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Summary

Ladders Towards Light. Depression and Intertextuality in Contemporary Autobiographical Literature

Since the second half of the twentieth century, numerous autobiographical works have been published in Europe and the United States that address “Major Depressive Disorder” (MDD), as the official diagnosis runs: a mood disorder that includes episodes of immense dejection, loss of interest, fear, agitation, delusions (of guilt and otherwise), thoughts about death, and death wishes. According to the World Health Organization (WHO), depression ranges among the most occurring mental health conditions worldwide and also among the most destabilising, in socio-economical as well as (inter)personal terms.

It is not surprising, therefore, that depression has received a lot of attention across a range of disciplines and in many segments of culture. In the medical field, the literature on the condition runs to hundreds of thousands of titles, while beyond the world of academic research communities, views on the decapacitating sombreness are expressed in numerous items (news and otherwise) on television and radio, in countless blogs, as well as in popular science, self-help books, and information brochures.

The works studied in this book all have in common that the psychopathological experiences of the self make up the central subject of the autobiography. The narrating “I” expounds on when and how the depression first manifested itself and on how and to what extent it was possible to abate the symptoms either or not with professional help from the medical-therapeutic circuit or by taking recourse to literature or self-help books. The particular episodes of being ill and the individual trajectories towards recovery are thus made publicly accessible.

This study pays attention to seven works in particular, respectively from The Netherlands, The United Kingdom, Germany, and the United States: *Pil. Hoe een cabaretier zijn depressie overwon* (Pill: How a Comedian Overcame his Depression; Mike Boddé, 2010), *Kikker gaat fietsen! Of over het leed dat leven heet* (Frog goes Cycling! Or about the Misery Called Life; Maarten van Buuren, 2008). *Shoot the Damn Dog. A Memoir of Depression* (Sally Brampton, 2009), *Underneath the Lemon Tree. A*

Memoir of Depression and Recovery (Mark Rice-Oxley, 2012), *Depressionen. Mehr als eine Krankheit; Lebensgeschichte* (Thomas Kühne, 2009), *Als meine Seele dunkel wurde. Geschichte einer Depression* (Merle Leonhardt, 2011) and *David's Inferno. My Journey through the Dark Wood of Depression* (David Blistein, 2013). These texts attracted much attention in the media as well as in the domain of health communication where they were seen to have an important epistemic function as unique sources of experience-based knowledge that could benefit health workers and patients alike.

Ladders towards Light. Depression and Intertextuality in Contemporary Autobiographical Literature is the result of researching these texts. By way of a textual-analytical approach, this book discusses how depression is represented in this corpus, with a specific orientation on the nature and function of intertextuality: references to medical knowledge as well as to literary sources. A central notion is that autobiographies in this genre contain a variety of intertextual relations: individual experiences of psychopathological suffering are consistently interlaced with the self's reflections on a range of sources that include a broad conglomerate of publications of a medical nature (specialised and popular) as well as literary texts and films. The objective of analysis is to study the nature of such appropriation in order to draw conclusions about the functions of intertextuality in works of this kind. It will be argued that examining these intertextual references yields certain perspectives on the functions of autobiographical literature in the current culture of health.

Chapter 1 presents the research question, the theoretical framework and the method of research. It argues for a textual-analytical perspective with attention for the mediated, construed nature of autobiographical narrative. In this respect, this study takes a critical distance from the content-oriented approaches to these autobiographies in research and education (viz. the Medical Humanities) where they are treated as the unmediated expressions of the author's experiences and are taken to offer (medically relevant) insights into the personal dimensions of the condition. Such approaches tend to neglect important features such as narrativity and intertextuality that have to do with the construed, mediated nature of these autobiographical works. This study, in contrast, does consider these features by means of (structuralist) narratology and intertextual research methods.

Chapter 2 reviews how depression is addressed and discussed in specialised (diagnostic) handbooks, scientific journals, and survey studies related to the fields of (biological) psychiatry, pharmacology, genetics, and psychology. Its aim is to create a clear overview of the symptomatology, diagnostics, aetiology and treatment methods, which are needed to be able to understand and interpret what these autobiographies, which frequently refer to these discussions, actually express.

The chapter concludes that depression in scientific publications is predominantly considered to be a heterogeneous condition, whose course and treatment success can differ significantly from patient to patient. The aetiology and pathogenesis of depression continue to be debated, while also the right criteria for adequate diagnosis are still subject to discussion, with the question of demarcating the difference between pathological and non-pathological despondency often marked as having no definite solution. In other words, in speaking and thinking about depression there is a dominant note of enigma and impalpability.

The scientific literature, however, forms but one part of the publications on depression. Other types of publications on this topic include brochures, flyers, fact sheets, and web sites relaying information on the condition, as well as books for a nonprofessional audience and self-help books. Such texts also contribute to the discourses assigning meaning to depression in the present culture of health, and, as said, the corpus of autobiographical writing examined in this study also refers to these health communication texts. **Chapter 3** therefore is centred on an analysis of this type of sources. Self-help guides or online exercises and mood tests tend to incite an autonomously acquired and unambiguous understanding of the condition, with the idea that insight into one's pathology enhances recovery. As the chapter shows, the enigma and heterogeneity of depression so strongly articulated in the medical sources of the preceding chapter tend to be smoothed over in health communication texts.

Chapter 4 presents the findings resulting from the analysis of the process of the appropriation and evaluation of medical knowledge in the autobiographies. It (a) answers the question as to how this type of intertextuality should be understood and also (b) demonstrates how that knowledge is handled when it is incorporated in the autobiographical self's testimony.

Since the intertextual references do not stand alone and are embedded in a broad range of narrative strategies that the autobiographical self relies on to express its own experiences, the analysis of intertextuality is preceded by a mapping of the narrative procedures the autobiographical writings make use of when representing depression. This yields the outcome that these works do not represent a single, static self. There is, to begin with, a cluster of narrative procedures by which a self can be identified that looks back on its own disease history and assigns meaning to it. The autobiographer's exposé suggests an informed overview and testifies to informed knowledge about his or her own health. Next to that, however, another self can be distinguished, one that is the *subject* of narration. This self is associated with the immediately confusing (physical) experiences it undergoes. With a more limited point of view it renders in plain words the lack of understanding, confusion, and destabilisation that attend depression.

These works therefore trace a certain development: the unknowing, drifting self evolves into one that is informed, on top of it, and able to govern its own health. It turns out that attention for the divergent ways of rendering the self is a prerequisite for conclusive statements about intertextuality, whose function is primarily epistemic. The intertextual references to knowledge interfere with the textual procedures expressing cognitive transition; intertextuality extracts depression from immediate experience and turns it into an object of analysis. An important effect is the objectification, rationalisation, and generalisation of suffering.

In this process, the knowledge that is appropriated does not remain intact and tends to be transformed in different ways: (1) in a process of simplification, specialist particulars in the publications referred to become more abstract. Related to this, decontextualisation (2) occurs: the findings of medical studies are perceived by the self in isolation, debarred from the context of a surrounding academic discourse and neglecting the critical views that these findings may have elicited. Finally, (3) fusion also appears to be characteristic of the transformation process: the autobiographical self-analysis relies on a blend of disparate scientific views that elsewhere are not thought to combine so easily. The conclusion is that the epistemic *function* of medical knowledge is related to its *transformation*: the principles of simplification, decontextualisation, and fusion enable acquiring an insight into incomprehensible suffering.

Chapter 5 is devoted to an analysis of the nature and significance of literary intertextuality. It (a) answers the question of the way in which the selected texts refer to passages in literature and film and (b) explains the function of these references. Again, the analysis of narrative procedures used for expressing depression provides the groundwork for the analysis of this type of intertextuality. A wide range of narrative procedures can be distinguished that express the oppressive sense of aloofness and isolation. Still, in some passages such loneliness cedes to ideas of communality. A self can be identified that is morbidly preoccupied with its own situation and seeks to establish relations with others and their suffering. The autobiographical narrators construe a “sense of belonging,” as it is labelled in socio-psychological studies. In this regard too, then, a certain development can be traced: improved sociability.

These findings provide a framework for the analysis of intertextuality, which in this respect has a strongly socialising function: the appropriation of (passages from) literary texts and film can be read as constituting a process of identification, which enables the self, on the basis of pathologising readings of the works consulted, to construe a connection between its own suffering and that of protagonists and authors from the canon of cultural history and beyond. The appropriation of passages from literary texts serves to put into perspective the feelings of isolation and

aloofness concomitant to depression. Aesthetising and historicising depression, moreover, turn out to be important effects of this type of appropriation.

Again, the appropriated literary works do not remain intact and it is possible to designate certain types of transformation that occur when literature works are appropriated. It was possible, for example, to identify (1) decontextualising and dehistoricising tendencies: the self deploys an identificatory, pathologising reading that does not take account of the critical tradition regarding the work. In relation to this there is a tendency to (2) disambiguate, in the sense that the self's identificatory reading of the literary texts tends to obscure polysemy and indeterminacy.

Chapter 6 reflects on the outcomes of the analysis, as well as on the theoretical framework and the research methods. Using a medical/anthropological perspective, it considers the function and significance of autobiographical literature. Depression can be considered as an experience that gives rise to some fundamental interpretative tasks. Such tasks are emphatically important in a time when — in line with current health policies — there is a constant urge to understand and manage (one's own) illness and health (see chapter 3). Patients, relatives, psychiatrists, care workers, researchers, policy makers, and the like, are constantly commended to partake of these processes of insight and evaluation and to formulate answers to the enigma of depression.

Partly based on these findings, certain conclusions can be drawn about the nature and function of autobiographical literature: (1) Autobiographies create insight into the (implications of) interpretative problems by means of the strategies of representation brought to light in this study, throwing into relief certain knowledge questions linked to the nature, cause, and cure of depression, but also to affiliation and congeniality. (2) At the same time, autobiographies constitute an idiosyncratic contribution to these attempts at knowledge acquisition and interpretation.

Examining intertextuality turns out to be crucial for gaining insight into this second function. The appropriation of literary and medical sources continuously forms part of a meticulous self-analysis where reading these texts serves to understand and appreciate the self's subjective experiences. In this, sources are not simply transposed, but transformed and, because of this, gauged and tested. It is therefore postulated that autobiographies, in this way, function as so called interpretative scenarios that advance reasoned propositions about how, and by means of what sources, depression can be understood and how meaning should be assigned to it. This is all in turn grounded in the autobiographer's particular experiences that can be followed closely, since they are expressed in ostensibly candid descriptions. Precisely because of this commitment, these works contribute to the way in which knowledge about depression is disseminated in the present-day culture of health.

Based on these findings the chapter ends with a number of suggestions for future research. It points out that attention and readership in the case of the corpus of texts occurs especially outside the literary-cultural field. Given the importance of this genre, a broad definition of the object of research is proposed: it should not be the “literary” character of (autobiographical) texts that determines whether or not they are worth studying, but the function they fulfil in society, independent of the question of their literariness. This study offers a number of analytical, theoretical, and methodological perspectives by means of which such functions can be addressed.

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