

Swann at 100 / Swann à 100 ans

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Table des matières

Liste des auteurs VIII

Introduction XI

Adam Watt

Mon livre me venait de Swann 1

William C. Carter

« Cette ignorance si envahissante » : Oblivion, Posterity, Art 18

Edward J. Hughes

Félix Guattari's *Swann* 35

Thomas Baldwin

Freud, Proust, and Bowie: *Swann* Fétichiste 50

Margaret E. Gray

Swann 1913 : entre « Le roman d'aventure » et « Le Sacre du printemps » de Jacques Rivière 61

Adam Watt

« Un état nerveux dont je n'étais pas responsable »: Medical and Moral Language in the *drame du coucher* 76

Anna Magdalena Elsner

Proust's Choreographies of Writing : *A la recherche du temps perdu* and the Modern Dance Revolution 91

Marion Schmid

Les lignes de fuite de *Swann* 109

Anne Simon

En quoi consisterait l'écriture d'un « roman bergsonien » ? 119

Luc Fraisse

Du côté de chez Swann : A Spectrum of Critical Responses in 1913 137

Cynthia Gamble

- Proust et le paysage dans *Du côté de chez Swann*** 153
Nathalie Aubert
- Proust, Hahn, and the Art of Song** 168
Jennifer Rushworth
- Albertine's Futuristic Gastronomy** 184
Brigitte Mahuzier
- Proust's Imperfect: Rhythms of the *Recherche*** 197
Erika Fülöp
- Proust tomorrow?** 213
Gareth H. Steel

« Un état nerveux dont je n'étais pas responsable » : Medical and Moral Language in the *drame du coucher*

Anna Magdalena Elsner

Abstract

This article explores the lexis of « nervousness » in *Du côté de chez Swann*. It focuses on the *drame du coucher* as an imaginary clinical encounter and examines the passage's links between illness and guilt, and in particular the interweaving and fusion of literary-subjective and medico-scientific language. The article proposes that the constantly shifting question of personal responsibility in Adrien Proust's writing on neurasthenia structures the famous passage, which is also an empowered patient's response that picks up on – and dramatizes – the ambiguities set out in the writing of his father.

In Virginia Woolf's essay *On Being Ill*, she remarks that literature has rarely dealt with illness. She does however concede that there are two exceptions: Thomas Peniston de Quincey and Marcel Proust. « There must be a volume or two about disease scattered through the pages of Proust » (Woolf 2002, 14), she writes. This alleged presence of illness and medical language is a topic that has been of growing interest for Proust scholarship in the past fifty years;¹ in fact, Proust himself acknowledged the importance of the medical for the novel he was about to write in a letter to Anna de Noailles in 1905, where he frames his entire project in this context by stating: « je vais faire un livre sur les médecins » (*Corr.* v, 318). Doctors indeed became significant characters in Proust's novel, and yet *A la recherche du temps perdu* could – to reflect Proust's bold phrasing – also be described as a book about patients; it suffices to recall that at one time the famous incipit read as « A l'époque de cette matinée dont je voudrais fixer le souvenir, j'étais déjà malade » (R² I, 1085). And even if Proust later edited the opening sentences, this initial way into the novel makes clear to what extent the subjective experience of illness is foundational to the text.

While Proust's novel is a book about doctors, about patients and about illnesses, *A la recherche du temps perdu* also focuses on the complex interaction, communication and power structures *between* doctors and patients, a topic which in recent years has become a major focus for the field of the medical humanities and in particular, narrative medicine. In the scene of the narrator's

1 For some of the earliest readings of the medical in Proust see Soupault 1967 and Béhar 1970.

grandmother's death, for example, Proust showcases a parade of mostly incompetent doctors à la Molière, but in this parody he also subtly comments on their largely insufficient diagnostic and communicative styles and skills with the terminally ill patient and thereby constructs a serious commentary on the profound changes in medical ethics and the medical profession in the course of the nineteenth century.²

This article proposes that there is another doctor-patient dialogue running through the novel, one that might be located even deeper in the complex grey area between autobiography and fiction where the novel situates itself. Just as some critics have been as bold (and perhaps misguided) to claim that *A la recherche du temps perdu* is to be understood as a letter to Proust's mother (Schneider 1999), one could argue, in a similarly schematic way, that the novel can also be read as a dialogue between, or rather a response from a patient-son to a physician-father, if – as Michael Finn has recently formulated it – « the typical patient » Adrien Proust had in mind when writing *L'hygiène du neurasthénique* with Gilbert Ballet in 1897 was « his social gadfly son, this slow-to-produce man of letters Marcel » (Finn 2013, 124). This relationship between Adrien Proust's medical treatise on neurasthenia and the literary representation of the disease has repeatedly led critics working on the medical in Proust to claim something along the lines of Frédéric Fladenmüller, namely that « La [Recherche] est toujours en même temps la recherche de la justification du nerveux » (Fladenmüller 1986, 40), that between the lines of this text there is a response to his father's medical treatise.

In this article, I am less interested to present the medical-historical context of neurasthenia: its doctors and proponents; associations with « American nervousness » (Beard 1881) and its relation to discussions surrounding modernity; the importance of discourses on heredity; neurasthenia as society disease; or neurasthenia in the literary *fin-de-siècle* context with its links to sexuality, creativity, decadence and degeneracy.³ Also of marginal interest is the indubitably important question whether the condition is medically outdated, or can be translated into modern medical terminology. What I propose, instead, is to look at the interchangeable vocabulary of nervousness, which I believe also functions as a breeding ground for an ambiguous zone of moral discourse at the heart of this hypothetical dialogue between father and son in the *drame du coucher* – a moral discourse that certainly is linked to the above-mentioned features of neurasthenia, but which also sets up a tension in life

² See Elsner 2014.

³ For the important literary historical background on neurasthenia see Finn 1999, Bizub 2006, Schmid 2008.

and illness writing and which might also be fruitfully linked to contemporary discussions about guilt in psychosomatic diseases from the point of view of the medical humanities.

Maurice de Fleury, a Parisian psychiatrist and contemporary of Proust, who wrote extensively on neurasthenia poetically described the condition as « la fatigue organisée, installée à demeure, passée à l'état d'habitude, et prenant forme de maladie » (de Fleury 1904, 835). Edward Shorter echoes this when summarizing the symptoms of neurasthenia as consisting in ailments as diverse and diffuse as « tiredness, anxiety, mild depression, [a] rash of physical complaints without an obvious cause ».⁴ In this article I propose to examine this shifting and blurred lexis of nervousness, nervous exhaustion, nervosity, neurosis and neurasthenia in *Du côté de chez Swann*, but, in particular, to question the ways in which the imaginary around the somewhat vague symptom cluster which defines this condition is interwoven with the idea that it is possible to self-inflict it, thereby causing the diagnosed patient to experience guilt over a seemingly voluntarily adopted disease. It is the constantly shifting question of personal responsibility in discourses surrounding neurasthenia that I believe gives an additional structure to the *drame du coucher* and allows Proust to formulate an empowered response. A response, however, which picks up on, dramatizes and never dissolves the ambiguities set out in the writing of his father.

« Dual Citizenship »

In the recently published complete *Rolling Stone* interview Susan Sontag gave following the publication of *Illness as Metaphor* in 1978, she is asked by Jonathan Cott to what extent the book related to, or was even caused by, her own experience of being diagnosed with cancer. Sontag recounts the incident of asking her doctor about the « psychological side of cancer in terms of what causes it » thereby, as she says, « wanting to take responsibility for herself » (Cott 2013, 7). When her physician absolves her, claiming that despite the cultural imaginary surrounding the disease, he does not believe in any particular causality, this verdict of not being guilty constituted the starting point for her inquiry into the metaphors surrounding various illnesses such as cancer, tuberculosis or syphilis which became *Illness as Metaphor*, in which she contentiously claims that

4 As Shorter notes, Jean-Marie Charcot famously describes the typical neurasthenic patient as « l'homme aux petits papiers », whilst Maurice de Fleury singles out « profonde lassitude » as the main symptom defining neurasthenia (Shorter 2013, 8).

« the healthiest way of being ill – is one most purified of, most resistant to, metaphoric thinking » (Sontag 2002, 3). While Sontag does not discuss neurasthenia, the condition could be added to the list of diseases that are accompanied by an imaginary that takes on a life of its own, and which, similar to tuberculosis, as she writes, « provided a metaphoric equivalent for delicacy, sensitivity, sadness, powerlessness » (Sontag 2002, 63).

Proust's authorial choice of no longer exposing his narrator as « malade » in the very first sentence did not change the fact that many of the characters, including the narrator, introduced in this first volume, are characterized as variations on what Du Boulbon will later romantically describe as « cette famille magnifique et lamentable qui est le sel de la terre » (R² II, 601), namely, « les nerveux ». The *drame du coucher* ends with the narrator's seeming victory, but while the narrator's father concedes that his wife may spend the night with their son, he is nonetheless quick to add that this permission is a medically necessary step when he proclaims that « moi qui ne suis pas si nerveux que vous, je vais me coucher » (R² I, 36). He thereby exposes mother and son as part of that curious species, but it comes quickly to the fore that he himself holds what Sontag has described as « dual citizenship in the kingdom of the well and in the kingdom of the sick » (Sontag 2002, 3). When the father's own turban-like attire is explained by his « névralgies » (R² I, 36),⁵ a term equally denoting an unspecified ailment of the nerves, Proust thereby almost explicitly links him to these « nerveux ». ⁶ Mother and grandmother share the narrator's « sensibilité nerveuse » (R² I, 37), and of course, aunt Léonie herself is « en proie à une affection nerveuse » (R² II, 600). The narrator compares her neurasthenia to the « nénuphar » seen on his walks along the Vivonne, rocked by the water, eternally repeating a pathological routine (R² I, 167): Léonie, with whom, as the narrator will later remark, he has more in common than he initially

5 On the question of paternal/maternal influence see Grenet 2010.

6 Even if Proust never specifies the profession of the narrator's father, the ironic remark that the one giving the diagnosis suffers himself of the same illness, is an idea Proust returns to in doctor du Boulbon's speech about « les nerveux » to the grandmother, see R² II, 601–602: « Le nervosisme est un pasticheur de génie. Il n'y a pas de maladie qu'il ne contrefasse à merveille. Il imite à s'y méprendre la dilatation des dyspeptiques, les nausées de la grossesse, l'arythmie du cardiaque, la fébrilité du tuberculeux. Capable de tromper le médecin, comment ne tromperait-il pas le malade ? Ah ! ne croyez pas que je raille vos maux, je n'entreprendrais pas de les soigner si je ne savais pas les comprendre. Et, tenez, il n'y a de bonne confession que réciproque. Je vous ai dit que sans maladie nerveuse il n'est pas de grand artiste, qui plus est, ajouta-t-il en élevant gravement l'index, il n'y a pas de grand savant. J'ajouterai que, sans qu'il soit atteint lui-même de maladie nerveuse, il n'est pas, ne me faites pas dire de bon médecin, mais seulement de médecin correct des maladies nerveuses. »

assumed (R² III, 586). In « Noms de Pays: Le Nom », the narrator's nervous nature becomes a metaphor for modernity, thereby echoing George Beard's 1879 and 1881 writing on the increased speed of modern city life which he regarded as a possible cause for neurasthenia, what he called « American nervousness »: « Pour parcourir les jours, les natures un peu nerveuses, comme était la mienne, disposent, comme les voitures automobiles, de 'vitesses' différentes » (R² I, 383). With regard to Albertine, the narrator will later on claim that « l'amour naît dans ces cas comme certaines maladies nerveuses de l'explication inexacte d'un malaise pénible » (R² III, 193), but Swann and Odette are already described as « nerveux » in their amorous innuendoes; in fact, Odette transforms the entire maison Verdurin into « une sorte d'appareil sensitif, de réseau nerveux qui se ramifiait dans toutes les pièces et apportait des excitations constantes à son cœur » (R² I, 223). Yet the intensity of this nervous network eventually leads Swann to introduce another variation on the vocabulary of nervousness when he exclaims in a sleepless night between laughing and crying over his quest for Odette: « C'est charmant, je deviens névropathe ! » (R² I, 311). A neuropath, just like Charlus, who since *Du côté de chez Swann* also comes to be associated with the term (R² I, 351).

The lexis of nervousness thus melts into neurosis, echoing Freud's 1895 paper « On The Grounds for Detaching a Particular Syndrome From Neurasthenia Under The Description 'Anxiety Neurosis' », ⁷ which presents a first step in differentiating between a variety of psychosomatic conditions all associated with the nerves. Nervousness and all its lexical variations function in *Du côté de chez Swann* as malleable cultural metaphors that can adapt to a wide range of social diagnoses. Throughout the novel they can be put in relation with hypochondria, neurasthenia or genius, and can also be read as remnants of a decadent imaginary. ⁸

Illness, Responsibility and Willpower

In his inaugural lecture at Oxford, Malcolm Bowie talked about the « sufficiently strange and provocative » moral language of Proust (Bowie 1994, 3), a moral

7 Only translated into French by Laplanche and Pontalis in 1973.

8 It is important, however, to note that for physicians of the time « depression and melancholia are in one pool, nerves in another [...]. Nervosity, nervosisme and cognate terms designated a garden-variety of distress, not depression » (Shorter 2013, 111). While neurasthenia and diseases of the nerves are regarded as founding the discourse of psychosomatics, they are in the medical literature of the nineteenth and early twentieth century clearly rooted in the physical, and nervosity and cognate terms are defined as « disorder without a lesion » (*ibid.*).

language which also invades depictions of health and illness, amongst them nervousness. Early on in the novel the narrator's guilt emerges, when he recounts how he later realised that it was his « manque de volonté, [sa] santé délicate » (R² I, 12) rather than the grandfather's « petits écarts de régime » (R² I, 12), which caused his grandmother to shed « un pleur involontaire » (R² I, 13) when taking her garden walks. One way to understand the intertwining of moral and medical vocabulary is to see it as pertaining to the imaginary of *décadence*, and to relate it to Bénédict Morel's, Max Nordau's and Paul Möbius's degenerationism and sexual pathology.⁹ It might also simply be, as Donald Wright points out in his study on the medical discourse in *A la recherche du temps perdu*, that Proust « abandonne intentionnellement les lieux communs de la littérature post-romantique, préférant montrer d'une façon explicitement médicalisée l'habitude langagière scientifique qui inonde le vocabulaire de son époque » (Wright 2007, 130). But apart from this literary-historical contextualisation, which certainly plays a role in this connection between illness and moral language, the experience of guilt is one that very often accompanies illness, and not just the neurasthenic. Rita Charon, clinician and pioneer in the medical humanities, provides the clinical picture: « Illness seems to induce irrational guilt in patients, who search for *something* [...] as if identifying something concrete in their experience as the proximal cause of an illness is preferable to accepting its random unfairness, even at the cost of assuming some of the responsibility for their illness themselves » (Charon 2006, 31).

In the *drame du coucher*, vocabulary surrounding the narrator's nervousness triggers such a provocative *glissement* of moral vocabulary, in which Proust moves by turns between the positions of the patient in the paternal *L'Hygiène du neurasthénique* and the victim/criminal in Racine's *Phèdre*. The vocabulary used highlights the cultural imaginary surrounding the narrator's « état nerveux », but it also exposes a conflict regarding the psychological explanation of disease, the Hippocratic « mind over matter » approach, the question whether the nervous condition is self-imposed and the patient in some way accountable for his crime.

In her perspicacious article on the « dialogue » between Proust father and son on neurasthenia, Miguet-Ollagnier reads Adrien Proust's *L'Hygiène du neurasthénique* alongside *Combray*, paying particular attention to the similarity of prescriptive measures advised by Adrien Proust and taken up by the narrator's family; she considers questions of heredity essential to the discourse of neurasthenia and degeneracy and descriptions of the ideal doctor for a neurasthenic patient that are seemingly directly reflected in some of the doctors of

9 See Schmid 2008, particularly Chapter 5.

A la recherche du temps perdu (Miguet-Ollagnier 1990). Commentators like Miguet-Ollagnier have generally highlighted the « vagueness » and « outdatedness » of this *fin-de-siècle* disease and the optimism of Adrien Proust that « une hygiène appropriée » would be enough to revive neurasthenic patients (A. Proust 1897, 16–17). However, a reassessment of *L'Hygiène* in terms of curability and personal responsibility of the neurasthenic in contributing to the protractedness of the disease suggests a somewhat more layered discourse. Compared to Beard for example, Adrien Proust is more cautious in his description of the disease and concedes that « elle [la neurasthénie] est devenue une étiquette commode derrière laquelle s'abritent trop souvent des diagnostics erronés ou incomplets » (A. Proust 1897, VIII). In addition to frequent misdiagnosis, he furthermore concedes that « la neurasthénie est souvent la légitime mais regrettable rançon de l'inutilité, de la paresse, ou de la vanité » (A. Proust 1897, 32). He repeatedly underlines the importance of education and the environment of the predisposed neurasthenic child. Indeed, without adhering to a very strict daily routine, his prognosis seems rather bleak :

Les méthodes d'éducation vicieuses qui font naître ou laissent développer chez les enfants les mauvais penchants et les travers de caractère, peuvent, on le conçoit aisément, exercer une influence funeste sur leur énergie physique et morale. – Trop souvent, par l'incurie des parents ou des maîtres, l'enfant au lieu d'entrer dans la vie doué d'une volonté ferme et d'un jugement éclairé est devenu un être capricieux, entêté, sans volonté forte, sans tenue morale. Lorsqu'à ces défauts s'ajoutent encore une instruction mal réglée, une éducation physique insuffisante ou nulle, le sujet est pour ainsi dire sûrement voué à toutes les défaillances dans la lutte pour la vie.

A. PROUST 1897, 18–19

Adrien Proust's emphasis on routine, education and strictness is reflected in the narrator's pondering of the consequences of his action. Indeed, the narrator's seemingly exaggerated fear that « on ne me laisserait plus rester à la maison, on me mettrait au collège le lendemain, c'était certain » (R² I, 33), is not that far-fetched in the light of Adrien Proust's statement that « malheureusement si l'internat est un mal, il est un mal nécessaire » (A. Proust 1897, 135), even if he advises that boarding schools should generally be avoided for neurasthenic children.

Parents need to take measures early on because, as Adrien Proust dramatically highlights, in severe cases, where neurasthenia is a hereditary predisposition and comes into contact with other risk factors, the only hope for the patient is an early diagnosis :

Certains sujets issus de familles tarées sont dès la naissance en état de continuelle imminence de neurasthénie. Leur système nerveux se fatigue au train même d'une vie régulière et paisible et ils sont appelés à verser pour ainsi dire fatalement dans la névrose. [...] C'est pourquoi il importe de la [la neurasthénie] reconnaître dès les premiers signes du début, car c'est seulement à sa période initiale qu'il est possible d'en enrayer le développement en imposant aux jeunes malades les règles d'une hygiène appropriée à leur état.

A. PROUST 1897, 16–17

Here, as in most of the book, the neurasthenic is presented as having some control over the disease by adhering to the measures described by Proust and Ballet. The clinical picture emerging from *L'Hygiène* is that neurasthenia, as Adrien Proust puts it elsewhere, is one of a number of « maladies évitables » (A. Proust 1895, 2), and that while it might not be possible to eradicate the condition completely, the patient can regain self-control and become « un nerveux qui se domine », as Huysmans formulates it in his 1883 *L'Art Moderne* (Huysmans 1902, 162).

But how controllable is neurasthenia? Is the patient really in a position to « dominate » the condition? This question introduces a more sceptical tone running through Adrien Proust's book: « L'hygiène, qui suffirait à prévoir la Neurasthénie si elle était rigoureusement appliquée et, il faut bien le dire, si elle était toujours applicable, suffit aussi le plus souvent à la guérir – quand la Neurasthénie est susceptible de guérison » (A. Proust 1897, ix). Variations of « quand » or « si la neurasthénie est susceptible de guérison » mysteriously undercut – and seemingly annihilate – the stern prescriptions of Adrien Proust. This tension between curable and incurable in *L'Hygiène* derives from a number of conflated discourses ranging from modern psychosomatic theories to discourses on willpower and the involvement of guilt in illness.

In an article concerned with the social aspects of neurasthenia, Christopher Forth describes the negative, and very often racial, attitudes towards male neurasthenics under the Third Republic,¹⁰ particularly after the defeat in the

10 « Physicians often followed Charcot's authoritative lead by asserting that Jews were particularly prone to nervous exhaustion [...] ; the observations of one of Charcot's students, Henri Meige, about the nervous disposition of the proverbial 'wandering Jew', were frequently echoed in works on neurasthenia [...]. Henry Labonne [...] echoed a common medical assumption when he declared that 'half of all Jews are neurasthenics' » (Forth 2001, 340–341). The image of the neurasthenic Jew is also used by anti-Dreyfusards to call the pro-Dreyfus camp « a group of neurasthenics » (ibid., 345).

Franco-Prussian war and its triggering concerns about the martial and reproductive abilities of French men (Forth 2001, 340). He argues that the beginning of the twentieth-century brought about an important shift in the imagery of neurasthenia in France: it was no longer conceived as the fashionable « *maladie du siècle* », instead « the complacent neurasthenic » turns into the « embarrassed neurasthenic », who needs to regain self-mastery and is regarded as responsible for his own nervous problems, which is frequently reflected in adverts, popular health manuals and novels (Forth 2001, 347). The neurasthenic intellectuals, as Forth writes, « may have won the immediate political battle, but they were losing the more protracted war between competing styles of manhood » (Forth 2001, 348). This need to take control is caused or accompanied by psychological and philosophical discourses surrounding the question of « *volonté* », stretching from Schopenhauer's 1819 *Die Welt als Wille und Vorstellung* to Théodule Ribot's 1888 *Les Maladies de la Volonté*. Discourses about this weakness of the will nourish medical writing on nervousness and, from an early age, Proust designates his own lack of will as his principal « défaut »: « Ne pas savoir, ne pas pouvoir 'vouloir' » (Proust 1971, 337). In a text about Robert de Montesquiou, he – condescendingly – expands on the theory about the « *maladie de volonté* » (to show that Montesquiou does not suffer one of those);¹¹ in « *Journées de Lectures* » he lengthily describes the theme of the « *impossibilité de vouloir* » (*ibid.*, 178–179), and in the *drame du coucher* the narrator introduces his mother and grandmother's educational project to « *diminuer ma sensibilité nerveuse et fortifier ma volonté* » (R² I, 37) in the very first pages. Wright notes that « un manque de volonté est souvent marqué d'une tonalité morale chez Proust » (Wright 2007, 373). This tonality attaches itself to the understanding of neurasthenia, and is entirely internalised by the neurasthenic patients as Adrien Proust writes: « Les malades sont parfaitement conscients de leur infériorité morale » (A. Proust 1897, 77).

« *Volonté* » in the vocabulary of medical writing on neurasthenia denotes first and foremost what Adrien Proust calls « *la volonté de guérir* »; it is the doctor's responsibility, according to Adrien Proust, to reinstall this will to heal in the patient. This is highly contentious, as Sontag argues in *Illness as*

11 « Vous les connaissez tous, ces jeunes gens, si vous en connaissez un. Ils sont tous pareils. D'abord ils ont tous une 'maladie de volonté'. Ils ne peuvent pas vouloir, d'où ils ne savent agir et ne veulent pas penser. La plupart s'en glorifient, d'autres affectent de s'en plaindre, comme d'une faiblesse infiniment distinguée. Quelques-uns sentent la profondeur du mal, ses ravages dans l'esprit et dans l'action, mais ne peuvent changer, justement parce que pour cela il faudrait vouloir. Si ce n'était pas la plus pitoyable des misères, ce serait la plus écœurante des banalités » (Proust 1971, 407).

Metaphor, because « theories that diseases are caused by mental states and can be cured by will power are always an index of how much is not understood about the physical terrain of a disease » (Sontag 2002, 54). The problem being, as she puts it, that thereby « people are encouraged to believe that they get sick because they (unconsciously) want to, and that they can cure themselves by the mobilization of will » (Sontag 2002, 58). While Sontag here also aims at the dichotomy between the emotional and the physical – which is of even greater importance in non-psychosomatic conditions – this is also reflected in Adrien Proust's « volonté de guérir » and the « guérissable », which creates an implicit dilemma in the argument of *L'Hygiène*, namely that neurasthenia is curable in some patients – by « the mobilization of will » – but it remains incurable – for whatever reasons – in others. Adrien Proust never spells out what the reasons for the incurability of neurasthenia might be, and this blind spot in *L'Hygiène* poses the urgent question: can the incurable patients be somehow held accountable for their incapacity or lack of disposition to will their own healing?

The *drame du coucher* echoes this dilemma: the narrator's « état nerveux » is psychosomatic, with a « palpitation de cœur » accompanying the general emotional upheaval. The vocabulary (« céder », « succomber », « résister »), bears if not an explicitly militaristic sense, then certainly allusions to weakness and an inability to withstand strain. But while there is defeat, the weak-willed agent can paradoxically not be held accountable for lacking a vital capacity – which in turn makes his shortcoming excusable :

Mais dans l'éducation qu'on me donnait, l'ordre des fautes n'était pas le même que dans l'éducation des autres enfants et on m'avait habitué à placer avant toutes les autres (parce que sans doute il n'y en avait pas contre lesquelles j'eusse besoin d'être plus soigneusement gardé) celles dont je comprends maintenant que leur caractère commun est qu'on y tombe en cédant à une impulsion nerveuse. Mais alors on ne prononçait pas ce mot, on ne déclarait pas cette origine qui aurait pu me faire croire que j'étais excusable d'y succomber ou même peut-être incapable d'y résister.

R² I, 33

Sontag discusses the concealment of certain diagnoses, such as tuberculosis or cancer, from the concerned patients and mentions Stendhal's *Armance*.¹² And

¹² This is a theme commonly explored in illness narratives. See, for example Simone de Beauvoir's *Une mort très douce*.

just as Octave's mother refuses to pronounce « tuberculosis », the narrator's illness is hushed up. Sontag relates this to a « modern denial of death », but suggests that on a deeper level this says something about the kind of disease in question. While cardiac patients were never lied to, diseases such as tuberculosis or cancer – or neurasthenia – have something shameful about them, they are « ill-omened » and « taboo » (Sontag 2002, 8).

In the following passage, the tonality of the moral/religious vocabulary is heightened, anticipating the intertwined medical and religious imagery later used for aunt Léonie. The earlier « excusable » is substituted with « punissable », « scrupules », « péché » :

Ainsi pour la première fois, ma tristesse n'était plus considérée comme une faute punissable mais comme un mal involontaire qu'on venait de reconnaître officiellement, comme un état nerveux dont je n'étais pas responsable ; j'avais le soulagement de n'avoir plus à mêler de scrupules à l'amertume de mes larmes, je pouvais pleurer sans péché.

R² I, 37–38

Yet the language of guilt is contrasted with the exculpating involuntary non-responsibility: The « mal » – illness or evil – is experienced as « soulagement ». Inge Crosman Wimmers has noted that the narrator here « slips in a verbal allusion to Racine's *Phèdre*, without identifying the source » (Crosman Wimmers 2002, 46), and this Racinian intertext in this context « introduces a metonymic link preparing for the hero's future identification with the tragic heroine » (ibid.).¹³ Wimmers mentions the « psychological bond » with *Phèdre* (ibid., 47), but does not take into account the parallel medicalization of

13 The passage from *Phèdre* to which Crosman Wimmers alludes comes in act IV, scene 6, lines 1245–1250 :

Me nourrissant de fiel, de larmes abreuvée,
Encor dans mon malheur de trop près observée,
Je n'osais dans mes pleurs me noyer à loisir;
Je goûtais en tremblant ce funeste plaisir;
Et sous un front serein déguisant mes alarmes,
Il fallait bien souvent me priver de mes larmes.

Crosman Wimmers relates this to the earlier version in the *Esquisse XII* : « J'avais le soulagement infini de n'avoir plus à mêler de scrupules et de remords à l'amertume de mes larmes, d'entendre traiter ma tristesse comme un mal involontaire qu'on reconnaissait pour la première fois officiellement et dont je n'étais pas responsable comme un 'état nerveux', quelque chose d'involontaire et de non coupable » (R² I, 693) (Crosman Wimmers 2002, 202–203 (note 26)).

Phèdre's love, which is not only frequently described as « un mal » (Racine 2002, 32, line 45 ; 37, line 146 ; 46, line 269), but even presented as « incurable » (Racine 2002, 46, line 283). Barthes notes that « rien n'atteste mieux le caractère *formel* de la faute que son assimilation explicite à une maladie » (Barthes 1963, 122), and if Phèdre is « ni tout à fait coupable, ni tout à fait innocente » (Racine 2002, 22) then this is also caused by the question of how far her « mal » is a « fatale » malady making her unable to act differently and, to echo Adrien Proust's use of tragic language, just like the neurasthenic patient « à verser pour ainsi dire fatalement dans la névrose » (A. Proust 1897, 16).¹⁴

While the evocation of the relief of responsibility should liberate the narrator, the association with Phèdre anticipates the later « j'aurais dû être heureux, je ne l'étais pas ». The narrator never suggests that his « état nerveux » might be « guérissable » and yet his succinct later conclusion « le mal était fait » contrasts with the earlier « mal involontaire » : illness turns into evil, malady into tragedy, the involuntary into the voluntary thereby upholding, just like Adrien Proust, a certain tension concerning the patient's ability to will his or her healing.

« La Justification du nerveux »

I now want to come back to the assumption that the representation of nervousness in *Du côté de chez Swann* represents some kind of justification of a patient-son *vis-à-vis* his physician-father. When Susan Sontag writes *Illness as Metaphor* her own cancer diagnosis is a clear autobiographical motive for writing the text, but one which she never openly reveals as such in the text. This, Ann Jurecic points out in her *Illness as Narrative*, is a deliberate decision against writing an illness memoir. Thereby, Jurecic believes, *Illness as Metaphor* « contains an implicit argument against the therapeutic ideal of the illness narrative » because, by associating her writing on illness with her own illness, Sontag would have perpetuated some of the uses of illness as metaphor (Jurecic 2012, 73).

On 2 January 1914, Proust writes to Henri Ghéon : « moi qui mène la vie d'un malade, pas une fois j'ai écrit la psychologie, le 'roman' du malade [...] Si je parle de maladie dans les volumes suivants, c'est une maladie inventée pour les besoins psychologiques de l'œuvre » (*Corr.* XIII, 25). Luc Fraisse suggests that Proust here wants to shelter his book from being associated with contemporary publications such as Louis de Robert's *Roman du malade* published

¹⁴ Adrien Proust uses the word « fatalement » five times (A. Proust 1897, 16 ; 31 ; 71 ; 127 ; 161), and there are further, frequent, examples of « fatalité » and « fatale » in the book.

in 1911, or *La Maison Blanche* by Léon Werth in 1913 (Fraisie 2004, 25). This combined with an attempt to safeguard his novel from autobiographical readings certainly motivated Proust's determined statement, but something similar to Sontag's deliberate omission of her own illness might also play a part in this letter to Ghéon. If *A la recherche du temps perdu* were to be primarily understood via the life of its bedridden author, then the novel itself would also become both a symptom of and a form of therapy for the diseases suffered by him. Reading the novel as a « roman du malade » would relegate it to the genre of case histories, and by warning against these readings Proust attempts to shelter his book from a potentially reductive medico-scientific logos, one that he is intimately familiar with and which comes with a particular emotional weight and certain moral implications. But, like Sontag, Proust might also seek to « protect the reality of disease » (Jurecic 2012, 73), precisely because a patient's experience of a « mal involontaire » has informed the book.

Crosman Wimmers observes that in *Esquisse X for the drame du coucher*, the father uses the name Marcel directly (Crosman Wimmers 2002, 45–46); the presence of the boy is therefore, as she writes, « more emotional » than the one we find in the final text (ibid., 46). Regardless of the precise meaning Crosman Wimmers attributes to « emotional » in this context, this omission certainly further highlights to what extent the scene is charged with emotions for its author. Yet, given that the discourses on neurasthenia that Proust was familiar with are inherently ambiguous concerning the patient's personal responsibility in contributing to the protractedness of the disease, I would argue that the erasure of the name Marcel in the final version of the text is more emotive than the name's presence in its earlier version. Proust lives the life of a patient, which is why his bracketing of the relationship between father and son in the *drame du coucher* is also a decision informed by his desire to say something about the enigmatic moral language surrounding illness – and neurasthenia in particular – and its claim to personal accountability and guilt, something that certainly includes the physician-father / patient-son relationship, yet cannot be reduced to it.

Proust's authorial choice points in the same direction as Sontag's decision to not include her own diagnosis in her text, namely that the book we read is not a book written as a means to redeem Proust's guilt over his illness, it is not a justification for his « état nerveux », or at least not so much so that it could be called a « roman du malade », even if it is written by a patient. That ideas of *L'Hygiène du neurasthénique* shimmer through *Du côté de chez Swann* is uncontested, but denying his critics the right to write the novel off as a therapeutic product is a way to foreclose metaphorical thinking about illness. As a result,

the patient's « guilt » is in limbo. Located somewhere between the voluntary and the involuntary, the narrator's accountability remains in the domain of the « excusable erreur » (Racine 2002, IV, line 1296) which seems a far more provocative reply to Adrien Proust, because it ultimately is one that keeps the tension between doctor and patient alive.

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