

THE RIGHT TO REMAIN SILENT: THE ETHICS OF INVASION AND EVASION IN PAUL SAYER'S *THE COMFORTS OF MADNESS*

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Abstract:

This paper considers the implications of silence and the ethics of medical experimentation in Paul Sayer's Whitbread Prize-winning novel *The Comforts of Madness*. Sayer's novel is concerned with a catatonic patient, Peter, who has attempted to withdraw into a state of pure subjectivity as a consequence of a series of traumatic events. Initially treated at a traditional hospital, he is subsequently moved to an experimental clinic where he is subjected to a series of invasive and barbaric "treatments" in the interest of "curing" him. Sayer's approach to the topics of insanity, personal silence and progressive medicine raises questions concerning the right of the individual to reject the communal world, and the ethics of extracting the withheld narrative of the reluctant narrative. By examining the processes of normalisation and resistance, the novel raises questions concerning the ethics of enforced inclusivity and establishes a legitimacy of non-co-operation, a right to silence, which functions in parallel with the legitimacy of the marginalised voice. The recent trend in literary studies has been toward the exposure and promotion of those voices which have previously been ostracised by the publishing industry and the reading public, yet this process has generally functioned on the premise that the lost voice will benefit from such exposure. For Sayer, there is an equally persuasive case for recognising a right to privacy which is in danger of being overshadowed in an era of excessive transparency. This essay discusses the ways in which Sayer's novel addresses these concerns, and highlights his awareness of the complex process of dealing with the individual for whom a refusal to speak is an ambiguous social gesture.

Keywords: Silence, marginality, medical ethics, social (in)visibility, trauma.

Resumo:

Este artigo considera as implicações do silêncio e da ética da experimentação médica no romance de Paul Sayer, *The Comforts of Madness*, vencedor do prémio Whitbread. O romance de Sayer debruça-se sobre um paciente emestado catatónico, Peter, o qual procura retirar-se para um estado de pura subjetividade como consequência de uma série de eventos traumáticos. Inicialmente tratado num hospital tradicional, é posteriormente transferido para uma clínica experimental onde é submetido a uma série de «tratamento» invasivos e bárbaros com o objectivo de «curá-lo». A abordagem de Sayer dos temas relacionados com a insanidade, o silêncio pessoal e a medicina progressiva levanta questões relativas ao direito do indivíduo de rejeitar o mundo comunitário e à ética de extrair a narrativa retida da narrativa relutante. Ao examinar os processos de normalização e resistência, o romance levanta questões relativamente à ética da inclusão forçada e estabelece uma legitimidade de não-cooperação, o direito ao silêncio, o qual funciona em paralelo com a legitimidade da voz marginalizada. A tendência recente nos estudos literários tem sido no sentido da exposição e

promoção das vozes anteriormente ostracizadas pela indústria editorial e pelo público leitor, mas, de um modo geral, este processo tem partido da premissa de que a voz perdida beneficia de tal exposição. Para Sayer, existe o caso igualmente persuasivo relacionado com o reconhecimento do direito à privacidade, em risco de ser preterido numa era de transparência excessiva. Este ensaio discute o modo como o romance de Sayer aborda estas preocupações e salienta a sua consciência do processo complexo de lidar com o indivíduo para quem a recusa a falar corresponde a um gesto social ambíguo.

Palavras-chave: Silêncio, marginalidade, ética médica, (in)visibilidade social, trauma.

“Body is earth, territory of violent metamorphosis and substitution. We are all in peril of becoming thing. The grotesque gap between our humanity and this thing – the body killed, damaged, wounded – is held open by metaphors.”¹

In an era when surveillance and exposition have reached unprecedented levels of accessibility and effectiveness, there is inevitably a question mark which hangs over the legitimacy of silence and invisibility. Should we have, or indeed grant, the right to withhold narrative, to remain silent even when the narrative concerned is seen to be of social or political value? As Lennard J Davis has observed, we “speak of silence as a form of political repression. We say that women’s voices have been silenced, and we correct that condition by calling for women to speak. Silence is seen as the prison-house whose guards are language. The inhabitants of silence must break their bonds and let their words echo forth in freedom” (109-10). This vision of silence as a form of political disempowerment is commonplace in contemporary society, and carries with it a compulsion to liberate voices wherever silence is encountered. Yet equally, silence is frequently a potent means of taking refuge from communal exposure, allowing the private realm of individuality to remain private. The current obsession with exposure relies on the assumption that the liberated voice is somehow both therapeutic and empowering, an assumption which may emanate from the confessional box, but which establishes itself more forcefully with Freud’s talking cures, Janov’s primal scream, Spivak’s subaltern narratives, and even with the recent trend for childhood abuse narratives popularised by Dave Pelzer, Oprah Winfrey and others. Yet such extensive demand for exposure in the name of political and personal liberation has tended to overshadow an equally valuable vehicle of empowerment, the right to remain silent.

In his Whitbread Prize-winning novel *The Comforts of Madness* (1988), Paul Sayer examines the ethics of silence and privacy through the lens of a character for whom a

1 Owen, Stephen, cited in Ledbetter, M., *Victims and the Postmodern Narrative*, p. 1

mental breakdown, caused by his inability to properly relate to, and subsequent fear of, the external world has brought about a near-complete withdrawal into an internal space of subjectivity. Sayer's novel, highly praised at the time of publication but since neglected by both critics and the reading public, questions the ethics of enforced exposure in a medical context, but the implications of his text extend, I will argue, to the broader social realm, and also impact on the ethics of literature itself. In parallel with the obsession with visibility in the information age, the trend in literary studies has been, since the 1960s, to pursue the lost narrative, to grant voice to the dispossessed, delegitimized and marginalised in order that such figures might too enjoy the benefits of cultural centrality. Coupled with this is a concern which is almost invariably overlooked, specifically the right of the marginal figure to remain in the margin, to maintain their invisibility through choice. The law, of course, is aware of and indeed observes, in some measure, the right of the suspected criminal, for example, to remain silent, yet in cultural terms this right is frequently problematized, not just within the realm of criminality, but also within those of difference and otherness, in which the demands of cultural curiosity tend to exceed those of privacy.

Sayer's novel, which addresses the issue of the right to privacy, highlights the complexity of the problem of extracting a resistant narrative from a reluctant source. The narrative is that of Peter, a catatonic mute suffering from a condition highly reminiscent of that which Jean-Dominique Bauby, in *The Diving Bell and the Butterfly*, terms "locked-in syndrome" (12), caused in this instance not by a stroke, which triggered Bauby's paralysis, but by a series of psychological traumas. *The Comforts of Madness* predates *The Diving Bell and the Butterfly* (1997) by almost a decade, yet the similarities in both the predicament of the narrator and the voice through which it is portrayed are striking, affording Sayer's fictional text a credibility that, without Bauby's autobiographical parallels, may have been left open to question. Both narratives incorporate a realist account of the circumstances of the paralysed hospital patient, interspersed with reminiscences from a non-paralysed past and recollected dreams which inevitably escalate in value as the distinction between waking and sleeping becomes increasingly unclear. The primary difference between the texts, I would argue, is one of intent; where Bauby's text is the product of an irrepressible determination to communicate (described by AL Kennedy as "an almost inconceivable act of generosity" (Bauby, back cover)), Sayer's is a narrative which is threatened with being drawn by force from a figure for whom mute paralysis is intended not as a prison but as a sanctuary. When Kennedy refers to an act of "generosity", it is not without recognizing the potential *desire* of the incapacitated subject to withhold his or her narrative, to retain and build upon the opportunity for privacy which is lacking elsewhere in the social realm, particularly given that the paralyzed body, now wholly dependent on the attention of others, has in itself become an over-exposed object.

Most narratives which deal with the mute or speech-impaired figure stress a desire to communicate which is overcome through any means available, however extreme or limited these alternative means may be. Christy Brown and Christopher Nolan, two celebrated Irish authors each with cerebral palsy, relied on speech therapy, limited motor skills and creative gesturing in order to communicate with the external world. Bauby, whose paralysis was so comprehensive that he could communicate only through blinking, employed a system of partner-assisted scanning through which even this most limited interface with the outside could produce a complex narrative of his inner experience. The persistence and innovation of these real-world figures stands as an indicator of the irrepressibility of the human voice even in the face of seemingly insurmountable constraints, each text they produced highlighting the desire to communicate even when the channels of communication are all but eradicated. They suggest, too, that a failure to communicate may not be a consequence of impossibility, but rather one of choice. In the case of the mute or paralysed figure who does not overcome the immediate obstacles in the way of communication, it is usually taken for granted that the desire to communicate is thwarted by circumstances beyond their control, but such an assumption fails to accommodate the possibility that there may, in fact, be no such desire in the first place.

Sayer's fictional character, in contrast to those who have fought to overcome their constraints, has effectively attempted to withdraw, or disappear, from the world. Although the retreat is purely psychological in origin, it has a profound impact upon his physical being, disabling his motor skills at even the most basic levels, rendering him entirely at the mercy of his carers. Externally, what remains is an inoperative body. Internally, however, Peter is aware, lucid, and ambivalent about his situation. On the one hand, he is frustrated by his loss of somatic control, seeing his body as a locked room to which he has a defective key. His situation is one which is met with indifference in the traditional institution in which he is initially kept as a patient, but which intrigues and challenges the more radical medical staff at the One World experimental treatment facility to which he is transferred, where he is viewed as a potentially valuable rehabilitative project.

His is a particularly extreme case, one which demands a degree of scrutiny and invasive experimentation which is wholly at odds with his own desire to retreat from the threatening attention of the outside world. Peter is assured that he will be treated ethically while at the clinic. "At One World", he is told,

you will not be a 'case', no, you will be, first and absolutely foremost, a human being, a living, feeling, thinking man capable of all the sweetness and essence that is given to mankind. You will act for yourself, be able to shrug off the nightmare of your past. You need only have the simplest of faith in us and you will be rewarded. We can make you well again, but you must be prepared to make the greatest effort yourself. Work, Peter, work hard, and you will be whole once more. (26)

This promise, though, is one based on a process of homogenisation (implied by the name of the clinic), which seeks to achieve “social realignment status” (53) for its patients. The quest to make the abnormal “well” and “whole” again is based on an assumption that normality is by default a desirable outcome for the psychiatric patient. Tellingly, however, the first patient to achieve this status, while Peter is at the clinic, is sent home, but drowns herself in a canal before she gets there. As an indicator of the inverted status of the margin and the centre, through which the state of abnormality is preferable to that of enforced normality, the suicide is effective in highlighting the instability inherent in the notion that the achievement of conformity is necessarily desirable, and served too to examine the underlying remit of medical treatment – statistically she is regarded as a success for the clinic, while in human terms, she is clearly a victim of a process through which her secure identity (the invisibility she has achieved in the institution) is damaged irretrievably.

The ethics of treatment, rehabilitation and reintegration are addressed from a notably singular perspective in the novel, one which is essentially inaccessible in any form other than fiction. Written in the first person, *The Comforts of Madness* is, on one level, an attempt to recreate the narrative that exists not just inside a social margin (the psychiatric institution) but inside a narrower realm, a realm that, even within the margin, is marginalised. Peter, even by the standards of the other patients at the two institutions in which he is interred, is abnormal as a consequence of his profound silence and his lack of bodily control, thus shifting the definition of normality itself from an absolute to a relative value; even among the socially stigmatized, he is a marginal figure. Equally, it is an attempt to give voice to a narrative which, having by definition been defensively repressed, autonomously rather than through any external agency, does not attempt to counteract its marginal status, but instead endeavours to maintain it as a positive attribute through which the relationship between the self and a hostile external environment (the objective world) is effectively severed.

In the text, the dynamics of the subject/object relationship are brought explicitly to the foreground, the premise being that Peter, having suffered a series of childhood traumas (including the mental breakdown, attempted suicide and eventual murder of his mother, and culminating in his witnessing of the slow, painful death of his father), has descended into the catatonic state. We are made aware that Peter has always been quiet; the implication is that the traumas represented in the text are a mere culmination of numerous earlier, unmentioned incidents that have forced him into a state of silence. As a consequence of these final, overwhelming events in his pre-catatonic existence, Peter withdraws irreversibly into himself; yet the self into which he attempts to relocate himself is not, as might be expected, the corporeal body, but rather a self devoid of physical presence, beyond any tangible location, existent but absent. In a move that attempts, unsuccessfully, to reject the phenomenological approach of Maurice Merleau-Ponty,

in which “abstract selfhood is seen as inseparable from being-in-the-world” (Shildrick 49), in favour of a Cartesian bifurcation of mind and body, Peter takes the notion of the body as container and disrupts it, creating a narrative of the self in which the body is both a container and an unwanted addendum, unusable yet unshakable in its attachment, an abjected (in the Kristevan sense) manifestation of presence in a rejected external corporeality.

As a consequence of his abandonment of bodily control, Peter’s identity as a legitimate, autonomous being has, to the external world, largely been negated, shifting his presence from active participant to passive observer not just of his environment, but of his own physical self; in his incomplete but partially-achieved attempt to separate mind from body, he has thus rescinded the possibility of meaningful interaction (including communication, at least within that field in which his body exists as an object). Yet in spite of his physical silence and seeming inability to communicate externally, Peter’s story does somehow manage to traverse the boundary between self and other. The existence of the narrative itself complicates the issue of bodily silence as an absolute blockage of communication; it is, like the narrative of the dead, an impossibly externalised text, yet unlike that of the dead, its first order of existence (as a subjective experience) is not inherently questionable.

We are aware of the apparent impossibility of the existence of the narrative outside of Peter, owing to his inability to speak, write or communicate in any way other than through the involuntary emissions of his body, which offer the peripheral characters in the novel only the most minimal signs of his subjective presence. Even these emissions, with their basic, utilitarian messages, are problematic. In the heat of the hospital ward office, Peter becomes nauseous and acknowledges that “I would have to swallow my own vomit, perhaps choke to death on it there and then, for it would never come out” (21). The passing of faeces is similarly constrained: “I had fouled the bed, but it would not be much; I did not shit much, was never one for it” (7). These revelations, which convey both a sense of retention (particularly of those unpalatable emissions which include faeces, vomit and the repressed) and an indication of the candid narrative to which the reader is privy, highlight the fact that the reader is not just witness to a transcription of subjectivity, but to a realm traditionally considered socially taboo, surrounded by a cultural barrier that not only respects but also *demand*s privacy; the process of mediation that converts the private self into the social self is, like the bathroom door, not only a means of shielding the individual from society, but also society from the individual. The voice that emerges, then, is not simply a candid confession; it is, in its openness, a voice that is at once purely a product of the self and entirely unself-conscious, challenging the recipient’s own sense of distance, the distance that is always maintained in a normal communal society with regard to emissions.

Here, though, the reader is granted access to the processes of Peter's mind through a bypassing, rather than a penetration, of the physical boundaries; the very existence of the text is obscene, in as much as it is the narrative that cannot be observed from without, or brought into the open, even through force. This is the problem faced by each of Peter's carers in turn, a problem tackled by treating Peter variously as a human being, an animal, an object, even appealing to his instinctually sexual being, without success. The text, conversely, reaches the reader without encountering such problems, without, seemingly, involving an act of violence or coercion. This form of narrative seems, superficially, to be necessary for the ethical re-empowerment of the silenced voice, the voice of the victim whose identity is annexed and isolated in the quest for a victimless visible society; yet it is infused with an ambiguity of purpose and a deeper potential for violation, one which Sayer is at pains to demonstrate. Mark Ledbetter suggests that:

An ethic of writing is to discover and to make heard silenced voices; an ethic of reading is to hear those voices. No text, no human story, and there are few differences between the two, is without victims. Yet the stories of the powerful have become so strongly loud that little short of moments physically and/or emotionally violent and wounding allow silenced victims to speak above the imposing din we might aptly call the 'master plot' of most narratives. (Ledbetter 1-2)

The assertion that what is required in order to access the narrative of the silent "victim" is an act of violence (physical or emotional) is mirrored in Peter's narrative through the attempts, both physical and emotional, to dissolve the boundaries both between the self and the other and between the conscious and unconscious (repressed) self. The ethics of the various techniques applied to Peter's protective shell, along with the right to silence that seems conspicuously absent from Ledbetter's argument, are discussed below, but for the moment, it is sufficient to consider the logic of this dissolution. The efforts to coax some trace of subjectivity from Peter range from the gently sympathetic (the efforts of another patient), through emotional blackmail (by the director of the One World rehabilitation centre, to which Peter is moved early in the novel, as an experimental case, whose reputation rests in part on his ability to 'cure' Peter), subliminal torture (the moisture-sensing pad in the bed that triggers, on registering Peter's incontinence, an admonishing voice that he believes to be his own mother's, trying to persuade him to take responsibility for his body), to the medically experimental (the introduction of illicit drugs that have the effect of forcing Peter's muscles into action, the barbaric suspension machine that leaves Peter in a state of extreme physical peril in the hope that an introduced trauma in the present might be traded for the recollection of one from the past). It is this latter process that prompts Peter's recounting of the traumatic events that have led to his catatonia.

Such practices function under the veil of patient care, yet they closely resemble what for Robert and Francesca Tummey, can be termed “iatrogenic abuse”²:

Abuse occurs in mental health care against the people served, through the staff, the systems, the care, the emphasis and the power. It may not be the purpose and it may be ‘dressed’ in a way that can be justified, but it does occur in the care delivered every day. The nature of such discussion can be a disturbing reminder of human depravity and capability. It also serves as stark evidence that ‘care’ does not always afford people protection or asylum, but can create and re-create the chilling experiences of abusive relationships that harm and deprive. (127)

This recreation of the traumatic event from which the patient has attempted to distance himself represents a primary theme in *The Comforts of Madness*, in which Peter has sought refuge in order to abandon his body, only for it to become subject to exactly the kinds of physical violence he was attempting to defend himself against. The tension between his absolute autonomy and his absolute political insignificance, causing an ambiguity regarding his rights and those of his carers, is brought vividly into the foreground as Peter is relocated from the public hospital to the private clinic:

I was cracking up. Certain of it. Why couldn’t they leave me alone? Renegades. Cunts. I was not coming apart in the mental sense, that much I felt reasonably sure about. No, this was different. You see, bits of me were breaking loose, shaking free inside, kidneys, heart, spleen, even my intestines, were all freeing themselves from their moorings, lifting their roots from the brittle shell of my body which seemed to want nothing to do with keeping its respective components in place. That business of removing me from the hospital had taken its toll. They should have known better than to fool around with someone like me. What right had they? But then, what were my rights? (36)

Peter’s questioning of his own rights is indicative of an uncertainty regarding the ownership of his body; having relinquished his possession of it as far as is possible, it has become instead a troublesome object of uncertainty, only partially discarded by its owner and thus neither fully lost property nor litter. He himself is content to reduce his corporeality to a description in which the organic and inorganic are grotesquely interwoven (“Me. The stiff one, old clay boots with his clay head and his old clay balls, a scarcely breathing hotch-potch of hair, skin and bone, who flexed not the smallest extremity, not even a toe, who lay all night like a corpse himself, who had not spoken a word in anyone’s living memory” (8)), breaking down the distinctions between the living and the dead, fusing the mineral with the biological, defiling the classificatory boundaries to create what Mary Douglas would immediately recognise as problematic, contaminating “dirt” (2).

² *Iatrogenic* can be translated as physician-induced.

Thus Peter's body, with its "thanatophile appearance and demeanour" (10) (a "still life in bone, hair and awful flesh" (112)), becomes a corpse that cannot be disposed of, its constant reappearance proving troubling to both the hospital staff and to Peter himself. In the public hospital, it is an inconvenient occupier of space: "How badly they wanted me out of the way, out of the dormitory to some unused corner of the ward, or even some other part of this rambling hospital [...]. 'What shall we do with him?' asked one. 'We could put him outside,' came the reply. 'Or in the toilet. Anywhere. It doesn't really matter'" (10). Peter's body, it seems, is unmanageable, and thus less appealing than a properly uninhabited corpse.³ It is guilty of a passive responsibility, a responsibility that is rescinded only once the corpse has become officially vacant. Peter, though apparently absent, is still, nonetheless, his body's moral occupier; Merleau-Ponty's connection between subjectivity and corporeality has not been severed entirely. For Laura Tanner,

The threat that such a body [that of the terminally ill patient] poses can be framed, in Julia Kristeva's terms, as the threat of the abject, of "death infecting life". Materiality and corporeality emerge in Kristeva's work as necessary conditions of subjectivity which the subject must nonetheless disavow in order to preserve the illusion of stability, unity, wholeness. Although Kristeva defines the corpse as "the utmost of abjection", the body of the person with terminal illness may function as even more of a threat; such a person often exhibits the bodily signs of impending death while yet resisting the inanimate coldness that helps us to classify the corpse as Other. (23)

For Peter, this inanimate coldness is not resisted; he is not fighting, unlike the typically ill figure, to maintain the life signs of his body but instead to abandon it, and so his physicality *does* become specifically corpse-like. The irony is that the effort made by Peter to withdraw from the external world has augmented his visibility, to the extent where his body no longer demands privacy or respect (as a container of a subjective being) but is instead an object that invites scrutiny; in abandoning his body, Peter has infused into it the potential to become a form of public property. He is still a threat, in Kristeva's sense, but the threat is partially reconfigured by the issue of bodily ownership. The responses to this are manifold and contradictory; there are those who regard his silence as an indication of absence, and treat his body as pure object, without regard for the boundaries that are automatically established around the living. Conversely, there are those for whom Peter is still very much present, but for these, too, the barrier of privacy is (necessarily or otherwise) constantly transgressed.

Indeed, it is the latter whose actions prove most controversial: the attempts to dissolve

³ This is directly comparable to Bauby's understanding of self-as-object: he suggests "a niche must be found for us, broken-winged birds, voiceless parrots, ravens of doom who have made our nest in a dead-end corridor of the neurology department. Of course we spoil the view. I am all too conscious of the slight uneasiness we cause as, rigid and mute, we make our way through a group of more fortunate patients" (40).

Peter's self-imposed barriers are, unquestionably, barbaric (the emotional blackmail, the psychological torture, the monstrous machine that finally (with an "atrociousness of pain" (101)) breaks through the barrier between his conscious and unconscious, though not his physical silence); it is with an understanding that what we are reading is readable only as a *consequence* of this barbarism that the reader approaches the narrative of the trauma itself. We are, then, reading a text that, subsequent to the physical torture, has been torn from Peter by force. The question of whether this barbarism is ultimately of benefit to Peter is left provocatively unresolved by Sayer; certainly it does not serve to reconcile Peter with his physical form, yet it does allow for the construction of the narrative that helps to externalise and thus negate his past.

This negation is echoed when, in his final phase, he is visited by his sister, Alison, whose spoken recollections of their past serve to erase still further his identity. Speaking to the nurse at the end of their meeting, Alison denies that the person she has seen is her brother: "It's not him", she tells the nurse, "He may well be called Peter, but I'm afraid that is not my brother" (125). The denial of identity is effectively the point of termination; the dying, rotting piece of flesh she has visited is not, in any real sense, any longer her sibling. Yet it also marks the point at which Peter becomes fully divorced from the social world. The question of the next of kin taking responsibility for the wellbeing of the incapacitated figure, and thus accepting a degree of sovereignty over that figure, is no longer relevant; Peter is now entirely within the control of the internal system of the institution, a system which has objectified Peter as an experimental project.

The barbaric yet culturally legitimised attempts to extract Peter's narrative serve to reinforce his identity as *homo sacer*, a key theme of Sayer's critique of the health system. For Giorgio Agamben, *homo sacer*, the figure "situated at the intersection of a capacity to be killed and yet not sacrificed, outside both human and divine law" (73), is the banned figure, excluded from the social order and cast instead into a realm of exception, in which the normal rights of protection and welfare are erased. Andrew Norris, drawing upon this conceptual identity, finds a direct comparison with the death row prisoner given the option to become an object of experimentation in return for a potentially reduced sentence:

When, in the United States, men condemned to death have been offered the possibility of parole in exchange for 'volunteering' to undergo tests that could not be imposed upon those with full rights of citizenship, the reasoning was quite understandable, and even attractive in its economy and 'fairness'. Given that the person has been condemned to die, he has essentially already lost his life. As far as the law is concerned his life is no longer his own, and in that sense he is a 'living dead man'. Hence there will be no crime against him if his life is 'lost' again. But neither will that death be the imposition of the death penalty. Indeed, it is precisely insofar as he awaits execution that he remains alive: his life remains only to be taken from him in the moment of punishment. Death in

the experiment thus reveals the paradoxes of death row as a sphere that delayed penalty makes possible, that of the threshold between life and death. (11)

The correlation between this description and the realm inhabited by the terminally ill patient is significant; the discrepancy (that the death penalty is a product of a political system while terminal illness is a natural occurrence), becomes largely irrelevant in light of the fact that both the death-row prisoner and the terminally ill figure are being offered the possibility of a reprieve in return for the abandonment of their bodily rights. For the death-row prisoner, there is some pretence of voluntary submission, yet for the patient (particularly the patient whose responsibility is considered to be diminished), such volunteering, however symbolic, is not an option. As Donna Reeve notes,

once someone has been detained under the mental health act they can be subject to treatment; whilst there will be cases where this will be highly appropriate and/or desirable for the person in question, others will experience treatment which in other circumstances would be seen as a form of assault. It is at this point that a state of exception exists because these people find themselves in hospital, with greatly reduced civil rights and being forcibly 'treated'. What would normally be considered abusive is allowed within this setting and patients can become *homo sacer*, subject to the 'sovereign' power of the doctors, social workers and other professionals who control their daily life, treatment and release date. (209)

Reeve's unsettling recognition of the diminished rights of the hospital patient correlates directly with Sayer's portrayal of the voiceless psychiatric patient. If Peter is an extreme metaphor, one in which the voice is entirely absented from the real world, he is nonetheless symbolic of the figure for whom invasive "treatment" is inappropriate. By presenting a character who is literally without any means of communication, Sayer is implicitly acknowledging the effective voicelessness of the patient whose needs are best met not by attempted cures, but by a respect for their right to withdraw from the communal world altogether to a realm in which their psychological or biological condition can be endured on its own, natural, terms. As an act of exposing the space of exception and its inhabitants, Sayer's text engages with the social responsibility to interrogate the (often questionable) practices of the health care system (and, if the novel is read metaphorically, any system where autonomy is surrendered to an external sovereignty), while simultaneously challenging the concept of enforced exposure.

Indeed, the juxtaposition of the two institutions in the novel highlights a broader cultural shift from a state of ignorant indifference toward the voiceless other to one of intrusive interrogation. If the traditional hospital in which Peter is interred at the beginning and

the end of the text can be regarded as an inefficient and ineffectual space, characterised by its “patchy discipline, its superficial concerns for its own survival, its watery formality and poor standards, its inability to justify itself in the things that it did and the way that it did them” (44), it nonetheless offered an undignified but essentially non-intrusive tolerance of his condition. By contrast, the progressive environment of the One World clinic, which masquerades as a facilitator of empowering rehabilitation, is in fact revealed to be something reminiscent of a torture chamber, in which information is extracted through interrogation and the infliction of physical and psychological pain. When it emerges, Peter’s confession (his traumatic history) is revealed to be largely irrelevant, and indeed it is not necessarily of interest in itself to the doctors at One World. The details are less important than the symbolic act of confessing; the project for the One World staff is not to discover what Peter has to say, but simply to force him to speak. As Elaine Scarry notes of torture, “while the content of the prisoner’s answer is only sometimes important to the regime, the form of the answer, the fact of his answering, is always crucial” (29). The resounding irony of the novel is that, when it does emerge, the confession does not reach the staff at One World, or anyone else in Peter’s physical universe. It reaches only him, in the form of resurgent memories, and the reader, in the form of the telepathic narrative. For Peter, the re-emergence of the lost narrative is wholly undesirable; for the reader of the novel, however, there is a need to acknowledge a degree of complicity in the tortuous process through which the narrative has been extracted. Reading the repressed history of the dispossessed other is not, perhaps.

The Comforts of Madness, then, is a narrative of Peter’s attempt to reduce himself, his presence in the world, to a purely subjective construct. It is a novel of pure voice, but also of a voice without a crucial resonance, a voice with content but without form. Reading the novel is an act of reading the mind, an act which, the reader is made constantly aware, is ethically ambiguous. At a time when the disenfranchised voice has become not just an object of cultural value, but of cultural *necessity*, the validity of extricating that voice from its silent refuge is placed under scrutiny by Sayer. The silence that defines Peter is a metaphor that extends beyond the locality of this specific trauma victim to a diverse body of people for whom trauma and silence, in varying degrees, are inextricably linked as a model of cause and effect. The question is not, as is currently fashionable, one of the logistics of exposing these lost narratives, but rather of the ethics of doing so. Is there a fundamental right to silence, and if so, what are the rights of the silent? Peter, in questioning his own rights, rights seemingly rescinded the moment he withdraws from the dialogic communal relationship, draws attention to the unclear and problematic allocation of autonomous choice to the liminal (neither living nor dead) individual. It is, indeed, only in death, toward which he drifts as the novel closes, that Peter becomes in any way re-empowered, reinforcing Sayer’s sceptical outlook on the future of a society obsessed with knowledge, power and an illusory project of granting a voice to the voiceless other.

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