete.

Freud’s vision of a shared move towards technological prosthesis complicates rather than resolves the question of how subjectivity is constituted. In a letter from 1924 – when he still ‘hate[d]’ his ‘mechanical jaw’, which was ‘never quite right’ (Schur, 1972, p. 378) – Freud stresses the direct link between phenomenological experience and one’s own conceptualisation of selfhood, calling the jaw prosthesis ‘a substitute [...] which tries to be and yet cannot be the self’ (Pfeiffer, 1972, p. 137, emphasis added). And, in a letter written to his friend Max Eitingon the following year, Freud writes:

Tiring times are behind me; constant work to improve my prosthesis (how much more I would like to miswrite: "hypothesis"!), the “appropriate misery of restoration,” the absorption of all freely mobile energy in organ cathexis, necessitated by the unbelievable variety of paresthesias [i.e. ‘pins and needles’]. Today we have come so far as to eliminate the gross difficulties; the more subtle ones are still enough to make me feel ill-humoured. (Letter, 1st April 1925, cited in Schur, 1972, p. 382)

By ‘organ cathexis’, Freud is referring to his investment in his own psychical representations of the sensory experiences of his body and its constituent parts. Here, the body absorbs ‘all freely mobile energy’ of the mind, with its pins and needles dominating Freud’s daily life. In aligning, and displacing, his prosthesis with his ‘hypothesis’, Freud presents the ‘appropriate misery’ of embodiment and his psychoanalytic theorisation as different forms of work – processes of layering and adaptation, whether of meaning or of organic material. His urge to ‘miswrite’ his prosthesis as a ‘hypothesis’, something on which he feels his ‘mobile energy’ would be better spent, is a form of intentional parapraxis, more commonly known as a ‘Freudian slip’, signalling how Freud’s experience of ill health becomes a vehicle for thinking through his own theorisations of the mind. These experiences also show how the lived

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37 Writing shortly after Freud’s death, the Austrian psychoanalyst Otto Fenichel (1945, p. 261) proposed that ‘an individual’s own body and its organs are represented intrapsychically by means of a sum of memories of sensations and their interrelations’, analogous to a person’s ‘intrapsychic object representation’ of an external object or person. As such, he says, hypochondriasis is an ‘organ neurosis’. 
experience of material object relations can intervene in the shaping of theory by
demanding a focus on material qualities – a structuring presence – to explicate
metaphor. As Freud (cited in Rank, 1996, p. 23) wrote to Otto Rank in 1924 in a
discussion of the pain caused by his prosthesis, ‘the situation gives us many things to
consider’, and is characterised by tensions as ‘subtle’ as his attempts to adapt to a new
bodily composition.

In this chapter, I use a wide variety of auto/biographical sources from a range of
disciplines to explore individual lived experiences of prostheses such as Freud’s, many
of which display a concern with the constitution of selfhood, ideas of ‘wholeness’, and
the individual’s relationship with objects and environments that ‘hold’ in different
ways. I focus in particular on an oral history project (‘Queen Mary’s Hospital Collection:
Limb Fitting Oral Histories’, 2003-2016) undertaken with staff and patients at the
Roehampton Limb Fitting Centre in London, UK, a leading prosthetics facility since
World War One. These accounts refer back to experiences from the middle of the
twentieth century onwards. I also supplement these texts with qualitative social
science projects which deal with prosthetics users’ internal representations of the
prosthetic and their sensory experience. I aim to use this chapter to position the thesis
towards the concluding section to come, which will situate my work in relation to our
roles as patients and bodies within a complex, networked, global system of healthcare
provision, design innovation, and socio-politics.

Extending the focus of Chapter 3 on literary representations of prosthesis, this
chapter thus brings into play the precise characteristics of prostheses as objects in and
of themselves, while also continuing my focus on the psychical landscape. In this
positioning I am following historians of medicine such as Katherine Ott, David Serlin
and Stephen Mihm, who have explicitly called for a refocusing on the tangible, socially-
situated materiality of prostheses:

In scholarly literature, prostheses usually perform cultural work unrelated to the practicalities of
everyday life. [...] Prosthetic devices, as social objects with a complex set of meanings in the daily

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38 All Roehampton quotations are henceforth signalled in-text in the format ‘R1.1, p. x’, where the first
number refers to the archive box and interview number. Identifying names have been removed. Where
the transcription includes a written typo, I have marked this with ‘[sic]’; however, I have not corrected
errors in speech, as these are original spoken narratives which stand alone as their own forms of text.
lives of people, have rarely, if ever, been understood as part of vernacular material life. (Ott, Serlin and Mihm, 2002, pp. 1–2)

This distinction signals the fundamental issue with theory’s valorisation of the prosthetic as a primarily metaphoric tool. It underlines the way that the everyday, fleshy body, with its doctors’ appointments and stump socks, is overlooked in deference to what Sarah S. Jain (1999) calls the wider ‘prosthetic imagination’ in her book of the same name. In many critics’ eyes, the prosthetic metaphor (as outlined in the previous chapter) has become divorced from its roots in individual, often painful, material experience. As theorist Vivian Sobchack (2006, p. 21), herself a prosthetics user, puts it, it has become a ‘fetishized and “unfleshed-out” catchword’ that functions as a “‘floating signifier’” divorced from the bodily experience of using prostheses: there is an ‘oppositional tension and a dynamic connection between the prosthetic as a tropological figure and my prosthetic as a material but also a phenomenologically lived artifact’ (p. 18, emphasis in original). Others see the prosthetic as an ‘opportunistic metaphorical device’ (Mitchell and Snyder, 1997, p. 8), one of cultural studies’ ‘pet metaphors’ (E. O’Connor, 2000, p. 20), an ‘often reductive’ ‘vogue’ (Ott, Serlin and Mihm, 2002, p. 2), a ‘lure’ and ‘fable’ which is nothing more than a ‘theoretical fiction’ (Malik, 2002, p. 34), and a ‘tempting theoretical gadget’ which ‘disavow[s]’ the disabled body (Jain, 1999, pp. 42, 49). Problematically, this tendency accords orgasmic potential to particular forms of augmentation over others, recalling Wills’s (1995, p. 2) sense of a ‘cataclysmic future convulsion’. As Ott, Serlin and Mihm (2002, p. 21) note, the divergent cultural characterisations of ways of becoming ‘machined-up’ have their own perceived hierarchy of value, with ‘bionics seeming desirable and sexy, and prosthetics more of a necessary sign of disability’. Writer and prosthetics user Jillian Weise (2018, sec. 12) even sees the cyborg figure, which she sees as an identity forcibly appropriated from the disabled, as ‘the normate’s wet dream’. Rejecting Haraway’s ‘cyborg manifesto’, Weise (sec. 5) emphasises that ‘[disabled people’s] lives are not metaphors’: ‘I worry that the cyborg is sometimes just a sexy way to say, “Please care about the disabled,” and why should I have to say that?’ As Mitchell and Snyder (2001, p. 60) put it, ‘the overdetermined symbolism ascribed to disabled bodies obscured the more complex and banal reality of those who inhabited them’.
In focusing on the role of prosthetics as material objects that are ‘things-in-themselves’, I am, however, also conscious of anthropologist and amputee Steven Kurzman’s warning about assigning too much power to the prosthetic precisely as an agential thing. He critiques theorists’ tendency to ‘use[e] amputees as "the ground" – or silent site of creating discursive frameworks – for their metaphors’:

They represent artificial limbs and phantom limbs as actors and agents and deploy amputees (who are present in their articles only as stumps and a lack of subjectivity) as the silent, partial basis for the metaphors. Embedded in their parallel between prosthesis-as-metaphor and prosthesis-as-artificial limb is the assertion that amputees lack subjectivity or agency and have "stumped identities." (Kurzman, 2001, p. 374)

This battle for subjectivity, or the urge to put objects in their place, signals an ongoing friction at the heart of the prosthetic metaphor. It is not that the ‘quasi-object’ of the prosthesis has no epistemological fissures at the blurred joins of subject and object. The ‘edges’, as Morra and Smith (2006, p. 7) have it, are as productive as they are troubling. Instead, these discussions emphasise the co-constitutive and inter-relational nature of subject-object relations, instead of setting up inherently oppositional terms which cast either subject or object as the ‘ground’ or the ‘stump’.

‘Disability’ and ‘normalcy’

Before looking in depth at representations of bodily ‘wholeness’, selfhood and the potential incorporation of bodily objects, it is important to frame these first-hand accounts within a brief discussion of disability, normalcy and identity – all shifting concepts. Lennard J. Davis writes:

The category itself [of disability] is an extraordinarily unstable one. There is a way in which its existence is a product of the very forces that people with disabilities may wish to undo. As coded terms to signify skin color [sic] – black, African-American, Negro, coloured – are largely produced by a society that fails to characterize “white” as a hue rather than an ideal, so too the categories “disabled”, “handicapped”, “impaired” are products of a society invested in denying the variability of the body. (Davis, 1995, p. xv)

Serres (2007, p. 225) posits that the ‘quasi-object’ is an object which is both separate from and constituted by the socialised, human subject. It takes form both in independent being and in the act of relation: ‘[The] quasi-object is not an object, but it is one nevertheless, since it is not a subject, since it is in the world; it is also a quasi-subject, since it marks or designates a subject who, without it, would not be a subject’.
Disability is ‘part of a historically constructed discourse’, a ‘social process that intimately involves everyone who has a body and lives in the world of the senses’ (Davis, 1995, p. 2). As such, he claims, disability is a nonsense without an understanding of what constitutes our ideas of normalcy, and vice versa: ‘Normalcy and disability are part of the same system’ (p. 2).

This is an important framing not just in terms of how our hierarchies of ontological and social knowledge are constructed more generally, but as context for the representations of physically expressed, socially situated selfhood explored in this chapter. A striking feature of the first-hand accounts of prostheses users at the Roehampton Limb Fitting Centre is the tendency to hierarchise and downplay the severity of their impairment, and, by extension, the extent of their feelings of abnormality and difference. For example, a single leg amputee stated that ‘we were not injured in the same way that [the Plastic Surgery patients] were […] we were normally healthy and sound and mm, you know, just had lost part of our limb’ (R3.1, p. 7). Patients whose foetal growth had been hampered by the morning sickness drug Thalidomide ‘th[ought] themselves lucky’ in comparison to those who ‘had a medical need’ in having lost limbs through illness or trauma (R10.3, p. 10). In return, three more single leg amputees felt that ‘my problems were very minor compared with [the Thalidomide children]’ (R6.3, p. 8), that ‘many other people[’s] […] situations seem, to me anyway, to be far more extreme’ (R6.4, p. 19), and that ‘there’s always people worse off than yourself […] visiting Roehampton was actually therapeutic [as it put things in perspective]’ (R4.7, p. 8). Meanwhile, a tropical disease patient appreciated being on a separate ward to those with limb loss, feeling unentitled to make any identification based on their shared status as inpatients:

I would have felt sorry for them but I would have felt embarrassed talking to them because I, mine was minor wasn’t it just a tropical parasite […] They had severe injuries. Some were needing new legs, new arms, everything. (R3.3, p. 26)

The leap to seeing others’ medical identities as all-encompassing (‘new legs, new arms, everything’ demonstrating the fear of a full loss of identity represented by limb loss) implies a rejection of such an identity for oneself. As another Roehampton
interviewee, a double leg amputee following a train accident, put it, she couldn’t ‘equate [her]self’ with other amputees: ‘I kept trying to force myself to wake up. Just these strange looking people with these strange prosthetics all walking in, in such a peculiar way’ (R8.3, p. 8). Emily Heavey’s sociological interviews with prostheses users present a similar trend:

[M]ost participants minimized their own level of disability [...] Participants variously referred to themselves as ‘not disabled really’, ‘not disabled [...] [but] not as able’, ‘no more disabled than I was before [the amputation]’, and ‘not particularly disabled’. (Heavey, 2013, p. 132, emphasis in original)

Following the foundational work of Erving Goffman (Goffman, 1968) on stigma, Heavey (2013, p. 133) describes this stratification of disabled identity as ‘an attempt to avoid stigma, and at the same time as a reproduction of the stigmatizing construction of (very) disabled people as helpless’. There is thus a tension at the heart of self-definitions of disabled identities; presenting oneself as ‘not that different’ from the perceived norm is both an empowering and a rejecting stance. As Mitchell and Snyder (2001, p. 33) stress, ‘minority commentators tend to situate disability as a social grouping from which they must escape to assert the positivity of their own culturally devalued identity’. As I will explore, the prosthesis embodies and channels both the complexity and the potential of object relations which are directly implicated in these social understandings of the body and the self.

4.1 The prosthesis in service of ‘wholeness’

Incomplete bodies have long stood in for a moral or spiritual lack in the Western cultural consciousness, encapsulating the process of narrative prosthesis detailed by Mitchell and Snyder and explored in the Introduction and Chapter 3. This conflation of physical and mental integrity has long been espoused by the medical community, with the nineteenth-century British psychiatrist Henry Maudsley (1871, pp. 94–5) writing in Body and Mind that we ‘must recognize how entirely the integrity of the mental functions depends on the integrity of the bodily organization’. ‘Function’ is a key word here, calling to mind its antitheses of dysfunction, failure, and impotence, all of which
take on sociocultural overtones as well as medical meanings. Writing about prostheses in the Victorian era, Ryan Sweet (2014, p. 15) sees ‘wholeness, along with functionality and vitality’ as not only contributory to but constitutive of the idea of health, something which sets up a ‘cultural privileging of physical integrity’ (emphasis in original). Without these perceived attributes, one could simply not be ‘well’.

The valorisation of physical, moral and psychological ‘wholeness’ – what is accepted, what is presumed to ‘count’ as part of a full physical and therefore social identity – in turn inflects a patient’s relationship with their prosthetic limb. After all, a prosthesis is an attempt to reinstate the ‘complete’ physical structure and function of a body born without, or severed from, one of its constituent parts. Critics diverge on the theoretical ramifications of such a radical move. Erin O’Connor (2000, p. 16) sees the prosthetic as a ‘fiction of [a patient’s] physical wholeness’, an ‘operative fantasy’ which ‘imagines that the amputee’s sense of himself as a whole man can be restored by merging his mangled limb with a machine’. Essentially, she sees the prosthetic as a failure of identity construction which is ‘ontologically unstable’: it ‘mobilizes a logic of disjunction, a mechanism by which disparate parts can be combined into unified wholes, and self and other can be defined as the same’ (pp. 105, 123). Seen through the lens of disability studies, this stance is fundamentally problematic, focusing as it does on both an assumption of the unassailable ‘rightness’ of the organically ‘whole’ and functional body – otherwise known as ‘ableism’ – and a denial of the patient’s own right to define what constitutes their identity. As Kurzman points out, it is not the disabled body which is inherently threatened by manufactured body parts, but the normative expectations placed upon that body (even as those artificial parts simultaneously reinforce these perceptions):

Artificial limbs do not disrupt amputees’ bodies, but rather reinforce our publicly perceived normalcy and humanity. [...] Artificial limbs and prostheses only disrupt [...] what is commonly considered to be the naturally whole and abled Body. (Kurzman, 2001, pp. 380–81)

Equally, Sobchack (2006, p. 17) is at pains to point out her inalienable right to ‘wholeness’: ‘I see myself as fully human’. Focusing on a definition of ‘wholeness’ which amputees are presumed to lack, Sobchack says, ignores the lived experience of a prosthetics user:
[The characterisation of a prosthetic as ‘other’] elides the phenomenological – and quite different – structural, functional, and aesthetic terms of those who successfully incorporate and subjectively live the prosthetic and sense themselves neither as lacking something nor as walking around with some “thing” that is added on to their bodies. [...] Ideally incorporated not “into” or “on” but “as” the subject, the prosthetic becomes an object only when a mechanical or social problem pushes it obtrusively into the foreground of the user’s consciousness [...]. (Sobchack, 2006, p. 22, emphasis in original)

Sobchack’s prosthetic is fully incorporated into her body schema, and is only perceived as a separate entity when something goes awry. In this sense it adheres to the idea of material objects’ ‘transparency’, a term used widely in material culture theory to denote an object (such as a contact lens) which might be said to become part of the subject when its contiguity is so seamless as to be unnoticeable (Rosenberger and Verbeek, 2015, pp. 14–16).

Donna Haraway similarly theorises a more inclusive concept of how human ‘wholeness’ can be defined, one which positions the external manufactured object as partner, not threat (though we should always bear in mind Jillian Weise’s suspicion of non-disabled theorists fetishising this relationship):

> There is no fundamental, ontological separation in our formal knowledge of machine and organism, of technical and organic. [...] Why should our bodies end at the skin, or include at best other beings encapsulated by skin? [...] These machine/organism relationships are obsolete, unnecessary. For us, in imagination and in other practice, machines can be prosthetic devices, intimate components, friendly selves. We don’t need organic holism to give impermeable wholeness [...]. (Haraway, 1991, p. 178)

It is important to read this as a call for openness to variation in people’s responses to their own bodies, bodily changes, and medical objects. As this section aims to demonstrate, there is a huge range in responses to prostheses’ claim to enable bodily and existential ‘wholeness’, from outright rejection to grateful identification. Personal agency operates within a structure that is historically problematic: to valorise certain treatments (or certain forms of individual object relating) over others is itself a normative act. This openness goes both ways, enabling an appreciation of the possibilities of technology as well as its more problematic implications: one Roehampton patient reports another prosthesis user’s feeling that his high-spec leg
was ‘so good that why should he be trying to pretend that it was one of these rather fallible fleshy things?’ (R9.3, p. 26).

‘They decided that we should look like everyone else’

The treatment of people affected by Thalidomide is a particularly focused example of the complexity of prosthesis provision in the service of social ‘normalcy’ and bodily ‘wholeness’ – what one patient refers to as being ‘cosmetically perfected’ (R4.3, p. 2). Thalidomide, first used in Germany in 1957, caused foetal growth issues in approximately 5-10,000 people over the ensuing twenty years, of which many did not survive (Rogers, n. d.). It is still used in the treatment of some cancers and leprosy, but is heavily regulated. Today, treatment approaches for those born with limb differences are much more holistic, combining upskilling, tool adaptation and only occasional prosthesis use. In the 1960s and 70s, however, the decades in which most of the Roehampton Thalidomide interviewees were being treated, prostheses were the preferred treatment, even in the face of clear non-functionality. These patients, who were interviewed both individually and in the form of a group expert witness seminar, are largely – and vehemently – condemnatory of the medical profession’s use of prostheses for those affected by Thalidomide. As one interviewee reports:

[K]ids were not encouraged to use their one fingered flipper to get it skilled up so it could write and sew and things which it could do but instead it was housed in side [sic] a useless prosthesis, but that looked a bit normal but that no one could do anything with. (R4.3, p. 8)

Here, doctors have enforced upon the patients a prosthesis positioned as a holding environment which ‘houses’ its organic counterpart, but fails to provide either functionality or full ‘normality’ as it is societally perceived (it looks ‘a bit’ normal). Another patient highlights the physical pain of having had, as a child, to wear prosthetic arms and legs weighing three stone in total from 7.30am to 4.30pm every day (R7.7, p. 7). One alarming and short-lived technological innovation involved gas-powered prosthetic limbs which aimed to assist with propulsion and movement: they were 'awful things really [...] cumbersome, heavy, uncomfortable and really pretty low functionality' (R6.2, pp. 18-19). One patient instead subverts these objects’ primary
function into that of a weapon, describing them as ‘these stupid, these artificial arms that weighed a ton with a gas cylinder on the back that, mm, were absolutely useless. Well, they were good for hitting people’ (R10.3, Witness Seminar, p. 14).

These accounts frame medical convention as a direct example of the perpetuation of limited conceptions of bodily ‘normalcy’ spoken of by Davis and Kurzman. Several interviewees frame it as a primarily specular requirement serving to placate and reassure wider society, stressing the perception that ‘if it looked alright it was alright, just tuck it away and not bother about it’ (R4.3, p. 2):

Society really decided that the drug had taken our arms and legs away. I suppose it’s the Medical Society decided that the thalidomide drug Distaval had taken our arms and legs away and that they should try and replace them so they decided that we should look like everyone else and they would fit artificial legs on us. (R10.3, Witness Seminar, p. 2, emphasis added)

It is not clear to which ‘Medical Society’ this speaker is referring, or whether the transcriber has assumed an institutional presence in place of a reference to wider society; this instance of ambiguity further underlines the perceived passivity of the patients in the treatment decision. Despite this, prostheses are not seen as universally negative – one Thalidomide-affected patient reported wearing a prosthetic arm in the present day for ‘entirely cosmetic’ reasons when wearing a suit (R6.2, p. 8). These accounts, however, present them as tools which enable the mid-century medical profession, representing wider societal attitudes as this quotation demonstrates, to push a normative body ideal which overlooked function, comfort and personal agency. In pursuing a highly problematic conception of cure without attending to the wider needs of the individual, the doctors who treated these children failed to provide adequate care. In addition, as Davis (1995, p. 2) puts it with reference to disability more generally, the medical profession ‘failed to understand dialectically its own position in the economy of power and control, and it failed to historicize its own assumptions and agency’.

One of the Roehampton interviewees, a nationally-recognised performer who was born with Thalidomide-induced limb malformation, sees the history of the prosthetic in this context as a troubling embodiment of an identity performance which is ‘almost like blacking up in a way. [...] And why would you want to be [something that you
never can be]? What’s wrong with being different?’ (R4.3, p. 50). He positions the medical practice of forcing prostheses and other objects (such as capes) on children affected by Thalidomide as an expression of ‘collective guilt’ (R4.3, p. 2) that ‘cosmetically [hid] the reality, of the terrible corporate crime’ of the pharmaceutical industry (R4.3, p. 5). In his own work, he subverts the tendency to distance oneself from the label of disability by touring a strip show centred on his prostheses: ‘where I strip out of my prosthetic arms [...] conceptually I strip out of my normality. And enjoy it and sexualise and objectify [...] my freakish wonderfulness’ (R4.3, pp. 13-14). By celebrating his ‘abnormality’, embodied as it is presumed to be in his shorter limbs and torso, he unpicks ideas of the ‘wholeness’ and bodily integrity of prosthetics users.

**Origins and temporalities**

The Thalidomide patients’ accounts give us important evidence to correct the concept of limb difference as a ‘lack’ that defines their origins, life course and identity. Davis (1995, p. 3) points out the cultural tendency to narrativise and sentimentalise stories of disability, calling instead for us all to ‘separate the attribute [of disability] from a time frame’. To complicate this denarrativising impulse, however, I turn to prosthetics users’ own distinctions between the experience of having been born without a limb (or having lost one in very early childhood) and the trauma of losing a limb suddenly through accident or infection later in life. This concern with the temporalities of limb loss and limb difference, I argue, is a constituent factor in individual lived experience of object relations with a prosthesis, and central to considering the shaping role of personal narrative in its representation.

One patient of the Roehampton Limb Fitting Centre reported that ‘I never knew what it was like to have two good legs so there was no feeling of loss’ (R6.3, p. 13); another said that ‘I lost my leg before I’d ever walked so I didn’t have trauma [sic] of one losing your leg as an adult’ (R4.7, p. 32). These two accounts suggest that there is no relation to the capacities of the ‘norm’. However, one patient, who was born without a left tibia and underwent single leg amputation as an infant, highlighted the difficulties with forging a clear understanding of individual embodiment in such circumstances: ‘you’d almost say you never missed having two limbs, although you
miss not having two legs type of thing ... So it's confusion' (R6.4, p. 17, emphasis added). The lack of clarity over the internalised meanings of ‘limb’ and ‘leg’, placed here in a marked yet unexplained relation of difference, point to the ‘confusion’ of interpretation brought about by an ongoing comparison with a shared cultural understanding of bodily norms. One Roehampton interviewee stresses that 'I am different from people with two legs and psychologically I feel different from people with two legs sometimes' (R9.3. p. 7). Another, born with limb difference, highlights that the ‘fixed state’ experience is not, itself, uncomplicated:

[W]e do feel sympathy for somebody who loses their limbs because obviously having known a limb you’ve still got memories of that limb being there. [...] Us not having that limb in the first place and having a bolt-on limb, you know, it’s not the same. [...] So we can feel for what they’re going through having had it, but then we feel for ourselves on not, not having it in the first place. (R7.5, p. 39-40).

These accounts point to the ongoing loss of something that never was – a seemingly paradoxical form of object mourning, but one that suggests the presence of an internal object without an external counterpart. In the models of the body schema which I will go on to discuss, there is a suggestion that we are born with these internal objects in place; while this would need much more clinical examination and research, it once again asks us to question how grief works in relation to bodily difference.

Those who lose a limb or limbs in later life, it would appear, often experience a period of object loss that goes beyond the loss of function or perceived identity. An occupational therapist remarked to a female Roehampton patient who had just undergone double arm amputation that 'people always cry fairly quickly once they’re given artificial limbs, they have a period where they grieve, openly grieve and cry, and you hadn’t' (R2.2, p. 26). Indeed, medical research has shown that, in the initial post-amputation phase, patients frequently suffer from stress and depression, and often have difficulty accepting their new bodily condition (Sansoni et al., 2015, p. 67). Here, the newly amputated woman’s seeming lack of affect is noted as an abnormal response to her changed body – an implicit judgement in pursuit of a more ‘preferred’, explicable relational reaction. Thomas and Siller (1999, p. 181) outline a somatopsychological model which focuses on assets rather than limitations, but point to the need to examine the range of psychological processes like these at work in the
wake of being ‘confronted’, in their words, with a disability. In particular, they stress that there are existing intrapsychic factors that may compound anxiety, depression or anger in the wake of, for example, a body-altering accident. If illness can be experienced, in the words of Fredrik Svenaeus (2011, p. 336), as an ‘unhomelike being-in-the-world’, how or where may a ‘homecoming’ take place – through the body, the mind or forms of external holding environment?

Some patients may experience the act of amputation itself as a way to ‘return home’ to a bodily state which better serves their psychical and practical needs. Emily Heavey’s account of a single leg amputation carried out on a patient called ‘Claire’, who had suffered an excruciating diabetic ulcer on her leg for over 20 years, details her feeling of successful return to a state from which she had been expelled: ‘Throughout the interview, Claire was clear that the amputation had been the right choice, hard-won, and she repeatedly referred to having ‘got her life back’ (Heavey, 2018, p. 5). Claire chose to be conscious throughout her amputation, meaning that she was able to reflect on her immediate objectification of the severed limb:

[T]he next thing I saw was these (.) curtain [sic] move away, [moves hand to right] and this nurse walk out [points away from body] with a bag. [gestures as if holding an object] And I went ‘yes, got rid of you! Go!’ [forceful waving away gesture] (Interviewer: So the bag had the leg in it?) The leg in it. [gestures at stump] And it went. [gestures away from self].” (Heavey, 2018, p. 8)

As Heavey notes, Claire’s marked gesturing and verbal positioning, both of which designate the leg as a ‘you’ or an ‘it’ separate to the speaker, suggest that the leg is perceived as an external object from the instant it is severed from her body. Unlike the transformation of Davy’s severed leg in Faulkner’s ‘The Leg’ into a ‘dream leg’, the amputated leg in Claire’s account is instead immediately transformed into what Heavey (2018, p. 8) summarises as ‘inconsequential medical waste’. Of course, Claire feels intimately tied to the act of amputation itself, exclaiming that she has ‘got rid’ of the leg – an act of psychically functional distancing which is anything but inconsequential. The medical staff here play a somewhat background role, with Claire’s leg seeming to depart by itself (‘it went’).

‘Wholeness’ and sensory experience
This capacity of a medical object to effect a ‘return home’ to being psychically ‘whole’ – which complicates the problematic and pervasive quest for bodily ‘wholeness’ – has a parallel in Lundberg, Hagberg and Bullington’s 2011 study of osseointegrated prostheses (also known as ‘OI-prosthesis’, namely a model grafted into the bone rather than working through a traditional socket suspension method). Their in-depth interviews with Swedish prosthesis users found that several patients pointed to the restoration of a sense of bodily ‘wholeness’ as a direct impact of the improved technology on offer, focusing in particular on sensory experience:

One could feel what one did inside the body in some way, I felt when I cut a tomato or an apple or a potato, when you cut you can feel the hollows within the apple, it’s felt inside the prosthesis, one can feel what one cuts in to. Just a simple thing like that. And it heals very much, it makes you very whole, even though you are not. (Lundberg, Hagberg and Bullington, 2011, p. 211, emphasis added)

Another felt that the improved proprioceptive qualities of the leg explicitly improved a feeling of bodily cohesion: ‘I can feel when I put the foot down, so that I can feel the shock throughout the body, not in an unpleasant way but I feel it and it gives me a positive experience of my body as a whole’ (p. 211). For others, however, bodily changes – while technically an improvement in function – ‘involved an identity crisis, leading to a reformulation of their identity’, even as they felt ‘more whole’:

The improved function and mobility made it possible for them to be more the person they wanted to be, giving rise to improved self-confidence, but also raising doubts about who they really were. “There is something missing, one part of me is missing and I miss it physically in a way I haven’t done before, not after the accident either. And this happened after I got the prosthesis (OI-prosthesis) that is more me than ever, that makes me feel more whole as a person.” (Lundberg, Hagberg and Bullington, 2011, p. 210)

The potential for a newfound, or restored, sense of ‘wholeness’ effected by the prosthesis extends to social identities, particularly the parental role. The impact of an amputation on someone who has learnt to parent as an able-bodied individual can be enormous. One Roehampton patient, a man who lost all four limbs to septicaemia, describes a temporary detachment from the act of relation itself:
I couldn’t cuddle [my children] properly and I’m thinking ‘I’ve lost the sense of touch’. Although I might be able to touch with a stump it’s not the same feeling as the dexterity you have with your hands. And I, I just thought ‘I don’t want to know’. (R4.6, p. 18)

This phrasing recalls Levy’s (2014) term for things we ‘don’t want to know’, things we don’t want to make thinkable or thingable, things that, nevertheless, come ‘out of the biro and onto the page’ (p. 65). This patient’s narration of a conscious turning away from the pain of his changed sensory relation with his children is a form of ‘making real’ such pain, of paradoxically re-materialising in language an experience which the conscious mind has tried to avoid. Another patient describes the simultaneous pain and pleasure of seeing her young child again after her double arm amputation, ‘because these other women were looking after her and, mm, I couldn’t’ (R2.2, p. 3); she preferred to take off her prostheses to pick up her baby to retain skin contact (R2.2, p. 31). To evoke Bollas’s work, one gets the sense that this mother feels her status as the primary transformative object in her baby’s psychical landscape to be at risk. A nurse implicitly highlights the importance of this role when she tells another female patient that ‘your baby will adapt to you’ (R8.3, p. 35) – indeed, it would be interesting to interview the children of prosthesis users to explore their own relation to the objects of these early material and parental environments.

Of course, despite their use in the service of socio-politically problematic approaches (as in the case of the Thalidomide children), technological advancements may also offer huge potential to assist this two-way adaptation. The Lundberg study on the psychical impact of osseointegrated prostheses points to two examples of parents’ newfound ability to touch and handle their children. One is newly able to lift her child: ‘[I] could stand up with him in my arms and comfort him, that I recall as a wonderful experience’ (Lundberg, Hagberg and Bullington, 2011, p. 211). Another points to her newfound manual control and material tactility as a transformational change:

Yes, but my God I have forgotten to say something that is really important. I can hug without people killing themselves on me. I can hug people and my children. It’s still not so convenient to sit on this side, but it works, compared to before when I was all hard. I couldn’t hug anybody, but now I can hug. I don’t know how much they have thought about it, but I have thought about it a lot. (Lundberg, Hagberg and Bullington, 2011, p. 210)
This is not just a change in mobility but in the patient’s perception of her own ‘hardness’, particularly in relation to her role as a maternal environment in her own right. The role of the prosthesis in restoring personhood, even as it complicates it, is intimately tied up in aesthetic concerns and sensory preferences.

Wilkes and McMullan’s study ‘Exploring Material and Sensory Preference with Amputees’ (UCL, 2018-19), explored the emotional and practical effects of a variety of materials, focusing on density, friction, specular reflectance, elasticity, roughness, and thermal qualities. One participant complained that one of the options was ‘rough, sharp, harsh and for want of a better word it doesn't feel very friendly’ (Wilkes, 2019, emphasis added). Another noted that ‘if you do find materials particularly comforting and friendly that's really important’, whilst a third equated the texture of wood and its ability to age with a ‘sense’ of selfhood:

Wood is a very unthreatening material ... as it ages it sometimes even gets even more – sense of being you. So there's a real sense that this is part of me if you like. There's a warmth in wood: I think any time you touch wood you never shiver or anything like you would when you touch metal. (Wilkes, 2019, emphasis added)

The double meaning of ‘sense’ takes form here both in the warmth of the wood and in the apprehension of personhood, recalling Freud’s (1920, p. 132) emphasis on the etymological roots of material and maternal – what something is made from, what enables it to emerge as itself, is its mother part. Referring to the fact that ‘madeira’ means both ‘material’ and ‘wood’ in Portuguese, Freud even stresses: ‘In the symbolic use of wood for woman, mother, this ancient conception still lives’ (p. 132).

A prosthetics user in the Lundberg study described the move from a suspended socket model to an osseo-integrated model as one from ‘entrapment’ to ‘freedom’, with the thermal qualities central to his characterisation:

One part of the body is trapped in this vacuum-packed socket, that’s the way it’s. To be let out of this entrapment, just to feel the sun towards the thigh or the air that surrounds the thigh instead of this heat and the sweating that is coming. It was like ... it was my definition of freedom, that and to not have to think about the suspension. (Lundberg, Hagberg and Bullington, 2011, p. 211)

In contrast, a Roehampton patient describes how the squeaking of the leather on his prostheses nearly reduced him to tears as a young man in the late 1950s:
I was just so disappointed, I wanted desperately just to walk [...] Not the actual putting on the limb, although it was, but the noise that it made, and because being young I didn't want to draw attention to myself or anything like that I just wanted everybody to think that I was normal. (R3.1, pp. 8-9).

Another Roehampton patient who lost both legs in an air raid as a child describes her visceral revulsion towards her plaster casts: they are ‘really horrible like maggots and things like that [...] they were ghastly, the dressings were awful’ (R7,4, p. 6). Other sensory memories are more positive: one interviewee describes her love of the smell of the 'Evo-Stik' adhesive used to secure the leather on her childhood prostheses, a sensory memory that evokes a strong reminiscence into adulthood (R10.3, p. 35). A young girl affected by Thalidomide and treated at Roehampton was given bespoke red shoes for her prostheses, something her doctor said ‘had a real psychological affect [sic], of course, on the child’ (R3.6, p. 4; the transcriber’s typographical error here – ‘affect’ for ‘effect’ – underlines the point).

As with a child’s soft toy, the classic Winnicottian transitional object, these accounts demonstrate that touch, smell, thermal qualities and aesthetics are particularly important for prosthetics users’ existential and emotional meaning-making process, as well as their physical experience of ‘wholeness’. Real-world examples like this point to a form of use that reaches beyond an object’s material function, and a psychical function beyond its practical use. The object ‘does’ or ‘acts as’ something to the subject, while the subject allows or invites the object to take a mental form beyond the physical interaction which it offers. I suggest that these accounts also call for an attention to the way that an object relation is inflected by the specific type of material at hand, part of what Bollas would call its ‘distinct structure’. The rich resource of oral histories and personal accounts thus support Bollas’s call for, and my aim to provide, an explicit theorisation of the link between external and internal objects in terms of their form and not just their status as an Other:

It is my view that psychoanalysis, among other disciplines, can be enriched if we develop a philosophy of the object’s integrity which enables us to consider what forms we choose for the psychic texture of the self. (Bollas, 1993, p. 5)
The material experience of illness, injury and disability, as I have demonstrated throughout this thesis, brings the ‘psychic texture of the self’ to the fore. Indeed, Sobchack (2006, p. 19) mobilises the importance of the explicitly sensory aspects of the lived experience of prosthetics to call for a refocusing of critical debate: 'Perhaps a more embodied "sense-ability" of the prosthetic by cultural critics and artists will lead to a greater apprehension of "response-ability" in its discursive use'.

4.2 Bodily and psychical incorporation

From ‘practical prosthesis’ to ‘part of me’

It is vital that a deeper critical ‘response-ability’ in relation to the prosthetic, tied up as it is with an appreciation of sensory and material experience, takes account of the wide range of experiences of ‘wholeness’ as it relates to selfhood. The language used by some prosthetics wearers acts as clear evidence for the potential for object relationships which accord to Sobchack and Haraway’s vision of hybridity (see 4.1), in which the artificial limb, perceived by external onlookers as ‘other’, is perceived by the user as part of the self. An example from 1888 has a user of prosthetics stating that ‘I have become so accustomed to [my artificial leg] that it has become a part of me’. Another asserts that ‘it is so long since I had my naturals [i.e. the organic legs with which he was born] that I have entirely forgotten them, and feel about as well off with the Marks' substitutes as I would had I those which nature gave me’ – though note the ambivalence in ‘about as well off’ (Marks, 1888, pp. 232, 193; cited in E. O’Connor, 2000, pp. 126, 136–7). Sobchack (2006, p. 26) talks about her prosthetic leg and her ‘other’ leg, not her ‘real’ leg, while David Wills’s (1995, p. 9) father calls his organic leg his ‘good leg’. The Roehampton patients’ oral histories consistently offer interchangeable terminology, with ‘leg’ referring simultaneously to the organic and the prosthetic limb. Sobchack posits that the language used by prosthetics users like these is synecdochic, in opposition to many theorists’ representation of the relationship between user and prosthesis as two different things working in correspondence metonymically. In her rendering, the prosthetic is of the 'same species as the body that has incorporated and therefore included it' (Sobchack, 2006, p. 26). In line with this,
patients report a jarring sense of cognitive dissonance when brought up against the ‘artificiality’ of their mentally incorporated prostheses: one quadruple amputee stated that, when his limbs went to different factories for repairs, ‘it was like having a split personality because my arms would go to Steepers and my legs would go to Hangers’ (R4.6, p. 11).

Lundberg, Hagberg and Bullington (2011, p. 209) found that there were typically three types of responses to an osseointegrated prosthesis: ‘Practical prosthesis’, ‘Pretend limb’ and ‘Part of me’. These responses show a clear sliding scale from those regarding their prostheses as a form of tool, through those who see it as a near-human substitution, to those who appear to have fully incorporated it into their body model. One interviewee who fell into the final group reported: ‘The other prosthesis ruled my life, it was my master in a way, it’s inevitable [...] Now it’s actually me... I am in command and not the left leg (S-prosthesis) and that’s a big difference’ (p. 211).

Another states that ‘the brain has also gradually begun to believe that I have a real leg’ (p. 211). These accounts point towards the process of body incorporation, a complex psychical and neurological process in which one’s body model is fundamentally altered. Where one’s body schema consists of our perceptual sense of where our body is in space, and may include clothing, bags and other objects worn on the body, one’s body model is increasingly thought to be an innate, pre-existing, mental ‘map’ of what constitutes the body.40 If tools may be understood to extend the body’s capabilities, objects such as limb prostheses replace a constituent part of an innate body model and may thus be mentally incorporated. In this sense, ‘the prosthesis becomes a knowing body-part, in other words, something that shares in the knowledge of the body’ (De Preester and Tsakiris, 2009, p. 310). This ability of the object to take part in the body’s ‘knowing’ is backed up by brain imaging studies which evidence changes in brain organisation after the use of prosthetics, presumed to indicate that the prosthetic has been incorporated into the neural representation of the body (Walker, 2019, p. 68).

In contrast to those who feel that their prostheses become a ‘part of me’, ambivalently or otherwise, there is another clear trend which, instead, explicitly

40 A 2009 study from the field of cognitive science claims that this map is essentially normative, delineating what counts perceptually as a body part based on postural, anatomical and visual clues. Crucially, while ‘[body] parts can be replaced with non-corporeal items, [...] the body-model as a whole cannot be extended; it can only be internally reorganized’ (De Preester and Tsakiris, 2009, pp. 316–17).
demarcates the prosthesis as a tool, not as an incorporated part of the self. Several Roehampton interviewees compared themselves or their prostheses to cars: one said that he felt less like a patient than a car 'going back for being serviced' (R2.4. p. 40); another noted that 'often you don't realise what repairs that you need on your leg, because it's like you drive a car you don't realise it needs a service until after it's been done' (R4.7, p. 17); and yet another describes himself as a car, with the prosthetists his 'crew' (R6.4, p. 22). In this group of prosthetics users, function is privileged over cosmetic effect, emotional attachment or sense of self:

I understood immediately that what I was a machine operator [...] my arms were machines. [...] And I only wanted function anyway [...] I mean it would have been nice for a dinner dance to have hands that operated but it was the function ninety nine per cent of the time that I wanted. (R2.2, p. 30)

Even so, this emphasis on functionality implies a privileging of willpower and persistence: the same man advises another amputee 'to look at [an artificial limb] literally as a customised piece of equipment which is going to hopefully help you be more mobile and to persist' (R6.4, p. 22, emphasis added). As such, there is an implicit assumption that, in enabling strength of character, the prosthesis's function exceeds its use as a physical tool. This mode of object relating was strongly coterminous with certain gender and age participant profiles, with accounts from older male patients more likely to fall into this group.

Largely, however, this group of prosthetics users do not portray a process of incorporation in the way that those discussed above do. This non-incorporation of a medical tool, however, De Preester and Tsakiris argue, may in fact allow for more ‘freedom’ of subject-object relating:

In the case of bodily extensions, the phenomenology of the bodily changes would not be a relation of replacement, but a relation of addition. This relation between body and tool has more degrees of freedom than the relation of replacement, i.e. the reorganisation of body-ownership, which is constrained by the body-model. (De Preester and Tsakiris, 2009, p. 317)

To remain as an object in its own right, De Preester and Tsakiris imply, allows for more flexible control than if it becomes a part of one’s subjective self, constrained by pre-existing models of what ‘counts’. In the same way, we may have a less evident
psychical relationship with, or phenomenological sense of, an internal body organ. I would argue, however, that the disciplinary tendency within the social sciences to typologise individual responses underlines the value of reading such work alongside self-narrated critical-creative accounts such as Sobchack’s. I will restate a key point of hers for emphasis: ‘Ideally incorporated not "into" or "on" but "as" the subject, the prosthetic becomes an object only when a mechanical or social problem pushes it obtrusively into the foreground of the user’s consciousness’ (Sobchack, 2006, p. 22). A prosthetic limb may be a ‘friendly sel[f]’ (Haraway, 1991, p. 178) in one moment, and an externally conceptualised tool needing mechanical attention in the next – and, of course, both are forms of object attachment. Just as an organ which was previously only loosely conceptualised may newly press for our attention in ill health, these accounts of prosthetics users demonstrate the need to contextualise object relationships within the shifting temporalities and specificities of day-to-day lived experience.

4.3 The medical holding environment

Of course, this emphasis on the subject-object relationship requires in turn a focus on the wider environment, here the medical setting. In these accounts, the medical staff frequently become a focal point for regression, return and anxiety, provoking a return to childhood anxiety situations. One Roehampton prosthesis user noted that, during cancer treatment, he hallucinated what was presumed to be a return to his leg amputation at 14 months, becoming ‘agitated at the nurses and doctors and since then they think that I had gone back to my childhood’ (R4.7, p. 1). Others report a similar response to the doctor-patient encounter, with one referring to the medical staff as ‘the flapping white coats’ (R8.3, p. 12) and ‘physio terrorists’ (R8.3, p. 4). Interestingly, the same patient presents the relationship between prosthetist – the staff members who built and adapted the prosthetic limbs – and patient as a much more delicate, presumably co-creative exchange:

[I]t creates in an amputee’s life when these prosthetists move on, as everybody does in life, it creates a crisis in one’s life. [...] It is a very, it has to be a very professional relationship but it is also a very personal and often a very intimate, literally physically intimate relationship. [...] And
they have to have such an understanding of the prosthetics and what they do with the body. [...] How they react with the body. (R8.3, p. 26).

What is primarily a bodily relationship between the prosthetist as tool and the patient as material necessarily transmutes into an intersubjective relation, founded not on hierarchical status but on intrapsychic relation.

As well as the psychical environment created by medical staff, the patient accounts explored in this chapter highlight the maternal inflection of the material ‘holding environment’, one which may effect transformation. One Roehampton patient reports: ‘I think that unique building was a very big part of my physical rehabilitation’; on returning as an adult, ‘you felt as though you’d been reborn. It was a fantastic place’ (R4.6, p. 8). Another Roehampton interviewee, who lost all four limbs through septicaemia-induced gangrene, describes his initial, post-amputation response in terms of the total obliteration of his assumed selfhood: ‘I just literally felt as though I’m not the right person, [patient’s name] the same person. [...] I’m not [patient’s name]’ (R4.6, p 19). By the time of being interviewed in 2009, however, 22 years after his quadruple amputation, the patient instead focuses on the transformation in self and character brought about by such a profound change in body and lifestyle:

I suppose becoming an amputee has changed my life [...] I suppose I would say I’m a better person for that and people that see me now say I’ve changed completely [...] I suppose I’ve had to be on that journey to understand what it is really like. (R4.6, pp. 13, 20)

While these accounts do not position injury, trauma and illness as a ‘test’ of character, they open up the possibility of seeing the ensuing destabilisation of subject-object relating as a route to strengthened relationships with the surrounding environment. So too do they offer a route into a changed relationship with the wider, newly uncanny environment beyond the medical object in main focus – Wills (1995, p. 22) describes how his father had to relearn how to use a bike after his amputation, navigating changed relationships that radiate outward from his prosthesis.

As Clare Winnicott (1989, p. 3) put it in relation to her husband’s work, the enactment of destructive urges on the external object in unconscious phantasy acts like ‘a cleansing process’, ‘a process of purification and renewal’. My contention is that the shaking of the object world brought about by illness may offer a renewed and
strengthened mode of relation. The process of moving from object relating to object usage, is, however, neither straightforward nor certain. Several elements are required: most obviously, the remedial effects of time (akin to Winnicott’s ‘maturational process’), a facilitative environment (a medical and social structure that can ‘hold’ and empower the patient), and the capacity to use the prosthetic as a ‘thing in itself’. This process, which in Winnicott’s framework holds for all external objects invested with meaning, is complicated by the prosthetic’s site at the body boundary. The body’s threefold role as subject, object and quasi-object further complicates the delicate relations at play – the patient must be able to ‘use’ their own body as an object, while simultaneously incorporating it into their own psychical body schema and sense of subjecthood. The prosthetic itself, too, functions simultaneously as an external object, a body part and a psychical melding of the two. If all three representations are held in balance, the prosthetic is able to become ‘transparent’ or ‘absent’, and no longer functions as a threatening or destabilising object – as in accounts such as Sobchack’s (see Section 4.1). Effectively, it functions as an analyst or parent which can ‘hold’ the patient while challenging them to create their own meaning and interpretations (just as a literary text often seeks to do). In this sense, it is a co-constitutive relationship.

Without the ability to place trust in the object’s capacity to withstand both adaptive tweaks and outright attacks, an individual is at risk of dwelling permanently in the realm of object relating, not usage. Just as Winnicott (1990a, p. 32) saw the capacity for an individual to be alone as dependent on ‘the existence of a good object in the psychic reality of the individual’, so too does object usage imply a deep trust and confidence in the object’s ongoing yet separate existence. In the accounts discussed in this chapter, prosthetic objects become the focal point for wider processes of incorporation, adaptation and recovery. The shifting subject-object status of the prosthesis imbricates the patient themselves in the feeling of being attacked – for example, the consternation of the quadruple amputee whose artificial arms and legs were sent to separate repair centres points to an intimate psychical involvement with the destructiveness inherent to adaptation and repair.
4.4 Conclusion

The personal accounts explored in this chapter point to a form of contiguity that does not necessarily claim that body and technology are the same in actuality (though Sobchack and Haraway are keen to argue for the possibility that they may be viewed as such), but permits a flexible, non-hierarchical relationship between the two. Objects, whether fully ‘used’ or as ‘bundle[s] of projections’ (Winnicott, 2005g, p. 118), are never stable or static – the strength of the act of relation lies in the inherent fluidity and flexibility of subject-object relations, and the ability to adapt according to one’s own specific needs (and, of course, some may have a psychological need not to adapt). For some users, this allows the full psychical incorporation of the prosthetic, while others reach an accommodation of its role in their life as a ‘tool’ or substitute. In many cases, the extreme challenge presented by both the ontological conceptualisation and the lived experience of prosthetic devices demands a kind of entrepreneurial selfhood of their users. To quote Ott, Serlin and Mihm (2002, p. 7): they are ‘the ultimate entrepreneurs, forced to adapt to ever changing economies both within their own bodies and in external bureaucracies of representation, assistance, and ideology’.

‘Adaptation’ here spans both the common need to customise a prosthetic limb for comfort or personalisation purposes and the psychical (and neurological) adjustment required: as one Roehampton patient reports saying repeatedly to new amputees, ‘they’re not going to be your feet but the brain is very clever’ (R8.3, p. 34). Such adjustment is ongoing, and can in particular be put to the test by the semantic black hole of pain. Wills (1995, pp. 32, 31) writes of his father’s ‘constant problem of rejection and accommodation, fitting steel to flesh, that plagues him even now, that makes an updating of a prosthesis almost more bother than it is worth’. Here, pain acts as a ‘discursive limit’ which is a ‘paradigm for the prosthetic lot’. Even an incorporated prosthetic object, experienced by its user as contiguous with their sense of bodily and social identity, can ‘bite back’ (Baraitser, 2009, p. 133). When dealing with objects that ‘live’ both in the mind and in the world, the ongoing task of adaptation is necessarily, simultaneously, laboriously, always both psychical and material work.

Thinking in this way about relation, substitution and adaptation foregrounds the extent to which our ways of relating, and of forming language to express that relation,
are all already about using one thing to stand for another. As Wills (1995, p. 45) puts it, 'any relation is a relation to difference or otherness, and prosthesis is a name for that'. We – our bodies, our selves, and our bodies and selves within the world around us – are already othered and objectified, and already taking part in an ongoing act of othering people and things around us. Erin O'Connor (2000, p. 133) sees the 'fundamental paradox of prosthetics' lying in the fact that 'the dismembered body cannot be rearticulated without also being objectified'. But the body is always already objectified, and takes metaphoric and cultural shape in this objectification. Elaine Scarry (1985, p. 254), in her foundational work *Body in Pain*, wrote that prosthetics cannot 'compromise or “de-humanize” a creature who has always located his or her humanity in self-artifice'. To paraphrase Hayles, our bodies were always already posthuman, and always already prosthetic:

> The posthuman view thinks of the body as the original prosthesis we all learn to manipulate, so that extending or replacing the body with other prostheses becomes a continuation of a process that began before we were born. (Hayles, 1999, p. 3)

Equally, all bodies are incomplete, having departed from the primary scene of the mother’s body – a point which counteracts the ‘deficit model’ of disability as a non-normative bodily ‘lack’. While transitional objects may ease the infant’s path to healthy object relating, the internal ‘good object’ must be a constant throughout adult life to avoid breakdown or extreme psychoneurosis – it recreates the ‘two-body’ relationship so central to psychoanalytic thought. Indeed, I contend that we can understand the connection between the internal object, the material object, and the prosthetic object (which itself functions transitionally in the space between the two) as one that is always in an active process of referring back to the foundational, original, prosthetic – the mother.

As Winnicott (1960, p. 586, fn 4) says, ‘there is no such thing as an infant’, meaning that the baby is brought forth by its environment: ‘whenever one finds an infant one finds maternal care, and without maternal care there would be no infant’. Derrida (1998, p. 146) comes close to the same conclusion when he writes that ‘[c]hildhood is the first manifestation of the deficiency which, in Nature, calls for substitution [suppléance]. […] How can Nature ask for forces that it does not furnish? How is a child
possible in general?’ There is a crucial link here between the prosthetic nature of maternal care and the mother’s provision of language, the root of literary representation. Similarly, in his thinking on writing as substitution, as *supplement*, Derrida (1998, p. 146) notes: ‘If, premeditating the theme of writing, I began by speaking of the substitution of mothers, it is because, as Rousseau will himself say, “more depends on this than you realize”’. Pieira Aulagnier (2001, p. 72) expands upon the originating, creative power of ‘the role of the prosthesis played by the mother’s psyche’, positioning her as the first source of the baby’s internal landscape: ‘the scenic aspects of representation have as raw materials objects shaped by the work of the mother’s psyche’. Bollas (1987c, p. 35) describes language as the child’s first non-maternal transformational object, one that inculcates it into the ‘culture of the human village’. These ideas support my suggestion that the maternal prosthetic sits beneath not only the transference at work in the analytic setting, but is the model for the relation between the internal object, the material object, the prosthetic object and even, I would suggest, the space of the literary or spoken narrative. These phenomena all share a ‘holding’ role, thus evoking the early maternal environment of dependence and care. In offering – and complicating – such extreme forms of physical and psychical dependence, the material prosthesis brings the early infantile environment to the fore of considerations of the object in illness.

These accounts demonstrate, I argue, that the critical urge to define or locate selfhood at all is a way of asking the wrong question. Our experiences are shaped by the sensory experiences of a material body which itself shifts and grows and shrinks, a body which is severed and augmented and formed afresh each day depending on its hormones, chemicals, clothing and cultural contexts. Rather than thinking primarily in terms of either constitutionality (what goes into the self?) or actuality (how does the self show itself?), we can instead see individuals as constantly transforming entities whose relationships to external people, ideas and objects are as fluid as their own psychical and bodily boundaries. ‘Thinking with’ prostheses is a way of considering the applicability of these ideas across all bodies, however normative or non-normative. As Wills writes:
[T]here never was any idea of the human constituted without reference to prosthetic articulations, relations to supposed external othernesses; what seem to be the possibilities of subsequent prosthetic attachments – principles of nonintegrality, detachability, and replacement – are in fact the constituting principles of the human mechanism. (Wills, 1995, p. 71)

Prostheses as both material objects and conceptual entities demonstrate that all bodies are constituted through relationality: ‘being in the world’ takes shape in the act of relation, not the categorisation of the entities taking part in it. As Hayles (1999, p. 4) has it, ‘the defining characteristics [of posthumanism] involve the construction of subjectivity, not the presence of nonbiological components’. If ‘wholeness’, ‘restoration’ and ‘normality’ are fictions anyway, then the cultural concerns around prostheses and wider human-technology relations – the eroticised anxiety, dread and excitement detailed early in this chapter – dissipate, or are at least complicated and de-fused. The rhetoric of alarm that surfaces around medical objects such as prostheses serves to displace deep fears of pain and loss – fears which, at the rhetorical level, disallow the subject access to either ‘creative’ forms of recovery or ‘unexceptional instability’ of identity and selfhood (as Catherine Prendergast [2013, p. 239] puts it in relation to those diagnosed with schizophrenia). By looking at users’ representations of prostheses and re-centring their own daily experience, we move towards a different conception of how knowledge and identity are constituted, rather than focusing on the abstracted elision of man and mechanism. This knowledge reaches across disciplinary boundaries, and is formed at both the existential and the sensory level: Wilkes and McMullan’s prosthetic materials design study, for example, has the potential to transform the former through an increased attention to the latter.

The fear of medical technologies is transformed instead into an opportunity for a more celebratory expansion of potential meaning, rather than a narrow definition of those physical and psychological structures which count or ‘come to mean’. If no human subject can ever have completeness of self or body, then the ‘edge’ that is the moment of sensory and semantic crisis offers the potential for celebration as well as for semantic chaos. As Hayles (1999, pp. 288, 290) wrote, ‘[j]ust as the posthuman need not be antihuman, so it also need not be apocalyptic’; one only experiences panic if one persists in thinking of the subject as ‘an autonomous self independent of the environment’. The individual representation of this iterative meaning-making between
self and environment, however, is absolutely crucial to this debate: there must be room for patients to articulate not just the process of what we conceive of as ‘recovery’, but also feelings such as distress, apathy, and humour. An attention to the prosthetic as a medical object is one way to examine how these emotions take place in and through the body, from sensory experience to psychical incorporation.
Chapter 5: ‘Strong Clinging to Objects’: Melanie Klein’s Observations after an Operation

Please see Appendix 1: Observations after an Operation for a transcription of Klein’s notes discussed in this chapter. The transcription follows Klein’s page numbering (pp. 1-8 with additional inserted pages marked 5a-g), which is used in the main text for all references to these notes.

Every such patient [...] goes through a profound ontological experience, with dissolutions or annihilations of being, in the affected parts, associated with an elemental derealization and alienation, and an equally elemental anxiety and horror. This is followed, if they are fortunate enough to recover, by an equally elemental sense of “re-realization” and joy. Every such experience is, to use the medieval term, an experimentum suitatis (an experiment with the self) – an elemental alteration of identity or “self-hood”, with a perfectly clear-cut, organic, neurological basis.

A Leg to Stand On (1984), by Oliver Sacks (2012, p. 172)

In July 1937, the psychoanalyst Melanie Klein underwent gall bladder surgery in London. We know little more than this about the location or nature of the procedure itself, as no appointment books for that year survive. However, Klein left 15 pages of notes, entitled Observations after an Operation, on the impact of the experience on her sense of self and psychological security. In particular, she records in detail her changed relation to external objects, their internalised counterparts in the individual’s mental landscape, and the role of both in potential psychic development or transformation.41 These notes are transcribed here for the first time (see Appendix 1), accompanied by a discussion of their contents. Klein’s particular situation – that of a psychoanalyst plotting her own responses to pain and distress – makes these notes a rich resource to mine. As the writer-neurologist Oliver Sacks notes in the epigraph to this chapter, recovery can be a surprisingly joyful, experimental time in a patient’s life. Unlike Sacks, though, who sees this process as purely neurological, in these notes Klein lays out a complex, intimate entwinement of psychological, physical and emotional responses to a bodily assault which at times resembles the anxiety-situations of

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41 Klein’s conception of ‘phantasy’ refers to phenomena stemming from the deepest recesses of an infant’s unconscious and is thus differentiated from everyday daydreaming or fantasy. As a development from Freud’s understanding of phantasy, Klein (Unconscious Phantasy, no date) and her followers stress that ‘phantasies interact reciprocally with experience to form the developing intellectual and emotional characteristics of the individual’ (emphasis added).
earliest infantile experience. In doing so, these notes provide new material for a discussion both of the impact of Klein’s personal experience on her theoretical work and of the texture of a patient’s internal landscape.

The operation took place during a difficult time for Klein. Her son Hans had died in a climbing accident three years earlier, in April 1934 – an accident that her estranged daughter Melitta Schmideberg widely proclaimed to be suicide, though this has never been proven (Grosskurth, 1986, p. 215). Klein’s biographer, Phyllis Grosskurth (1986, pp. 218, 234), thought that Klein was herself in a ‘state of manic depression’ during the months that followed, with 1937 being the ‘crisis and turning point in Klein’s mourning’. The July operation punctuated a year of increased opposition from Anna Freud and missed speaking engagements (perhaps one of the reasons for the archival gap in appointment books for this year). In April that year, fellow psychoanalyst Ernest Jones had told Anna Freud that Klein would not be able to travel to Vienna to deliver a lecture, ‘her health being such that her doctors have absolutely forbidden the journey’ (Grosskurth, 1986, p. 235). Yet the operation is a strange absence in itself, beyond the lost diaries – her own physician, Dame Annis Gillie, had no memory of it, though Klein’s younger son Eric confirmed that it had indeed taken place (Grosskurth, 1986, p. 234).

Klein’s (1937, p. 6) post-operative notes demonstrate the role of material objects and environments in mental processes at times when one’s physical system is ‘shocked’ through illness or trauma. This emphasis on the material world indicates Klein’s enduring interest in things – material, concrete objects as well as people or ideas – which, in her clinical work, took expression in her use of play objects in early child analysis. In her major work ‘Envy and Gratitude’ (1957), Klein quotes at length from Freud’s comparison of the analyst to the archaeologist, both dealing with ‘material’ as they do:

[The psychoanalyst’s] work of construction, or, if it is preferred, of reconstruction, resembles to a great extent an archaeologist’s excavation of some dwelling-place that has been destroyed and buried or of some ancient edifice. (Freud, 2001d, p. 259; cited in Klein, 1997a, pp. 177–78)

The ‘stuff’ of analysis is, in this sense, a re/constructed ‘artefact’ of thought – but it is also related to the concrete, material reality of our histories and experiences. This materiality – possessions, spaces and environments – does not exist in a vacuum, but
in turn becomes layered with our own projections. As Klein (1998b, pp. 213, 211) wrote in 1929, for ‘every child’ ‘things represent human beings, and therefore are objects of anxiety'; damage to external things can seem to constitute a 'rent in the fabric of the world'.

A concern with the interplay between the reality-tested, external object and the phantastic internal object, and how the two intertwine in origin and effect, is thus at the very heart of Klein's theoretical writings: 'there is no instinctual urge, no anxiety situation, no mental process which does not involve objects, external or internal; in other words, object-relations are at the centre of emotional life' (Klein, 1997d, p. 53, emphasis in original). And yet the sensory, felt, concrete aspects of the material object in her work and in psychoanalysis more widely have too often faded from view, as discussed in my thesis’s Introduction – particularly in relation to Bollas’s (2009, p. 88) call for more attention to be given to an object’s status as a ‘thing-in-itself’ with a ‘specific character’ and ‘its own integrity’. The relationship between the external and internal object in Kleinian theory is not straightforward, however, and must be dealt with delicately. While she acknowledges that external objects and people have ‘at one time contributed to [the] development’ of their counterpart internal objects in any one given individual, she is clear that ‘we must on no account identify the real objects with those which children introject’ (Klein, 1998d, p. 155). In illustration, she cites the example of a small boy whose internalised, persecutory parental imagoes sit ‘in the sharpest contradiction to the real love-objects, the parents’, who are in fact ‘unusually kind and loving’.

I see this warning as a vital detail which does not negate the need to consider the co-constitutive relationship between material and internal objects, but points all the more to the inherently shifting, temporally contingent nature of object relations. Although the theory and study of object relations is directly concerned with the layering of the earliest infantile experience, its implicit emphasis on relationality – a two-way back and forth which changes its own parameters as it is enacted over time – means that it deals not with fixed, immovable structures but with processes of behaviour and symbolisation which develop and overlap over the life-course. This emphasis is in line with the move of psychoanalysis as a discipline away from the Freudian ‘drives’ at the heart of early twentieth-century work – motivations which may
ebb and flow but are essentially fixed in place – towards the more flexible relational and intersubjective modes with which object relations theorists are centrally concerned.

In this chapter, I aim to examine the materiality of illness environments such as that described by Klein, bound up as concrete objects and spaces are with her conceptions of identification, symbolisation, internalisation and the splitting of the object into good and bad. As Klein (1997a, p. 233) wrote, ‘under strain from internal or external sources’ (here surgical recovery, but this could equally apply to disease, mental ill health, or more generalised environmental stress), ‘even well integrated people may be driven to stronger splitting processes’. Indeed, she proposed that paranoid and depressive anxieties are ‘excessively strong’ in illness (Klein, 1997c, p. 300), functioning as it does as a revisiting of our ‘earliest internal anxiety-situations’ (Klein, 1937, p. 8) that can ‘shake’ our feelings of confidence and security (Klein, 1998g, p. 391). Klein’s post-operative notes present illness as a restaging of early experience, much like the analytic setting: the operation and her recovery act as a study in miniature of the process of trauma and reintegration within the wider environment. Key to this process, I will argue, is the experience of illness as a form of mourning as well as one of potential transformation – an extrapolation of Klein’s interest in seeing mourning itself as an illness. In Observations after an Operation, such experiences are tied up not only with different forms of loss, but with the feeling of the operation being an ‘attack from without and within’ (p. 8).

It is central to my argument that material objects and spaces (in Observations after an Operation, these include Klein’s visitors, the nurse’s basin, cooked fish, flowers, and the view from the window) give us a way to shape and direct deep, phantastic anxieties. They fuel both the process of splitting our own phantasied objects and the subsequent re-integration that comes from ‘reality testing’ relationships to our bodies and external worlds. Given the context of Klein’s warning above, though, this focus is something of a double feint – in these notes, materiality triggers experience and then recedes as processes of internalisation become manifest in her dreamwork. In effect, for Klein the material object is simultaneously present and absent (an example of a typical Winnicott paradox, something that we might think of as emerging out of his engagement with the complexity of Klein’s work). The object is a trigger for
internalised processes, not a template. Sensory and spatial experience here elicits a complex, multi-faceted set of associations, which both depend upon and supersede the concrete reality of a material environment or object. It is this constitutive element – the way that it directs, not dictates, the internal object – that makes materiality so important. In addition, Klein’s emphasis on her post-operative bodily discomfort as a central facet of these processes provides her with a layer of new understanding, namely that the sensory experience of pain is a central part of her concept of ‘memories in feeling’ persisting from very early childhood, explored centrally in her theoretical work (Klein, 1997a, pp. 180n, 234). Observations after an Operation thus not only acts as a fresh piece of source material in relation to Klein’s interest in the interplay between the internal and external object, but also offers new contextual material on the role of the body within her conception of symbolisation.

5.1 Illness as a ‘break in life’s continuity’

Observations after an Operation tracks a process of relational fragmentation and reintegration through clearly defined stages. Here, I look at the way that Klein’s operation sparks strong bodily and mental reactions, enforcing a detachment from the world around her. This detachment acts as a break from the daily routine, a stepping out of time and space. This space or break, which brings with it a sense of chaos and threat, effectively revives very early infantile experience, in turn allowing Klein to do ‘a lot of work with [her]self at this time’ (p. 6) – a process I will go on to examine in the next section.

Fragmentation

Klein’s first reactions upon waking from the anaesthetic are ‘anger, dissatisfaction with the world, persecution’ (p. 1); ‘what had been done while I was unconscious was at least in some aspects, because this came out again later on, an attack and injury and had stirred distrust’ (p. 2). Klein’s use of the word ‘unconscious’ here is interesting, given that she could have used a more clinically precise term such as ‘anaesthetised’: such a move sets up an immediate psychoanalytic frame to the account. The operation
initially cuts off Klein’s relationship with external objects, both people and things: ‘I found it very difficult to take interest in anything in these first three or four days’ (p. 2).

She is told by the nurses that patients often 'knock everything off' their bedside tables in their immediate, post-operative state of anger and perceived threat (p. 1) – a lashing out at their material surroundings which serves to create the disorder felt both mentally and in the body. Klein conceives of this chaos as a material location, a space 'somewhere' in which she is 'lost' and from which she cannot 'get out' (p. 2).

This necessarily subjective inner object world cannot be tested in the same way as the 'tangible and palpable object-world', meaning that its phantastic nature is self-reinforcing (Klein, 1998c, p. 346). Only by repeated reality testing in the objective exterior of the ‘real’ world, Klein suggests (following Freud [1934]), can we build a healthy mode of relating between the inner and outer worlds, with material objects and other people helping us to do so. In illness, a time when the body's sensory mechanisms are threatened, the ability to take part in reality testing may be hampered or distorted by drugs, exhaustion, fear, or disorientation. A fragmentation between subject and environment occurs, and Klein tries ‘to regain relations which had been broken off [by the operation]’ (p. 3). These attempts are themselves fraught with ambivalence. While Klein’s associations with her external surroundings run more deeply than usual, they are also strangely divorced from her newly insistent inner world.

Seeing the sun shining on the brick wall outside her window on the fourth day of recovery, for example, she felt 'very pleased [...] but discovered that I tried to strengthen these feelings of pleasure, suddenly realizing that this whole sunshine on the wall was absolutely artificial and untrue to me' (p. 3). Her pleasure is disconcerting, she realises, because of what it masks:

I tried to make contact with the world again and to think it is all very nice and pleasant, but in the dream catch myself with the feeling 'Do I not try now to make this much nicer because really I am afraid of all that?' (p. 5a)

It is not immediately clear to what the ‘all that’ of which she is afraid refers, though I would suggest that it is ‘the world’ – still perceived as persecutory – with which she is trying to re-connect. It is a catch-all term which is both inclusive and distancing, encompassing her material surroundings, the physical disruption of the operation, and
the psychical severing of her usual object relations. In a form of transference, this confusion and distress is projected onto her material environment in the form of antipathy: she takes a ‘great dislike to the hospital’ (p. 7) and wants to leave early, though this proves impossible from a practical point of view. In trying forcibly to re-establish object relations and to return to her usual domestic surroundings before she is ready, she positions the disconcerting mental, bodily and material space of illness as one defined by threat and discomfort. By the end of the notes, however, as I will explore, she recasts this period of recovery as a potentially transformative psychical experience.

A ‘small non-time space’

This ‘potential space’ of illness is explicitly tied up with spatio-temporal experience, recalling Winnicott’s (2005f, p. 130) emphasis on the transitional space between mother and child as ‘the point in time and space of the initiation of their state of separateness’ (emphasis in original). As Klein highlighted in her perception of post-operative chaos as a threatening space of entrapment, the conception of our mental landscape as a space or a boundaried location is implicit in the psychoanalytic concept of an individual’s ‘inner world’. Klein’s vocabulary elsewhere in her theoretical writing reflects this urge to spatialise and concretise the ‘inner world’: objects are ‘assembl[ed]’ and ‘built up’ ‘concretely inside [one]self’ to form a world which must be ‘rebuil[t]’ following an experience of loss – which could include the loss of health or personal agency (Klein, 1998c, pp. 362–63). Throwing one back on the internal landscapes and temporalities of the mind and body as well as the confined space and routine of the bed and sickroom, illness almost takes place ‘out of time’, or at least outside the time of everyday life, with a concomitant shift in one’s relation to oneself. In this sense, we could understand the world of the sickroom as what Hannah Arendt (1978a, p. 13) calls the ‘small non-time space’ between past and future in which thinking takes place. Arendt’s question on the temporality of thought – ‘When are we
when we think?’ – stems from its precursor, where are we when we think?42 If illness is a space and time of thinking and examination, though, it is also one in which the temporal nature of recovery and healing come to the fore: a time that is parallel to ‘everyday life’, if altered, rather than a ‘non-time’. In this sense, we might see healthcare settings as a form of Foucauldian heterotopia, those spaces that are ‘other’ and thus able to act as a setting for the critical examination of ‘normality’ (Foucault, 1986, p. 26). Such spaces offer a kind of ‘quasi-eternity’ in which the shared cultural world is simultaneously ‘represented, contested and inverted’ (p. 24). If we position the ‘shared cultural world’ here in the Winnicottian sense, thinking of individual subjects in interaction with one another, then illness might be said to offer us an inward lens that contests and critiques the self in the act of functioning in the external object world of health.

We can also think of Bakhtin’s (1981, p. 84) chronotope (literally, ‘time space’), what he defines as ‘the intrinsic connectedness of temporal and spatial relationships that are artistically expressed in literature’:

In the literary artistic chronotope, spatial and temporal indicators are fused into one carefully thought-out, concrete whole. Time, as it were, thickens, takes on flesh, becomes artistically visible; likewise, space becomes charged and responsive to the movements of time, plot and history. This intersection of axes and fusion of indicators characterizes the artistic chronotope. (Bakhtin, 1981, p. 84)

The sensory overtones of literary time that ‘thickens, takes on flesh’, and textual spaces which become ‘charged and responsive’, feel especially relevant to a written account of the body and mind in a healthcare setting. I find these ideas pertinent to a reading of Klein’s Observations after an Operation as a symbolic object and space in its own right, acting as it does quite unlike her theoretical work in its autobiographical, note-like form. As a text, it functions as its own ‘break’ from her psychoanalytic corpus, though it is both informed by and informs it in turn. Like the space between analyst and patient, the space of the text and the temporal break of Klein’s operation provide a fertile ground for the re-examination of object relating in a period of ‘strain’ (Klein,

42 I understand Klein’s representation of the implicitly spatialised ‘inner world’ to be fundamentally different from the thinking of Arendt (1978b, p. 202), who describes the process of converting external reality into thought as one that ‘de-sense[s]’ and ‘de-spatialize[s]’ the original experience.
Julia Kristeva et al. make a similar alignment between text and illness in highlighting what they call the ‘chronotopic organisation’ of care. In this rendering, both ‘medical research and the practical art of care are assigned to different ontological domains (nature and culture) and to different time zones’ – the first through the ‘non-time of biomedical evidence’ and the second to ‘the mundane, biographical time of care as an intertextual co-creation of meaning in encounters between practitioners and patient’ (Kristeva et al., 2018, p. 56). This passage seeks to claim that both the seemingly temporally stable (that is to say, fixed in meaning) ‘facts’ of biomedical practice, and the time that is structured by doctor-patient meetings and treatments, constitute the experience of healthcare as something that itself functions like a narrative out of everyday time and space.

5.2 Reviving childhood anxiety situations

This ‘break in life’s continuity’ – to borrow the words of Winnicott (2005f, p. 131) on trauma – suggests that, in illness, something has been lost, or at least put on hold: the chance or ability to relate to external objects and people, subjecthood, agency, physical capacity, independence. As Thomas Houlton (2015, p. 242n) notes, object relations theorists are interested in ‘the difference between something upsetting and something catastrophic to the ego, where the dividing line lies between a loss and a devastation’ – in effect, the ‘inability to recover from a significant trauma, and the role of objects within that’. I suggest that the ‘break’ of certain time-limited forms of illness and recovery acts as a temporary object loss that, while often traumatic, also offers a way to step out of the usual spatio-temporal setting into an area of experience that explicitly calls for one to, in Klein’s words, ‘work with [one]self’. The space of illness thus offers a potential for recovery in psychical as well as physical terms. This is a delicate potentiality, however. Winnicott (2005f, p. 131) stresses that, following trauma, ‘primitive defences now become organized to defend against a repetition of “unthinkable anxiety”’. What may be an ‘inability to recover’ in the face of catastrophic object loss is here a temporary return to anxiety-situations that may, through what we might think of as internal reality testing, ultimately leave object relations strengthened. Observations after an Operation demonstrates how, where anxiety is
still ‘thinkable’, it may be used as a productive tool. Klein’s notes also help us think about how anxiety and other emotions may equally be thingable. As in the Faulkner story explored in Chapter 3, symbolic internal objects and material external objects or spaces alike may function as containers for difficult emotions. Equally, though, they in turn play a role in the reconstruction of relations, acting as material – in both senses of the word – upon which the subject can experiment with a changed self.

The idea of regression or repetition as a form of progression is key here. The experience of being ill or in recovery is presented in Klein’s notes as a return to the primary, preverbal anxiety and danger situations experienced in infancy. She experiences ‘a great feeling of dependence and anxiety of the nurse’ (p. 7). Klein’s surgeon himself volunteers a similar opinion:

[He] seemed to take great interest in some of the psychological aspects which I discussed with him, and [...] said, quite spontaneously and before I gave him such details, that he feels sure that extremely early fears are stirred by an operation, that it takes one back into quite early times, and that, in his view, to recover from an operation is more determined by mastering it psychologically than physically. (pp. 5-6)

The surgeon visualises a movement backwards, with an operation ‘tak[ing] one back’. In a foreshadowing of her thinking in Envy and Gratitude, Klein’s (1997a, p. 234) explicit link between the operation and the ‘reviv[al]’ of ‘fundamental situations’ from early childhood instead represents the experience as a restaging, a repetition that succeeds despite defence systems:

I am convinced that what is called a ‘shock to the system’ is a revival of earliest internal anxiety-situations, due to what is felt to be an attack from without and within through the operation, and internal discomfort and pain reviving the early fears of internal persecution. (p. 8)

The phantastic nature of Klein’s reactions to this ‘shock to the system’ is akin to what she calls ‘memories in feeling’, those deep, almost unreachable layers of experience which come before (and go beyond) language (1997a, pp. 180n, 234). She directly aligns her changing relations to external objects in the days following her operation with both early childhood and with the experiences of patients in analysis:
I had the feeling, which I have again noticed so often in patients and which stands for a memory, in which a feeling appears as if it had been so in early childhood. (p. 5g)

This emphasis on ‘feeling’ plays on the double valence of sensory and emotional experience; it is the interplay between ‘without and within’ (p. 8) which here allows Klein to revive her earliest danger situations.

Susan Isaacs (1952, pp. 91–2), a disciple and proponent of Klein’s work, writes in ‘The Nature and Function of Phantasy’ – a piece which works in conversation with, and extends, Klein’s work on phantasy – that ‘[t]he first phantasied wish-fulfilment, the first “hallucination” is bound up with sensation’; ‘at first, the whole weight of wish and phantasy is borne by sensation and affect’. This is a crucial shift in the conception of the root of object relations. Isaacs places bodily experience at the core of inner life, and, as Klein did, proposes that phantasy is a process that takes place from the earliest times of a child’s life. The interplay between outer and inner worlds is at the heart of this conception of early experience, with external reality ‘coming inside’:

In a way, Isaacs lays out a psychical version of the process of bodily incorporation explored in Chapter 4, with different layers of experience ‘woven’ over time into a multi-faceted ‘texture of phantasy’. It is important to note that, in being inextricably tied up with physical sensations and affects, Isaac’s interpretation of phantasy effectively has material causes, content and expressions beyond its inherent symbolism. This is in some ways another very Winnicottian paradox, and one that looks ahead to his emphasis on the ‘substance of illusion’ – the matter of phantasy – tied up in the transitional object (Winnicott, 2005h, p. 4, emphasis in original). It also, however, implicitly challenges Winnicott’s (2005h, p. 7) view that ‘in health the transitional object does not “go inside”’ (here he is explicitly contrasting the transitional object with Klein’s internal object). Where he sees the fate of the transitional object as one of diffusion into the cultural sphere of the adult (a version of
the ‘intermediate space of experience’ between inner and outer), Isaacs’s framework of the psychesoma emphasises instead an even more intimate enmeshing of bodily and psychical experience. As in Chapter 2, where Hamilton’s portrayal of psychotic play serves to complicate Winnicott’s ideas of health and ill health, Isaacs’s addition to the field acts as a provocation to Winnicott’s ideas of the ultimate im/permeability of what we might think of as the body-psych.

The role of pain – emotional as well as physical – in this construction of the development of object relations is thus of central interest to Isaacs. She proposes that ‘[m]ental pain has a content, a meaning, and implies phantasy’ (Isaacs, 1952, p. 87) – that mental pain comprises and is fuelled by troubling, unconscious images and projections. She also suggests that ‘[u]nconscious phantasies are primarily about bodies’ (p. 112), phantasies which in the Kleinian model stem from the earliest moments of rage against the absent, desired breast. The body becomes the focus and the borderland of this interaction between inner and outer. Klein’s description in Observations after an Operation of the blurring of physical discomfort and psychical pain – that ‘strong feeling, connected with the internal discomfort, that all these things [dream phenomena] went wrong inside me’ (p. 4) – supports the idea that one feeds the other in an ongoing exchange of external and phantasied experience. It is Klein’s physical pain that focuses and clarifies the nature of her mental processes, acting as a facilitator and translator:

Th[e] vivid feeling of internalized processes was of course strengthened and stimulated by the actual discomfort inside me, but on the other hand that just helped me to understand the meaning of this internal discomfort. (p. 5e)

By making bodily (and thus mental) pain temporarily unignorable, the operation foregrounds the cycle of phantasy, mental processing and psychosomatic phenomena, allowing Klein to ‘work with [her]self’ (p. 6). Embodied experience thus fuels and reflects the internal world – each is altered by the other in an ongoing, co-constitutive cycle.

These revivals – a form of working through – find their expression in Klein’s profoundly symbolic dreams. They are triggered by objects in the sickroom but quickly internalised – an alteration and transformation which, as discussed in my thesis’s
introduction, swiftly converts material experience into mental representation. In *Observations after an Operation* she describes two dreams in detail, which I will now consider in turn. One focuses on a ‘terrifying’ fish, a ‘horrible creature’, following her dislike of cooked fish she was given to eat in the hospital. The second is about ‘a bathroom with the bath tub turned up, gas blowing up and everything going to bits’, potentially linked to her notes on the hospital nurse’s basin (pp. 4-5). Klein’s (1998f, p. 220) 1930 paper ‘The Importance of Symbol Formation in the Development of the Ego’ had introduced the idea that it is anxiety that ‘sets going the mechanism of identification’, which in turn, via acts of symbolisation, is fundamental to object attachments: ‘it is by way of symbolic equation that things, activities, and interests become the subject of libidinal phantasies’. These dreams’ heavy symbolism, turning on the materiality and vulnerability of her body and the objects and spaces with which she interacts, gives Klein a way to articulate her amorphous and distressing emotions.

5.3 The fish dream

In Klein’s first dream, she sees ‘an enormous fish, which I got frightened of’ (p. 3). It is initially ‘a flat fish like a plaice, but not very much like’ (p. 5c), and we could read this as a verbal re-rendering of the dream’s status as an altered landscape (a place which is both ‘like’ and ‘not very much like’ the external reality of the hospital). The dream environment is made up of rocks and waterfalls, with ‘something sinister behind the beauty’ (p. 5b), and an ‘important reason to shut a door against the dangers of this water’ (p. 4). ‘[E]verything seemed to go wrong’, with ‘a strong feeling, connected with the internal discomfort, that all these things went wrong inside me’ (p. 4). Body, environment and people-objects combine to create an atmosphere of threat and danger, with the surgical experience sparking an unexpectedly intense response: ‘Now this feeling of these objects being internalized I never had as strongly as in this dream’ (p. 5e).
The attacking and attacked object

Klein’s analysis of this dream focuses on her desire to ‘suck this fish’, which then turns into ‘something very terrifying’. Her first associations are with maternal figures. The fish is ‘a mother whom I had sucked into me and who had turned into a horrible creature’, and it reminds her of her daughter-in-law, Judy, ‘a good and motherly figure’ with protruding teeth, known rather unkindly by her husband as ‘fish-face’ (pp. 4, 5c). The fish in the dream becomes a ‘real monster’ which ‘suddenly jumped at my mouth, putting out some sucking part, as it were sucking my lips’ (p. 5c). This representation of an external attack on Klein’s body becomes, in her associations (and it is not quite clear whether these were present during the dream or arose during her later, waking analysis), about her ‘own oral greed’. She sees the fish’s attack as a form of projection linked to ‘my similar intense and dangerous attacks on [the mother’s] breast with my teeth and intensely sucking mouth’ (p. 5c).

Klein’s description of this dream can be directly aligned with her theoretical work. The idea of oral ‘greed’ is a central element of her work on the weaning process, written the year before the operation, with its emphasis on internalising the object which is about to be lost:

[In phantasy the child sucks the breast into himself, chews it up and swallows it; thus he feels that [...] he possesses the mother’s breast within himself, in both its good and in its bad aspects. (Klein, 1998i, p. 291)]

Twenty years later, Klein (1997a, p. 181) wrote of the viscerality of this greed in a way which might be said to echo the act of the surgeon’s knife, suggesting that the baby aims ‘primarily at completely scooping out, sucking dry, and devouring the breast’. In 1935-36, shortly before her operation, Klein expanded on the baby’s aggression by looking at how it is projected onto external objects. In the process, the baby ‘conceives of them as actually dangerous – persecutors who it fears will devour it, scoop out the inside of its body, cut it to pieces, poison it’: a viscerality that echoes the act of the surgeon’s scalpel (Klein, 1998a, p. 262). The fear of attack is in part a fear of not being protected, and the fish dream can be read as a representation of the surgeon’s perceived failure to keep her internal organs intact and in their proper place: a ‘Mr. J’
is tasked with keeping ‘certain compartments watertight’ by shutting a door and
‘stem[ming] the tide’, but he lets her down ‘as I feel he has done in reality’ (p. 5a).
Alongside Klein’s feeling that this dream is about ‘the relation to the good and
frightening mother’, she notes that this conflation of father figures is related to ‘a
whole chain of assocns [sic] – my painful relation with my father’ (pp. 5d-5e):

In the background, Mr. M., the good surgeon, who had represented the good father but whom I
did not trust in the dream material. All this, brought into connection with present and past
history, was very strongly in connection with the present, but was all internalized. (p. 5e)

The object which is attacked and which attacks in turn, and the concern with bodily
and mental incorporation, have parallels in Klein’s work on depressive states and
anxiety situations in the years immediately preceding her operation. In 1929 she had
written about what she saw as girls’ ‘most profound anxiety’, their ‘earliest danger-
situation’: the anxieties stemming from ‘a sadistic desire […] to rob the mother’s body
of its contents’. This desire ‘gives rise to anxiety lest the mother should in her turn rob
the little girl herself of the contents of her body (especially of children) and lest her
body should be destroyed or mutilated’ (Klein, 1998b, p. 217). Aggression breeds
anxiety, which itself breeds a fear of bodily loss or mutilation – a risk which, here, the
operation has fulfilled (although we do not know the details of the operation, most gall
bladder surgery involves the removal of either the gall bladder itself or of gallstones).
As she writes in Observations after an Operation, her post-operative dreams allow her
to explore this cyclical process, to ‘watch step by step the connection between deep
internal anxieties, the external experiences that I had been overwhelmed, cut open,
attacked from within, and loss of belief in internal and external objects’ (p. 7).

The connection between a medical procedure which attacks the body and the
internal image of the mother has a parallel in a paper by Joyce McDougall on the
phantasies of breast cancer patients. McDougall (2000, p. 47), whose work on
psychosomatic processes made a significant contribution to psychoanalysis in the

43 Neither the Melanie Klein Trust’s Archivist, Dr. Jane Milton, nor I could identify this ‘Mr. J’. A potential
candidate, fellow psychoanalyst Ernest Jones, was a ‘Dr.’, a title which Klein was careful to use where
appropriate; Jones is also referred to elsewhere in these papers as ‘E. J.’, so it seems unlikely that this
instance refers to him. ‘Mr. J.’, also referred to on page 4 of Observations after an Operation as ‘J.O.’ in a
description of the same dream, may thus refer to an unidentifiable friend outside the psychoanalytic
circle.
1970s-90s, sees the ‘mutilating treatments imposed by breast cancer’ as the direct cause of ‘the loss of [the patient’s] feeling of bodily integrity, disturbance in her self image and her sense of subjective identity as well as perturbation in her feeling of sexual identity’. The breast is here conceptualised as a loved, lost, sacrificial object that is intimately tied up with a threatening mother-image:

[T]he breast that has been removed is often experienced by the patient as the price she has had to pay to obtain a so-called ‘cure’. Sometimes patients readily accept that other organs (uterus, ovaries) be removed preventively, as though this too were a sacrificial offering to a terrible divinity. This leads me to the fact that I have learned from working with several breast cancer patients that the nature of their tie to their own mothers frequently reveals a highly disturbed relationship. Since cancer is envisioned as a deathlike enemy in the interior of one’s own body, it is readily equated with a fantasized ‘internal mother’ who is attacking her daughter from within. (McDougall, 2000, p. 47)

The equation of cancer with the internal mother makes of both a ‘terrible divinity’ with the power to attack and, by extension, to cure, once ‘paid’ via a mastectomy. The daughter feels she has first angered and then placated the internal mother – whose own phantasied breast she mourns. The ‘attack’ inherent to the act of removing the actual breast is also the ‘price’ for a ‘cure’ – an amnesty with the internal mother.

Similarly, for Klein (1998a, p. 287), the infant’s impulse to destroy the loved object (in the fish dream, the mother) is joined with ‘phantasies of restoration’ which play a reparative, guilt-assuaging role. In this way, the relation between subject and object is reinstated but forever altered, having gone through a process of transformation. For both McDougall and Klein, the bodily alterations brought about by surgical care act as a prompt and a mirror for delicate layerings and intertwinings of projection and introjection, past and present, and mother and child.

**Splitting the mother/doctor**

The baby’s need to attack the mother as a perceived persecutory object on the one hand, and to be nurtured by her on the other – both tied up with projected loss – is at the root of Klein’s (1997b, p. 2) conception of *splitting* the mother’s breast into ‘a good
(gratifying) and bad (frustrating) breast’. It is in this context that the medical staff plays a significant role in Klein’s representation of her object relations following the operation. She describes two opposing reactions, one regressive and one integrative. Her initial anger upon waking to find herself in pain, to become aware that ‘something had been done to her’ (p. 2) while unconscious, had stirred distrust; she feels that she had been ‘overwhelmed, cut open, attacked from within’ (p. 6). Her notes contrast these persecutory feelings and ‘deep anxiety situations’ (p. 8) with her ‘actual appreciation that it had all been done so easily, quickly, without my knowing it, my recognition of people’s helpfulness, and my pleasure that it was over, which did not seem to appear at this moment at all’ (p. 1). In particular, she feels ‘very strong gratitude and a very friendly relation to the surgeon’ (p. 5).

The initial perception of the medical staff members as perceived aggressors renders them the source of deep anxiety, despite Klein's cognisance of the fact that they have acted to help her. In effect, Klein sees them simultaneously as 'good objects' offering love and care, and 'bad objects' whose interventions have harmed and disrupted her physical and mental cohesion. This splitting into bad and good objects is, paradoxically, part of the process of an integration of external objects’ constituent parts, as Klein later explored in ‘Envy and Gratitude’ (1957). Her own regression to much earlier states after the operation restages the process by which the ego 'split[s] itself and its objects [...] in part because the ego largely lacks cohesion at birth, and in part because it constitutes a defence against the primordial anxiety, and is therefore a means of preserving the ego' (Klein, 1997a, p. 191). In the first few days after the operation, Klein can only perceive those around her as a threat. Her unconscious mind positions the surgeon as a bad object in her dreams of the time: ‘Mr. M., the good surgeon, who had represented the good father but whom I did not trust in the dream material’ (p. 5e). These dreams lead her to consider ‘the people who operated on me and whom I tried so much to keep as helpful objects, because otherwise they had just injured and done harm to me’ (p. 5b).

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44 The splitting of the object into good and bad is not to be confused with the process of fragmentation in Kleinian theory – sometimes also referred to as a process of ‘splitting’ – which occurs in the baby’s regression to an unintegrated state.
As Klein’s body recovers and her relationships with the world around her are restored, her 'primordial anxiety' and fear of destruction lessen, meaning that she can perform the 'gradual integration which stems from the life instinct and expresses itself in the capacity for love' once more (Klein, 1997a, p. 191). If the symbolic breast – the first internal object – is perceived as having been ravaged beyond repair, the split-off parts of the ego cannot be integrated at a later date. In this respect, ‘a certain amount of splitting is essential for integration; for it preserves the good object and later on enables the ego to synthesize the two aspects of it’ (Klein, 1997a, p. 192). On this reading, by splitting off the medical staff – what she saw as a fundamentally ambivalent act (Klein, 1998a, p. 287) – she is able to preserve their potentiality as future good objects in preparation for her return to healthy object relating. The staff may not necessarily have welcomed the reappearance of a more assured selfhood: Klein notes that her initial ‘anxiety of the nurse’ meant that she was ‘a marvellous patient’ for the first week, after which point she ‘became more difficult’ (p. 7).

**Loss of the first object**

The anxiety over destroying and being destroyed by external objects here is explicitly linked to food: Klein is clear that the dream is sparked by the ‘tasteless’ cooked fish provided by the hospital. In the dream the fish comes alive, only to be converted back into potentially edible material by Klein’s desire to suck it – an action linking it directly to the baby’s ingestion of the mother’s milk. Food, of course, is an odd kind of material object with an inherently liminal status – in being consumed, food is transformed in form, and is no longer separate from the subject. It is the moment of incorporation, or at least the desire to incorporate the fish into the body by ‘suck[ing]’, which turns it into a thing of terror in Klein’s dream.

The child’s concern with biting and chewing, Klein (1998a, p. 272) proposes, is fundamentally depressive in that it threatens to destroy external good objects and risks loss. The fear and anxiety displayed in the fish dream highlights the threat of the loss of the object in the form of the milk-giving breast, from which the child must eventually be weaned:
The object which is being mourned [by the baby before, during and after weaning] is the mother’s breast and all that the breast and the milk have come to stand for in the infant’s mind: namely, love, goodness and security. All these are felt by the baby to be lost, and lost as a result of his own uncontrollable greedy and destructive phantasies and impulses against his mother’s breasts. (Klein, 1998c, p. 345)

As well as an expression of the fear of loss, though, biting, chewing and sucking are also ways of testing and establishing reality: phantasied consumption as a form of healthy relation. It is telling in this respect that Klein is reminded by the fish dream of a fit she had as a ten-month-old baby, purportedly ‘because my wet-nurse gave me pastry to eat’ (p. 5d). Food is tied up in this anecdote with love and nurture but equally with aggression and shame – Klein’s mother ‘had warned [her] not to mention [the fit] to anybody’ because of the potential connection with epilepsy, still a stigmatised condition in this period. Because of this, the episode has ‘always had a sinister meaning’ for Klein – the same word she uses to describe the setting of the fish dream, with ‘something sinister behind the beauty’ (p. 5b). The blame accorded to the wet nurse – potentially misdirected, given the unclear link between food and fitting for a baby of that age – is presumably because Klein had not yet been weaned, and was seen to be too vulnerable to incorporate inappropriate material. The pastry represents an excess, an exceeding of her perceived need and capacity.

Klein notes that ‘it is of course interesting that I should have received the breast by this nurse (who was called rather crazy, but quite a good woman) any time when I wanted it’ (p. 5d). Klein does not dwell on this abundance of milk and responsiveness, but her curiosity is evident and acts a side note to her theoretical work on the early infant-breast relation. The wet nurse’s presence itself as an obstacle between mother and infant was new for the family: in Klein’s unpublished, unfinished autobiography, she stresses that her three older siblings were all breastfed by their mother (Klein, 1959, p. 7). Klein remarks upon her ‘guilt and fears about the rage and anger and sadism which must have gone along with this fit, including my whole relation to the breast’ (p. 5d). In this retelling of another form of illness, her petit mal is characterised as an overflow of difficult, destructive feelings which must be hidden from sight: a cutting off of relations between body and mind, and mother and daughter.
5.4 The bathroom dream

The fear of maternal loss and bodily mutilation encapsulated by the fish dream (‘things [going] wrong inside me’: p. 4) recurs in Klein’s dream the following night of an exploding bathroom. She spends much less time analysing its content, perhaps because of this thematic similarity.

Guilt and self-injury

The bathroom dream sparks ‘first assocs. [sic] [with] my inside and the blowing up of things there, in connection with the assocs. of bad internal objects who had deserted me’ (p. 5). The body acts as a door into psychical processing: in Klein’s post-operative state, the very real surgical intervention in her abdomen (‘my inside’) sparks these earliest of anxieties. The physical discomfort in her abdomen, her gut – a body part which acts at the border of internal/external objecthood, despite being so intimately tied up with the self (we feel things ‘in our gut’, and are warned by our ‘gut instincts’) – increases Klein’s feelings of persecution from 'bad' internal objects, and vice versa. Here, phenomenological experience – Klein’s physical discomfort – feeds psychical experience.

There is an overtone of self-blame and retribution to the feeling of ‘things [going] wrong inside me’ which converts a medical intervention into a morally-imbued act of disintegration:

[I]n the dream about the bathroom being topsy-turvy, the bath tipped upside down, fire breaking out, water rushing, went exactly on the same lines and again had very strong assocs. with very painful actual experiences, phases in my relation to A. [Arthur, Klein’s husband, whom she had left in 1924] of humiliation, disappointment, pain; which now seemed to connect with feelings of internal destruction, of having been destroyed internally by me... (pp. 5e-5f, emphasis added)

The shift from an external threat to an act of destruction ‘by me’ introduces the theme of guilt, which Klein (1998h, pp. 131–32) had linked with the phenomenon of young children’s self-injury in her 1926 paper ‘The Psychological Principles of Early Analysis’. We could understand gall bladder surgery, though evidently not self-imposed in
reality, as an experience in which the body becomes in phantasy a tool serving to assist in the expression of guilt stemming from feelings of hate and aggression:

I have found, especially in very young children, that constantly “being in the wars” and falling and hurting themselves is closely connected with the castration complex and the sense of guilt. (Klein, 1998h, p. 132)

In the same paper, Klein notes that this guilt is tied up with a tendency to pre-empt the feeling of being punished by the parent:

I found out that the objects against which [Trude, a two-year-old patient] hurt herself (tables, cupboards, stoves, etc.), signified to her (in accordance with the primitive infantile identification) her mother, or at times her father, who was punishing her. (Klein, 1998h, p. 131)

As in the fish dream, this representation of phantasy ties up material objects with feeling oneself to be both the attacked and the attacker – in both cases, it is one’s body which takes the brunt of phantasies of persecution. Indeed, the fish dream itself has its birth in a feeling of guilt. As her object relations are re-established, Klein feels vindicated to discover that the fish ‘was actually tasteless and not only because I felt it to be so’. The first draft of this sentence, however, had read ‘not only because I was to blame’ (emphasis added) (p. 7). Her corrections to these notes reflect the shift in the days following her operation from a position of infantile guilt to a more adult acceptance of subjective inter-relation, as she re-tests her relations with the external world.

**The mother’s body**

It is not only Klein’s own body which comes into problematic focus in the bathroom dream. Following the concern with the loss of the breast in the fish dream, Klein writes in *Observations after an Operation* that ‘the destroyed bathroom […] became clear as the inside of my own mother’ (p. 5f). There are two striking examples elsewhere in Klein’s writing of bathroom objects which symbolise a woman’s, or more specifically a mother’s, internal organs. In ‘The Development of a Child’ (1921), Klein (1998e, p. 35) notes that her son Eric (disguised as ‘Fritz’) conceived of the womb as a ‘completely
furnished house’, which ‘was even possessed of a bath-tub and a soap-dish’. The bath-tub is Eric’s fantasy, but for Klein it is a notable detail. In her later analysis of Dick – a troubled four-year-old boy who had ‘practically no special relations with particular objects’ – she notes that he ‘discovered the wash-basin as symbolizing the mother’s body, and he displayed an extraordinary dread of being wetted with water’ (Klein, 1998f, pp. 224, 226). Freud (1920, p. 126), too, sees the presence of water in the dream-world as a symbol of the ‘mother-relation’. Elsewhere, Klein (1998d, p. 147) speaks of the importance of providing water ‘above all’ other toys in her play analysis with children. And, although Klein does not make this explicit, we could trace a link between the dream metaphor of the mother’s body as a basin or bathtub and her notes on being washed in hospital by the nurse, an anxiety-inducing mother figure:

I had a great feeling of dependence and anxiety of the nurse – a ridiculous fact was that for a whole week I allowed the nurse to wash my face with soap and warm water, a thing which I thoroughly dislike. It was after a week I objected, and then had it done the way I wanted it. (p. 7)

In this reading, the dream’s heavy symbolism is once again dependent on material and spatial metaphors, with the text supporting the possibility that these have been triggered by her experiences in hospital. This link between the material and the maternal (and, here, the medical) is in line with Klein’s (1998b, pp. 213–14) ongoing concern with the process by which ‘[t]he world, transformed into the mother’s body, is in hostile array against the child and persecutes him’.

5.5 Conclusion

Together, the fish and bathroom dreams help Klein to do ‘a lot of work with [her]self’ (p. 6). Through the process of symbol formation, ‘relations to people became more real, [and] the world less artificial’ (p. 5). These notes represent the experience of post-operative recovery as not just a physical but a psychical process, strongly linked to experiences of internal and external environments. The sensorial materiality of the objects around Klein allows them to act as vital mediators: the sunlight on a wall, a wash-basin, and cooked fish spark heavily symbolic dreams. By working through her
associations with these objects in a series of dreams based on her ‘inner world’ – itself a spatialized rendition of abstract emotions – Klein is able to ‘bring out to consciousness’ her anxieties and to ‘work’ on them (p. 8). Objects are here both ‘thingable’ – experienced as external, material objects – and ‘thinkable’, playing a key role in psychical work.

Illness is here not so much a state as a progression of positions, elements of each of which mirror early infantile experience. Klein first describes feelings of anger, distrust, loss of belief in reality, and an inability to take much interest in what is happening around her. This gives way to a second stage of anxiety, fear of being deserted, fear of chaos, dependence, discomfort, mourning, and sensitivity, while she slowly re-bonds with objects whose relating potential allows her to start to adapt to the world around her once more and to rebuild fractured symbolic processes. Finally, she experiences an adaptation combining resentment, ambivalence, gratitude, satisfaction, reassurance, and renewed trust. Tellingly, this process reflects key foci of Klein’s theoretical frameworks – here, the life echoes the work (or, more precisely, her interpretations of her own lived experience provide her with additional evidence for ideas she spent years expanding).

These notes stress how this process can be experienced as a clear restaging of early infantile danger-situations. Much like the analytic space between analyst and patient, the process of trauma and recovery not only recalls but actually revives these experiences, giving Klein a chance to work them through in line with her physical recovery:

I recovered to some extent the early feeling of people becoming more real, more trustworthy, less vague, ephemeral – a feeling which I had a strong conviction I must have gone through in an early stage. I had the feeling, which I have again noticed so often in patients and which stands for a memory, in which a feeling appears as if it had been so in early childhood. (p. 5g)

Klein notes that these ‘revival[s] of feeling’ during her post-operative recovery are directly comparable to the early stages of her life in which ‘strong clinging to objects’ against the fear of persecution was ‘such a strong feature’ (p. 5g). Although she is referring specifically to people-objects, these notes demonstrate how Klein depends
upon both the material environment and the body as *matter*, as material to be worked with and worked through in her intensive dreamwork.

If illness is a way to think (or a space and time in which to think), with material objects as ‘things to think *with*’, then the content of these thoughts point consistently to one clear theme: loss. In Klein’s notes, this is experienced variously as anxiety (fear of loss), grief, and anger (a desire to attribute the loss to somebody or something). In the fish dream, in particular, Klein’s fear of bodily disintegration and mutilation echoes the child’s grief for the lost breast, the first object. Both phenomena are experienced as a kind of mourning – a process of decathexis, whether from the mother, or from the displaced healthy self (here taking expression through the body schema). Indeed, Klein’s ‘realization of a feeling of loss of reality’ after seeing the sunshine on the brick wall is accompanied by ‘a relation with grief and the ways of overcoming grief’ (p. 3):

The process I experienced in mourning [i.e. in her adult life] was to some extent revived, but much less strongly, and it was more easily overcome. I felt, however, a deep longing for people I had mourned, and grief; and feelings of being hurt were accentuated. I felt my system was ‘shocked’. Various characteristics were similar to those in mourning – great sensitiveness, very strong resentment for the slightest thing in which I felt hurt or discomfort – e.g. when I rang the bell and it was not answered – all these things seemed like a psychological assault on me. (pp. 6-7)

Klein sees the adult experience of grief as another direct ‘revival’ of early infantile experience, writing that ‘the child goes through states of mind comparable to the mourning of the adult, or rather, that this early mourning is revived whenever grief is experienced in later life’. To overcome the state of mourning, the child must undertake the ‘work’ of the ‘testing of reality’ (Klein, 1998c, p. 344). In trying to re-enter the world of objects – the world of relationality – after her operation, Klein is brought up against its opposites: loss and absence, transmuted into a feeling of being ‘assault[ed]’, even by something as minor as an unanswered bell. Her dependence, and the very great importance assigned to the nurse in the role of ‘good-enough mother’, foreshadows Winnicott’s (2005h, p. 13) emphasis on the destruction of meaning which takes place within the psyche of the baby who waits and waits without anyone coming: ‘After a persistence of inadequacy of the external object the internal object fails to have meaning to the infant’.
The reactions to perceived threat here become blurred, with actual loss, phantasied loss and physical harm intermingling in their affective impact. Such responses are, temporarily, seen as ‘psychotic’ and ‘manic-depressive’ in nature:

In normal mourning early psychotic anxieties are reactivated. The mourner is in fact ill, but because this state of mind is common and seems so natural to us, we do not call mourning an illness. [...] in mourning the subject goes through a modified and transitory manic-depressive state and overcomes it, thus repeating, though in different circumstances and with different manifestations, the processes which the child normally goes through in his early development. (Klein, 1998c, p. 354)

We ‘do not call mourning an illness’ when it could be understood as such (for example, we might think of Woolf’s recurrent representation of the intermingling of maternal mourning and bodily distress in Chapter 1).45 Equally, although we do not usually understand illness as a process of mourning, it bears the potential for so many different forms of loss: loss of freedom, agency and wellbeing; loss of future plans; even the loss of organs or body parts. Perhaps the experience of undergoing a period of illness could even in some circumstances be understood as a ‘modified and transitory manic-depressive state’, from Klein’s description of mourning quoted above, in which object relations are tested as part of a process of rebuilding (although this is, of course, a comparison which should be treated carefully).

Observations after an Operation is, I argue, a newly unearthed, important piece of evidence demonstrating the importance of object relations to the patient experience. Its framing of illness and recovery as a potentially transformative restaging of early experience is key: ‘everything that can contribute to the elucidation and exact description of the infantile danger-situations is of great value, not only from the theoretical, but also from the therapeutic point of view’ (Klein, 1998b, p. 213). The notes also point to the importance to healthcare of Winnicott’s idea of the holding environment, and to the centrality of the immediate environment and the body – both phenomenologically and symbolically – in psychical experience. Ultimately, these notes trace a successful process of thinking, mourning and recovering:

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45 Klein here develops the thinking of Freud (2001f, pp. 243–44), who wrote that ‘although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition and to refer it to medical treatment’.
The work I did with myself showed me how, when I could bring out to consciousness these deep anxieties of persecution inside and outside, I regained my balance, trust in external people, relation with them, while the internal situation had improved. (p. 8)

From an initial emphasis on her persecutory responses to the operation, within a matter of days Klein has rebuilt the object relationships so jarringly fractured by the ‘shock’ of the operation.
Conclusion

When we conceive society, we are missing a decent philosophy of the object. Here the object lies precisely outside of the relational circuits that determine society. In these reflections on the multiple, on the mix, on the speckled, variegated, tiger-striped, zebra-streaked aggregates, on the crowd, I have attempted to think a new object, multiple in space and mobile in time, unstable and fluctuating like a flame, relational.


6.1 Using the object in illness

In this thesis, I have explored how literature and materiality may equally be ‘used’ as a site of return to a grieved lost object (Chapter 1); how illness and object play share a role in processing traumatic external reality (Chapter 2); how textual and material objects may act as ‘containers’ of unintegrated emotions, including the tendency of literature to ‘contain’ and perpetuate problematic tropes of disability, even as it may claim to offer a radical rejection of them (Chapter 3); how an attention to narratives of lived, material experiences of illness and disability offer a way to restore an emphasis on the individual subject and differing modes of object use (Chapter 4); and how illness can be experienced as a restaging of early infantile anxiety-situations, first shaking and subsequently strengthening object relations (Chapter 5).

Flexibility and fluidity

The flexibility of these object relations is a crucial facet of the characterisation of illness, literature, play and psychoanalysis as processes which share characteristics of ‘working through’. As demonstrated by Woolf’s interest in the flux of daily experience, Hamilton’s exploration of the pendulum between health and ill health, the shared concern of Faulkner and O’Connor with the psychical and textual acrobatics of object use, the shifting lived experiences and narrative representations of the rejection and incorporation of bodily prostheses, and Klein’s (1937, p. 5g) concern with her own ‘clinging to objects’, this thesis has found a consistent emphasis on fluidity. The
construction of one’s inner world is dependent on this interplay with the external in a complex back-and-forth between mental structures, a shifting external reality, and processes of symbolisation and transformation. As Winnicott (2017, p. 69) wrote, what we call ‘reality’ is predicated on ‘the world of inner relationships which the child is all the time building up through taking in and giving out psychically’. Jessica Benjamin (2018, p. 5) sees this as an inherent and ‘continuing tension in the self’ which requires us to ‘conceptualize not a static condition but a continual oscillation between relating to the outside other and the inner object’. She builds on this dual movement by stressing the additional presence of thirdness, a position ‘in which the self reaches and feels reached by the real other predominates’ – that is, an aspect of the self that emerges in conjunction with the Other in Winnicott’s ‘space between’.

This inherent fluidity underpins another key component of object relating in illness: that of the ability to adapt within a wider external environment. As explored throughout this thesis, ‘working through’ the trauma of illness or injury appears to be dependent on the ability to ‘take[e] in and giv[e] out psychically’ in an iterative process, availing oneself of the holding environments and usable objects on offer. As Benjamin puts it, this is essentially an openness to difference, founded on the intersubjective relations of childhood experience:

The process [of acknowledging the Other] evolves through early experience with accommodation, attunement, understanding into later more complex forms. The demand to cope with disruptions and difference, face the consequences of failures of recognition for self and other, accommodate even as one is being accommodated to – all these should appear in statu nascendi [in the state of being born], in early relational repair in infancy and early childhood. (Benjamin, 2018, p. 7)

In this way, object relating is an ongoing process: internal objects are not just transformational but are also themselves transformable. Thomas Ogden glosses Bion’s work by characterising them as always active, always emergent, always in ‘the process of being derived’ through one’s experience in the world:

*The "contained" like the container, is not a static thing but a living process that in health is continuously expanding and changing. The term refers to thoughts (in the broadest sense of the word) and feelings that are in the process of being derived from one’s lived emotional experience.* (Ogden, 2007, p. 86, emphasis in original)
Such a reconception of the different forms taken by the internal object – a process as much as a thing, or an environment as much as an object, as in the case of Winnicott’s string boy (Chapter 2) – calls for an expanded attention to its place in our psychical world. This move has a parallel in our shared external reality at a very particular moment in human history in which the function and limits of material objects have been recast almost beyond recognition. In a networked world in which the mass of seemingly intangible data requires very real storage facilities, for example, we need new ways to account for the place of the material object and its impact upon our own subjectivity. As Laura Salisbury puts it, in the context of Serres’s work on contemporary relationality:

[The] newly reconfigured subject is no longer an individual, a modern subject; instead, s/he is held together by multiple cords, contracts, and channels of communication. S/he is a constellation of relations and becomings rather than a being. (Salisbury, 2006, p. 42)

**Destructiveness and ‘ruthless play’: Questioning Winnicott’s limits**

The fluidity of object relations is not just notable in terms of the potential it holds for rich, creative, intersubjective forward movement. It also, as has become increasingly evident throughout this thesis, allows for the inverse: a destructiveness that goes beyond Winnicott’s (1958c, p. 154) concept of the infant’s necessary, common ‘primitive ruthlessness’ through which the object is attacked, and, surviving, becomes ready to be ‘used’ psychically (after this point, Winnicott says, ‘certainly no one can be ruthless [...] except in a dissociated state’). The ruthless love of the infant is ‘a form of impulse, gesture, contact, relationship, and it affords the infant the satisfaction of self-expression and release from instinct tension; more, it places the object outside the self’ (Winnicott, 1958e, p. 265). In Chapter 2 on *Hangover Square*, I explored the potential offered by the novel to challenge Winnicott’s theories on play, asking: what happens to that psychical material which is not mobilised in the service of creative growth; why is this not, too, a form of play? Can we think of a kind of ‘destructive development’ enacted through a ruthless ‘negative play’ which is a ‘form of [...] relationship’, even if such ‘growth’ is not necessarily therapeutically helpful? As André Green (2005, p. 11) put it, ‘I am not even sure that play belongs to health’. Building on
this approach, in Chapter 3 I suggest that we might also think of ‘hostile holding environments’, spaces which hold the infant or subject in a way that leads to ‘anti-relating’, to the construction of expelled or terminal psychical objects (as explored by Faulkner and O’Connor respectively). Of course, these processes can be seen as an effect of the failure of the holding environment, but I argue that these narratives give us a way to consider the ways in which an environment may be actively destructive, or, rather, destructively active. These are not static environments: they can enable a form of ‘forward movement’ of the subject, even if such movement is conventionally seen as psychopathological. In effect, by paying attention to the destructive environments we can see that a kind of ‘negative holding’ might be possible. This is particularly true of the backdrop of war, which in *Hangover Square* becomes an ‘environmental niche’ that acts as a facilitating environment for mental illness (see Chapter 2.3).

Environments may easily contain what we do not wish them to contain, and these material presences effect a form of psychical ‘transformation’ as much as our more desired objects. As I will explore later in this conclusion, literary texts allow us to explore this negative transformational potential. As I explored in Section 3.2.2 on Flannery O’Connor’s ‘Good Country People’, Bollas’s admission of the possibility of negative transformation in effect extends Winnicott’s work into a more nuanced consideration of the slippery boundaries between what we think of as ‘good-enough’ mothering and environmental failure, health and ill health, and the role of internal and external objects. The texts I have explored in this thesis further allow us to contest these areas of debate. In turn, these explorations refocus discussions of agency around what individuals ‘don’t want to know’: material objects and their varied meanings protrude through their containing texts, forcing an engagement with seemingly unknowable, unthinkable, unthingable things.

**Temporality, identity, and the place of suffering**

The idea of object relation as a ‘process’ rather than a fixed ‘state’, and one that may be destructive as well as creative, also brings up an important point about the identities and temporalities often associated with varying experiences of bodily difference. This thesis has explored varied forms of illness, broadly defined, seeking to
find commonality across a wide range of experiences and narrative portrayals. Not all of these representations deal with ‘patients’ per se as they are defined in institutional terms, but it is this very classification that I seek to unpick. The texts I deal with portray fictional and real experiences of ill health from grief to depression to psychosis, and from surgical recovery to prosthetics use. I am interested in how the temporally-situated, supposedly time-limited ‘process’ of illness and recovery explored in my earlier chapters is aligned with or differentiated from disability, more commonly (though problematically) understood as a ‘state’, and the role played by material objects in these commonalities or points of variance. Indeed, to reflect this, my thesis title contains within it two intentionally slippery terms. Firstly, I am interested in the objectives of illness as expressed through its material objects: in other words, how an illness environment may serve the psychical, institutional and social needs of patient and society. These objectives often present themselves in a state of conflict with one another: what each party defines as communication, treatment or recovery may not adequately take account of ‘what else is in the room’, in the words of Whitehead et al. (2016, p. 2) on the aims of the critical medical humanities. Secondly, I am concerned with the ‘patient experience’ in its multiple senses, if the pun can be forgiven. Illness in its broadest sense is often an enforced experience of patience, of waiting, of ‘not knowing’, as I have explored. Chronic illness, in particular, is an extended limbo where one may become a patient at any given time. As such, the objects and spaces of illness are intimately tied to temporal experience – both materially and within the confines of a narrative’s chronological structure.

Of course, these definitions are themselves more flexible than they at first seem. As explored in Chapters 3 and 4, we can see how people with limb loss or limb variance are often presented as having an ‘origin story’ of trauma, infection or congenital difference which in time leads to a more seemingly static ‘state’ of disability (with both societal narratives often contested by the individuals themselves). This tendency is not only problematic in terms of how we conceive of temporal experience across the breadth of the individual life course, but in terms of what it may implicitly occlude in psychoanalytic terms. As Thomas and Siller point out:
There can be a tendency, especially in nonanalytic treatment circles, to treat the disability as a more or less “free-standing event” of such psychic magnitude as to be discontinuous with pre-existent personality structures. (Thomas and Siller, 1999, p. 189)

Each patient’s ‘pre-existing’ psychical landscape and specificities of character, each strongly influenced by their early infantile experience, will differ. Just as we must pay attention to the cultural project to ‘fix’ the identity and bodies of those with illnesses and disabilities, so too must we resist this pull towards a defined narrative of experience. Instead, all individuals must be given the ‘right to unexceptional instability’ (Prendergast, 2013, p. 239) of selfhood and self-definition – an instability founded on the fluidity of relations with self, body, external reality and wider society.

This vision, however, is problematic. Everyone has a right to their own identity, whether they embrace a ‘disabled identity’ or not. However, the call to regard all experience as an expression of the richness and variation across the spectrum of human life, while important, can be difficult to reconcile with questions of care, particularly when considering extremes of mental illness. While it is important to discuss the relational origins and epistemological ‘truth’ of a condition such as schizophrenia, and while we can – and should – question medicine’s over-reliance on pharmaceutical solutions, those doing the questioning have most likely never been charged with caring for an intensely psychotic patient who is in deep distress. How can we navigate the line between the utopia of shared, inclusive ‘unexceptional instability’ and the responsibility of care (or self-care) for someone in a state of dependence, both in practice and in theoretical terms? Suffering is often a central part of illness and disability, even if it differs in kind and degree across the temporalities and specificities of each case. As Jacqueline Rose writes in an article on Oscar Pistorius, the Paralympic runner whose identity as a double leg prosthesis user became such a key part of his trial for the killing of his girlfriend Reeva Steenkamp in 2013:

The only response to bureaucratic inhumanity must be to argue that need or frailty must be recognised, but so must the dignity – indeed ‘normality’ – of the disabled. We are talking about justice and human rights, which are the terms in which recent disability studies defines its task. But this is something of a double bind. When you insist on dignity and normality the risk is that both physical and psychic suffering become invisible, denied, and then have to deny themselves (“he is perfect” [a reference to the Pistorius family philosophy about Oscar’s disability]). Worse, such a denial veers dangerously close to the repudiation of weakness and suffering that has historically licensed a sometimes genocidal cruelty towards the disabled: because you suffer, because we have to see your suffering, we will not suffer you. (Rose, 2015, section 8)
Building on the work of the poet and critic Nancy Mairs, who became ill in her 20s with multiple sclerosis, Rose concludes in the same section that ‘it is emancipatory not oppressive, and the opposite of inhuman, to speak openly of a body that fails’. In these terms – ‘failure’ being a stark summation of a disabled body – is difference ever, can it ever be, non-hierarchical? Object relations theory may help us to position ‘failure’ as another way of apprehending mutability; after all, the sphere of disability and illness is the one community of which we will all most likely be a member sooner or later. All individuals, and all individual bodies, are networked, socialised, contextualised entities undergoing constant transformation within a series of environments which hold, or fail to hold, this ongoing mutability. However, the question of the translation of illness and distress – things we often, perhaps, ‘don’t want to know’ (Levy, 2014) – is one that continually challenges, complicates and questions how we as a society can and should construct psychical, material and medical environments of care.

6.2 Holding and facilitating environments: Spaces of transformation

The prosthetic (m)Other

A common thread throughout this thesis has been the intertwining of mourning with illness, and with the lost objects of illness – from independence and agency to literal body parts – sparking anxiety and grief akin to our first experiences of the lost maternal object. Implicit across the literary representations explored in this thesis, and across Winnicott’s entire body of work, is thus the mother’s role as the foundational, original prosthesis. The baby’s external environment of care, its internal good objects, and its transitional objects, which function in the space between internal and external, all have their origins in the mother. As Aulagnier (2001, p. 72) puts it, the baby builds its internal world by taking as ‘raw materials objects shaped by the work of the mother’s psyche’ (and, of course, the baby’s physical body is literally composed of the mother’s organic ‘raw material’ throughout her pregnancy). ‘[To ask] what characterises the human’, Aulagnier continues, ‘is to confront from the outset
psychical activity with an elsewhere’ (p. 73): that elsewhere is, at the subject’s origins, the mother’s own psyche.

As the infant develops, its growing ability to operate intersubjectively is reliant on the mirroring work of the mother (Winnicott, 2005c). As I have explored in Chapter 1, representations of mourning for the original lost object of the mother are, in the writing of Virginia Woolf, tied to scenes of missed and deflected mother-mirroring. In the work of Patrick Hamilton (see Chapter 2), the lost holding environment underpins an exploration of individual psychosis against a backdrop of the societal breakdown of war. William Faulkner and Flannery O’Connor (Chapter 3) each use the prosthetic as a figure to examine different forms of relating to the loved and hated object, with Bion’s ‘container-contained’ and Klein’s concept of splitting both originating in the relation to (and the potential use of, as in Winnicott’s work) the mother as a structuring object. In my analysis of real-life accounts of prosthesis use in Chapter 4, I make this link even more explicit by theorising the infant’s relation to the mother as the original model of the relation between the internal object, the material object (including, I argue, spatial environments), and the prosthetic object. And, in Chapter 5, it is the holding environment of the hospital and its staff which acts as a potentially transformational object, standing in for the mother, with Melanie Klein re-staging her earliest infantile anxiety-situations through a complex working-through of shaken object relations following surgery. The mother-infant relation thus comes to the fore as the original archetype for object relations not only across adult life, but in the particular material and psychical environments of illness and disability.

Just as a baby ‘get[s] back what they are giving’ (Winnicott, 2005c, p. 151) through the mother’s care and her act of mirroring, so too does the analyst take on a prosthetic role. In his work on the role of speech within the psychoanalytic encounter in the 1950s, for example, Rudolph Loewenstein (1982, p. 55) proposes that ‘in the person of the analyst the patient acquires an additional autonomous ego’. A patient must be able to ‘use’ the object, but so too must the clinician, in the words of Bollas (1987b, p. 3), be ‘willing to be used as an object and to be guided via his own internal world through the subject’s memory of his object relations’. In this way, the medical and caring professions, and the wider material environment, may all be forms of
Winnicott’s ‘good-enough mother’ or Bollas’s transformational object. As Winnicott puts it:

In [psychotherapeutic work] the consultant or specialist does not need to be clever so much as to be able to provide a natural and freely moving human relationship within the professional setting while the patient gradually surprises himself by the production of ideas and feelings that have not been previously integrated into the total personality. Perhaps the main work done is of the nature of integration, made possible by the reliance on the human but professional relationship – a form of "holding". (Winnicott, 1989g, p. 299)

With this in place, the patient has the potential to undergo the ‘subjective mutation’ of playful working through (Lenormand, 2018, p. 86: see Section 2.3) or an ‘experiment with the self’ (Sacks, 2012, p. 172: see epigraph to Chapter 5).

**Holding, containing, playing: Illness, the analytic setting, and the space of the text**

Material objects and their internal counterparts play a direct role in this transformation of the subject by providing ‘object-lessons with therapeutic value’ (Winnicott, 1958f, p. 66). A concurrent thread, however, has been my concern not only with representations of the material object, but with the object and space of the literary text itself. As explored in the introduction to this thesis, writing can be understood as ultimately prosthetic: it is a displacement, a representation, a translation. As such, though, it is also a re-enactment that offers its own potential transformation: Bollas (1987c, p. 30) positions aesthetic experience as a way of re-experiencing the sense of ‘rapport’ so central to the relationship between mother and child. Despite the reliance of art and literature on figurative and representational form, what we might think of as mentally perceptible phenomena, Bollas (1987c, p. 32) sees our interaction with cultural products as ‘an experience in being, rather than mind, because they express that part of us where the experience of rapport with the other [i.e. the mother] was the essence of life before words existed’. Reading is a ‘working through’ as well as a space of play, a safe stepping out of external reality that lets us examine it all the more closely for being, in Flannery O’Connor’s (1969c, p. 78) words, ‘a way to have experience’. In a way, the text takes on the ‘holding’ and ‘containing’ roles of the mother (to evoke Winnicott and Bion respectively), who, as Ogden (2007,
p. 87) puts it, takes on ‘the infant's unbearable experience and makes it available to
him in a form that he is able to utilize in dreaming his own experience’. We might also
think of the space created by reading literature in terms of Winnicott’s (1958f, p. 53)
‘period of hesitation’ – a time during which the infant creates an internal space ‘by
looking away’ from a real object, anchoring it safely in his or her psychical landscape,
ready to use it in play (see Introduction, 0.1). It is these potential uses of literature –
for play, for dreaming, for transforming – which render it so ripe for therapeutic
application within a broader socio-political project to transform healthcare delivery
(although, as I will explore, this comes with its own complexities).

In this way, as explored in Chapter 2 on Hamilton’s Hangover Square, literature,
ilness, play, and the analytic setting have many characteristics in common, even as
they remain distinct experiences in their own right. Each is a space in which internal
objects, their symbolisations, and their material embodiments are ‘rearranged’ into a
new narrative (Freud, 2001e, p. 143). We can think of all four as forms of recuperative
‘remembering’, even or especially when an original experience or trauma has been
repressed. In his paper ‘Remembering, Repeating and Working-Through’, Freud wrote:

[T]he patient does not remember anything of what he has forgotten and repressed, but acts it
out. He reproduces it not as a memory but as an action; he repeats it, without, of course,
knowing that he is repeating it. [...] As long as the patient is in the treatment he cannot escape
from this compulsion to repeat; and in the end we understand that this is his way of
remembering. (Freud, 2001h, p. 150, emphasis in original)

In considering methods of ‘working through’, we can think too of Klein’s (1998c, p.
344) emphasis on the ‘testing of reality’ as ‘[t]he most important of the methods by
which the child overcomes his states of mourning’ (see Section 5.5), following Freud’s
idea of ‘detachment’ from the object:

Reality-testing has shown that the loved object no longer exists, and it proceeds to demand that
all libido shall be withdrawn from its attachments to that object. [...] This opposition [to this
demand] can be so intense that a turning away from reality takes place and a clinging to the
object through the medium of a hallucinatory wishful psychosis. Normally, respect for reality
gains the day. Nevertheless its orders cannot be obeyed at once. They are carried out bit by bit,
at great expense of time and cathetic energy, and in the meantime the existence of the lost
object is psychically prolonged. Each single one of the memories and expectations in which the
libido is bound to the object is brought up and hyper-cathedected, and detachment of the libido is
accomplished in respect of it. (Freud, 2001f, pp. 244–45)
If we see literary accounts as a ‘container’ for difficult feelings of grief which allow the writer and reader in turn to ‘work on’ their own associations with its contents in a risk-free environment, can we also say that different forms of narrative bring up ‘the memories and expectations in which the libido is bound to the object’, examining them in turn? By fictionalising ideas and objects, does literature put each one through a form of reality testing? Bion (1963, p. 42) describes writing – like the baby’s projective impulses – as ‘a method of evacuating objects that could then be scrutinized or dealt with in some way that would cause them to yield a meaning’, something he sees as ‘part of the development of a capacity for thought’. Hanna Segal compares the child’s act of speech – the forerunner of written narrative – to the ‘working through’ of an experience within a facilitating environment:

The infant has had an experience and the mother provides the word or phrase which binds this experience. It contains, encompasses and expresses the meaning. It provides a container for it. The infant can then internalize this word or phrase containing the meaning. (Segal, 1988, p. 175)

In a way, the analysis through which literature puts objects is a form of ‘attack’ which tests their limits and responses, forcing the reader and the ‘contained’ elements of the story to work together to work something through – to look at things ‘we don’t want to know’. If, as Freud (2001i, p. 91) has it, writing is an act of mourning an absence, it might also be seen as an act that is itself rooted in the infantile depressive position – a state defined in Klein’s eyes by ‘sorrow and concern about the feared loss of the ‘good’ objects’ (p. 127). This iterative work of the projection, containment and transformation of objects is not just an individual task, but one shared within a society and across cultures: to return to a quotation given in the introduction to this thesis, shared beliefs are ‘encapsulated in the form of things, and there they can be discerned and analyzed’ (Prown, 2001, p. 223).

Might allowing literature to help us ‘hesitate’ over the complex potential meanings, experiences and losses of ill health, and bodies and objects of ill health, enable us to return to the external reality of patienthood ready to ‘use’ our environment and objects of illness? By extension, if, as in Flannery O’Connor’s (1969c, p. 78) words, ‘something is happening’ to us when we read, we could understand writing as potentially transformational. Bollas is explicit in positioning language, both written and
verbal, as a transformational object, seeing it as the crucial passage between early infantile experience and shared social life:

Until the grasp of the word, the infant's meaning resides primarily within the mother’s psyche-soma. With the word, the infant has found a new transformational object, which facilitates the transition from deep enigmatic privacy towards the culture of the human village. (Bollas, 1987c, p. 35)

Can a text, though, ever really hold us as the maternal – or material – environment can? Winnicott’s sense of ‘holding’ requires the mother’s reception of a baby’s sensory experience, and her role in transforming it in order to deliver it back to the infant in a manageable form. Within this context, how far is literature only ever metaphorical; can it ever be said to ‘embody’ experience as N. Katherine Hayles (1999, p. 22) claims, especially something as sensory and intersubjective as the mother-child holding experience? While these questions remain open to debate, I would point to the idea, discussed in Chapter 3, of the text as a source of both containment and non-containment. Just as I suggest that literary experimentation may act as a provocation to psychoanalytic theory in portraying environments that destroy or undermine the subject even while they enable its construction, we might also think of the literary text as an object which both creatively and destructively holds – an environment in flux that is at once hostile and holding.

As I have explored in Chapters 2 and 3, literature and play – and, one can add, the analytic process, and the experience of illness – are ‘form[s] of not knowing’ (Green, 2005, p. 12), or, as Derrida (1998, p. 164) wrote in relation to his concept of the writing as supplement, ‘a knowledge that is not a knowledge at all’. Neither one promises a certain outcome, instead offering an experience that may allow for ‘subjective mutation’, to return to Lenormand’s (2018, p. 86) phrase in relation to Winnicottian playing. Each offers the chance not necessarily to be ‘cured’, to work towards a fixed outcome or meaning, but to undergo a creative experience of flexible meaning-making in which the material and the mental play pivotal, mutually constitutive roles. Winnicott (1986a, p. 113) himself delineates ‘cure’ (in the sense of a successful remedy) and ‘care’ (which we might interpret as a form of being held, and thus a route to ‘living creatively’) as different orders of medicine, writing that ‘[m]edical
practitioners are all the time engaged in a battle to prevent the two meanings [...] from losing touch with each other’. Literature gives us one way of keeping in view the need for different aspects of the illness experience from ‘losing touch with each other’. In this, it echoes the potential of the free association of the analytic approach to prompt an 'explosive creation of meanings' which combines with 'life experience' to make 'part of the formation of new psychic intensities' (Bollas, 1995a, p. 55). This gets to the heart of what the critical medical humanities seek to do – namely, to redraw the parameters of our ideas of health and ill health to take account of the complex nature of human experience. The Winnicottian ‘space between’ the disciplines is thus both productive and deconstructive, providing a transdisciplinary way to know more, to think more, precisely through ‘not knowing’. As Serres has it:

In the field of comparativism [...] the threads to be dealt with or woven together are more tangled; they go farther or have a farther influence, in both time and space and among disciplines. The space between – that of conjunctions, the interdisciplinary ground – is still very much unexplored. One must travel quickly when the thing to be thought about is complex. Have you noticed the popularity among scientists of the word interface – which supposes that the junction between two sciences or two concepts is perfectly under control, or seamless, and poses no problems? On the contrary, I believe that these spaces between are more complicated than one thinks. (Serres and Latour, 1995, pp. 69–70)

6.3 Applicability to contemporary healthcare

What, though, does this attention to the object in illness in these ‘spaces between’ change in the real world of shared external reality; how does this attention ‘come to mean’ in its own right? Can we bring together ‘cure’ and ‘care’ in the Winnicottian sense within a wider socio-political context? As Jane Bennett (2010, p. viii) asks: ‘How would political responses to public problems change were we to take seriously the vitality of (nonhuman) bodies?’ Bennett sees bodies and their affects (and, by implication, their objects) as a field of ‘micropolitics’ which both constitutes and is constituted by the social, economic and ethical relations between them (p. xii). Gal

For example, see Julia Kristeva et al. (2018, p. 56) on the need to separate ‘biomedicine’s concern with cure, that is, with nature, physis or bios as “original” states of health or privation of health outside the human time of life, from the “durative idea of care”, and the liminal period between birth and death (zoe), the messy temporal space in which humans live and where sickness and healing actually occur simultaneously’. 
Gerson (2004, p. 783), meanwhile, compares the political realm explicitly to the Winnicottian space of play, seeing it as a ‘transitional region where people juxtapose their subjectivities, offering them up for argument and modification’ – another space of potential transformation, given the right conditions.

Material objects and spaces of care are an embodiment and an enabler of this socio-political space of play. In her work on psychosocial approaches to welfare, for example, Lynn Froggett (2002, p. 150) describes the carefully designed Bromley by Bow Centre in London, UK, which offers services across medicine, therapy and arts, as a ‘transformational environment’ with a ‘preoccupation with space’, acting as a ‘container of the wish for personal change, stimulating unconscious memories of the first transformational object’. In this respect, and as touched upon in Chapter 4 in relation to prosthesis materials, the design sector is also a vital player in the future of object relations in healthcare. As the philosopher and cultural theorist Gernot Böhme writes, we need to design spaces and objects with careful thought to the fluid, affective responses they may trigger – an emphasis I see as recalling Winnicott’s (1957, p. 151) interest in play as a meeting of ‘the two aspects of life’, namely ‘bodily functioning and the aliveness of ideas’. To do this, Böhme says, recalling Walter Benjamin, we should collectively attempt ‘to endow things, constellations, spaces or art works with an aura’ (emphasis in original) rather than by aiming at particular meanings:

To perceive atmospheres means to open oneself emotionally. [...] Getting involved in atmospheres is tantamount to wanting to participate and to expose oneself to impressions – a prerequisite for the experience of pleasure in life and the discovery of one’s body as a medium of being. (Böhme, 2017, pp. 121, 122)

Using Carolyn Steedman’s reflections on the post-war British welfare state to consider how the individual may be enabled in this way by successful spaces of care, Vicky Lebeau stresses how ‘[the state’s] provision of (material) care creates a potential space in which a life worth living can emerge and take shape’:

[The vicissitudes of the social state help to identify what Steedman describes as the relation between psychic structures and state interventions, the capacity of the state to tell its citizens that they have a right to exist – lives worth living and minds worth nourishing. (Lebeau, 2019, p. 172)
For Steedman (1986, p. 122), the state stepped in to provide what her mother could not: ‘what my mother lacked, I was given’. She is thinking in particular of school dinners and free, pre-Thatcherite, milk – her emphasis on food evokes the needs of the suckling child in both material and psychical terms, with the state enabling it to ‘get fat’ in Winnicottian terms (Winnicott, 2005g, p. 122). In this framing, the mother, the baby’s original prosthesis, has herself been substituted at the point at which her capacity to provide care reaches its limit (as, of course, all forms of care-giving must).

Healthcare spaces are surely, in line with spaces of education, primary examples of Lebeau’s (2019, p. 172) sense of ‘potential space[s] in which a life worth living can emerge’ – not only for the child, but for the mother. Writing of his clinical work with psychotic mothers of newborns, Alain Vanier positions the clinic as a vital stand-in for those aspects of mothering which these women are unable to provide, particularly in relation to the structuring of the baby’s subjectivity:

In a way, the institution’s rules for everyday life, along with the staff’s presence, provide a basis for something which can function both as an intermediary and symbolic element for the child, and as a prosthesis of the ego, a narcissistic support for the mother in the particularly difficult relation she has with her child. Here we see the possibility of a real “holding” of the mother and the child, organized very flexibly in the daily life of the clinic. (Vanier, 2007, pp. 70–71)

Vanier’s account points to the various forms in which an attention to the specific material objects within this wider psychical environment may in turn serve to ‘hold’ the patient. He details the story of a pregnant, psychotic woman who refused to wear anything but yellow pyjamas:

[T]wo days before her scheduled delivery, she showed up at the centre completely naked, screaming “Get this thing out of my stomach and get it over with!” The crisis was quickly resolved by getting her back into her yellow pyjamas, but she was then unable to step out of them until after delivery. Her pyjamas helped maintain her physical unity, acting as a surface enveloping her body at a time when her physical unity was particularly threatened. (Vanier, 2007, p. 64)

Here, the staff’s quick appreciation of the central role played by material objects in illness helped to avert a crisis. Vanier’s examples also highlight how accounts of clinical practice provides real-world examples that provide some redress to psychoanalysis’s traditional failure to account for maternal experience. The texts I have selected for this
thesis have pointed to the way in which male and female experience alike is levered into broadly-drawn figures – soldier, worker, mother, wife. But, where we are used to acknowledging the violence enacted upon the male mind and body through war and industry, we are less comfortable with thinking of the potential violence of mothering, of being a mother, and of being mothered, alongside its more creative elements. Across the texts I have explored, women’s experiences have all been portrayed as much more private, individual pathologies and experiences, from Virginia Woolf’s women at the dressing table to Hulga’s ‘turning away’ from her own prosthesis in O’Connor’s ‘Good Country People’. The real-life accounts of prosthesis showed a comparable trend, with men more likely to conceive of their artificial limbs as ‘tools’, as opposed to part of their core selves. These portrayals and accounts are important not just in terms of gender identity, but in terms of the link to ideas of hostile and holding environments. If psychoanalysis is centrally concerned with how mothers may themselves provide or even embody ‘environmental failure’, what about their wider environment? How are mothers held as mothers within society, theory and healthcare?

In these tracings of Winnicott, Bollas and others in relation to the material trappings of social care, design and policy, then, we can see the lasting influence and importance of object relations theory and its potential to further assist a more relationally-focused model of delivery across all three areas. After all, the early beginnings of object relations theory in the UK are often associated with the rise of the welfare state in the form of the NHS. Taking these psychosocial, philosophical and political contexts into account, I argue that material objects – embodiments, containers and triggers of mental processes and projections as they are – are vital to a consideration of the patient experience. By extension, material objects and spaces can also play a central part of calls in contemporary psychoanalysis for an attention to a ‘politics of recognition’, in which an openness to the mutually constitutive relationship between self and other helps to unpick, to paraphrase the title of Jessica Benjamin’s (2018) most recent book, the traditional model of ‘doer and done to’. In healthcare, of course, it is especially important to see the patient as a collaborative maker of meaning in their own experience, not a passive recipient of care. To extend my earlier discussion of identities of illness and disability, I would emphasise that these debates rest on an
acceptance that dependence is often a central component of the patient experience, as much as it may differ in kind, degree or duration, and that this demands an increased consideration of intersubjective relations, not a rejection of some of the more unpalatable, often theoretically complex, implications of being physically or mentally impaired. As Lennard Davis (2002, p. 30) puts it, his framing of what he calls a new ‘dismodernist ideal’ in disability studies ‘aims to create a new category based on the partial, incomplete subject whose realization is not autonomy and independence but dependency and interdependence’.

Against this theoretical backdrop, I would suggest that it is in the combined attention to care, design and policy in the health sector that psychoanalytic object relations can play a central role. As the Bromley by Bow centre shows, it is perfectly possible to embed a ‘holding’ approach across material design and architecture, service delivery design, and day-to-day care. As Thomas and Siller, whose work on object loss and mourning I discussed in Chapter 4, put it twenty years ago:

[We] encourage the psychoanalytic community to reclaim a proper role in the larger clinical and theoretical world of rehabilitation as well as to enrich psychoanalytic considerations of what it means to have physical impairment. [...] Failure to include intrapsychic processes in the work and theory of rehabilitation seriously detracts from effective rehabilitative work. (Thomas and Siller, 1999, p. 180)

Although Thomas and Siller are writing in a US context and on the subject of physical impairment, this is a point that, I suggest, is urgently applicable across the breadth of healthcare provision and policy-making.

Froggett sees narrative and biographical methods as a workable basis for a revitalised politics of recognition underpinning the welfare project. Narrative, she writes, is a ‘sensitive analytic tool, an interpretive filter influencing what is attended to and defining the boundaries of meaning’ (Froggett, 2002, p. 177). My emphasis on the role of literature in unseating interpretation is in line with Froggett’s emphasis on uncertainty and instability: ‘[R]eal life plots may never achieve closure’, and narratives ‘bind experience without fixing it’ (p. 178). Of course, as organic bodies, we are all reaching towards the ‘closure’ of death, but Froggett is here warning against a tendency to ‘tidy’ up the patient experience which is readily open to critique. In recent years, the spate of ‘illness narratives’ has installed a narrative ‘quest’ structure – an arc
from crisis to resolution – firmly within the popular canon. While this thesis, it is true, explores the psychical processes at work within adaptation and ‘creative recovery’ from illness, I am keen to emphasise the broad, unfixed nature of experience. A particular example of this lies in the potentially pernicious form of the Recovery Narrative, an established ‘technology’ of care within the mental healthcare system. Woods, Hart and Spandler (2019) caution against the homogenisation of the patient experience via an imposed expectation of narratives that offer resolution, insight and inspiration, narratives which are in turn instrumentalised in the monitoring and marketing of public mental healthcare initiatives. As Michael Davidson (2019, p. 180) puts it, here in relation to foundational texts in disability studies, first-hand accounts of the patient experience are vital ‘not because they provide heart-warming stories of triumph and self-reliance but because they particularize the meaning of disability around specific conditions – cognitive, structural, juridical, and ethical. They produce exemplary cases by which public policy and understanding must proceed’. This public understanding can only be deepened by an institutional acceptance of patient narratives which are often unwieldy, conflicted, confusing and paradoxical in form, meaning and content.

Froggett (2002, p. 2) positions the field of object relations as absolutely crucial to the survival of welfare institutions, with the ‘cultural shaping of responsibility’ dependent on ‘how far they can sustain relationships based on recognition [of the Other]’. Fiona Williams (1999, p. 675) even talks of ‘good-enough’ welfare as the key to successful social policy. As Winnicott (1965, p. 93) said, ‘social provision is very much an extension of the family’. We can see, too, that these wider socio-political structures of healthcare in turn re-inflect individuals’ relationships with their bodily and internal objects. One Roehampton Limb Fitting Clinic patient, asked about the clinic’s location within a wider hospital complex, remarked that 'I have never ever considered myself a patient, I'm a customer' (R2.4, p. 7). Meanwhile, a prosthetic leg user participating in the Wilkes and McMullan project (as outlined in Chapter 5) points to a fundamental lack of ownership over their own body part which dictates the longevity of their emotional and sensory attachment to it: ‘the leg belongs to the NHS’ (Wilkes, 2019).

Jillian Weise, in writing of the need to centralise the lived experience of prosthetics, refocuses the epistemological debate on bodily ownership of non-organic body parts in
the context of both the USA’s complex, alarmingly mercurial insurance system and a still discriminatory social structure. In her framing, she contrasts ‘cyborgs’, the term she chooses for herself as a user of a prosthetic, with ‘tryborgs’, those critics who seek to metaphorise it into a critical object: ‘TRYBORG CONCERNS: The Anthropocene, Texting, Networking / CYBORG CONCERNS: Can I afford my leg? Will a stalker, a doctor or the law kill me?’ (Weise, 2018, sec. 7).

The funding models, political affiliations and embedded social assumptions at the heart of global healthcare systems cannot help but affect the intimate relations between subject and object at the level of the bodily experience. These ideas are all the more pertinent today, in an increasingly hostile healthcare environment that is predicated on the model of mixed-funding, outcome-based ‘service delivery’ restricted to patients of particular nationalities and backgrounds, rather than on a space of collaborative meaning that holds, recognises and enables the individual as a mutable entity in an ongoing process of intersubjective relation. If illness – broadly conceived, as I discuss above – is a ‘potential space’ of transformation, it is entirely reliant on a political environment that cradles the individual through this process. And, following my line of argument about the potentially destructive elements of transformational objects, it is important that we are able to consider how spaces of healthcare may be hostile even as they seek to hold. If a mother or a literary text can offer a ‘negative’ transformational experience, so too may a healthcare practitioner, a medical procedure, or a public institution effect a psychically complex, destructive experience in the ‘ill’ subject.

As a final point on the importance of object relations to the wider sphere of contemporary healthcare practice, I have taken inspiration from Bonnie Honig’s (2017, p. 5) concept of ‘public things’ – those ‘things we bring, build, use and maintain collectively [which] affect and constitute us’. Invoking Winnicott, Honig extends the impact of object relations into the political sphere, seeing democracy as entirely ‘dependent on public things’ (p. 3):

Public things are part of the “holding environment” of democratic citizenship; they furnish the world of democratic life. They do not take care of our needs only. They also constitute us, complement us, limit us, thwart us, and interpellate us into democratic citizenship. (Honig, 2017, p. 5)
Honig is writing from an Australian perspective, and healthcare is notably absent from her introductory list of examples of public things, which includes universities, parks, prisons, roads, power sources, libraries, and the media. In concluding this thesis and considering future work, I am interested in how we might see the UK’s National Health Service as a ‘public thing’ that holds the individual, just as a more localised medical object might. Honig (2017, p. 11) highlights our ‘collective need to pay attention to our relationship with public things’ – to preserve and protect them even as we seek to critique and disrupt their more hostile elements. To attend to the individual’s relationship with objects of illness is, per force, a consideration of our societal objects and objectives of healthcare.

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The alignment of literature with analysis and illness – all forms, I argue, of ‘holding environment’, in which both play and transformation can take place – has been a key finding for this thesis. In turn, my appreciation of the commonalities between all three have effected a methodological shift in my initial approach. Increasingly, I have found that a material object in itself – although it can provide clues as to its treatment and usage – comes to life precisely through the internal representations, stories and texts which have been attached to it, and much less through its own role as a tangible ‘material witness’ as I had originally thought. This is why, of course, literature, language and narrative – in different forms of subject-led testimony – have proved themselves so necessary to explorations of object relationships in illness. My initial interest in material object biographies as used in museum studies and material culture has effectively shifted to what we might call ‘internal object biographies’.

As it stands, the material objects I explore in my chapters act in some ways as ‘transitional objects’ within an interdisciplinary ‘space between’ – they are both there and also ‘waiting to be created’ through analysis (and, I would add, through literary representation). In a sense, the way the object recedes in this thesis echoes the movement of the successful transitional object, which becomes decathected of its meaning to the child, while remaining an important part of its historical development:
‘It is not forgotten and it is not mourned’ (Winnicott, 2005h, p. 7). As Bollas (1995a, p. 90) puts it, ‘ironically, although the object is what matters, through its use by the subject it becomes transformed into an elaboration of the individual’s subjectivity’.

The process of writing this thesis, then, has come to echo David Wills’s thinking about the messiness and potential circularity of thinking about the object. In his book *Prosthesis*, Wills (1995, p. 11) suggests that any examination of the prosthesis is a demonstration ‘whose parameters tend to collapse within the experiment itself, whose object has come to problematize its investigative apparatus’. Alongside this, however, is his belief that his own methodology *must* per force include a real wooden leg, not only a metaphoric discussion (p. 15). In effect, the disciplinary hybridity he seeks ‘holds open the question’ and, in so doing, ‘becomes that question itself, or at least an interrogation of it’ (pp. 17-18). The leg thus introduces a tension, ‘a certain duplicity, the play between what it does and what it does not account for’ – and it is the material leg’s presence in the text that mobilises this exploration. To turn this on its head, this thesis seeks to explore not just what role an object in illness plays, or what it ‘account[s] for’, but to look at what accounts of the material object – both internal projections and the texts through which they are communicated – do in their own right to shape the object into something else again.

For Donald Winnicott, the sheer simplicity of the ‘spatula game’ was both a framework and a provocateur for thinking through such weighty, complicated questions around relationality, representation, and the formation of selfhood. He was interested not just in how the spatula was used as a tool by the infant in the exploration of its environment, but in how it *fundamentally shaped* the baby’s capacity to play, its capacity to control and channel its desires, and its understanding of the web of human and non-human relationships in which it played a central role. In effect, the baby’s relation to the object is as much about the *conditions* of relating, the impact of the surrounding environment, as it is about the dyad of subject and object. This thesis demonstrates how the material object is an elusive entity which ‘lives’ as much in the individual’s internal projections and symbolisations as it does in its external capacity as a thing in itself. From Winnicott’s idea of play as a creative experience to the concept of the prosthetic as a fluid quasi-object, my research has followed the trajectory it originally sought to examine: it has opened up and unseated meaning and
interpretation, rather than fixing in place particular hypotheses. As Lesley Caldwell writes in relation to contemporary uses of Winnicott’s work:

This process, the process of intellectual work in any area, encourages a new (theoretical) object to emerge through the mental and psychological process of destroying, and then restructuring the originating thought, so as to take it further. Such a dismantling and restructuring mirrors the process of creativity that Winnicott himself has written about so convincingly. (Caldwell, 2007, pp. 1–2)

In other words, object relations in illness are central, vital and transformative; the one thing they are not is stable. To think about the patient experience through and with objects has turned out to be its own form of play.
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Appendix 1: Observations after an Operation, by Melanie Klein, 1937

Transcription from microfilm held at the Wellcome Library (Klein: Unpublished Papers, PP/KLE/C.95); scanned copies of the original papers have since been added to the Melanie Klein Trust website (https://melanie-klein-trust.org.uk/wp-content/uploads/2019/07/Observations-after-an-operation.pdf). The script is undated, though the gall bladder operation took place in July 1937. Klein’s handwritten insertions and deletions of words are marked in the transcript, though handwritten additions of punctuation or minor changes in word order have been incorporated without comment. For ease of reading, I have incorporated all Klein’s amendments into those transcript extracts cited in the accompanying chapter (Chapter 5).

Page 1

When I came out of the anaesthetic I had nothing but a feeling of anger. I saw the nurse standing on [deleted: ‘the’] my left-hand side in the same way as when she had given me the drug which put me to sleep, and I heard myself saying angrily, ‘Now why did you wait so long [blot on file eclipsing punctuation] I can see I have woken up too early, and I have a pain where I did not have one before.’ I was then told that it was some time after the operation. This feeling of anger, dissatisfaction with the world, persecution, was rather striking at the time, in contrast to [deleted: ‘the’] my actual appreciation that it had all been done so [deleted: ‘well’] easily, quickly, without my knowing it, [inserted: ‘my recognition of people’s’] helpfulness, and [inserted: ‘my’] pleasure that it was over, which did not seem to appear at this moment at all. I have been told that [deleted: ‘people’] the nurses are [deleted: ‘used to’] accustomed to putting things away from the bed table with patients after an operation, because they are likely to wake up and knock everything off [deleted: ‘the table’]. It confirms something I worked out before about
Page 2

[deleted: 'about'] the little girl, who felt so persecuted by something having been done to her without her knowing what it was. It is clear from the following account that what had been done while I was unconscious was at least in some aspects, because [deleted: 'the aspect'] this came out again later on, an attack and injury and had stirred distrust. I found it very difficult to take interest in anything in these first three or four days. [Deleted: 'Dimly,'] [inserted: 'I could not take the usual interest'] when people came, though I felt pleased at seeing Judy and Eric, and about flowers arriving, and found myself all the time trying to take interest, also taking it to some extent, but [inserted: 'an interest'] of a different kind, [inserted: 'having'] some other quality [deleted: 'about it']. There was some feeling of unreality about it as if I was lost somewhere and could not get out of it. At the same time I noticed what was going on around me, and felt pleased with the flowers which had come, and especially when I thought that some flowers which were signed by the initials only, [deleted: 'and I thought they'] had come from M. (which was, however, erroneous).

I had inner discomfort and even some pain, but not very

Page 3

strongly, and more unpleasant was the feeling of discomfort in [deleted: 'the'] my stomach and lack of appetite.

On the fourth day I observed the sun shining on the brick wall, which was all I could see from my bed. I felt very pleased with this sunshine, but discovered that I tried to strengthen these feelings of pleasure, suddenly realizing that this whole sunshine on the wall was absolutely artificial and untrue to me. [Deleted: 'There was'] A realization of a feeling of loss of reality and of something which I could not define came over me, and I [deleted: 'realized'] [inserted: 'found'] that I was trying to regain relations which had been broken off. Also [inserted: 'there was'] a relation with grief and the ways of overcoming grief. I felt a great dislike of the food, which I thought very tasteless, and especially did I dislike on this occasion some fish. The same night which followed this realization I had a dream in which I saw an enormous fish, which I got frightened of in the dream. In this dream was something [deleted: 'of'] [inserted: 'about'] my
sucking or wanting to suck this fish, and then it turning into something very terrifying. My first association was ‘fish-face’, which E. so often calls J., who, in those days especially, represented a good and motherly figure to me, being very loving and pleasant with me, and coming to see me every day. Then there [deleted: ‘was’] [inserted: ‘were’] in this dream some waterfalls and an important reason to shut a door against the dangers of this water, and J.O. was to do this, but I felt I could not rely on him at all, and everything seemed to go wrong. There was, however, a strong feeling, connected with the internal discomfort, that all these things went wrong inside me.

Here are assocns. with J.O., who has been so disappointing, on whom I could not rely in such important things; and trains of associations in connection with present circumstances as well as with a father whom I could not trust externally and internally, a mother whom I had sucked into me and who had turned into [deleted: ‘such’] a horrible creature [inserted: ‘such’] as the fish was.

The next night, having again experienced, and being aware of the internal discomfort, I saw a bathroom with the bath tub turned up, gas blowing up and everything going to bits. My first assocns. were to my inside and the blowing up of things there, in connection with the assocns. of bad internal objects who had deserted me.

[Inserted note in margin: ‘Further additions + associations to this material on pp. a-g’]

Along with these frightening dreams, which were followed [blank space] anxiety dreams, I felt that the relations to people became more real, the world less artificial, and that deep anxiety situations connected with the inside had, as it were, cut off my relation with external objects. It is, of course, more complicated than this, because I felt very strong gratitude and a very friendly relation to the surgeon, who came to see me every day, and who even seemed to take great interest in some of the psychological aspects which I discussed with him, and who said, quite spontaneously and before I gave him such details, that he feels sure that
extremely early fears are stirred [deleted: 'through'] [inserted: 'by'] an operation, that it takes one back into quite early times, and that in his view, to recover from an operation is more determined by mastering it psychologically than physically.

I did keep these two dreams quite clearly in my mind. I was doing a lot of work with myself at this time, [inserted: 'and'] I could watch step by step the connection between deep internal anxieties, the external experiences that I had been overwhelmed, cut open, attacked from within, and loss of belief in internal and external objects. That needs qualifying, because at the same time I felt pleasure about the people I liked who came, and [inserted: 'I'] felt grateful to the surgeon. The process I experienced in mourning was to some extent revived, but much less strongly, and [inserted: 'it was'] more easily overcome. I felt, however, a deep longing for people I had mourned, and grief; and feelings of being hurt were accentuated. I felt my system was ‘shocked’. Various characteristics were similar to those in mourning – great sensitiveness, very strong resentment for the slightest

thing in which I felt hurt or discomfort – e.g. when I rang the bell and it was not answered – all these things seemed like a psychological assault on me. At the same time I had a great feeling of dependence and anxiety of the nurse – a ridiculous fact [inserted: 'was'] that for a whole week I allowed the nurse to wash my face with soap and warm water, a thing which I thoroughly dislike. It was after a week I objected, and then had it done the way I wanted it. I was a marvellous patient up to this moment, which I was sure was connected with anxiety of the nurse. I became more difficult in the second week, when I discovered that the food was actually tasteless and not only because I [deleted: 'was to blame'] [inserted: 'felt it to be so'], and when, it is true, they also took less care to come in than in the first week. But I took a great dislike to the hospital, so much that I wanted to leave it earlier, taking a nurse with me, but did not do this because it seemed too unpractical.

Feelings were so much more unbalanced – resentment and then again gratitude and satisfaction and reassurance – on
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the other hand.

The work I did with myself showed me how, when I could bring out to consciousness these deep anxieties of persecution inside and outside, I regained my balance, trust in external people, relation with them, while the internal situation had improved. I am convinced that what is called a ‘shock to the system’ is a revival of earliest internal anxiety-situations, due to what is felt to be an attack from without and within through the operation, and internal discomfort and pain reviving the early fears of internal persecution. The [deleted: 'fact'] effect of the work I could do myself on this line was very striking to me.

Inserted pages (5a-5g)

Page 5a

[Inserted: 'Insert on p. 5']

Notes on Operation, continued.

[Inserted: 'FURTHER ASSOCIATIONS']

Where I was speaking of this dream which followed my dislike of fish:

In one part of the dream I looked at the rocks and saw rocks and in between smaller stones, which the water... and the sun was shining on [deleted: 'the'] it. Here is a connection with my watching the sun shining on the brick wall.

[deleted: 'When'] I tried to make contact with the world again and [inserted: 'to'] think it is all very nice and pleasant, [deleted: 'and'] [inserted: 'but'] in the dream catch myself with the feeling ‘Do I not try now to make this much nicer because really I am afraid of all that? [closing apostrophe missing]

To Mr. J., who was to stem the tide and had to shut some door, but let me down in the dream (as I feel he has done in reality), it seemed important that there were certain compartments to be kept water-tight, and that is really what he had not
succeeded in helping me in. Now one of my first assocns. in the morning to that part of the dream was of course that

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he is unreliable, he did not help me in *deleted: 'such' [inserted: 'very']* important matters. My pain and frustration in the connection and the bad effects which I think it has in important matters, leading straight on in my history to: *word deleted* the disappointment with him; but at the same time I had a strong feeling in the dream of internal processes – that this shut door, this compartment, keeping watertight, really meant keeping my internal objects separate from each other, which was, however, so difficult because the good ones were entirely unreliable, i.e. E.J. and A. playing such important parts in my life. That led on to the people who operated on me and whom I tried so much to keep as helpful objects, because otherwise they had just injured and done harm to me. In the dream it was following these feelings that something sinister was behind the beauty, which I tried to cling to, and then it led on to the other part with the fish. Now this fish to begin with was a flat fish like a plaice, but not very much like,

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and I seemed here to cling to the *blank* part, to tell myself it is quite nice; but the fish grew under my eyes, and then suddenly jumped off the water, now a real monster (I felt it to be at the moment) and he suddenly jumped at my mouth, putting out some sucking part, as it were sucking my lips. The next assocns., which I mentioned, were ‘fish-face’ (J.) her being pregnant at the time, expecting the baby I was so interested in, her teeth, which are protruding, and *inserted: 'her being'*[inserted: 'her being'] the obvious good mother figure, whom, through the expected baby, she represents to me. My assocn. to this sudden attack on my mouth was the projection in it – that this frightening fish-face, eating, good mother, was so because of my similar intense and dangerous attacks on her breast with my teeth and intensely sucking mouth. This led, of course, to assocns. about my own oral greed, *inserted: 'and'*[inserted: 'and'] frustrations in connection with my mother, and reminded me of the detail of my history which I have been told, of the fit I had
when I was 10 months old, in which I went blue, and my uncle ran for the doctor because

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it seemed so serious. This fit was supposed to have [deleted: 'come'] occurred because my wet-nurse gave me pastry to eat. It always had a sinister meaning in my mind because my mother had warned me not to mention it to anybody, thinking it would be detrimental, obviously because fits, in her mind, had some direct connection with possible epilepsy. I realized later, and especially in this connection, that the hidden and sinister [deleted: 'actio'] [blank or whited-out space] was due to my guilt and fears about the rage and anger and sadism which must have gone along with this fit, including my whole relation to the breast. In this connection it is of course interesting that I should have received the breast by this nurse (who was called rather crazy, but quite a good woman) any time when I wanted it. This dream, through various details which got lost, seemed to bring in the relation to the good and frightening mother.

(But in this relation with J. of course, the reality of the disappointment with M., especially strongly felt at this time, is very important, and also entered strongly into my assocns., together with sorrow and pain. Then the father, represented through J. and A., and in my assocns – a whole chain of assocns – [deleted: 'to'] my painful relation with my father came in. In the background, Mr. M., the good surgeon, who had represented the good father but whom I did not trust in the dream material. All this, brought into connection with present and past history, was very strongly in connection with the present, but was all internalized. Now this feeling of these objects [inserted: 'being'] internalized I never had as strongly as in this dream. It really opened my eyes so very much to things which I had repeatedly seen in patients but not experienced so strongly about myself. This vivid feeling of internalized processes was of course strengthened and stimulated by the actual discomfort inside me, but on the other hand that just helped me to understand the meaning of this internal discomfort.

The next night, in the dream about the bathroom [inserted: 'being']
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topsy-turvy, the bath tipped upside down, fire breaking out, water rushing, went exactly on the same lines and [deleted: 'made it'] again had very strong assocns. with very painful actual experiences, phases in my relation to A. of humiliation, disappointment, pain; which now seemed to connect with feelings of internal destruction, of having been destroyed internally by me, and the content of this dream, however different from the dream of the night before, seemed to fall [inserted: 'in line'] in the unconscious material. The destroyed bathroom also became clear as the inside of my own mother.....Even assocns. of masturbation in connection with the destroyed bathroom; and here was a link with A. in this very unpleasant experience, and [inserted: the] memory of my visit in Silesia came in. I was very surprised, though again I knew this very well from my patients, to find how strongly the mental work done in connection with these two dreams altered my psychological state. I have mentioned before that I had recovered in these following days actually

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greater contact with things and people, that there were important changes on this line, but it was very surprising to me how strong this changed relation was. I recovered to some extent the early feeling of people becoming more real, more trustworthy, less vague, ephemeral – a feeling which I had a strong conviction I must have gone through in an early stage. I had the feeling, which I have again noticed so often in patients and which stands for a memory, in which a feeling appears as if it had been so in early childhood. Now this revival of feeling which I experienced meant the early stages, in which I tried to cling to people, (such a strong feature in my early life, strong clinging to objects) against these fears of inner destruction and persecution.