

**Virginia Woolf's "On Being Ill" (1926) and Mary Renault's *The Charioteer* (1953) in the
Medical Humanities: Depictions of Illness and Queer Temporalities**

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Submitted April 2025

A thesis submitted to the McGill University in partial fulfillment of the requirements of the
degree of Master of Arts

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Abstracts

English

The field of the medical humanities explores the connections between representations of illness in art and healthcare. Virginia Woolf's 1926 essay "On Being Ill" has been analyzed at length by medical humanities scholars because of Woolf's claims on the nature of illness writing, and on how illness changes the patient's perceptions— including that of time. Mary Renault's 1953 novel *The Charioteer* also foregrounds the temporal shift experienced by her hospitalized protagonist and relates this alternative temporality to queer time. Few scholarly articles reference Renault because of the middlebrow status of her writing, despite her immense popularity. As illness narratives, Woolf's essay and Renault's novel contribute to the medical humanities by portraying the felt experiences of illness and infirmity in the context of modernist medicine. My thesis will argue that, in Woolf's essay and Renault's novel, the loss of autonomy experienced during bouts of illness alienates the patient from the progressivist temporality of the world, and so both texts can be examined as depictions of queer time.

French

Le domaine des sciences humaines médicales explore les liens entre les représentations de la maladie dans l'art et les soins de santé. L'essai de Virginia Woolf, «On Being Ill», paru en 1926, a été fréquemment analysé dans les articles appartenant au domaine des sciences humaines médicales en raison de ses thèses sur la nature de l'écriture sur la maladie et sur la façon dont la maladie modifie les perceptions du patient, y compris celle du temps. Le roman de Mary Renault, « The Charioteer », paru en 1953, met également en avant le décalage temporel vécu par son protagoniste hospitalisée et relie cette temporalité alternative au temps queer. Peu d'articles scientifiques font référence à Renault en raison du statut de littérature populaire de ses

écrits, malgré son immense popularité. En tant que récits de maladie, l'essai de Woolf et le roman de Renault contribuent aux sciences humaines médicales en décrivant les expériences ressenties de la maladie et de l'infirmité dans le contexte de la médecine moderniste. Ma thèse soutiendra que, dans l'essai de Woolf et le roman de Renault, la perte d'autonomie ressentie lors des épisodes de maladie aliène le patient de la temporalité progressiste du monde, et que les deux textes peuvent donc être examinés comme des représentations du temps queer.

Introduction

The field of the medical humanities emerged in the United States during the second half of the twentieth century. In 1967, Penn State College of Medicine established the first humanities department in a medical school because of a growing interest in narratology and the history of medicine (Klugman and Jones 517). The inception of the *Journal of Medicine and Philosophy* in 1976 and the *Journal of Medical Humanities* in 1979 garnered international interest for the field. Currently, the medical humanities represent a vibrant research community with multiple journals, conferences and university courses taught across the world. The field explores the connections between contemporary and historic representations of illness in art and healthcare. Virginia Woolf's 1926 essay "On Being Ill" is regularly cited by introductions to the medical humanities and anthologies of illness and literature (James 10). Mary Renault's 1953 novel *The Charioteer*, about a hospitalized patient during World War Two and a queer love triangle, also contributes to modernist studies of illness but has received very little scholarly attention.

The field of the medical humanities brings together the study of medicine, the humanities and the arts to study the subjective experiences of patients and medical professionals within the medical encounter. Interdisciplinary work within the medical humanities contends with "a struggle within the medical encounter to find a language with the capacity to speak to and for illness" (Salisbury 446), as specialization within the humanities and the medical sciences as separate fields of study over the past century has created a divide between these two modes of thinking. Literary studies within the medical humanities center the illness narrative in interdisciplinary conversations about patient care. Portrayals of doctors and patients are analyzed according to markers such as "race, class, gender, ability and disability" (Woods and Whitehead 2). Overall, literary scholars within the medical humanities "teach medical professionals

close-reading and writing skills, analyze medically-focused texts and study the therapeutic functions of narrative” (Crawford 38). Literary medical humanities subfields include ‘literature and medicine,’ ‘critical medical humanities,’ ‘health humanities’ and ‘narrative medicine.’

The focus on illness narratives within the medical humanities emerged as a result of the ‘narrative turn’ that occurred towards the end of the twentieth century. Towards the beginning of the 1990s, narrative studies grew in popularity across many disciplines, including “philosophy, psychology, theology, anthropology, sociology, political theory, literary studies, religious studies [and] psychotherapy” (Strawson 428). Within the medical humanities, this ‘narrative turn’ is evidenced by the rise of illness narratives as an established literary genre, the immense popularity of theoretical approaches to illness narratives– including Howard Brody’s *Stories of Sickness* (1987), Arthur Kleinman’s *The Illness Narratives* (1988), Anne Hawkins’ *Reconstructing Illness* (1993) and Arthur Frank’s *The Wounded Storyteller* (1995) – and the birth of Rita Charon’s narrative medicine project in 1993. Narrative medicine found practical uses for illness narratives within the medical profession; by pairing “doctors, nurses and social workers” with “teachers of literature, novelists, storytellers and patients,” the practice of narrative medicine was created to teach medical professionals “the skills needed to listen to narratives of illness, to understand what they mean, to attain rich and accurate interpretations of these stories, and to grasp the plight of patients in all their complexity” (Charon 3). Narrative approaches remain ubiquitous within the field, as medical humanities scholars continue to relate illness to narratological concepts, study the therapeutic functions of narrative, and prescribe narrative solutions alongside medical treatment. Written illness narratives can take a variety of forms: fictional or non-fictional, from the perspective of patients or medical professionals, and published as poetry, short stories, novels or essays.

Many scholars of the medical humanities use illness narratives to improve the lives of real, present-day patients. The fictional characters Woolf and Renault portray in their texts should not be conflated with living people, as literary characters must not be treated as case studies. Tabitha Sparks observes how “scholarship that diagnoses literary characters with diseases or conditions, or responds to their imagined bodies as real ones, is commonplace” in literary studies (137). Yet fictional characters cannot be diagnosed or prescribed treatment because their bodies do not exist. Moreover, the practice of medicine in the early twentieth century and its related epistemologies differed significantly from our present-day conception of medical care. Some facets of illness featured in Woolf and Renault’s texts can be universally experienced across time and space: being confined to a supine position, struggling to participate in regular activities, relying on a caretaker, and experiencing time differently. The existence of these universal facets are what render the depictions of illness in “On Being Ill” and *The Charioteer* significant for the medical humanities.

Literary fiction holds a specific therapeutic function for many medical humanists. Although “On Being Ill” is an essay, Woolf breaks with formalistic conventions by depicting the experience of a fictional patient alongside her arguments, and so the text can be read as a fictional portrayal of illness alongside *The Charioteer*. For Rita Felski, the “the epistemological shakiness of fiction, its freedom to ignore empirical criteria and constraints of evidentiary argument” offers “an initiation into the historical aspects of intersubjectivity that is unattainable by other means” (Felski 90). Likewise, Sparks argues that literature “retains a capacity to comment on, ironize, detach from and exaggerate lived experience, providing an alternative but equally important mode of observation descriptive of the felt, sensed and otherwise unquantifiable” (140). Additionally, this distance between fiction and reality allows fiction

authors to invent hypothetical situations that, albeit unthinkable in real life, explore new possibilities for how we think about illness and infirmity.

Illness and Queerness in “On Being Ill” and *The Charioteer*

“On Being Ill” has been analyzed at length by medical humanities scholars because of Woolf’s claims about the language of illness writing, and how illness changes the patient’s perceptions, including that of time. Woolf also foregrounds the temporal shift experienced by her hospitalized protagonist and relates this alternative temporality to queer time. Even though Renault was one of the most popular historical novelists in the English language, with her books translated into every major tongue, few scholarly articles reference Renault because her genre fiction has been taken less seriously than high modernism (Sweetman 11). As illness narratives, Woolf’s essay and Renault’s novel contribute to the medical humanities by portraying the felt experiences of illness and infirmity in the context of modernist medicine. “On Being Ill” also comments upon the genre of illness writing and endorses narratives that explore the individual consequences of illness, which contrasts to Renault’s approach in *The Charioteer* as she focuses on the social consequences of illness. In both texts, the loss of autonomy experienced during bouts of illness alienates the patient from the progressivist temporality of the world, and so both texts can be examined as depictions of queer time.

Woolf and Renault had personal experiences with illness and queerness. While writing “On Being Ill,” Woolf underwent a long bout of ill-health, with headaches and exhaustion, partial recoveries and new relapses that lasted one year (Bell 114). Her essay directly addresses how her experiences of illness have shaped her writing: “In illness words seem to possess a mystic quality. We grasp what is beyond their surface meaning, gather instinctively this, that, and the

other” (Woolf 41). In 1930, she makes a similar remark in a letter that describes how illness is integral to her writing process:

I believe these illnesses are in my case— how shall I express it?— partly mystical.

Something happens in my mind. It refuses go on registering impressions. It shuts itself up. It becomes chrysalis. I lie quite torpid, often with acute physical pain— as last year; only discomfort this. Then suddenly something springs (Bell 149).

Her mother Julia Stephen was a nurse and published a memoir of her experiences titled *Notes From Sick Rooms* (1883). Whereas Woolf’s consistent bouts of ill health led to her taking her own life at the age of fifty-nine, there is only one recorded instance of Renault suffering from serious illness. In 1931, Renault contracted a particularly severe case of influenza, which rendered her bedridden for nearly two years. Along with her experience as a patient, Renault was particularly familiar with the practice of medicine, as her father was a physician and she sporadically worked as a nurse in hospitals across Britain for nearly a decade, from her late twenties until her late thirties (Sweetman 60, 137).

Although queerness was illegal in England until 1967, Woolf and Renault partook in lesbian relationships. Woolf, who was married to Leonard Woolf from 1912 until her death in 1941, had fairly public relationships with Vita Sackville-West and Ethel Smyth (Bell 37, 154). Renault never married but formed a romantic relationship with Julia Mullard, a fellow nurse whom she worked with at the Radcliffe Infirmary and lived with throughout most of her adult life (Sweetman 69). While writing *The Charioteer*, Renault belonged to a community of homosexual men during her first year in Durban. She lived in a house with two gay actors— Jack Corke and Peter Albrecht, who brought her to parties where she encountered homosexual men who, as her biographer Caroline Zilboorg writes, “had once been [soldiers for the military], but

now were doubly marginalized by their sexuality and their status as ‘ex-servicemen,’ still defined by a war that no longer provided them with a clear professional position” (105).

“On Being Ill” advocates for the creation of new words and metaphors to capture the patient’s subjective experience. Woolf’s essay controversially highlights the importance of the aesthetic dimension of illness. She uses literary references to depict the grief, suffering and desire to escape that occur as emotional reactions to illness. Her use of metaphoric language distances the reader from the traumatic reality of dire symptoms and painful medical interventions. *The Charioteer* portrays illness through repetition, consistently referring to the protagonist’s pain every ten pages on average. The novel’s protagonist demonstrates how disability can shape a person’s identity, both in relation to one’s subjective experiences and one’s participation in society. Although the protagonist’s permanently injured leg hinders his romantic and financial prospects, it allows him to create powerful social bonds amongst fellow disabled ex-soldiers.

Narrative and Queer Temporalities

Medical humanities scholars often employ narratological concepts when analyzing the subjective experience of patients, and thereby tend to prescribe narrative solutions. As Charon lists temporality amongst the “five narrative features of medicine” (39), she establishes a connection between the temporality of a patient’s illness and the temporality of their personal narrative. She cites Paul Ricoeur in *Time and Narrative* to elucidate this connection: “Time becomes human to the extent that it is articulated through a narrative mode, and narrative attains its full meaning when it becomes a condition of temporal existence” (Charon 42). Thus the patient’s experience of time is shaped by the narratives they construct, and the narratives they construct shape their experience of time. Arthur Frank exemplifies the devastating consequences

that occur when a patient's personal narrative is interrupted by illness. He argues that the chaos brought on by illness is inherently anti-narrative, and uses the term "narrative wreck" to describe patients whose present is not what the past was supposed to lead up to, and whose future becomes scarcely thinkable (Frank xv, 55). The unexpected advent of illness alienates patients from their past narratives; as healthy individuals typically do not expect to fall ill, illness does not appear in the narratives through which they define themselves. Since illness often threatens a patient's survival, the task of creating new narratives to replace the old can seem futile.

Frank's description of the narratological consequences of illness also defines the temporality of illness. Whereas healthy individuals experience a linear progression between past, present and future, the sick find themselves stranded in a discordant present. Similarly, Charon defines the temporality of illness as a form of stasis brought on by suffering: "patients exist within temporal caesurae, the experience of pain or suffering indivisible into 'then' and 'now.' States of suffering erase all distinctions in time except for 'before it started' and 'since'" (122). In both of these definitions, 'sick time' deviates from the linear temporality of narrative, which unfolds according to a beginning, middle and end. Renault's depiction of the temporality of illness in *The Charioteer* resonates with Frank and Charon's definitions of the temporality of illness as stasis brought on by suffering. The novel's protagonist cannot return to his former life as a soldier because of his permanent disability. Lacking any prospects for the future, his experience of the present moment is plagued by the pain his injured leg causes him. In contrast, Woolf portrays the temporality of illness in "On Being Ill" as variable and fluid; she likens the patient's experience of time to the diverse rhythms of natural processes; her examples include the passing of clouds which takes minutes, the rising and falling of the sun which takes days, and the eroding of rocks which take years.

The depiction of time in Woolf's and Renault's texts aligns with critical definitions of queer temporality. Judith Halberstam writes that "queer temporality disrupts the normative narratives of time that form the base of nearly every definition of the human in almost all our modes of understanding" (152). In *Time Binds: Queer Temporalities, Queer Histories*, Elizabeth Freeman uses the term "chrononormativity" to describe this progressivist temporality; she argues that "in a chronobiological society, the state and other institutions, including representational apparatuses, link properly temporalized bodies to narratives of movement and change" (4). Chrononormative time unfolds according to "paradigmatic markers of life experience— namely, birth, marriage, reproduction, and death" (Halberstam 2), and can include the linear trajectory of financial success through the advancement of a career. Queer people and other minority groups can be excluded from this progressivist temporality because they may not experience "the privilege of majoritarian belonging, normative tastes, and 'rational' expectations" (Muñoz 27). Queerness, along with illness, deny the patient the cultural recognition and validation associated with the milestones of chrononormativity by consuming large amounts of their time and energy that might otherwise be spent in pursuit of these goals.

The temporality of queerness defined by Freeman, Halberstam and Muñoz erratically moves between past, present and future in a non-linear fashion. Freeman uses narrative terminology to describe 'queer time' as "asynchrony, anachronism, anastrophe, belatedness, compression, delay, ellipsis, flashback, hysteron-proteron, pause, prolepsis, repetition, reversal, [and] surprise" (xxii). Whereas Frank views narrative as a tool to establish a prosthetic sense of past, present and future for the patient, Freeman embraces narrative concepts that subvert all forms of linear progression. For José Estaban Muñoz, "the past, or at least narratives of the past, enable utopian imaginings of another time and place that is not yet here but nonetheless

functions as a doing for futurity, a conjuring of both future and past to critique presentness” (106). Understanding time as non-linear “opens a space of intervention to challenge fixed meanings and regulatory structures, to question relationships to pasts and presents and the values and logics we place upon time” (Goltz 2).

The depiction of time in illness narratives can easily adapt to definitions of queer temporality. In “Viral Temporalities,” Ruth Clemens and Max Casey advance a temporal theory of “inclusive disjunction,” which identifies a multitude of incompatible temporalities that nonetheless exist simultaneously:

The time of illness seems incompatible with humanist temporal linearity, and thus experience of it must be rendered into a strict temporal line through narrative structuring, in order for the temporal disjunction to be resolved. However, this conceptualisation of time ignores the complexities and multiplicities behind the inclusive disjunction— the existence of multiple nonhuman temporalities existing within, alongside, and beyond the human revealed in the human-pathogen interaction. (64)

Chrononormativity thereby obscures the various non-linear temporalities of human and non-human organisms, since the linear passage of time is a human construct. The temporal theory of inclusive injunction accounts for the inconsistencies that make up both ‘queer time’ and ‘sick time;’ cancer patients that go into remission may find themselves returning to progressivist temporalities for as long as their health will allow; queer people may decide to get married and have kids from within their non-heteronormative relationship.

In their approaches to narrative, queer and medical humanities scholars demonstrate opposing reactions to chaos. This fact can be explained by the context of these two fields; medical humanities scholars pathologize chaos as an additional symptom of illness that must be

treated; queer scholars accept chaos as a necessary consequence of queerness and are thereby positioned to theorize on its advantages. In her critique of narrative approaches to medicine, Laura Salisbury asks,

If the value of narrative lies precisely in tracing the unexpected contours of subjective experience, why imagine that that experience could or should have the broadly ‘realist’ shape of linearity, coherence and closure that has been the focus of the dominant accounts of narrative in medical humanities? (446)

As queer theorists reject linearity, coherence and closure as the antithesis of queer temporalities, they embrace the unique possibilities made possible by the unexpected contours of subjective experience. For patients who suffer from chronic and untreatable illnesses, their limitations that prevent them from participating in chrononormative time are permanent. The medical humanities should therefore explore palliative solutions that accept the inevitability of deviations from linear timelines. “On Being Ill” and *The Charioteer* provide such solutions in their depictions of queer temporalities.

Outline of Thesis

The first chapter of my thesis, “Virginia Woolf’s Depictions of Illness and Queer Temporalities in ‘On Being Ill,’” examines Woolf’s essay both as an illness narrative and as a critique of the illness narrative genre. “On Being Ill” advocates for illness writing that explores the patient’s subjectivity in isolation from society. She makes two significant claims that have been taken up at length within the medical humanities: first, that there is a lack of illness narratives within the English literary canon that adequately portray the subjective experience of illness and second, this lack stems from inadequate words and metaphors to describe illness within the English language. As an illness narrative, Woolf focuses on the aesthetic

consequences of illness by arguing that the experience of illness fundamentally changes one's experience of language and the senses. Inspired by her own experiences, Woolf uses metaphoric language that distances the patient from traumatic language used to describe pain and the hospital setting. I then situate Woolf's depiction of the temporality of illness in the critical category of queer temporality. Therefore, her comparison between the healthy and the ill is also a comparison between heteronormative and queer individuals. Lastly, I argue that Woolf defines a particular modality of queer time that arises when one finds themselves isolated from society. For Woolf, the practices of reading and writing illness narratives enables the patient to explore new subject-formations outside the confines of time and space, thereby suggesting that engagement with literature is a form of queer time.

The second chapter, "Mary Renault's Depictions of Illness and Queer Temporalities in *The Charioteer*," explores the relationship between disability and queerness for Laurie, the protagonist of the novel. I analyze how Renault portrays her characters' disabilities through repeated references to the hindrances they cause, the integration of a new identity that incorporates them and the social consequences her characters face as a result of them. By applying Woolf's critique of illness narratives to Renault's novel, I examine how, despite the clash between Woolf's disdain for objectivity and Renault's commitment to realism, both texts use metaphoric language and generate sympathy when characterizing the experiences of illness and infirmity. Renault also defines her protagonist's disability in relation to the ongoing second World War and the consequences he faces of no longer being able to fight as a soldier. *The Charioteer*'s portrayal of sick time through the liminality of its protagonist's hospital stay resembles the medical humanities definition of the temporality of illness. The feelings he develops for the orderly who cares for him reflect his stagnation, as inferred by the names he

gives their meeting spots, “Eden” and “Limbo.” However, I argue that by accepting his homosexuality and the permanence of his disability, Renault’s protagonist learns to live according to a queer temporality to cope with the pain of his immediate present. Through his reading of Plato’s *Phaedrus*, he gleans ideas from the past to imagine a utopic future that integrates his queer sexuality and permanent disability.

Overall, my thesis examines how Woolf and Renault’s texts contribute to the medical humanities and depict queer temporalities within their portrayals of illness and infirmity. “On Being Ill” and *The Charioteer* align illness with queerness by reframing the loss of autonomy and subjectivity entailed by illness as an opportunity to discover new forms of meaning. By embracing rather than seeking to correct deviations from linear temporal experiences, “On Being Ill” and *The Charioteer* suggest that there are some positive consequences to illness; the deviations from chrononormativity faced by both authors’ imaginary patients allows for profound introspection and a knowledge of self not otherwise possible.

Chapter 1: The Experience of Illness and Queer Temporality in “On Being Ill”

T.S. Eliot published the first rendition of “On Being Ill” in the January 1926 issue of *The New Criterion*, despite his ongoing feud with Woolf. A shorter version appeared later that year in the American journal *The Forum* with a new title: “Illness: An Unexploited Mine.” Woolf continued to edit her essay, and in 1930 published a definitive edition with the original title “On Being Ill” as a Hogarth Press pamphlet. Wesleyan University press published a recent edition in 2012 that pairs Woolf’s essay with “Notes from Sick Rooms”—an essay on caregiving written by her mother, Julia Stephen in 1883. Although Woolf was primarily a reviewer and essayist, with 500-plus articles, essays and reviews published under her name, critics up until the 1970s treated her essays only in the context of her fiction (Rosenberg 1-2). Critical engagement with her essays until the end of the twentieth century usually centered on her controversial claims in “Mr Bennett and Mrs Brown” (1924), an essay that participates in a debate with Arnold Bennett on what constitutes a credible character within a novel by highlighting the shortcomings of Edwardian and Georgian writers.

It is only in recent years that “On Being Ill” has garnered significant critical attention as an important contribution to the medical humanities. In the essay Woolf refers to the rarity of illness writing, which she attributes to a shortage of words that refer to illness, a claim cited extensively by medical humanities scholars seeking to analyze medical representations in literature. Although the practice of medicine in the early-twentieth century greatly differed from medical practice today, Woolf’s portrayal of illness in “On Being Ill” continues to resonate for patients and medical practitioners alike. The essay can be read both as an illness narrative and a critical engagement with the illness narrative genre. She invents a unique approach to illness writing that strays from literary traditions to foreground the subjective experience of the patient.

Along with illness, Woolf touches upon a myriad of subjects in “On Being Ill.” In her introduction to the essay— printed in the 2012 edition— Hermoine Lee lists the following topics addressed by Woolf:

[L]anguage, religion, sympathy, solitude, [...] reading [...] madness, suicide, [...] the afterlife, [...] dentists, American literature, electricity, an organ grinder and a giant tortoise, the cinema, the coming ice age, worms, snakes and mice, Chinese readers of Shakespeare, housemaids’ brooms swimming down the River Solent, and the entire life-story of the third Marchioness of Waterford. (xiii)

Woolf weaves this seemingly random list of topics into a coherent portrait of the subjective experience of illness. According to Laura Salisbury, the essay is held together “by the fabric of its prosody, by a tissue of metaphors that shuttle and repeat, making links that are as poetic as they are logically propositional” (451). Woolf alternates between poetic image-making, and social criticism. Additionally, the essay abounds with references that span multiple literary periods. As “an informal personal essay in the style of Lamb, Hazlitt [and] De Quincey” (O’Hara 295), “On Being Ill” owes its form to the Romantic period. Woolf makes further references in the essay to De Quincey, Keats, Hazlitt, Lamb, Coleridge, and Shelley, either in (anonymous) quotation or in direct mention” (Pett 45). Woolf does not limit herself to the Romantic period, however, as she cites a select history of the English canon by referencing Shakespeare, Donne, Milton, Pepys, Pope, Gibbon, Hardy and James. French Symbolists Rimbaud and Mallarmé also make an appearance, and the essay ends with a six page summary of Augustus Hare’s Victorian memoir *The Story of Two Noble Lives* (1893).

“On Being Ill” challenges the binary between objective essay and subjective illness narrative by writing an essay that draws more upon poetic associations than logical arguments

while still adhering to a logical structure. Although her essay is inspired by Romantic traditions, Woolf's avoidance of first-person pronouns strays from the conventions of this form. Lee mentions how, "like these Romantic essayists, she allows herself deviations and divagations, though she is more guarded about herself than they are, more anxious to conceal her personal experience. But, like them, she uses an intimate, inconsequential speaking voice which makes the essay read like a form of conversation" (xxvii). She innovates the essay genre, as "On Being Ill" is both Romantic and analytical in form— at times objectively describing the social consequences of illness and at times drawing upon Woolf's subjective experiences. As an analytic essay, "On Being Ill" is separated into nine paragraphs that advance a *modus ponens* argument. In the first paragraph, Woolf argues that English literature and the language overall do not suffice as nuanced descriptions of illness. The following seven paragraphs advance seven premises. Rather than conclude with a summary of her argument, Woolf's final paragraph strays from the essay's logical structure; she ends "On Being Ill" with a close reading of Hare's memoir that emphasizes the inevitability of illness, which expands the stakes of her argument for the healthy along with the sick.

Woolf wrote "On Being Ill" while simultaneously undergoing a prolonged bout of ill health and coming to terms with the fact that her extra-marital relationship with Vita Sackville-West was ending soon— Sackville-West would be moving to India to follow her diplomat husband Harold Nicholson (O'Hara 299). The essay abounds with feelings of isolation during this particularly ill and queer time in Woolf's life. Although scholars have examined the queer temporalities at work in Woolf's fiction, "On Being Ill" has yet to be read as a depiction of queer time, which I define as temporal experiences that stray from the linear progression of chrononormativity. Queer temporalities vary in pace and unfold in a non-linear fashion. In her

essay, Woolf foregrounds the patient's inability to participate in the progressivist temporality of the world by contrasting the patient's experience of time with that of the healthy and emphasizing the patient's feelings of isolation. Her depiction of sick time as a multiplicity of simultaneous yet disjunctive temporalities adheres to Halberstam's, Freeman's and Muñoz's definitions of queer time. The importance she places on literature as a cure for social exclusion suggests that the practices of reading and writing illness narratives allow patients to participate in a specific modality of queer time.

1. Woolf's Contributions to the Medical Humanities

"On Being Ill" can be read both as a critique of how illness has been portrayed in literature and as a personal illness narrative. Woolf situates her critique in the essay's lengthy, eight-page introduction, which advances two central claims: first, that illness has not been adequately represented in literature, and second, that the English language lacks the necessary vocabulary to describe the subjective experience of the patient. Medical humanities scholars often cite one of these claims to construct an argument about the relationship between illness and literature and/or language without referring to the rest of the essay. These critical approaches to "On Being Ill" largely seek to understand what is at stake in contemporary portrayals of illness in literature, but they overlook the arguments that Woolf advances in the pages that follow her introduction. In section 1.1 below I examine the entire essay to parse out Woolf's desire to create new symbolic associations to capture the nuances of illness.

As an illness narrative, Stella Bolaki identifies "On Being Ill's" "lasting legacy" within the medical humanities as "the fact that it reinforces the importance of taking seriously the aesthetic dimension and imaginative work underlying illness narratives" (120). Highlighting the importance of aesthetics in illness narratives is a controversial move; William Major raises

skepticism when he argues that the aesthetic, as a “subjective realm” can hardly constitute “a firm foundation for sustained ethical or political consciousness-raising” (109). Indeed, the focus on social and medical sciences within the medical humanities can bring into question the legitimacy of literary approaches to understanding illness. Yet as Kimberly Coates writes, “On Being Ill” “startles us with the realization that illness may indeed have something to tell us about aesthetics, if only because the two constitute experiences that, due to language’s inherent restrictions, are equally difficult to impart” (258-259). For Lee, Woolf pieces together aesthetic representation, literary references, and personal observations, all of which “have to do with pleas or longing for escape, struggles with a hell of human anguish and depression” (Lee xxxii). In section 1.2, I examine the significance of literary references for Woolf’s portrayal of the aesthetic dimension of illness.

1.1 Woolf’s Vision for Illness Writing

“On Being Ill” opens with Woolf identifying a lack of illness narratives amongst popular literature in 1926:

Considering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, [...] it becomes strange indeed that illness has not taken its place with love, battle, and jealousy among the prime themes of literature. Novels, one would have thought, would have been devoted to influenza; epic poems to typhoid; odes to pneumonia, lyrics to toothache. But no; with a few exceptions—De Quincey attempted something of the sort in *The Opium Eater*; there must be a volume or two about disease scattered through the pages of Proust—literature does its best to maintain that its concern is with the mind. (3-4)

Woolf points out how strange it is that so few literary texts take up the experience of illness as subject matter, especially as she writes this essay in the aftermath of World War I. Influenza impacted the lives of individuals more than battle during the war, as “more soldiers had often died of disease than combat” (Barry 402). Yet “Pale Horse, Pale Rider” by Catherine Anne Porter (1938) is one of the only literary works written in the English language about the first World War with a plot that centers on influenza. Woolf blames her audience for this omission of illness “among the primary themes of literature;” she claims that “the public would say a novel devoted to influenza lacked plot” (6). Whilst Cheryl Hindrichs agrees with Woolf that illness did not fit into the literary conventions of her time, she argues that literary works about influenza were at odds with the predominant British cultural narratives of the early twentieth century: “The swift, ubiquitous slaughter of the pandemic and its undermining of medical authority made it unsympathetic to the paradigms of conventional portrayals of the war that dominated the period’s social and historical narratives” (46).

Although the influenza pandemic that occurred towards the end of the First World War scarcely appeared in literary works, many forms of illness writing existed both before and during Woolf’s time. Ann Jurecic points out that the theme of illness has been present throughout the English literary canon, and argues that Woolf’s claim on the lack of illness narratives “ignores the presence of illness in the works of Chaucer, the Brontës, Dostoyevsky, and more,” and “disregards the ubiquitous Romantic association of tuberculosis and madness with creativity by suggesting that literature ignores the body” (5). During the first half of the twentieth century, many authors addressed the effects of illness on the body, as illness narratives written from the perspective of doctors emerged as an international trend; *Of Human Bondage* by Somerset Maugham (1915), *Arrowsmith* by Martin Sinclair (1925) and *The Citadel* by A.J. Cronin (1937)

are all bildungsromans that depict a young man's journey from medical student to practicing doctor, and portray medical encounters with people of all classes; short story collections *A Young Doctor's Notebook* by Mikhail Bulgakov (1926) and *Life Along the Passaic River* by William Carlos Williams (1938) are inspired by the plights of real patients, as their authors were practicing physicians. A precursor to the illness narrative genre established in the late twentieth century can be found in the "sanatorium narratives" written from the perspective of tuberculosis patients in the 1920s and 1930s (Rothman 226), and in Thomas Mann's immensely popular novel *The Magic Mountain* (1924).

Critics who cite Woolf's first claim that illness has not been adequately represented in literature include Kathlyn Conway arguing that for patients, "writing [about illness] frustrates as much as it heals" (3) and Howard Brody discussing how Thomas Mann's *The Magic Mountain* and Aleksandr Solzhenitsyn's *The Cancer Ward* are significant exceptions to this claim. Some medical humanities scholars including Jurecic update Woolf's early 20th century claim on the lack of illness narratives. Laura Spinney argues that Woolf's opening question "could not be asked now because starting in the 1920s disease moved centre-stage in literature" (263), and James Coulehan agrees that this claim is "no longer true" (1). However, there are reasons not to take Woolf's writing on this issue at face value.

Pett provides evidence that Woolf was aware of the various forms of illness writing that existed both before and during her time:

As a central figure in the London literary scene and a voracious reader, Woolf is likely to have been familiar with the literary landscape of illness; though no guarantee of reading, a significant number of the texts on which studies on illness in literature have focused can be found in the library she shared with her husband Leonard. Even without this more

extensive literary backdrop, the disjunction between Woolf's conjecture and her own fictional and semi-fictional writing—in which illness regularly makes an appearance—is sufficient to cast doubt on the sincerity of her initial claim about the absence of illness from literature. (34)

Woolf may have intended to provoke her readers— notably her editor, T.S. Eliot, whom she had conflict with when “On Being Ill” was written— by making them question a deliberately false claim at the beginning of her essay. More feasibly, Woolf’s claim refers to a specific kind of illness writing that exists outside of the literary conventions of her time.

Furthermore, Woolf’s essay shares its title with Henry Dwight Sedgwick’s 1916 essay “On Being Ill,” which she reviewed for the *Times Literary Supplement* in 1917 (Coates 263). The two essays similarly contrast the healthy individual with the sick person. Given that Sedgwick’s essay directly addresses the subjective experience of illness, Woolf clearly had been exposed to illness narratives written by her contemporaries. However, a passage in “On Being Ill” that indirectly references Sedgwick’s essay sheds light on Woolf’s motives in advocating for a particular kind of illness writing. This section concerns Sedgwick’s symbolic discussion of a rose in a vase, and what it means to the healthy and the sick. For Sedgwick, a healthy person perceives the rose to be a “hindrance” that fails to “help the human being [...] in the struggle for life” (91). Conversely, the sick person views the rose as “a piece of mystical experience, a communion with a symbol of pure beauty” and “a partial and momentary loss of self in the consciousness of that which is Life’s explanation” (91). The symbolic association of the rose with beauty is divinely ordained for Sedgwick, as his description of illness is rooted in his Christian beliefs.

Woolf references Sedgwick's essay when she writes: "Let us examine the rose. We have seen it so often flowering in bowls, connected it so often with beauty in its prime, that we have forgotten how it stands, still and steady, throughout an entire afternoon in the earth" (14). This passage criticizes Sedgwick for removing the rose from the garden and subordinating its natural qualities to symbolic associations. Woolf describes the rose as "the most self-sufficient of all things that human beings have made companions" (15), thereby turning away from the history of poetic representation that symbolically associates the flower with beauty. She rejects Sedgwick's Christian mysticism and instead demonstrates how "illness allows us to recuperate otherwise exhausted symbols and metaphors with a gaze that perceives objects not as self-same but rather as strange entities whose voice can be met but not drowned out with our own" (Coates 258). Thus the rose symbolically represents the body for Woolf, and her choice to view the rose as a "companion" further depicts the mind as being able to witness but not control bodily activities.

Implicit in Woolf's claim that illness has not yet been adequately represented in literature is the argument that her literary predecessors and contemporaries partake in Cartesian dualism. As she writes, "people write always of the doings of the mind; the thoughts that come to it; its noble plans; how the mind has civilised the universe." Consequently, literature mistreats the body by "kicking" it around "like an old leather football, across leagues of snow and desert in the pursuit of conquest or discovery" (Woolf 5). Woolf seems to imply that prioritizing the mind over the body allows literature to maintain a semblance of glory, since realistic descriptions of bodily functions or the physical violence committed in colonialist pursuits invoke the grotesque, rendering them unappealing to the senses. Woolf herself avoids portraying the crude in her writing, so much so that Hilary Mantel writes in her memoir *Ink in the Blood: A Hospital Diary* that "Virginia never oozes. Her secretions are ladylike: tears, not bile. She may as well not have

had bowels, for all the evidence of them in her book” (29). Yet Woolf establishes a dialectical relationship between mind and body in “On Being Ill,” arguing that “the creature within [...] cannot separate off from the body like the sheath of a knife or the pod of a pea for a single instant” (4). Even though she treats the body and the mind as separate entities, she acknowledges their interdependence and urges authors to stop viewing the mind as superior to the body.

Woolf prescribes “a new hierarchy of the passions” for a literary approach to illness that treats the body as equal to the mind, where “love must be deposed in favour of a temperature of 104; jealousy give place to the pangs of sciatica; sleeplessness play the part of villain, and the hero become a white liquid with a sweet taste” (7-8). Whereas most depictions of illness in literature use sickness to complicate plots of love, battle and jealousy between people, Woolf advocates for illness writing that focuses exclusively on the patient in isolation. She wants literature that emphasizes the fact that illness alienates the patient from society at large. To swap out “love” for a high fever and a “villain” for sleeplessness, conflict between human characters must be replaced by a confrontation with one’s own body. The proper functioning of the body should no longer be taken for granted by the author. Illness writing must attribute enough significance to felt experiences to derive a plot out of the mundane habits taken up in the pursuit of health. Ultimately Woolf identifies a lack of literary portrayals of illness that allow the body to speak for itself; an absence that equally deprives the English language of the vocabulary necessary to describe the subjective experience of the patient.

After flagging a lack of illness writing that adequately focuses on the body, Woolf pinpoints the “poverty of the [English] language” to be the source of the problem (6). She elaborates, “English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver and the headache.” (6). Woolf questions whether the symptomatic language

used in the medical encounter effectively describes what the patient is feeling. Given that “shiver” or “headache” refer to specific occurrences, these terms should adequately evince how sickness negatively impacts the patient. However, Woolf suggests that symptomatic language lacks nuance. As “the merest schoolgirl, when she falls in love, has Shakespeare or Keats to speak her mind for her” (Woolf 6-7); that is, a vast lexicon of images, metaphors, analogies and allegories within English literary traditions describe the experience of love. Woolf thereby wishes to see a similar lexicon created to supplement the symptomatic language of illness.

Since Woolf’s literary predecessors and contemporaries have failed to expand the English vocabulary to better describe illness, this burden falls upon the patient:

Let a sufferer try to describe a pain in his head to a doctor and language at once runs dry. There is nothing ready made for him. He is forced to coin words himself, and, taking his pain in one hand, and a lump of pure sound in the other [...] so to crush them together that a brand new word in the end drops out. (7)

Woolf’s choice to frame the task of creating new words to describe illness as a physical rather than mental exercise—crushing “sound” and “pain” together as though they were raw materials—emphasizes her desire to see the body speak for itself. Emily James points out how “the image of crush[ing] together two ingredients suggests a prehistoric figure armed with stones and bristling against his all-too-mortal limitations” (13). The implied primitivity of this image starkly contrasts what usually comes to mind when envisioning the prominent literary figures that have grown the English language—refined and well-educated members of bourgeois society.

Critics who cite Woolf’s second claim that the English language lacks the necessary vocabulary to describe the subjective experience of the patient include Elaine Scarry arguing that “physical pain does not simply resist language but actively destroys it” (4) and Steve Wilson

analyzing “the ways in which language is mobilized to communicate the embodied experience of being a patient” (105). Making sense out of the clamour of bodily sensations brought on by illness continues to be a challenge for the medical humanities. Rita Charon writes that “even though the body is material, its communications are always representations, mediated by sensations and the meanings ascribed to them. It is sometimes as if the body speaks a foreign language, relying on bilingual others to translate, interpret, or in some way make transparent what it means to say” (87).

Woolf seems to suggest, then, that new words and descriptions should be created that better capture what the ill body is trying to communicate. Arthur Frank took this approach when he coined the term “narrative wreck” to refer to the “desperation and silence” caused by the chaos that follows illness (xv). Additionally, Woolf’s father, Leslie Stephen, was credited with expanding the English lexicon, as “was a principle reader for the first *Oxford English Dictionary* (*OED*), and was himself cited many times for his additions to the language” (James 16-17). Yet Woolf makes no attempts to create new words for illness in her essay. Instead, she uses highly metaphoric language to create new symbols to refer to illness. As previously mentioned, Woolf usurps literary traditions that consider the rose to be a symbol of beauty by reclaiming the rose as a symbol for the body. She also uses a war metaphor, referring to patients as “deserters” from “the army of the upright” (Woolf 12). Above all, Woolf devises nature metaphors for illness; she likens the patient’s mind to a “virgin forest” to emphasize the isolating effects of illness (12); she associates the patient with “sticks” floating “on the stream” and “dead leaves on the lawn” to stress the patient’s indifference to the pursuits of healthy individuals (12); she portrays those who do not suffer from illness as embodying “the heroism of the ant or the bee” (16).

Overall, poetry is the type of language that Woolf deems most suitable to describe the experience of illness. “It is to the poets we turn,” Woolf writes, since “illness makes us disinclined for the long campaigns that prose exacts” (19). She argues that illness challenges our ability to “command all our faculties and keep our reason and our judgement and our memory at attention,” which the reading of prose requires (Woolf 19). Therefore, the English language has failed to adequately communicate the patient’s subjective experience because illness changes how a person experiences language. According to Hindrich,

The point of Woolf’s commentary on attempting to read poetry or prose while ill is not about the text at hand, not to pen a note for sickrooms, but is instead the mind of the reader and the creative engagement the altered perspective of illness makes possible, a perspective lyric narrative prose can indeed create for the reader, well or ill. (47)

Thus Woolf writes “On Being Ill” with the patient’s needs in mind; she diagnoses a problem within literary representations of illness, and through her reliance on metaphors exemplifies the type of illness narrative that she believes is of the highest benefit to the patient. By creating new symbolic associations that depict the nuances of illness and tailoring the form of her essay to suit her needs, Woolf demonstrates how the English language can be expanded upon without necessarily coining new words.

Woolf’s choice to describe illness through highly metaphoric language positions “On Being Ill” against Susan Sontag’s famous argument in *Illness as Metaphor*. Sontag argues that metaphoric constructions of illness— particularly framing cancer as a battle to be won—ignores the “physical terrain of a disease” and places unnecessary pressure on the patient (55). Thus she proclaims “that illness is not a metaphor, and that the most truthful way of regarding illness— and the healthiest way of being ill— is one most purified of, most resistant to, metaphoric thinking”

(3). Sontag exemplifies Bolaki's claim that "the aesthetic mode is often viewed as an escape from the reality of the body, that is, as not a realistic model for many people dealing with pain and serious illness" (116). Bolaki interprets Sontag as arguing that an escape from "the reality of the body" can be dangerous when it leads patients to foster delusions about their illness that get in the way of healing. Following this line of thinking, it could be argued that Woolf's choice to metaphorically link the patient to a "deserter" in the war fought by the "army of the upright" has the potential to encourage idleness in patients otherwise capable of tackling some day-to-day activities. Accepting the state of "virgin forest," the patient may choose to isolate themselves despite requiring the care and affection of loved ones.

Nonetheless, Woolf proves that not all metaphors have such negative implications. Her metaphoric language distances the ill from the traumatic reality of dire symptoms and painful medical interventions. Hospitalized patients may want to seek refuge from their pain and the incessant beeping of machines, as their immediate surroundings are aesthetically displeasing. Moreover, Laurence Kirmayer brings into question whether it is possible for medicine to be "purified of" metaphoric language. He argues that all ideas are "articulated through metaphors that are grounded in– and constrained by–meaning both bodily experience and social interaction" (Kirmayer 323). Metaphors shape how we think and interact with the world. Since ample resources exist for those seeking to understand the "physical terrain" of disease– as this is the default register of medical professionals and scientific research, Woolf's experiment in metaphorical thinking should be viewed as a supplementary tool in the patient's arsenal of therapeutic remedies.

1.2 Literary Aesthetics of Illness

The absence of illness narratives and a language to describe illness amongst the English

literary canon inspires Woolf to reflect upon the value of literature for those afflicted by illness. Deprived of external stimuli, bedridden patients may turn to reading as an activity to occupy their abundance of free time. As illness changes the patient's experience of language, reading becomes an emotionally stimulating and spiritually enriching activity. According to Woolf, the lyrical mode best agrees with the reading practices of the ill because, in illness, "our intelligence" no longer "domineers over our senses" (21); symptoms constantly draw the patient's attention to bodily sensations, and as a result of this "meaning" is "sensually" experienced, "by way of the palate and the nostrils, like some queer odour" (22). To give an example of what she means, Woolf makes a provocative statement: "the Chinese must know the sound of *Antony and Cleopatra* better than we do" (22). Approaching Shakespeare 'intellectually'—through the interpretive habits ingrained in English literature as an institution—neglects the sensual dimension of literature rooted in the body. Here she echoes her previous claim that literature has concerned itself with the mind above all. More broadly, Woolf suggests that the familiarity of English to native speakers prevents us from fully hearing the sounds of our language. The disruptive qualities of illness, usurping daily routines with sudden crises, eschews the sense of familiarity that makes language seem mundane.

By emphasizing illness's ability to defamiliarize the familiar, Woolf advances a theory of aesthetics that defines the reading practices of the ill in terms of "rashness," which she claims we particularly "need in reading Shakespeare" (22). According to her, "illness, in its kingly sublimity, sweeps [concerns with Shakespeare's fame and critical attention he has garnered] aside and leaves nothing but Shakespeare and oneself" (Woolf 23). She once again rejects 'intellectual' approaches to reading—in this case because Shakespeare's critical reception has nothing to do with the experience of illness. Since the hospitalized patient finds themselves

secluded from society at large, she infers that they no longer care about the social reception of the authors they read. Woolf invokes two poetic movements to exemplify what she means by “rash” reading practices: Romanticism and French Symbolism (21). When investigating why these two movements appeal to Woolf, Sarah Pett finds that:

Their emphasis on subjectivity fits closely with Woolf’s own investment in the development of literary modes capable of expressing lived experience, including illness, while their rejection of objectivity and scientific rationalism—or, in the case of the Symbolists, of naturalism and realism—mirrors Woolf’s critique of the “materialism” of Galsworthy, Bennett, Wells et al. (46)

“Rash” reading thereby involves an emphasis on subjective experience while moving away from one’s material reality.

This turning away from “objectivity, [...] scientific rationalism, [...] naturalism and realism” has significant implications for Woolf’s participation in the field we now call the medical humanities. As this field seeks to find common ground between medical professionals and patients, Woolf’s choice to avoid contending with the reality of medical interventions and embarrassing symptoms raises the question of whether she contributes to the lack of illness narratives focused on the body that she identifies at the start of her essay. Writing roughly sixty years before “illness narratives” became an established genre, she maintains the confessional tone characteristic of the genre without directly revealing any personal details. Whereas most forms of illness writing within the medical humanities express bodily experiences through narrative, Woolf expresses emotional experiences through literary references. Even though she sanitizes her illness narrative, hints of bodily functions peak out in metaphors; the “voluptuous purple” and “creamy” flower “whose waxen flesh the spoon has left a swirl of cherry juice” is

distinctly vaginal, while the flowers “tinged apricot and amber” evoke various shades of urine (Woolf 15). These metaphors capture Woolf’s playful approach to illness writing, as she veils her perspective in language, occasionally revealing herself through subtle details.

Despite the lack of “materialism” in “On Being Ill,” medical humanities scholar Stella Bolaki and literary scholar Kimberly Coates both argue that Woolf’s aesthetics are rooted in the body. For Bolaki, Woolf “gestures towards the idea of aesthetics as *work*” when she depicts the patient crushing “pain” and “a lump of pure sound” together to create new words (120). Coates claims that illness “appears for Woolf to be a place in which the imagination can encounter the body and its sensations uninhibited” (243) and is thereby “Woolf’s analogue for the aesthetic experience” (244). As previously mentioned, the tendency of illness to defamiliarize the familiar heightens the imagination’s ability to create new systems of meaning to reinterpret the self in relation to the world at large. Symptoms also have the potential to take on new meanings, as Woolf’s aforementioned call for a “new hierarchy of the passions” reimagines “sleeplessness” as a “villain.”

Although Woolf’s summary of *The Story of Two Noble Lives* as the conclusion to “On Being Ill” seems to many, according to Hindrich, “an aberration if not a black hole at the end of the essay” (47), her analysis of this memoir exemplifies her literary aesthetics of the body as defined by Bolaki and Coates. The essay ends with the death of Lord Waterford, followed by a description of Marchioness Waterford’s curtain as “heavy, mid-Victorian, plush perhaps, [and] crushed together where she had grasped it in her agony” (Woolf 28). Waterford’s crushing of the curtain in “agony”—the final word of “On Being Ill”—echoes Woolf’s patient crushing pain and sound together. Not knowing how to react to the death of her husband, this image of Waterford’s crumpled-up curtain depicts her “agony” as her inability to express what she feels. This scene

also represents a moment of desolation for Lady Waterford; previously defined by her marriage, she must remake her life as a widow. As she loved to sketch, filling “thousands of notebooks” with “pen and ink drawings of an evening” (26-27), the reader must assume that this aesthetic practice will reconstitute a new identity for Lady Waterford. Thus Woolf employs literary references in “On Being Ill” to depict the aesthetics of illness, which she characterizes as a form of “rashness” that seeks to transform the mundane into heightened sensual experiences. Despite the distance these literary references create between illness and the body, Woolf demonstrates how the physical and mental toll illness takes on the body can heighten one’s aesthetic sensibilities.

2. Woolf’s Portrayal of Queer Time

While medical humanities scholars depict the temporality of illness as a form of stasis brought on by suffering, Woolf emphasizes movement and transformation in her endorsement of “rashness.” Although her depiction of the temporality of illness opposes that of the medical humanities, it closely resembles queer time— as defined by Freeman, Halbertstam and Muñoz. Queer scholarship on Woolf mainly focuses on depictions in her novels. Kate Haffey examines how Mrs Ramsay in *To the Lighthouse* attempts “to control the way that time progresses” by asserting that “people must marry; people must have children” (157). Lily, in her decision that she “need not marry,” rejects Mrs Ramsay’s normative configuration of time, thereby opening up the possibility of “new spatial and temporal relations” in her life (159). As *To the Lighthouse* is published one year after “On Being Ill,” Woolf’s essay voices a similar rejection of social conformity and normative time frames. In the sections below, I analyze the contrast Woolf establishes between sick/queer time and chrononormativity (2.1), and argue that the practices of reading and writing, which hold a therapeutic function for the medical humanities, enable

patients to experience a particular form of queer time characterized by Woolf's emphasis on literature's ability to create new subject-positions (2.2).

2.1 Contrasting Queer and Progressivist Temporalities

Woolf establishes her comparison between the healthy and the ill throughout "On Being Ill" along the lines of social conformity and social deviance. By failing to participate in the progressivist temporality of the world, the patient can be categorized as queer. Woolf's tendency to convey the consequences of illness as nature metaphors throughout the essay culminates in her contrast between the pedestrian's and patient's views of the sky; the pedestrian's view of the sky is "mutilated by chimneys and churches, serve[s] as a background for man, signif[ies] wet weather or fine, daub[s] windows gold, and, filling in the branches, complete[s] the pathos of dishevelled autumnal plane trees in London squares" (Woolf 13). The "churches" and "London squares" evoke large groups of people gathering together, cluttering this view with human activity. Nature serves as a tool— as well as a "background"— for human endeavors in this passage; the sky is an instrument used to observe the weather, which determines whether outdoor work may be performed that day. This work appears vain and superfluous in the case of "windows" daubed "gold." Time must be devoted to the pursuit of human endeavours; she writes that "ordinarily to look at the sky for any length of time is impossible," because "pedestrians would be impeded and disconcerted by a public sky-gazer" (Woolf 12-13). Healthy individuals thereby mutually enforce productivity and progress towards doubtful ends at the expense of their environment. Woolf invokes a sense of urgency in the accomplishment of human endeavours that supersedes the beauty of the natural world, which mirrors how chrononormativity obscures alternative temporalities.

Woolf then describes the bedridden patient's view of the sky as "this buffeting of clouds

together, and drawing vast trains of ships and waggons from North to South, this incessant ringing up and down of curtains of light and shade, this interminable experiment with gold shafts and blue shadows, with veiling the sun and unveiling it, with making rock ramparts and wafting them away” (Woolf 13). These objects travel at different speeds; the trains passing by in seconds; the clouds taking minutes to collide; the sun rising and falling in terms of days; finally, the rocks shifting across years. Each object moves at its own pace according to its own temporality. The clouds, the sun and the rocks may move at different paces, but all belong to the same landscape, emphasizing their interconnectedness. With the exception of the “trains of ships and waggons,” human activity is absent in this description of the sky. From the pedestrian’s view of the sky, these trains would have been a means to transport individuals and merchandise. Given that no reference is made to drivers or passengers, these trains are more aligned with the landscape than with human endeavors. As the patient observes rather than acts upon the world around them, time ceases to be a tool to further human accomplishment.

Unlike the progressivist temporality of the world, Woolf depicts the temporality of illness as variable and fluid. Further nature metaphors that portray the coexistence of multiple temporalities include “sticks on the stream,” floating “helter-skelter with the dead leaves on the lawn” (Woolf 12). According to Clemens and Casey, the sticks move at two different speeds within this image; their floating indicates “slowness and deceleration,” whilst “helter-skelter” captures a disordered haste, a speed, a chaos” (76). In both this image and her description of the patient’s view of the sky, Woolf presents “a messy entanglement of matter and forces” (Clemens and Casey 76), implying that the queer temporality of illness encompasses various speeds that occur simultaneously. Additionally, Woolf describes her leaves and sticks as “irresponsible and disinterested and able, perhaps for the first time in years, to look round, to look up— to look, for

example, at the sky” (12). This cheeky remark frames the ill as unwilling to— rather than incapable of— participating in chrononormativity. Whereas illness narratives in the medical humanities typically mourn the patient’s inability to return to ‘life as normal,’ Woolf suggests that the experience of illness induces an altered state of consciousness which makes productivity and progress seem nonsensical. Queer people also experience this altered state of consciousness, since they choose not to value the pursuit of chrononormative milestones— including marriage, children and financial success— that would otherwise structure their time.

Although queer marriage, queer parenthood and queer wealth are equally possible, what differentiates the experience of queer temporality from chrononormativity is the potential for alternative kinship ties that stray from the nuclear family. Queer people may have multiple partners instead of a singular spouse, or might value friendship more than romantic partners. Since biological ties do not matter as much as community ties, queer people are more likely to raise children that they did not conceive. Additionally, these alternative kinship ties determine how queer people allocate their resources, including time and money. Whereas heteronormative individuals typically prioritize the well-being of their immediate family, queer individuals often prioritize their community instead.

In *Time Binds*, Freeman argues against this claim I make that individuals who partake in queer marriage, queer parenthood and queer wealth live according to a queer temporality. Freeman lists concepts that mostly relate to marriage, child-rearing and prosperity, along with sociopolitical ones: “coming out, consummation, development, domesticity, family, foreplay, genealogy, identity, liberation, modernity” and “the progress of movements,” which, she argues, all “take their meaning from, and contribute to, a vision of time as seamless, unified and forward

moving” (xxii). As all of these concepts adhere to chrononormativity for Freeman, queer time can only be experienced outside of society.

As Woolf contrasts two views of the sky to differentiate between chrononormativity and queer temporalities, she argues that sympathy is at odds with chrononormativity. She adopts a satirical tone while describing the daily activities of “the army of the upright,” pointing out how individuals who adhere to normative configurations of time avoid commiserating with the ill; she parrots their voices when repeating “sympathy we cannot have” (Woolf 9), “sympathy nowadays is dispensed chiefly by the laggards and failures” (10), “sympathy, for example; we can do without it” (11). Since the pursuit of chrononormative milestones leave healthy individuals with little free time, Woolf suggests that all forms of progress depend upon the healthy paying no attention to the sick. Their view of the sympathetic as “laggards and failures” emphasizes the stigma attributed to those who cannot keep up with the progressivist temporality of the world.

Further stigma can arise due to “a childish outspokenness in illness,” where “things are said, truths blurted out, which the cautious respectability of health conceals” (Woolf 11). Patients often find themselves under the influence of painkillers, which loosen their inhibitions and can lead to a loss of tact. This phenomenon can also be explained by the shedding of pretenses that occurs amongst the sick; under the care of orderlies and nurses, the patient relinquishes control over their body to their hospital caretakers, thereby reverting to a state of childhood. Queer theory similarly frames the experience of queerness as prolonged adolescence; Halberstam argues that queerness “challenges the conventional binary formulation of a life narrative divided by a clear break between youth and adulthood” (153). Along with queerness, Woolf’s depiction of illness “represents everything the autonomous capitalist subject defines itself against:

femininity, childishness, obsolescence, anarchy, failure and slowness” (Clemens and Casey 75), which explains why the healthy in “On Being Ill” stigmatize the sick.

For those afflicted by illness, sympathy takes on a different meaning. The patient she describes in the second paragraph cries out, “desperately, clamorously, for the divine relief of sympathy” (Woolf 9). The lack of sympathy afforded to the ill by the healthy can explain why the English language has not grown to accommodate the experience of illness. Later, while addressing the ill, she writes, “perhaps then, if we look down at something very small and close and familiar, we shall find sympathy” (Woolf 14). Woolf thereby urges the ill to stop trying to obtain sympathy from other people, implying that one cannot stop or slow down the progressivist flow of time. She directs her patient towards nature as a remedy for his suffering, prompting him to gaze upon the “inimitable rightness” of flowers for sympathy (Woolf 15). She then contradicts herself by writing that “it is in their indifference that [flowers] are comforting” (Woolf 15).

Lee infers from this contradiction that “the ill, unlike the ‘army of the upright,’ recognise Nature’s indifference; they know Nature is going to win in the end, when ice will bury the world” (Lee xxvii-xxix). From Lee’s perspective, Woolf disavows the therapeutic qualities of sympathy altogether because the inevitability of death is necessarily unsympathetic. However, the temporal implications of Woolf’s nature metaphors suggest that patients can indeed alleviate their suffering by finding sympathy in nature. After all, the chief opponents in the patient’s quest for sympathy throughout Woolf’s essay are the healthy individuals who partake in the progressivist temporality of the world and stigmatize those who do not. Since the normative configuration of time only exists within the confines of human society, a multitude of different temporalities exist disjunctively yet simultaneously within nature. The demands of productivity and progress that deny the patient the care and support that they require do not exist outside of

human society. Therefore, sympathy– in the form of freedom from the incessant demands of progressivist society– can be found by embracing the new temporal possibilities observed in nature.

Of course, this kind of sympathy is not an adequate substitute for the regular care a patient requires. Yet learning to embrace the varying speeds at which one's ill body is able to complete tasks encourages a more sympathetic approach to relationships overall. Madelyn Detloff identifies a "pacifist philosophy" in "On Being Ill;" she claims that Woolf's emphasis on sympathy implies that "the ability to cognize the pain of others may be crucial to developing mindsets that facilitate peace-making rather than war-making" (Detloff 116). Patients and queer folk alike struggle from the marginalization that arises as a result of not conforming to chrononormativity. By going out into nature and observing the sky, queer and/or ill individuals can find sympathy from like-minded individuals who value their wellbeing more than the pursuit of progress and productivity.

2.2 The Queer Temporality of Literary Subject Formation

As the ill fail to find sympathy– or a sense of belonging– amongst the healthy, Woolf emphasizes the patient's solitude:

That illusion of a world so shaped that it echoes every groan, of human beings so tied together by common needs and fears that a twitch at one wrist jerks another, where however strange your experience other people have had it too, where however far you travel in your own mind someone has been there before you– is all an illusion. [...] There is a virgin forest in each; a snowfield where even the print of birds' feet is unknown. Here we go alone, and like it better so. (12)

She thereby argues that illness reveals an objective truth about the world that chrononormativity otherwise conceals: that no person can truly know another. This argument resonates with a claim Charon makes about contemporary experiences of sick time: “Our own temporality can act as a silo, effectively stripping us from the existential experience of others. If we do not know what looks blue or red to someone else, how much less might we understand what an hour or day feels like to another” (122). Although Charon’s example has less serious implications, she attributes the feelings of isolation that arise from illness to the patient’s experience of an alternative temporality; she suggests that the healthy are unable to sympathize with the sick because the temporality of illness can only be understood through direct experience.

Emily James likens the whiteness of the “virgin forest” that Woolf presents as a metaphor for the patient’s mind to the “monochrome of the unwritten page” and “bleached, starched whiteness of the sickbed and sick room;” the blank slate invoked by these images, for James, allows us “to rethink the proximity, even reciprocity, of creativity and illness” (13). The fact that one is completely alone in illness— that no other person can understand what goes on in one’s mind— entails that whatever creative practice a patient adopts will yield unique results. Forced to stare at the same wall in the same sick room, perhaps at the blank page in front of them, the patient finds space onto which they can project the contents of their mind, echoing Coates’ previous claim that illness “is Woolf’s analog for the aesthetic experience.” By adopting a writing practice, patients can not only communicate their unique experiences, but also reflect upon their understanding of the world and the role they play within it. Thus Woolf’s essay suggests that periods of convalescence promote self-discovery for patients as they recover.

Alongside its potential to create original works of art, the *tabula rasa* the patient finds staring at blank walls and blank pages— and inside their own mind— allows them to view time

differently. For the healthy individual, time represents a finite resource that must be spent either labouring to make money, pursuing a spouse or taking care of one's family. The patient's confinement to their sick bed, however, prevents them from undertaking any of these pursuits. The bedridden patient still exists within a capitalist economy and, in some countries, must pay for their hospital stay. However their confinement to a hospital room often grants them an abundance of free time that cannot be used towards capitalist or heterosexist pursuits. These patients find themselves in the position of Freeman's previously mentioned abstract queer subject, since their hospitalization prevents them from participating in chrononormativity. Thus sick time adheres to the queer temporality Freeman defines as "a domain of nonwork dedicated to the production of new subject-positions and new figurations of personhood" (54). Rather than define oneself according to one's age, job, marital status or parenthood, illness can grant patients the freedom to reimagine their identities.

The association Lee Edelman makes between queer temporalities and the death drive in *No Future: Queer Theory and the Death Drive* opposes Freeman's claim that queer temporal experiences can create new identities. He argues that queerness "can never define an identity; it can only ever disturb one" (17) because queer temporal modes adopt the death drive's "stubborn denial of teleology, its resistance to determinations of meaning ... and above all its rejection of spiritualization through marriage to reproductive futurism" (27). Since Edelman positions queerness against all cultural narratives, he defines queer time as a void that emerges from one's inability or unwillingness to participate in the progressivist temporality of the world. He is right to point out the instability of new subject-positions that emerge outside of capitalist and heterosexist norms. For bedridden patients, death or remission can erase the new figurations of personhood that emerge from one's temporary hospitalization— particularly if the patient returns

to their heteronormative life after recovering from illness. Yet this fact does not exclude the possibility of transformation, which Brooks identifies as a “key therapeutic function” of the practices of reading and writing illness narratives (2). Brooks argues that “patient’s stories of forms of meaning outside of capitalist and heterosexist norms fundamentally change the patient’s views of themselves and the world they inhabit,” and thus “illness can pose a counter discourse to dominant cultural narratives, particularly the discourse of medical authority” (6).

Woolf suggests that new identities can be found through “rash” reading practices. Daniel O’Hara points out how, for Woolf, literature is “an ‘outlaw’ state freedom available to all, one which can overcome the limits of the subject-position imposed upon us by our historical moment and cultural inheritance” (296). Woolf writes in “On Being Ill” that literature allows the individual to “live over and over, now as a man, now as a woman, as sea-captain, or court lady, as Emperor or farmer’s wife, in splendid cities and on remote moors, at the time of Pericles or Arthur, Charlemagne, or George the Fourth” (18). Reading thereby frees the patient from the confines of time and space. This escapist function of literature proves to be particularly useful to ease the suffering experienced by patients when the present moment becomes inhospitable. Woolf’s literary approach to subject-formation resonates with Muñoz’s claim that the past “tells us something about the present. It tells us that something is missing, or something is not yet here” (86). As literature grants us access not only to historical information but structures of feeling gleaned from another time and place, it allows for a “conjuring of both future and past to critique presentness” (Muñoz 106).

To conclude, Woolf’s depiction of the patient’s solitude may seem tragic for its lack of sympathy. However, as their isolation from society allows them to partake in queer temporalities, a plethora of possibilities arise to fill the blank slate that Woolf describes as the “snowfield” of

the mind. Along with the creation of unique art, the patient may imagine new ways of existing in the world. Woolf herself wrote “On Being Ill” while confined to her sick bed. As illness prevented her from directly engaging with the outside world, she pioneered a novel approach to illness writing that continues to be relevant for the medical humanities nearly a century later.

Chapter 2: The Experience of Infirmary and Queer Temporality in *The Charioteer*

Published in London in 1953, Mary Renault's *The Charioteer* is one of the first popular novels written in English to openly portray male homosexuality. The novel's candid depiction of a love triangle between three men delayed the book's American publication for six years, as Morrow only published *The Charioteer* in 1959 after the success of Renault's next two novels: *The Last of the Wine* (1956) and *The King Must Die* (1958) (Wolfe 103). *The Charioteer* marks a transitional moment in Renault's career. It was her fourth and final hospital romance set in Britain, after which she devoted herself to historical fiction novels set in ancient Greece. *The Charioteer* was also the first novel she wrote after moving from Britain to South Africa to escape post-war austerity measures and live openly with her lover, Julia Mullard (Sweetman 157). Inspired by her experience as a nurse during the Second World War in England, *The Charioteer* also draws upon the lives of the ex-servicemen that made up Renault's social circle in 1948— her first year in Durban. The novel contributes to the medical humanities by providing a realistic portrayal of the hospital setting, and of the social and subjective consequences of combat injuries during the Second World War. Her descriptions of infirmity adhere to some of the facets of illness writing that Woolf deems important in "On Being Ill," notably the importance of sympathy and the use of metaphor to describe the subjective experience of illness.

Critics disagree on whether *The Charioteer* should be classified as a historical fiction novel, as it depicts the Dunkirk evacuation thirteen years after the fact. For Diane Wallace, the proximity between this historical event and *The Charioteer* makes it "not technically a historical novel," although she notes that Renault "uses [Greek] history to generate its central symbols and themes" (110). Lisa Moore equally draws a line between Renault's first six novels— the last of which is *The Charioteer*— that take place in a contemporary setting, and the following eight

novels set in ancient Greece, which she deems historical fiction (30). On the other hand, Julie Abraham argues that “it is a historical novel, in that it is a war novel about the home front” (67). The novel undeniably adheres to the romance novel formula, which Jesi Egan defines as unfolding “according to a linear structure” and telling “a familiar story of individual emotions and sexual maturation, moving from the lovers’ initial meeting to their threatened separation, before finally culminating in a moment of mutual recognition and triumphant reconciliation” (465), albeit with a queer twist. *The Charioteer* should be viewed as a historical novel for the sake of the text’s contributions to the medical humanities. Reviewers of Renault’s hospital romances praised a realism obviously lived by its author in her descriptions of the hospital setting during the Second World War (Sweetman 107). *The Charioteer*’s portrayal of disability in the context of modernist medicine thereby provides invaluable information regarding the public impact of such conditions during this time.

The Charioteer is a bildungsroman set in Britain that follows the life of its protagonist Laurie Odell from childhood until the end of his hospital stay. In the first chapter, Laurie’s father leaves his family for good, and Laurie spends the rest of the novel searching for male role models. In high school he idolizes Ralph Lanyon, the head prefect, who keeps him out of trouble despite Laurie’s trouble-making tendencies. Laurie then attends Oxford, but his university days are cut short when he is enlisted to the army and fights during the Dunkirk evacuation. After suffering a serious artillery wound to the knee, he is transported to a hospital back in Britain. During his hospital stay, he falls in love with one of the orderlies— a Quaker conscientious objector named Andrew. When Laurie leaves the hospital to attend a physiotherapy appointment, a chance encounter brings him to a queer party where he is reunited with Ralph. A love triangle forms between Laurie, Andrew and Ralph. The rest of the plot unfolds according to Laurie’s

struggle to choose between Andrew as the abstract ideal of Platonic love, and Ralph as the embodiment of his carnal desires.

Renault's novel has attracted the ire of queer scholars approaching the text from a revisionist perspective. Lisa Moore takes issue with Renault's portrayal of homosexuality, arguing that *The Charioteer*'s biggest moral dilemma concerns its protagonist's ability "in his loneliness, to resist the temptation to go to gay parties and have tawdry gay sex" (31). Claude Summers calls *The Charioteer* a "homosexual problem novel," as he argues that Renault emphasizes the "guilt and self-doubt" of gay men during the Second World War (26). Natalie Nobitz criticizes Summer's reading of Renault for positioning "the protagonists' struggles exclusively as a result of their sexuality," while not giving enough weight to the historical context that provides a "reason for the characters' challenging negotiations of their sexuality and masculinity within the military" (51). Her criticism of Summer equally applies to Moore. Moreover, the main moral dilemma of *The Charioteer* concerns the tension between the protagonist's need for social belonging and the desire for intimacy he feels towards men that threaten his inclusion within his social circles.

Renault's choice to exclusively write male homosexual characters for a British audience is a courageous one, given the documented unpopularity of homosexuality in England. The 1948 Mass Observation File Report 3110A, a survey conducted on homosexuality in Britain, found that 12 percent of British citizens had had homosexual relationships, and 8 percent admitted to homosexual leanings at some point in their life. Meanwhile 60 percent of the survey's sample were antipathetic to homosexuality (Ferrebe 112). Before the Sexual Offences Act in 1967, British men could face imprisonment and up to two years of hard labour if they were caught engaging in homosexual acts. The public's hostility towards homosexuality defined how

homosexual characters were portrayed in the 1950s. Rodney Garland's 1953 novel *The Heart in Exile* touches upon the tendency of authors to kill their gay characters during this period, as exemplified in Richard Brooks' *The Brick Foxhole* (1945) and James Baldwin's *Giovanni's Room* (1956). In a conversation between Garland's protagonist Page and his assistant Terry, Terry asks, "Why all plays and novels dealing with queers have an inevitably tragic end," to which Page replies, "To be a homo is a crime, and crime mustn't go unpunished; not in books at least" (166). The temporality of queerness during this time can be defined as a shortened lifespan under the threat of legal prosecution. *The Charioteer*, along with Gore Vidal's *The City and the Pillar* (1948), break from this trend by portraying a homosexual protagonist that survives, and *The Charioteer*'s depiction of queer temporality is significantly more hopeful. In his search for love, Laurie adheres to José Muñoz's non-linear depiction of queer time by finding relief from his dismal present by imagining a utopic future inspired by his obsession with past ideas found in Plato's *Phaedrus* (Muñoz 87).

3. Renault's Contributions to the Medical Humanities

Despite the immense popularity of *The Charioteer* during Renault's time, her novels have garnered little scholarly attention. Literary studies that focus on the twentieth century have favored high modernism over popular writing. Egan argues that "genre fiction has often been figured as modernism's other: formulaic where modernism is innovative, socially conservative where modernism breaks with convention, and easily digestible where modernism demands a stronger stomach" (462). The scholarly neglect of romance novels can also be attributed to sexism, given that they are mostly read by women. Renault represents an obscure figure within the English literary canon and only appears in one medical humanities article so far. Roslyn Brooks includes *The Charioteer* in her discussion of the therapeutic functions of illness

narratives. She argues that Laurie's injury is a significant motif in the novel that "serves as a grounding in the body, established through factual descriptions of surgical, nursing and rehabilitation procedures, and of Laurie's day to day life as a patient on the ward" (Brooks 53). *The Charioteer*, along with *Purposes of Love* (1939), *Kind Are Her Answers* (1940) and *Return to Night* (1947) – the other hospital romance novels written by Renault are a resource so far unexplored in medical humanities. These novels explore the power dynamics amongst patients and medical professions within the hospital setting.

The Charioteer notably portrays the intersecting consequences of war, disability and queerness from the patient's perspective. The heterosexual characters within the novel downplay the seriousness of Laurie's limitations to encourage his adherence to masculine gender roles. By emphasizing the difference between how Laurie views his injury and how it is viewed by others, *The Charioteer* exemplifies Arthur Frank's claim that illness must be understood as a social *and* subjective experience. Frank details how meaning paradoxically arises both in isolation and within a community:

First, people's experiences are intensely personal; claims to the uniqueness of experience are true and deserve to be honored. Second, people's ability to have experiences depends on shared cultural resources that provide words, meanings, and the boundaries that segment the flow of time into episodes. Experiences are very much our own, but we don't make up these experiences by ourselves. (xiii-xiv)

Thus patients attribute their own significance to their illnesses while also relying on the conventions established by others. The therapeutic function of illness narratives lies in their ability to bring patients in contact with other people's understandings of illness that expand upon their own.

In contrast with Frank's view, Woolf argues in "On Being Ill" that illness represents a departure from society, and illness narratives should thereby focus on the subjective experience of illness. Unlike Woolf, Renault's depiction of Laurie's injury in the *The Charioteer* aligns with Frank's argument that meaning cannot fully be grasped outside of its social context. By reading *The Charioteer* in response to "On Being Ill" in the section below (3.1), I examine how Renault's use of metaphoric language and her protagonist's need for sympathy employ some of the techniques Woolf uses in her essay to describe the experience of illness. The following section (3.2) further analyzes how Renault portrays the subjective experience of infirmity as established through repetition and identity, along with the social experience of infirmity through her characters' opinions of war, homosexuality and disability.

3.1 Renault in Response to Woolf

Published twenty seven years after Woolf's essay, *The Charioteer's* adherence to narrative conventions strays from the experimental kind of illness narrative Woolf advocates for in "On Being Ill." Woolf's disdain for materialism, as evidenced by the references she makes to Romanticism and French Symbolism (21), positions her essay against the realism that Renault evokes when drawing upon her work experience as a nurse to portray the hospital setting. Whereas Woolf prefers illness writing that describes the subjective experience of the patient in isolation, in *The Charioteer* the patient-protagonist's subjective experience is constantly interrupted by fellow patients, hospital staff, family and friends. Moreover, Renault's novel does not establish the new "hierarchy of the passions" that Woolf had in mind, where symptoms experienced in isolation drive the plot forward (7). Laurie's injury and his hospital stay, along with the historical context of the Dunkirk evacuation, provide the backdrop that characterizes and complicates Renault's queer romance plot. Infirmity may take its place amongst "love,

battle, and jealousy” (Woolf 3) as the major themes in *The Charioteer*, but love is its primary theme. Still, Renault’s attention to detail in her portrayal of Laurie’s injury challenges Woolf’s claim that literature “does its best to maintain that its concern is with the mind” (4).

Like Woolf, Renault occasionally uses highly metaphoric language to depict the patient’s felt experience during medical encounters without relying on scientific jargon. In one instance, Renault particularly echoes Woolf by using a rose metaphor to refer to Laurie’s body; when inspecting Laurie’s leg a week after surgery, Ferguson peers “down with simple pleasure, like a gardener at a choice rose” (46). This metaphor distances the reader from the traumatic reality of the blood, bruising and scar tissue that make up Laurie’s wound, instead implying that Ferguson tends to Laurie’s leg with care and consistency. When Ferguson discusses Laurie’s leg with his medical students, Laurie likens their talk to “an intelligent player discussing a chess problem” (Renault 47). Laurie’s inability to understand the medical terminology used by medical professionals is further emphasized when he tells a fellow patient that Ferguson’s assessment of his leg “was just Greek to me” (Renault 50). By likening the scientific discourse used by medical professionals to an abstract strategy game and a foreign language, Renault emphasizes the epistemological gap that exists between medical practitioner and patient. Even though Renault sometimes uses metaphoric language when referring to the body, she does not shy away from gruesome details altogether. She describes Laurie’s wound after surgery as “thick, purplish, deeply indented, and smell[ing] of pus,” with “two red rubber drainage tubes” sticking out of it (43). Renault thereby employs three different registers when referring to Laurie’s injury— the metaphoric, the scientific and the gory.

Furthermore, Laurie exemplifies Woolf’s claim that while under the influence of anaesthetics, “our intelligence” no longer “domineers over our senses” (21). Woolf describes the

patient as deriving “meaning” from “sensual” rather than intellectual experiences (22). As a result, illness defamiliarizes the familiar, which incites the patient to create new meanings for otherwise mundane symbols. The painkillers Laurie takes alter his vision, as he sensually experiences his surroundings. From his hospital bed, “the forms, the shadows, the colours in the ward magically re-grou[p] and chang[e]” (66). When he’s outside, trees appear to him as “dark-veined malachite against the bronze-gold sky” (89). Laurie’s descriptions of “the pool of light” on his bedside table as having “for the first time mystery beyond its rim” (66), of the “late sun” as “shining” with “the supernatural brightness which precedes a miracle” (84), and of feeling “a vast sense of the momentous, of unknown mysteries” when looking up at the trees in the sky (89) all attribute transcendental qualities to experiences that would otherwise be considered as ordinary. Despite being an Irish Catholic, Laurie does not relate these experiences to his Christian beliefs. Much like the altered symbolism of Woolf’s rose that breaks with religious and literary traditions to instead view the flower as a “self-sufficient” companion (15), light for Laurie becomes a supernatural entity that represents hope in spite of the uncertainty he feels regarding his future.

As Woolf’s influenza patient cries out “for the divine relief of sympathy” (35), Laurie feels “a heavy certainty that he was waiting; for sympathy, for fellow-feeling” (48). Upon receiving the news that his leg injury will permanently affect his ability to walk, Laurie thinks that “if he could just tell one person it was all he wanted” (49). Unfortunately, much like Woolf’s influenza patient, Laurie fails to find sympathy amongst human society; when he wishes to tell Reg— a fellow patient at the hospital and his closest friend— about the permanence of his injury, he is a victim of inopportune timing. Reg finds out in a letter from his father that his girlfriend has “gone to live” with another man, and that she took their child with her (Renault 48). In Reg’s

distress, Laurie is unable to get a word in. When Laurie tries to communicate his grief to Charlot, another injured soldier, Charlot's face "convulse[s]" with a "spasm of extraordinary violence" as he exclaims: "The filthy Boches. Animals. Pigs. [...] When the war is over we shall split the gullets of these assassins" (49). Charlot reacts this way because his obsession with the ongoing war shapes his perception of Laurie's injury, which he views as an affront on the Allies committed by the Germans. He views Laurie not as a vulnerable human in need of care, but as a war machine whose sole purpose is to defend his country.

Unable to find sympathy amongst the men in his ward, Laurie seems to follow Woolf's advice by turning to nature and finding sympathy in the "very small and close and familiar" (Woolf 14). Before attempting to tell Reg or Charlot about the permanence of his disability, Laurie goes for a swim in a nearby river. With the "afternoon sun" feeling "warm along his side," he quells the tumultuous emotions he feels by taking "long easy strokes" into "the waters upstream" (Renault 43). Implicit in Renault's description of Laurie's swim is his strategy for living with the restricted mobility of his impaired leg; Laurie tackles the "upstream" battle that awaits him with optimism and patience. After Reg and Charlot fail to provide Laurie with the solace he requires, Laurie copes with his leg "feel[ing] worse" by "thumbing the pages of a dog-eared magazine," and observing "the wooden lockers with their day's burden of ash, orange peel, paper and foil" (Renault 53). Much like Woolf's disconcerting "public sky gazer" (13), Laurie finds comfort when gazing upon the mundane objects that surround him.

3.2 The Subjective and Social Consequences of Infirmary

To depict how Laurie's injured leg impacts his subjective experience, Renault repeatedly references his pain. In the three-hundred or so pages that Laurie spends in the hospital, he complains about his leg roughly thirty times—approximately once every ten pages. Most of these

references quantify the severity of the pain: “Laurie’s leg felt worse than before” (53); “his knee got worse” (79); “the pain was no worse than it had been several times before” (217). Renault notably associates the physical pain Laurie experiences with his emotional state. When reflecting upon his meeting Mr Straike, the man his mother will soon marry and with whom Laurie feels “the first filaments of a dislike mutually know,” he prematurely feels “the toothache pain which didn’t as a rule begin till the evening” (75). He remarks that the pain occurs “in sympathy” with his mind that feels “stiff and sore” (75). Additionally, Renault uses metaphors evocative of the war in some of Laurie’s complaints, as he likens his pain to a “hot screw” (120), a “bullet” and a “red smoulder” (217).

Along with his physical pain, Laurie emotionally suffers from the permanence of his disability. After receiving the news that he must wear a surgical boot at all times, Laurie decides to accept the boot as a new part of his identity:

It was going to be a bit tiring at first, but this was an adaptation he would have every day of a lifetime to make. In a few years it would be like spectacles to a myope, he would only notice its absence. He walked on, toward the ward, getting ready the bit of clowning which would ease him over his entrance. One might learn to laugh it off, because this was not transitional like the crutch or the stick. This, hence-forward, was Laurie Odell.

(Renault 104)

As he decides to view his injury as a part of himself, Laurie adopts a humorous attitude in the face of tragedy. As Charon argues that “illness intensifies the routine drives to recognize the self” (67), the changes Laurie experiences as a result of his injury force him to reflect upon the way others perceive him.

In addition to the identity markers of physical disability and sexual difference, Laurie defines his sense of self through his participation in the war. Even though Laurie's disability prevents him from returning to the army, the constant air raids he witnesses from the hospital make him feel as though he is still on the battlefield. While watching two military aircrafts engaging in combat, he conflates his body with one of the fighter jets: "Propped on his crutch, forgetting his own existence, he twisted and soared and doubled with the Spitfire overhead; and, in the very moment when his will had made it so, suddenly the German plane leaked a dribble of smoke, there was a silent flash, then as the sound overtook it, the explosion" (Renault 70). In the same way that Charlot denies Laurie sympathy because he views Laurie as a weapon of the State instead of as a person, Laurie dehumanizes himself when he identifies with the British Spitfire that shoots down a German plane. As Gill Plain argues that war is "the dominant trope enabling male agency in twentieth-century Western culture" (2), Laurie's conflation between his body and a war machine can be read as an attempt to preserve his sense of masculinity in spite of his inability to participate in the war.

In his study of modernism, Tim Armstrong notes that machinery often appeared as a metaphor for both the human body and society in cultural discourse. According to him, "the masculine body's relation to machinery found a particularly sharp focus in the First World War: in terms of its power to kill and maim, in terms of its rupturing of the integrity of the self in shell-shock, and in terms of the wider statistical appraisal of the body and its value" (Armstrong 95). Likewise, "the society-machine metaphor, with its ideal of joint action, was generally accepted during the war," although the scattering and maiming of actual bodies challenged such ways of thinking (Armstrong 96). As Laurie conflates his body with a fighter jet, he reflects the social understanding of his body as a weapon of the State. Even though his permanent disability

prevents him from re-entering the battlefield, the lack of cultural narratives regarding the masculine body outside of war leaves him without any socially prescribed forms of meaning to identify with. Laurie's injured leg represents the mortal fallibility of the metaphorical machine-body, yet he and his peers cannot help but view himself as such for the duration of the war.

Given that Laurie rarely spends any time alone, *The Charioteer* foregrounds the social consequences of his injury. Brooks points out how Laurie's disability is "shown to mean multiple losses and limitations for his future life: mobility and independence, athletic prowess, employment possibilities, sexual power and 'masculinity'" (Brooks 53). Multiple characters in Renault's novel attempt to console Laurie by telling him that his disability does not hinder his heterosexual dating prospects. Reg reassures Laurie that any woman would "be better off with you than someone with two good legs that didn't treat her right" (96); a soldier Laurie meets at a party says, "You think being lame like what you are, a girl won't have you. You have to think to hell with all that" (138). Yet Laurie remains unconvinced. After learning that Ralph "had had nothing to do with women since leaving the hospital," Laurie decides that it "would fit well with his conception of them" to "expect that they would punish him for his deformity" (213-214). Though his view of women is likely skewed by his homosexuality, Laurie internalizes the belief that his injury makes him less appealing to the opposite sex.

Both Mrs Odell and Major Ferguson downplay the impact Laurie's injury has on his subjective experience. Laurie's mother adopts an overly optimistic view of Laurie's injury that makes him feel as though she refuses to acknowledge his flaws. When she visits him in the hospital, she comments, "How *nice* this is, dear, to see you really walking again, and *so* much better than you did last time you were up" (73). Laurie remarks how his mother's retreat "into

optimism” leaves him “to face reality alone” (73). Her unwillingness to acknowledge the limitations imposed on Laurie by his permanent disability prevents her from emotionally supporting her son. When she notices Laurie’s surgical boot, Laurie thinks that “she was pleased as if [...] it were a supplementary part of himself, which, like a lizard, he had cleverly grown” (124). In this instance Laurie implies that his mother views him as a pet rather than a person. He feels equally dehumanized by his doctor, Major Ferguson, calling his visits “the most detested event of the week,” as he deplores being “virtually on parade” as a case study for his medical students (43).

Laurie’s fellow soldiers provide him with the support he lacks, as their shared experiences on the battlefield foster emotional connections. After saving Reg’s life on Dunkirk beach, Laurie declares that they are “bound in a kind of blood-brotherhood” (37). As evidence of their mutual trust, the two men “always loo[k] after each other’s [watches] on operation days” in the hospital (35). Additionally, his shared battle experiences with Ralph provide the foundation of their romantic relationship. Laurie “could remember very little about the crossing from Dunkirk,” since he had lost a lot of blood and was under the influence of painkillers (39). He vaguely remembers a “bearded face peering into his” (39) that carries him onto the ship that brings him home. Previously believing that he had last seen Ralph in high school, he finds out that the bearded face that rescued him was indeed Ralph’s. The dynamics of their relationship are shaped by this fact, as Ralph adopts a protective role towards Laurie throughout the novel.

Ralph’s own disability heightens his concern for Laurie’s. Forced to live with a “strange and clawlike” hand that lacks two fingers and “the outmost bone” (167), Ralph can understand Laurie’s plight better than most people. Laurie remarks how most people that asked him about his leg “hoped to God you would say everything was fine, and they needn’t do any worrying,”

whereas Ralph “sounded different; he even made one feel that some real, effective potential was actually being offered” (146). Accustomed to the careless optimism of his mother, Ralph’s care for Laurie romantically entwines the two men together. When, at a party, a dancing couple gets too close and Laurie fears that they will “collide with his leg,” Ralph pushes the dancers away “with such force” that “one almost fall[s] over” (147). Laurie reconciles his loss of autonomy by learning to depend on Ralph. Although *The Charioteer* does not portray sexual intimacy between Laurie and Ralph, Renault includes a particularly suggestive scene in which Ralph massages Laurie’s injured leg. Nobitz argues that *The Charioteer* “circumvent[s] censorship by using euphemistic language” and “inscribing a medical discourse” (61). Therefore, the moment in which Laurie rejoices in Ralph’s “firm and intelligent and calming” touch (Renault 219) can be read as a sexual encounter. By aligning care with sexuality, Renault suggests that Laurie’s relationship with Ralph has a therapeutic function not otherwise fulfilled by his family or the medical staff in charge of him.

4. Renault’s Portrayal of Queer Time

Renault’s portrayal of ‘sick time’ resembles the medical humanities definition of the temporality of illness as stasis. Instead of viewing time as a linear progression between past, present and future, the suffering Laurie experiences in the present moment— both because of his injury and because of the war— renders the plans he made in the past irrelevant and leaves him with little hope for the future. He laments that “the prospect of being freed from [pain] had seemed more remote than the end of the war” (Renault 253), as the progression of his life is indefinitely placed on hold. Laurie’s permanent disability significantly limits his future possibilities, and the constant bombings he must take shelter from make him question whether he

will live much longer. As Laurie must cope with the reality that he could die at any minute, his experience of time is similar to that of patients who have received a terminal diagnosis.

Renault's depiction of 'queer time' resonates with Muñoz's claim that "the present must be known in relation to the alternative temporal and spatial maps provided by a perception of past and future affective worlds" (27). The Bible and Plato's *Phaedrus*, as alternative maps taken from another time and place, influence how Laurie experiences his otherwise stagnating present. Narratives of the past thereby grant Laurie access to utopian fantasies of romance that make him hopeful about the future. These alternative temporal maps redefine Laurie's experience of queer time in his pursuit of a meaningful life. Laurie struggles to accept that his injury and sexuality hinder his ability to participate in the progressivist temporality of the world. Yet in one instance Laurie expresses gratitude towards his injury; he thinks to himself, "I have fallen in love. [...] I know now why I am lame, because it has brought me to the right place at the right time. I would go through it all again, if I had to, now that I know it was for this" (Renault 62). This passage suggests that, if Laurie had never suffered from a serious gunshot wound, he would have repressed his queer sexuality. Thus he views his injury as a blessing that allowed him to meet Andrew and reunite with Ralph. In the sections below, I analyze how Andrew's references to Eden (4.1) and the significance of the charioteer myth in Laurie's relationship with Ralph (4.2) recontextualize Laurie queer identity and severe injury, which ultimately allows him to accept his inability to participate in chrononormative time.

4.1 "Eden" and "Limbo"

Muñoz establishes his definition of queer temporality in opposition to Lee Edelman's claim that queerness goes against "every realization of futurity" in its resistance "to every social structure or form" (4). Muñoz argues that the stakes of "giving up on futurity" and "abandoning

politics” are too high for those without the privilege of a white, able-bodied, middle-class identity (90). In his utopian approach to queer futurity he thereby seeks to foster hope for the longevity of queer lives. However, Laurie’s pursuit of Andrew in *The Charioteer* epitomizes the dangers of excessively utopian thinking. As Laurie refers to the places in which he spends time with Andrew as “Eden” and “Limbo,” he acknowledges that their relationship exists outside of the confines of time and space. Realistically, the two men have no future together, as Laurie is unlikely to see Andrew again after being discharged from the hospital. Initially unwilling to accept his inability to participate in heteronormativity and embrace queer temporalities, Laurie seeks refuge in his atemporal relationship with Andrew.

Exasperated by the stasis Laurie feels as a result of his confinement to the hospital, he turns to Andrew to relieve his suffering. Yet he quickly finds that Andrew’s political beliefs represent another form of stasis, and the two argue because of this. As a conscientious objector, Andrew stands in opposition to the military-industrial complex that upholds chrononormativity through its use of violence against other modes of existence. Andrew tells Laurie that he does not refuse to commit violent acts altogether, but cannot surrender his “moral choice to men he’d never met, about whose moral standards [he] knew nothing whatsoever” (84). At first, Laurie tries to deny the fact that he takes issue with Andrew’s pacifism. Even though Laurie believes that, if everyone became a conscientious objector like Andrew, no one in his country would survive, he tries to quell Andrew’s anxieties by telling him, “I’m not trying to put you under any obligation to the Army for defending you, I’m not so bloody unfair. You haven’t asked to be defended, you don’t want to be” (86). But the blame Laurie harbours towards Andrew eventually comes out when he later tells him that “because [Ralph] did for me what you wouldn’t do, I’m alive to be with you now” (190). This difference in opinion exemplifies Laurie and Andrew’s

incompatible ontological perspectives. Whereas Andrew can only act in accordance with his moral principles, Laurie believes that the consequences of one's actions outweigh the moral ideals that one attributes to them. Since masculinity is primarily defined during this time by a man's ability to fight for their country, Laurie and Andrew's failure to participate in the army situates them on the outskirts of society. Unlike Laurie, whose desires to overcome his feelings of stasis by fighting in the army are thwarted by his permanent injury, Andrew chooses to experience stasis because of his political beliefs.

By associating Andrew and Laurie with biblical references, Renault draws attention to how they seem to belong to another time and place. When Laurie and Andrew first cross paths in Chiver's orchard, Andrew refers to the spot as "a private Eden" (Renault 82). Laurie tells Andrew that the orchard "isn't private, [...] everyone's invited; but only the serpent comes" (82). By serpent, he means Chivers. When Andrew tells Chives that he's a pacifist belonging to the Friends, Chivers exclaims in outrage, "Take shame to yourself [...] I wonder you can look your friends in your face" (88) and orders Andrew to stay away from Laurie (90). For Chivers, his unwillingness to fight in the army represents treason against his country, as the burden of war falls on every British citizen. She does not grasp that Andrew cannot convert Laurie into a pacifist because Laurie's permanent disability already makes him ineligible as a soldier. The irony of the situation is that Laurie, in his involuntary love for Andrew, is far more likely to corrupt Andrew's religious beliefs by making him aware of his homosexuality.

The biblical references Renault uses to refer to Laurie and Andrew also emphasize the romantic nature of their relationship, which is controversial because homosexuality is generally frowned upon in Christian religions. On their way out of Eden, Andrew cites Milton describing Adam and Eve after their expulsion from paradise, "*They hand in hand, with wandering steps*

and slow,/ Through Eden took their solitary way" (90). Whilst Andrew most likely references Milton to describe the fact that they can no longer return to Chivers' orchard, his use of the passage also implies that he and Laurie, as Adam and Eve, are meant to be lovers. One of the nurses makes another biblical reference to imply that homoerotic feelings linger between Laurie and Andrew, calling them "David and Jonathan" (244)– two men from the Book of Samuel whose souls are bound together. The subtlety of such implications confuses Laurie, who questions whether Andrew genuinely does not understand homosexuality, or is purposely avoiding all mention of it because it is against his religion.

Freeman argues that time "not only binds flesh into bodies and bodies into social but also appears to bind history's wounds" (7). When outside of the glade or away from Andrew, Laurie is not only bound by his heterosexuality and permanent injury, but also by the facts that homosexuality is illegal in Britain and that the Second World War is still ongoing, which pose a serious threat to his survival. Thereby bound by the wounds of history, Laurie finds himself unwilling to participate in the present moment. Barred from Eden by Chivers' anger toward Andrew, the two men find a footpath by the hospital leading to a glade that becomes their new meeting spot. Laurie refers to the glade as "Limbo" in his thoughts (126), but never shares this name with Andrew, possibly because it highlights the ambiguity of their relationship. The shift from biblical references to Limbo suggests that Laurie understands his failure to participate in progressivist society, but believes that he cannot find his own place in the world.

Limbo not only represents Laurie's uncertainty regarding the possibility of Andrew reciprocating his feelings, but the atemporal state he finds himself in while spending time with Andrew. Conflicted between his inability to partake in chrononormativity because of his injury and his unwillingness to identify with the queer community (which I further discuss in the

following section), Limbo represents a temporary third option for Laurie made possible by the liminality of his hospital stay, which he clings to out of his unwillingness to face the challenges that await him. When Laurie finds out that he will soon be discharged from the hospital, he declares that he “had got to see Andrew” because “he felt a need more imperative than any he had experienced in the keenest crisis of personal love” and “wanted to recover his belief in the human status” (243). Thus Laurie decides to pursue his romantic feelings towards Andrew in an attempt to preserve the existence of Limbo. The two men kiss “with a simplicity which this knowledge made to seem quite natural” (286).

The impossibility of a perpetual state of Limbo is reflected by the outcome of this kiss, as Laurie and Andrew never see each other again. Andrew does not return to the hospital for several weeks, and eventually, Laurie receives a letter from him letting him know that he has moved to London. In the letter, Andrew writes that temptation “is nothing but an opportunity for choice,” and that his feelings for Laurie were “wrong to act on” (373). He expresses gratitude for Laurie, admitting that “one can’t refuse to know oneself, and it must have happened eventually,” and affectionately adding, “I would rather it was through you than anyone else” (374). This marks the end of Limbo for Laurie, who must accept that the course of his life will be shaped by the limitations imposed on him by his injury and queer identity.

4.2 The *Phaedrus*

The charioteer myth from Plato’s *Phaedrus*, which inspires the title of Renault’s novel, provides an allegory for humanity’s struggle between desire and morality. Laurie summarizes the myth when talking to Andrew:

Each of the gods has a pair of divine white horses, but the soul only has one. The other [...] is black and scruffy, with a thick neck, a flat face, hairy fetlocks, grey bloodshot eyes

and shaggy ears. He's hard of hearing, thick-skinned and given to bolting whenever he wants. So the two beasts rarely see eye to eye, but the charioteer has to keep them on the road together. (Renault 118)

Thus the white horse captures the mind's capacity to idealize, and the black horse represents the uncontrollable nature of the body. The charioteer's struggle can be likened to the patient's experience of illness, where the white horse's aspirations must be tempered by the black horse's limitations. More broadly, this allegory represents humanity's struggle to resist temptation and live up to one's moral principles. The charioteer's struggle from this last perspective is emblematic of chrononormativity because the pursuit of a nuclear family and financial success depends upon one's ability to forgo immediate cravings for long-term goals.

The myth also shapes Laurie's understanding of his queer identity. Wallace points out that Laurie laments "the way in which fear of prosecution and rejection impels many homosexual men to live furtive, ignoble lives, defined by their sexuality rather than by their merit as human beings" (110). The black horse can thereby represent what Laurie deems to be the excesses of the homosexual male community that Ralph belongs to. From Nikolai Endres's perspective, Renault "embodies" the love triangle central to the novel through this myth: Laurie— the charioteer, must exert reason to reconcile the self-control he associates with Andrew as the white horse, with the carnal desire he associates with Ralph as the black horse (152). However, Endres's reading does not quite work; he implies that Laurie cannot choose between Andrew or Ralph, and must learn to live with them both. When Andrew eventually moves to London to distance himself from Laurie (Renault 374), Laurie decides to commit to a relationship with Ralph, and Renault writes that the two horses "are reconciled for a night in sleep" (399), thereby positioning Laurie and Ralph as the two horses. Additionally, Ralph holds the same sexually conservative beliefs as

Laurie does, making him an unlikely symbol for impulsive behaviour. Endres still is right to point out that Ralph represents Laurie's acceptance of his homosexual desires, whilst Andrew represents the impossible ideal of spiritual union without physical connection.

The significance of Plato's *Phaedrus* for Laurie lies both in the book's content and in the context he receives it, dating back to his highschool days when he first met Ralph. Ralph was a couple years older than Laurie and the head prefect at their school. When Ralph got expelled because of sexual misconduct allegations involving a fellow student, Laurie proclaimed that he was "the best head the House has had in years" (19) and urged fellow students to protest with him (22). As Ralph was packing up his things, he called Laurie into his office and told him he was a "*bloody fool*" for fighting against the school's decision (28). He then gifted Laurie his copy of the *Phaedrus* while warning him, "It doesn't exist anywhere in real life, so don't let it give you illusions. It's just a nice idea" (33).

According to Ferrebe, in the *Phaedrus* "Plato suggests that if a state or army consisted only of lovers and those they loved, their society would approach perfection, as they sought to rival each other in honour." (Ferrebe 120). The book thereby represents an ideal of queer love that Laurie eventually decides to strive for. During his hospital stay, Laurie finds Ralph's copy of the *Phaedrus* in "a dirty little parcel done up in newspaper at the back of his locker" (90) and decides to revisit it. The moment in which Laurie finds Ralph's copy of the *Phaedrus* breaks the otherwise linear order of events that follows Laurie from his childhood until the end of his hospital stay; since Laurie does not yet know that he will meet Ralph again at a party, their reunion is foreshadowed by his finding of the book.

Whilst Laurie's discovery of the *Phaedrus* represents a break in the novel's otherwise linear plot, it also marks the moment in which Laurie ceases to experience the stagnation of sick

time and begins to partake in a queer temporality. Reading the *Phaedrus* is an extremely pleasurable experience for Laurie. The narrator here accentuates the book's importance to him:

In his imagination the pages were printed not with their own paragraphs only, but with all that he himself had brought to them: it seemed as though he must be identified and revealed in them, beyond all pretense of detachment, as if they were a diary to which he had committed every secret of his heart (110)

The pleasure Laurie feels when he rediscovers the *Phaedrus* occurs because the book alters his experience of time. Muñoz describes the temporality of queerness as a “modality of ecstatic time in which [...] straight time is interrupted or stepped out of,” that is experienced during “moments of contemplation when one looks back at a scene from one's past, present, or future” (32). As the present moment is inhospitable towards those unable to partake in chrononormativity, refuge can be found in the ecstatic moments that arise when remembering past events fondly or daydreaming about the future. For Laurie, the *Phaedrus* brings back his memories of Ralph as his boyhood crush that distract him from the pain of his leg. The book is particularly precious to him because it is the only object in his parcel of “things saved from his pockets after Dunkirk” that survives; he finds “the knife, the pipe and the lighter” in that parcel to be “ruined” and throws them away (90). The *Phaedrus* is therefore his only possession from before his injury that he has access to in the hospital ward— the sole remnant of his able-bodied life that he can only access through his memories. The book's survival surprises Laurie, who was “afraid that the pages would tear when they were opened” but finds that “the sea-water hadn't soaked in beyond the notes at the back” (113).

Yet, even with the *Phaedrus* in hand, Laurie remains haunted by the demands of normative or heterosexual time. The front cover “unfortunately recalls the butcher's order-book

which his mother used to keep” (113). The excessive optimism Mrs Odell displays when assessing Laurie’s injury, as previously mentioned, stems from an unwillingness to face the harsh truths that afflict her son. In the same way that she downplays the severity of Laurie’s permanent disability, Mrs Odell refuses to acknowledge Laurie’s deviant sexuality. When Laurie drafts a coming out letter addressed to his mother that expresses the “relief” he feels now that he accepts his homosexuality (62), he remembers how “he had always felt that his best was not good enough” for his mother, and discards the letter because he does not want to further disappoint her (63). To make matters worse, the clergyman that Mrs Odell marries is explicitly homophobic. At their wedding, Mr. Straike exclusively refers to Laurie as Laurence because he believes that Laurie is a “cissy name” (332). Both his mother and Mr. Straike believe that Laurie will return to the army and eventually start a family with a woman without knowing that he is incapable of both. As the front cover of the *Phaedrus* reminds Laurie of his mother’s order-book, he is also reminded of his inability to escape their heteronormative expectations.

Along with the charioteer myth, the *Phaedrus* contains a speech by Lysias, which Laurie also summarizes to Andrew: “The first speech sets out to prove that a lover who isn’t in love is preferable to one who is. Being less jealous, easier to live with, and generally more civilized” (117). According to Endres, “Renault presents Lysias’ model in the most famous chapter of her book. She has the reader attend a homosexual party, a both realistic and grossly exaggerated picture of gay subculture” (154). By interpreting Lysias’ speech as condoning casual sex amongst men to avoid falling in love, Endres touches upon the moral dilemma Laurie and Ralph face as queer individuals who do not identify with the subculture.

Julie Abraham claims that Ralph and Laurie “are explicitly distanced from the gay subculture, which is characterized by male effeminacy, ‘bracelets and eye-shadow’ (65). Along

with their disapproval of feminine aesthetics, Laurie and Ralph demonstrate prejudice towards the underprivileged socioeconomic status of their gay male peers. During the infamous party scene, Laurie's use of third person pronouns highlights the estrangement he feels when observing the homosexual men in the room:

They had not merely accepted their limitations, as Laurie was ready to accept his, loyal to his humanity if not to his sex, and bringing an extra humility to the hard study of human experience. They had identified themselves with their limitations; they were making a career of them. They had turned from all other reality, and curled up in them snugly, as in a womb (Renault 153)

Although Laurie accepts the fact that he is attracted to men, the idea of turning away from progressivist society horrifies him. Ralph expresses a similar sentiment when he tells Laurie that “ours isn't a horizontal society, it's a vertical one. Plato, Michelangelo, Sappho, Marlowe; [...] we can all quote the upper crust. But at the bottom [...] there isn't any bottom. [...] You haven't a clue, how far down it goes” (206). Both Laurie and Ralph fear the repercussions of letting desire, the black horse, run wild: poverty and alienation from society at large. Lysias' speech, which from Endres' perspective promotes such behaviours, thereby figures as the antithesis to the charioteer myth in Renault's novel.

In their rejection of homosexual society, Ralph and Laurie deny the reality of their limitations. In terms of future plans, Laurie mentions having “a year to go at Oxford,” but does not know what he will do after that (272). Laurie can no longer serve in the army, as Ralph cannot return to the navy. Ralph's exclusion from the active list is particularly tragic; he loses “just half a finger too many. Two and a half instead of two” (161); had he only lost two fingers, he would have been able to resume captaining boats for the navy. As Ralph tells Laurie his

dream job had always been to lead boat “expeditions in places off the map” (220), the loss of his ship represents the death of his professional aspirations. Even if Laurie and Ralph find work eventually and keep their relationship a secret, members of progressivist society will always other them because of their permanent injuries in the same way that Laurie others the homosexual community that Ralph associates with.

The internalized homophobia the two men hold toward the members of their community has serious consequences for Ralph, who attempts to take his own life at the end of the novel. In his suicide letter addressed to Laurie, Ralph writes that, “the real reason I am getting out is that I can see no future for me at sea,” (396) and apologies for “bitch[ing] up your life in every way” (397). Along with his lack of a foreseeable future, Ralph suffers because he believes that he coerced Laurie into loving him and that their relationship was inherently immoral. Throughout the novel, Renault emphasizes the shame Ralph feels through desire to conceal his injury and his sexuality. Back in high school, he denied that homosexual love was possible when he warned Laurie not to believe that the ideas in the *Phaedrus* existed in real life. He tells Laurie that he dates women “now and again” (212). When out in public, he wears a padded glove that hides his missing fingers. It is only when Laurie pushes away his own homosexual desires and attempts to break up with Ralph that Ralph realizes that he cannot escape the reality of his injury and sexuality. When pleading with Laurie to stay, he tells him, “We can plan our lives along certain lines. But you know, there's no future in screwing down all the pressure valves and smashing in the gauge. You can do it for a bit and then something goes” (261). In this moment Ralph grasps how futile his attempts at concealing himself were, since he knows that the truth will always come out eventually.

In the end, Laurie comes back to Ralph, showing up just in time to stop him from taking his own life. After all of this turmoil, Laurie notices that his understanding of the *Phaedrus* has changed: “Now [the book] no longer stood for something rounded off and complete, but for confusion and uncertainty and pain and compassion, and all the tangle of man’s mortality” (251). Love for Laurie is no longer an ideal to aspire to but the acceptance of all that he seeks to repress within himself. He also realizes that the *Phaedrus* has physically changed; no longer “crisp and clean” like the day he received it seven years ago, the book now has a “bloodstain” and “a rough whitened patch from the sea” (262). Muñoz argues that “it is important to call on the past, to animate it, understanding that the past has a performative nature, which is to say that rather than being static and fixed, the past does things” (28). The changing significance Laurie attributes to the *Phaedrus* breathes new life into past ideas. The *Phaedrus* allows him to experience queer temporal modes in his desperate attempts to cling to chrononormativity. By understanding that the charioteer cannot always keep his two horses on the road, that morality and desire must eventually be “reconciled” for a good night’s sleep, and that Lysias is wrong to suppose that one can have a lover that they do not love, Laurie turns to Ralph as a solution to overcome the grief he feels from his inability to partake in chrononormativity.

Ultimately, Renault’s portrayal of the subjective and social consequences of infirmity centers on Laurie’s struggle to accept himself despite his physical limitations and queer identity. She demonstrates how the war simultaneously alienates Laurie from himself while bringing him closer to his fellow soldiers. Through her fictional depiction of disabled gay men pursuing love to heal from the violence of combat, Renault creates a world in which homosexuality improves the lives of individuals who otherwise lack any hope for the future. The ancient Greek

philosophy she touches upon in her references to the *Phaedrus* teaches Laurie the true meaning of love, not as an aesthetic ideal but as an embodied practice.

Conclusion

When Woolf claims that the English language lacks the necessary lexicon to describe illness in “On Being Ill,” she identifies not only a lack of words but also a lack of images, metaphors, analogies and allegories that refer to the patient’s subjective experience. In response to the absences she identifies, Woolf follows her criticism with a description and portrayal of her ideal illness narrative. Woolf’s approach to illness writing is distinctly literary, as evinced by the multiple literary references she makes and her characterization of reading and writing practices while ill. Woolf invents a unique approach to illness writing that emphasizes the subjective experience of the patient through its rejection of literary conventions. In her endorsement of rashness, Woolf’s description of the temporality of illness closely relates to Freeman, Halberstam and Muñoz. The importance Woolf places on literature throughout “On Being Ill” also characterizes her depiction of alternative temporalities. As she argues that the patient’s reading and writing practices are altered by their experience of illness, she suggests that partaking in these practices allow the patient to participate in an alternative temporal mode unbound by the confines of time and space.

Although disability is a central theme within *The Charioteer*, the novel has mostly been read in the context of historical fiction and queer history. Renault’s portrayal of the subjective and social consequences of infirmity is equally of interest for the study of medical history. Renault uses repetition and three different registers to depict the subjective and social consequences of Laurie’s permanently injured leg. The various ways in which the characters in Renault’s novel react to Laurie’s injury is indicative of how disability was socially perceived during the First and Second World Wars. Laurie exemplifies both the positive and negative possibilities that can arise from Muñoz’s utopian definition of queer time as drawing upon past

concepts to enrich an impoverished present and generate hope for the future. The novel's relatively positive ending contrasts the tendency within literary portrayals of queerness during Renault's time to kill off their queer characters.

When analysed together, "On Being Ill" and *The Charioteer* both stress the importance of literature for the lives of their fictional patients. A significant portion of literary studies within the medical humanities identify the possible uses of literature within the practice of medicine. Woolf's essay and Renault's novel validate multiple arguments made by medical humanities scholars regarding how illness narratives can bolster their subjectivity and recontextualize their illness. Rather than seek to restore order in chaos, both texts provide maps that guide their fictional patients through the challenges they experience as a result of their inability to participate in chrononormative time. Woolf's emphasis on sympathy and nature metaphors suggests that patients can seek refuge in alternative communities defined by their otherness, while Renault's protagonist's understanding of love not as an aesthetic ideal but as an embodied practice characterizes homosexual love as a meaningful pursuit in itself.

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