The island of the ill
On being ill
Virginia Woolf
With an introduction by Hermione Lee
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Reviewed from uncorrected proofs.

On Aug. 19, 1925, Virginia Woolf, aged 43, collapsed at a party hosted by her sister, Vanessa Bell. Thus began a recurrence of mental and physical debility, the root of which — bipolar disorder? — is still the subject of scholarly dispute. She spent much of the next four months in bed, unwell, exhausted, a victim of her “queer, difficult nervous system,” living “that odd amphibious life of headache.” Although Woolf’s literary output during that period was not what she would have wished — “Can’t write (with a whole novel in my head too — its damnable),” it was nothing to scorn. She wrote many letters (flirting exquisitely damnable),” it was nothing to scorn. She would have wished — “Cant write output during that period was not what she would have thought, would have been devoted to influenza; epic poems to typhoid; odes to pneumonia; lyrics to toothache” (p. 3–4). We might not believe her, but still take the point. Probably Woolf would press such a claim now, despite the current vogue for “pathographies,” those minor-heroic confessions unendingly announced in Publisher’s Weekly. Woolf wasn’t much interested in plot, heroic or otherwise. The conscious mind was “the proper stuff of fiction,” and her great experiment was to overthrow the staler conventions of narrative and to create characters in the form of private, inner discourses rather than as “materialist” — her word — social constructs. Her essay “Modern Fiction” offers a manifesto:

Examine for a moment an ordinary mind on an ordinary day. The mind receives a myriad impressions — trivial, fantastic, evanescent, or engraved with the sharpness of steel. From all sides they come, an incessant shower of innumerable atoms ... Let us record the atoms as they fall upon the mind in the order in which they fall, let us trace the pattern, however disconnected and incoherent in appearance.

In illness, the atoms fall oddly. The writer in a “recumbent” mode realizes how the body mediates mental experience: “All day, all night, the body intervenes; blunts or sharpens, colours or discolours” (p. 4). In illness our discourse with the body becomes more explicit, leading to thoughts of clouds or roses or love or death or, perhaps, suicide. In any case it leads to an acute understanding that each of us is inescapably alone. But solitude was a state that Woolf embraced bravely and ironically: “Always to have sympathy, always to be accomplished, always to be understood would be intolerable” (p. 12).

As Woolf knew, one of the joys of discovering a good book is to be lured to another; thus readers of “On Being Ill” might be allowed a digression to Gabrielle Roy’s story, “My Whooping Cough.” Roy’s child-narrator swings in a hammock, listens to glass chimes and, like Woolf, gazes at clouds, contemplating love and death and the consolations of her loneliness: “[W]hy is it that the time of futile questions, of minute problems proved to no effect, is the time that recurs and recurs to the soul as the time it has used the best?” Like Woolf’s, Roy’s reverie might give solace to those stranded on the island of illness, as well as a salutary hint to others to keep the surrounding waters calm as they row past.

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References