



**ORIGINAL RESEARCH PAPER**

**English Literature**

**EXPLORING VIRGINIA WOOLF'S MRS. DALLOWAY THROUGH THE LENS OF MEDICAL HUMANITIES**

**KEY WORDS:** Medical Humanities, Madness, Power, Colonial Medicine

**Radhika Sharma** Research Scholar, Department Of English And Modern European Languages, Banasthali Vidyapith, Banasthali, Rajasthan, India

**Dr. Veerendra Kumar Mishra** Associate Professor, Department Of English And Modern European Languages, Banasthali Vidyapith, Banasthali, Rajasthan, India

**ABSTRACT**

'Medical Humanities' being a form of critical inquiry, questions the hegemony of white colonial medicine in relation to various aspects of human life and its representation in Literature. The terrifying effects on human beings of the world wars has challenged the established medical practices and highlights the disturbed and distorted conditions of the post war trauma. The present research aims to highlight the basic ideas of Medical Humanities which are deeply embedded in the structure of madness, illness, insanity, normalcy, abnormal etc. in Virginia Woolf's Mrs. Dalloway (1925) Furthermore, the paper may also inquire the nature of these constructed realities as not merely psychological, psychotic or neurotic but rather these realities have been determined by socio-cultural, economic and political forces which are hidden in the complex structure of discursive practices and its complex web of knowledge and power.

**INTRODUCTION**

Medical Humanities engages itself with questioning the sacrosanct nature of body, disease and illness with certain skepticism placing medicine under the web of critical inquiry to answer and to interrogate ethics, commercialization of biomedicine, dehumanizing effects of medicine and its relationship with human beings. Medicine with unprecedented intervention of scientific temperament has not only dehumanized the human but its relationship with other medical personnels has also been changed. It has now become the product of certain discourses which are distributed, dispersed and controlled to form dominant discourses which are governed by different aspects of Power, Knowledge, Disease and Madness. Virginia Woolf's Mrs. Dalloway (1925) has represented this uncanny reality of the human mind, how human relationships and the aspect of medicine and power create alternate reality in case of different characters majorly in the case of Septimus Smith, who is utterly hopeless and morbid having experienced the atrocities of the war. The paper may further examine the basic ideas of Medical Humanities which are deeply embedded within the structure of madness, illness, insanity, normalcy, abnormal etc. Furthermore, the paper may also inquire the nature of these constructed realities as not merely psychological, psychotic or neurotic rather determined by socio-cultural, economic and political forces which are hidden in the complex structure of discursive practices and its complex web of knowledge and power.

**Medical Humanities**

Medical Humanities as a discipline has emerged due to increased skepticism, moral and ethical conflicts, underlying criticism and the hegemonic nature of dominant discourse in the field of Biomedicine. It has developed into a well-defined discipline since the 1960s and 80s. Gradually, in the process of development, it has incorporated elements from various disciplines, like art, history, philosophy, sociology, medicine, public health, anthropology, spirituality and religion. This multidimensionality involves flexibility and incorporates thoughts, ideas and epistemic structures from a wide variety of disciplines that makes it eclectic and dialectic. Thomas Cole in *Medical Humanities: An Introduction* (2015) introduces that the field of Medical Humanities and its epistemic development in the past decades. Its development into as a discipline can further be elaborated through two waves:

The initial wave of Medical Humanities highlights the lack of ethical and moral duties on the part of the physicians where the immediate concern was inclusion of 'humanitas' to educate more humane and sensible physicians. The

discipline encourages an ideological shift from medical reductionism to Holistic forms of healthcare, treatment and caregiving. During 1950s and 1960s young medical students started questioning the scholastic tradition of medical science and realized a hidden paradox in their pedagogical training as future doctors. The advancement of technology and its excessive intrusion in medicine created a conflict between the existing ideals of old medicine and new biomedicine. As medical students realized these conflicts, they questioned the pedagogical training and syllabi of medical institutions which created the identity of modern-day physicians. Edmund Pellegrino in his paper "Medical Humanism and Technological Anxiety" (1979) outlines a list of problems which have led to dehumanizing tendencies in the field of medical science and outlines some more modest goals for medicine. The first wave of this discipline focuses on creation of sympathetic and empathetic sensibilities in young doctors as well development of their moral and ethical compass in decision making. To develop these sustainable ideals in medicine, inclusion of various other disciplines like sociology, psychology, ethics and religious studies can help inculcate various insights from these disciplines into modern Biomedicine. Eric J. Cassell, a bioethist who emphasized on the concept of personhood in his book *The Nature of Suffering and the Goals of Medicine* (2004) explains that the any person's individual identity is the sum total of multiple variables like their social, cultural, emotional and psychological realities and why these aspects should not be overlooked while providing treatment plans and care to the patient. Anne Whitehead and Angela Woods in *The Edinburgh Companion to Critical Medical Humanities* (2016) outline in the beginning a current need "to open up possibilities... operate in radically... critical consideration, to address difficult, more theoretically charged questions" (2) which could cater to current issues to be unraveled in medical humanities along with the existing ones. It marks a shift from a structuralist discourse of keeping doctors at the center and patients at the margin to a more post-structuralist discourse where both the doctors and the patients align in a collaborative manner to establish more open and less rigid system of healthcare.

Alan Bleakley who is a seminal writer in the field of Health Humanities expounds in *Routledge Handbook of The Medical Humanities* (2020) recent developments and critical insights into the field of Medical Humanities. In the introduction of the book, he calls out the need to democratize, politicize and aestheticize the field of Medicine. According to Bleakley, this new wave should help change the medical culture and pedagogies for a better future. One of the ways through which this goal can be achieved is through inclusion of Literature

and art. Literature and creative arts can act as a medium for representation of newfound identity of any patient who has experienced some transformative experiences in their lifetime. It can further be described by patients as well as doctors in form of narrative tale using the genre of fiction, poetry, autobiography and memoir. A subgenre of Medical Humanities emerged here as “Narrative Medicine” first categorized and developed by Rita Charon in her seminal text *Narrative Medicine* (2006).

As literature is the reflection of current ideological practices that mirror various concerns and aporias pertinent to a particular era, the modern age devastated by the terrifying effects of the World Wars reflected the fractured and ruptured human psyche along with its medicalization in the form of various mental illnesses. Virginia Woolf in her essay “On Being Ill” (1926) expresses her discontent regarding the theme of illness that has been sidelined by writers and authors not treating the idea of being ill as that of a serious one.

The novel portrays some of the key elements of Medical Humanities analyzing the characters and their relationship with their physicians, power dynamics, colonial medicine, a strife between reason and emotion, lack of ethics and just treatment for patients, clinical gaze of Biomedicine in objectification of a patient to more disease than a human being. It questions basic human nature and how human race through division and power structure becomes one's own worst enemy.

The line clearly states the tragedy and failure of medical science in understanding Septimus' malady emphasizing the repressive forces of medicine which led to Septimus's suicide. He faces inhumane treatment on the part of his doctors till the end who remain incapable of understanding his agony and exercise all their authority and power on Septimus. Tracey Loughran in her *Shell-Shock and Medical Culture in First World War Britain* (2017) sheds light on the pre-war, inter-war and post-war medical literature available on Shell Shock.

The perception of Dr. Bradshaw is somewhat fearful in his patients, as he holds an authority like the divine or God, while prescribing the rest cures to his patients to bring back their sense of proportion. The construction of Madness through Bio-Politics can be seen in Septimus' encounter with his doctors. “It was merely a question of rest... a long rest in bed... Sir William said he never spoke of 'madness'... It was a question of law” (71). The hegemonical power that distinguishes patient and its physician can be read in the following lines: “...why 'must'? What power had Bradshaw over him... So he was in their power! Holmes and Bradshaw were on him! The brute with the red nostrils was snuffing into every secret place!” (107). As Septimus lacks agency physical and emotional to make any decisions for himself the confinement of his self and subjectivity can be seen through Foucault's idea of Bio-Politics. Woolf presents us a flip side of the marginalized patients who are governed by the policies and politics of medicine in collaboration with state and how the creation of madhouses, asylums and prison was a power play to excavate the society of those subjects who could see its hypocrisy and were capable of rebelling against it. Here, the country house seems a site for “coercive force of disciplinary power” where Dr. Bradshaw could exercise his power in “a direct and overt way”. Septimus is here the victim of objectification and later abjection where he is looked as a mere “piece of bone” (12) and his whole personhood is reduced to being a tormented war veteran or a robot who after being used in the war to its full potential has now a weakling in the grand narrative of war heroism. Woolf launches attack on the blind Nationalism that swallows up a lot of its young soldiers who struggle with their identity and are stuck in a liminal state which fails to distinguish between real

and imaginary spiraling down in depths of darkness.

## REFERENCES

1. Cassell, Eric J. *The Nature of Suffering and Goals of Medicine*. 2nd ed., Oxford, 2004.
2. Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. Oxford, 2006.
3. Charon, Rita et al. *The Principles and Practice of Narrative Medicine*. Oxford, 2017.
4. Cole, Thomas, Carlin and Ronald A. Carson, *Medical Humanities: An Introduction*. Cambridge, 2015.
5. Eisenberg, Leon. “Disease and Illness: Distinctions between Professional and Popular Ideas of Sickness”. *Culture, Medicine, and Psychiatry* 1. 1977.
6. Foucault, Michael. *Discipline and Punishment: The Birth of the Prison*. Vintage, 1995.
7. \_\_\_\_\_. *Madness and Civilization: A History of Insanity in the Age of Reason*. Routledge, 1989.
8. Foucault, Michael. *The Archeology of Knowledge*. Routledge, 1972.
9. Foucault, Michael. *The Order of Things: An Archeology of the Human Sciences*. Routledge, 2002.
10. Frank, Arthur W. *The Wounded Storyteller: Body, Illness and Ethics*. 2<sup>nd</sup> ed. The University of Chicago Press, 2013.
11. Klienman, Arthur. *The Illness Narratives: Suffering, Healing, and The Human Condition*. Basic Books, 1989.
12. Lee, Hermoine. *The Novels of Virginia Woolf*. Routledge, 2010.
13. Lorde, Audre. *The Cancer Journals*. Aunt Lute Books, 1980.
14. Loughran, Tracey. *Shell-Shock and Medical Culture in First World War Britain*. Cambridge, 2016.
15. Pellegrino, Edmund D. and David C. Thomasma. *A Philosophical Basis of Medical Practice: Toward a Philosophy and Ethics of the Healing Professions*. Oxford University Press, 1981.
16. Parsons, Deborah. *Theorists of the Modernist Novel: James Joyce, Dorothy Richardson and Virginia Woolf*. Routledge, 2007.
17. *Routledge Handbook of the Medical Humanities*. Edited by Alan Bleakley. Routledge, 2020.
18. Schirato, Webb, and Geoff Danaher. *Understanding Foucault*. SAGE, 2000.
19. Stacey, Jackey. *Teratologies: A Cultural Study of Cancer*. Routledge, 1997.
20. Whitehead, Anne and Angela Woods. Eds. *The Edinburgh Companion to Critical Medical Humanities*. Edinburgh, 2016.
21. Whitehead, Anne. “The medical humanities: A literary perspective.” *Medicine, Health and the Arts: Approaches to the medical humanities*. edited by Bates, Victoria, Alan Bleakley and Sam Goodman. Routledge, 2014.
22. Woolf, Virginia. *Mrs. Dalloway*. Wordsworth, 2003.