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Spaces Turning into Places: Mental vs. Institutional Places and Spaces in Colin Thubron's *A Cruel Madness*

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Introduction

Psychiatric hospitals by and large fulfil a dual function: historically, they derive from societies' need to isolate those individuals not conforming to the established morals (Foucault, *Madness* 61). In the eighteenth century, conceptions of madness had taken on notions of contagion and disease, which society allegedly needed to be protected from (Smart 22). Even nowadays, the protection of society remains a factor, albeit on the basis of the unintentional threat posed by potentially violent mentally ill individuals (Goffman 4). On the other hand, the purpose of psychiatric hospitals is to care for individuals who, due to their mental illness, are incapable of caring for themselves (Goffman 4). This double function is also reflected in the word *asylum*, which can not only refer to a "lunatic asylum" ("Asylum," def. 4.), the predecessor of the psychiatric hospital, but can also denote a "secure place of refuge, shelter, or retreat" ("Asylum," def. 2).

Whether to protect society or to provide a place of retreat, mental hospitals need to delimit and control contact with the outside. Hence, their barriers to social intercourse are "often built right into the physical plant" in the form of locked doors and windows and surrounding walls (Goffman 4). These boundaries can symbolise both aspects of *asylum*: they can provide protection from a dangerous outside and may also be experienced as restrictive and confining. Michel de Certeau's conception of *places* and *spaces* can be usefully deployed for an analysis of how psychiatric patients make do within these institutions. The same pertains to representations of such patients in literature. This paper will analyse Colin Thubron's *A Cruel Madness* in light of the questions of how Daniel Pashley, the narrator, perceives and negotiates the boundaries of the institutions he finds himself in; how he creates spaces of his own; and what exactly the boundaries that delimit this creation of individual spaces are.

Theorising Place and Space

De Certeau distinguishes between *places*, which are constructed by means of strategies, and *spaces*, which are established through tactics. To be more precise, a *strategy* denotes:

[T]he calculation (or manipulation) of power relationships that become possible as soon as a subject with will and power (a business, an army, a city, a scientific institution) can be isolated. It postulates a *place* that can be delimited as its *own* and serve as the base from which relations with an *exteriority* composed of targets and threats (customers or competitors, enemies, the country surrounding the city, objectives and objects or research, etc.) can be managed. (35-6)

Correspondingly, a psychiatric hospital can be regarded as such a subject with will and power, and the buildings which house the institution serve as the place from which this subject acts.

In contrast to that, *tactics* produce a *space*. Spaces are created by the individuals occupying the place. For instance, by means of their movements, inmates of mental hospitals create spaces of their own within the limited framework of the institution. Unlike strategies, tactics do not have a locale which they control and from which they can act. Their space is “the space of the other” (de Certeau 37), and they insinuate themselves “into the other’s place, fragmentarily, without taking it over in its entirety, without being able to keep it at a distance” (de Certeau xix). Instead of controlling events, tactics must constantly manipulate them “in order to turn them into ‘opportunities’” (de Certeau xix).

To give an example, patients might manipulate medical assessments in order to be released, or inversely, to avoid being discharged. Daniel purports in *A Cruel Madness*: “Most are desperate to get out, and may simulate normality with great *cunning*; but others are so deeply withdrawn that they fight with the same *cunning* against leaving at all” (3; emphasis mine). Concerning the first case, the laws of the place determine that patients can only be released once their symptoms have subsided. The patients cannot alter these rules but they may be able to suppress symptoms in order to appear ‘normal’ and thereby deliberately deceive those controlling the place. As for the second case, patients might have ‘recovered’ but not feel strong enough to

face the world outside. In this case, feigning symptoms allows them to prevent their discharge without openly violating the rules of the place.

Furthermore, the particular reliance of tactics on the right moment or the right opportunity becomes obvious when a fellow patient confronts Daniel about his medication: “We haven’t been taking our drugs properly, have we? Thought nobody’d noticed, did we? [...] But I’ve seen you make those swallowing motions – then up come the pills into your hand after the nurse has gone” (130). Patients are not allowed to refuse medication, so Daniel has to pretend to take the pills and wait for an unobserved moment to dispose of them. As only a fellow patient, not a member of staff, caught him doing that, Daniel’s tactic was successful.

As opposed to tactics, strategies have the advantage of time. One of the corollaries of establishing a place or a *proper* is that it provides “*a triumph of place over time*” (de Certeau 36). Hence, advantages that have been attained can be maintained and exploited, and those holding the power are therefore fairly independent of circumstances. A second consequence of the establishment of a place is that it allows for a “*panoptic practice*” (de Certeau 36). The term derives from Jeremy Bentham’s *Panopticon*, the cells of which were arranged in a circle around a tower from which all of them could be observed. At the same time, due to backlighting, it was impossible for the inmates to look inside the surveillance tower. For that reason they had to assume they were under perpetual observation and behave accordingly (Bentham 4-10). Even though it was never actually built, Foucault regards the Panopticon as paradigmatic of *disciplinary procedures* (*Discipline* 200). His work on discipline provides the basis for, and largely corresponds to, de Certeau’s notion of place and the related strategies. Even outside an actual Panopticon, the power over a locality permits the division of spaces and the spatial distribution of individuals and consequently the operation of a panoptic practice (de Certeau 36; see also Foucault, *Discipline* 141, 143, 201).

Thirdly, the ability to control a place of one’s own allows for the mutual reinforcement of power and knowledge via normalizing judgement and the examination. De Certeau emphasizes that “*a certain power is the precondition of this knowledge* and not merely its effect or its attribute” (de Certeau 36). In case of hospitals, this means that the patient is turned into an object of knowledge (Foucault, *Clinic* xv). By observing, categorising and judging psychiatric patients’ behaviour, members of staff turn patients into cases. As Foucault points out, the “respectable

face” given to disciplinary procedures by the sciences obfuscates the fact that they are rather “physico-political techniques” (*Discipline* 223) as their objective is the normalisation of nonstandard individuals. Accordingly, mental hospitals are examples of what he calls “heterotopias of deviation [...] in which individuals whose behaviour is deviant in relation to the required mean or norm are placed” (“Spaces” 25). These hospitals are an element of society, but constitute, at the same time, counter-sites within which “all the other real sites that can be found within the culture, are simultaneously represented, contested, and inverted” (Foucault, “Spaces” 24).

Due to the fact that places consist of physical structures as well as systems of rules established by those controlling the place, a terminological distinction appears to be useful for a narratological analysis of place. Based on the work of Hans Krahl (299-300), I will distinguish between *topographical places*, referring to the discursive features of places, such as laws and norms, and *topological places*, denoting their physical structure or location. These two can of course not be regarded in isolation, as they mutually influence each other. For instance, the topographical place may have been built to facilitate the topological place but, subsequent to its completion, the topographical place also influences the further development of the topological place – if only by delimiting the range of options.

As for narratives, de Certeau purports that they not only describe a place, but “tell us what one can do in it and make out of it” (122). But even though any movement within a place constructs a space, not every movement is of significance for the progression of the plot. In this respect, boundaries can provide guiding principles. As de Certeau points out: “it is the partition of space that structures it. Everything refers in fact to this differentiation which makes possible the isolation and interplay of distinct places” (123). The crossing of a usually intransgressible boundary (which may also be semantic) constitutes a narrative *event* and moves the plot forward (Lotman 233, 238). It is important to note in this respect that “[t]he world of the text is divided up in different ways for different characters. There arises a sort of spatial polyphony, the play of different sorts of spatial division for each” (Lotman 231). In psychiatric hospitals, for instance, members of staff are allowed to cross boundaries that are intransgressible for inmates. Accordingly, an involuntarily committed patient leaving the hospital illicitly is a narrative event, whereas a member of staff going home after her shift is not. In the following, I will analyse Thubron’s *A Cruel*

Madness with respect to its institutional places, individual spaces and the boundaries delimiting them.

Spaces Turning into Places in *A Cruel Madness*

On the surface level, the central location of *A Cruel Madness* is the mental hospital in which the frame narrative is set. Evocatively, the novel commences with a gloomy description of the hospital as a topographical place:

It was built as a bedlam more than a century ago, and became a prison, then a lunatic asylum long after that. The older inmates still call the central block ‘the madhouse’, and sometimes, when the mist pours off the Black Mountains, you might think the whole institution a Gothic fantasy. The grey-red walls rise four storeys high to gables and slate roofs, and above them the twin chimneys of the laundry vents shoot up in polygonal cylinders, belching smoke as if this were Auschwitz, and banded in steel. All along the façade the pointed windows are meshed in iron. At night, they turn into a bank of thinly curtained lights, whose different colours resemble stained glass shining from the nave of some desanctified cathedral. (1)

The depiction clearly illustrates the narrator’s predominantly negative perception of the place. The very fact that the building housed a prison in the past gives a clear impression of confinement, which is reinforced by the iron-barred windows and is further enhanced by the surrounding mists and the remote location in the Black Mountains of Wales. Adding force to his delineation, the narrator states that “hardly anyone ever comes out of [this asylum]” (1). Moreover, the references to a Gothic fantasy and Auschwitz create a threatening atmosphere, which the narrator intensifies by the choice of verbs like “rise,” “shoot up” and “belching”. These verbs invest the topographical place with agency, which amplifies the impression of power on part of the institution. The walls, for instance, by rising seem to tower actively over the observer. The individual appears small and helpless in the face of the overpowering institution, which reflects how the narrator perceives his own situation *vis-à-vis* the psychiatric hospital.

Inside, the hospital is represented as equally constricting: Its corridors “are tiled in buff and green and look indestructible” (1) and it seems impossible to break out of them. Additionally, the topological place is constructed by ubiquitous

disciplinary procedures. Firstly, Daniel reports an awareness of perpetual surveillance. The topography of the place ensures that there is no privacy at all:

The charge nurse sits in a glass office overlooking the TV-room on one side and the dormitory on the other. Nothing escapes him. He controls a dashboard of buzzers and emergency lights, and can speak by microphone to the farthest parts of the wards. The doors are all panelled in wired glass for spying through, and even the lavatories have two-way locks. (42)

This means that even those kinds of places which are normally the most sacred domains of privacy, such as the bed and the bathroom, are subject to visual scrutiny, and the loudspeakers add to the impression that the members can get anywhere they want at all times. Secondly, the patients are turned into objects of knowledge: “They’ve got us all on file” (44). These files are “covered in little squares with ticks or lines through them” (119), as is characteristic of disciplinary records. Moreover, Daniel finds in his own file, to which he has illicitly gained access, a register of every institutional place he has ever stayed in and comments that “it looked unutterably depressing” (119). He feels as though his entire life and experience have been reduced to a list of institutions and diagnoses. Thirdly, the hospital utilises partitioning as one of its strategies. For example, Chronics and Acutes are on different wards, and men and women are spatially separated. Movement between these wards is restricted. As a corollary, the women’s ward seems to the narrator “as impenetrable as a harem” (119).

The psychiatrist personifies discipline, as he “has the absolute power to discharge or detain [the patients]” (126). Daniel harbours the suspicion that “he’s not precisely seeing human beings at all, but is observing a conflux of interesting or predictable symptoms playing games with one another (and with him)” (127). In the psychiatrist’s eyes, patients are reduced to a mere conglomeration of categorisable behavioural features that can always be interpreted in a way that makes them fit a diagnosis. Daniel, for instance, is supposedly suffering from chronic dissociation, but if he behaved differently, he is convinced that he would “only be re-diagnosed as something else” (127). He assumes that the psychiatrists have “created a set of structures, so they have to squeeze everything into it, like medieval monks explaining everything by divine grace and evil” (138). The categories are pre-defined and the individuals are only made to fit in. Therefore, Daniel asks himself: “How can you ever get past these fellows? And the more [the psychiatrist] disbelieves in me, the less composed and credible my behaviour becomes” (138). Daniel feels trapped in a

vicious circle, and it seems as though there is no way out. In this sense, the boundaries seem to be intransgressible.

In another sense, however, Daniel does escape the confines of medical categorisation and thereby creates a space of his own. For the greater part of the novel, Daniel makes the reader believe, and on some level appears to believe himself, that he is not a patient but a schoolmaster at a preparatory school, who additionally teaches English in the mental hospital once a week during school holidays. In his imagination, Daniel leaves the confines of his role as an inmate and assumes the identity of someone who is able to come and go as it suits him. By fooling himself into thinking that he is free to leave, he escapes the awareness of confinement. He furthermore distances himself from the more abstract restrictions of being labelled as mentally ill. Therefore, his fantasies and/or hallucinations can be regarded as “a site that is impregnable, because it is nowhere, a utopia. They create another space, which coexists with that of an experience deprived of illusions” (de Certeau 17). Daniel creates a mental space within the place of the asylum.

Writing can be regarded as another means of creating a space. Daniel initiates an essay competition for the entire hospital with the title “The Most Important Time of my Life” (3). With regard to his fellow patients, he notices that, in spite of their illness, some of them “have written violently expressive poetry and short, perfectly lucid stories” (3), which puts standard notions of insanity into question. He furthermore points out that therapists might gain new insights from these texts, and he is convinced of a cathartic effect on the writer (3). For this reason, the autodiegetic narrative of *A Cruel Madness* might also be considered as such a case of narrative ‘therapy’.

Daniel begins his report prior to meeting Sophia, the woman he fell in love with while he worked as a teacher at Sunningrove. His experience there is paradigmatic of how confinement can be a question of perception without being (entirely) grounded in reality. As a teacher, Daniel is part of the institutional apparatus. Nonetheless, he has an acute sense of imprisonment: “The walls circling the grounds are high (it used to be a convent) and everything inside them is embalmed” (12). Actually, it is not the walls that confine him, but his angst. In consequence, a sense of protection is inherent in the confinement of Sunningrove. To what extent this perception of imprisonment is subjective and changeable becomes evident after Daniel has fallen in love with Sophia. Suddenly, he “noticed with

surprise how the sun poured against the scarred panelling of the passageways, mellowing them into long, tiger-striped vistas. It must always have done that [...] and I'd never noticed. [...] This view had depressed me for years, but now seemed curiously diffused and thinned" (23). The transparency described suggests freedom. His feelings for the girl open up a window to the wider world. He even perceives the walls differently now: "I wondered why [the school building] had once seemed to circle me, and to rise so close, so dense, and why I had imagined you could see the high surrounding walls from here" (23). The description corresponds closely to the walls surrounding the asylum, and the operative word with respect to subjectivity is "imagined". Daniel clearly states that Sunningrove "no longer imprisoned" him (24). He begins to be able to transgress the boundaries of the place, which had only been intransgressible in his mind.

Daniel re-encounters – or rather imagines that he re-meets – Sophia years later in the enclosed garden of the asylum. As far as the reader knows at this point, he is a teacher and she is a patient. This illusion is dispelled when Daniel attempts to gain access to her file in order to find out more about her affliction. The patients' records are, as usual in psychiatric hospitals, inaccessible to the patients (Goffman 31). In true tactical fashion, Daniel waits for the right moment, bribes a fellow patient to cause a distraction and sneaks into the glass office. For once, the visual situation is reversed, and the nurse is the person under surveillance. From the office, Daniel sees "the crouched shoulders of the nurse on the floor" (118) attending to a patient who pretends to be sick. At least for a moment, the nurse's actions are controlled by Daniel and his fellow patient, and her crouching on the floor appears to signify a lack of power. However, as Daniel cannot maintain this situation, his action remains tactical rather than strategic and does not lead to an actual shift in power. Furthermore, his plan to utilise the institution's system for his own needs does not work out, as the patient chart he means to gain access to does not exist. Instead, he reaches for his own file; casually and in parentheses remarking to the narratee, "because I am a patient" (119).

His file contains entries like: "*The patient composes cathartic stories showing his usual inability to distinguish between fact and fantasy. These seem to be partly wish-fulfilment, and partly quite sophisticated attempts to come to terms with a real or imagined loss*" (119). Up to this point Daniel has appeared to be a fairly reliable narrator. His casual remark, however, calls everything that has been said before into

question. In this connection, it is worthwhile to refer to Peter L. Berger and Thomas Luckmann who claim that reality consists of various spheres, such as dreams as opposed to the reality of everyday life (21). Characteristic features of the reality of everyday life are that it is tied to the bodily “here” and the temporal “now” and that it is shared with others (Berger and Luckmann 22 f.). In contrast to that, other kinds of reality are experienced as “finite provinces of meaning” which are usually subordinated to the reality of everyday life (Berger and Luckmann 25). The refusal to perform this subordination of marginal realities poses a threat to social order in general and institutional order in particular (Berger and Luckmann 98). This is particularly interesting in Daniel’s case. He refuses to order the different spheres of his reality hierarchically. What appears to be the reality of everyday life at one point is depicted as a finite province of meaning at another. Therefore, the reader is equally prevented from hierarchising Daniel’s realities. A case in point is that it never becomes entirely clear how much of his past is imagined and whether he ever was a teacher at Sunningrove. The same applies to Sophia, whose entire existence he may have imagined. The series of analepses which represent Daniel’s past outside the mental hospital contain several clues to unreliability, such as statements like “perhaps I’m a bit ill” (11) and textual inconsistencies. For instance, Daniel’s claim that he had been in Sunningrove half his life (9) is juxtaposed with the information given in his patient file, which indicates that he has been in and out of various institutions for most of his life. In spite of these clues, it is not possible to determine with certainty what is ‘true’ and what is not. Hence, his narrative also contests the monolithic truth claims of disciplinary writing by presenting different versions or ‘truth’ side by side. Daniel’s spheres of reality appear to be almost decentred.

As these realities are put down in writing, Daniel furthermore turns his narrative into a place *vis-à-vis* his addressee. De Certeau regards a text as a place and the act of reading as the creation of space (169). Daniel sets up a place of his own that refuses to conform to social standards. Moreover, he constructs this place in a way that is less confining than the one he finds himself in. His narrative leaves much room for the readers to create their own spaces by interpreting and weighing up Daniel’s conflicting spheres of reality.

Unfortunately, Daniel’s excessive creation of mental spaces and his refusal to hierarchise them also has significant drawbacks. He becomes progressively more preoccupied with Sophia’s presence in the hospital and prefers this sphere of reality to

the one he shares with his fellow patients. He also begins to hide his pills in his mouth, spits them out afterwards and explains: “If I take those pills they slow me up, I’m just doped, then I can’t find her at all” (130). Sophia becomes increasingly more difficult to grasp, so he needs all his senses. Due to his mental illness, however, these become more unreliable instead. In Daniel’s perception, Sophia can neither be captured by files nor by walls: “The rooms seem unable to contain her, as if she didn’t know or couldn’t inhabit them, as if the air were wrong” (131). By having turned into a larger-than-life figure, which can no longer be contained by any place, she personifies his own desire for freedom. On the other hand, she represents the deleterious effects of his hallucinations. She has become the dangerous temptress, who not only induces Daniel to discontinue his medication and thus harm himself, but also leads him into obscuring and disorienting darkness (147). The hallucinations, which had previously enabled him to escape the restraints of the place, have apparently turned back on him.

Even though Daniel finally finds a way to break out of the asylum, he returns in order to pick up the imaginary Sophia. This indicates that, for Daniel, the hospital corresponds to the ambiguous nature of the term *asylum*. Even though he feels confined, he does not want to leave. Now Sophia serves as an excuse or a rationalisation of his need to stay. He can resort to his fantasy once more and imagine, rather than actually live, freedom. On the night preceding his planned escape with Sophia, he goes to the window of the dormitory and peers “through the curtains out between the bars. Beyond the perimeter wall [...] the lights of a village flicker, and above them the valley lifts into the hills – the hills of our freedom, rolling like bones under the blanched sky” (155). Again, his topographical description comprises a certain dynamic, but instead of looming like the walls, the valley “lifts” into the hills, and these do not tower over the individual but represent freedom. Once more, Daniel experiences how the perception of a place is subject to change. At least for a moment, he catches a glimpse of freedom.

However, by the day of the intended escape, Daniel has been drawn entirely into a mental space of darkness, and fog covers almost everything. He claims: “I’m wading in the black lava, and it covers my bag” (161). Outside, Daniel meets Sophia, but she refuses to join him and tries to return to her ward via the fire escape. In desperation, Daniel attempts to detain her by stabbing her with a kitchen knife. Due to the fact that Sophia is a product of his imagination this does not mean that he violates

the boundary of her body. Berger and Luckmann claim that the successful integration of marginal experiences into a hierarchy of realities is not only desired by society but necessary to counteract potential terrors ensuing from non-shared realities, such as nightmares (98). The experience of everyday life provides the framework and anchor necessary to feel security. Berger and Luckmann also speak of everyday life as the “daylight side” of life and, for instance, nightmares as the “night side” (98). In Daniel’s case this is fitting as the longer the periods he stays within his own mentally created spaces, and the less actual contact he has with his fellow patients, the darker his hallucinations become. He is isolated in his reality – and even Sophia keeps escaping. Consequently, the knife can be read as a symbol of Daniel’s desperate attempt to destroy the reality that separates him from the one he shares with others. He tries to escape from a mental space that has turned into a place.

In the struggle, Sophia and Daniel appear to fall from the fire escape and Daniel loses consciousness. When he comes to, he perceives in wonder the beauty of a jug of daffodils on the window-sill: “I remember wondering what drug they had given me that I could lie there transfixed for hours by this chiaroscuro, but I never asked” (167). This is reminiscent of William Wordsworth’s poem “I Wandered Lonely as a Cloud,” in which the speaker encounters a bed of daffodils by the side of a lake and afterwards reports the long-lasting effect of the image:

For oft, when on my couch I lie
In vacant or in pensive mood,
They flash upon that inward eye
Which is the bliss of solitude;
And then my heart with pleasure fills,
And dances with the daffodils. (19-24)

In de Certeau’s terms, Wordsworth’s poem depicts the creation of positive mental spaces. In his mind, the speaker can always return to the daffodils by the lake. As “chiaroscuro” can figuratively denote the combination of binary opposites, such as “mingled ‘clearness and obscurity’, ‘cheerfulness and gloom’, ‘praise and blame,’ etc.” (“Chiaroscuro,” def. 3.), the image simultaneously engenders a feeling of escape into a mental space and imprisonment in a confining place. It turns out that Daniel has been moved to the “Disturbed” ward, which entails increased restrictions, and he is aware that his temporary experience of peace is artificially created by medication. The daffodils on the windowsill, like so many other things in the novel, represent only a

fleeting illusion of freedom. Consequently, Daniel's perception of daffodils also changes: "Nowadays daffodils strike me as pretty but irrelevant, although I still walk in the parklands, especially in winter, and watch the snow that comes down from the hills and falls on this asylum which is my mind" (168).

As for mental spaces, this might be read as the realisation that, even though they can bring pleasure to a certain extent, they do not suffice to ameliorate one's situation. It has become obvious that Daniel's mind is the real asylum and not the walls surrounding him. His "intensely vivid visual impressions" (Docherty 20), which, in addition to giving him the means to create powerful personal spaces, also make up the basis for his mental illness. His mental spaces or marginal realities become so dominant that they occupy the place usually reserved to the shared reality of everyday life, and consequently the means by which he can create positive spaces are also those that torture him.

Conclusion

In sum, places for one thing do not depend on the presence of a topographical place. *A Cruel Madness* clearly shows that boundaries can exist as much in an individual's mind as in an institution. The narrator is ultimately seeking protection in the asylum, even though he feels confined by it. In fact, the boundaries are grounded in his mind, partly as an effect of an excessive creation of mental spaces and a lack of grounding these spaces in a shared reality. As a corollary, the confinement imposed by a topographical place is no longer necessary. In a similar vein, it is important to note that the perception of places is subject to change and highly dependent on the individual's mood. What is at one moment perceived as confining might soon after be experienced as protective.

Considering, for example, the refusal of a hierarchisation of different realities and the often prison-like depiction of the mental hospital, the novel can be read as a criticism of such institutions. Furthermore, the reader does not receive the impression that patients profit from their stay in the sense of an actual recovery. The normalisation aimed at by such institutions is not achieved. Nonetheless, the novel does not promote a reading of mental illness as a purely liberating and creative force, either. Even though Daniel manages to elude the disciplinary apparatus in some instances and is able to use his unique perception of reality creatively in his narrative, he is still confined in the asylum of his mind. He may resist normalising pressure in

many ways but also suffers from the isolation inherent in retiring to individual mental spaces, which are inconsistent with a socially constructed reality.

The depiction of institutional places and individual spaces and places in this novel is neither black nor white but rather mirrors the complexity of the subject. De Certeau's conception allows for an analysis that gives justice to precisely this complexity and the various ways in which different kinds of spaces and places coexist and interact. It also lays emphasis on the fact that individuals do retain a significant degree of agency even within such institutions and are active in the creation of spaces as well as places.

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