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UNIVERSITY OF CALIFORNIA,  
IRVINE

Crisis Tendencies: Contemporary Fiction and the Political Economy of Mental  
Health After 1980

DISSERTATION

submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in English

by

Michael Matthew Mahoney

Dissertation Committee:

Professor Michael Szalay, Chair;

Associate Professor Theodore A. Martin;

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## DEDICATION

For my parents, Brian and Sally Mahoney. In infinite gratitude for their unwavering— and at times undeserved— patience, love, and support.

& in loving memory of Marie Mahoney, Joseph Krall, and Keiko Ogata.

Macbeth: Canst thou not minister to a mind diseased, pluck from the memory a rooted sorrow, raze out the written troubles of the brain, and with some sweet oblivious antidote cleanse the stuffed bosom of that perilous stuff which weighs upon her heart?

Doctor: Therein the patient must minister to himself.

*-Macbeth*

Whichever way your pleasure tends— if you plant ice, you're gonna harvest wind.

*-Grateful Dead*

It's been a slow education.

*-David Berman*

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## ABSTRACT OF THE DISSERTATION

Since the 1980 publication of the third edition of *The Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*, there has been a substantial and ongoing transformation in the way that psychiatric disorders have been classified, understood, and diagnosed. My dissertation, *Crisis Tendencies: Contemporary Fiction and the Political Economy of Mental Health After 1980* attends to these ongoing clinical transformations as features of an evolving and historically novel account of social and emotional personhood that is deeply embedded within the movements of capital— and one, I argue, that literary narrative bears the capacity to throw into relief. While earlier versions of the *DSM* utilized a framework of psychoanalytic and psychodynamic classifications and diagnostic assumptions about the underlying causes and trajectories of various disorders, the 1980 *DSM-III* marked a sharp break with its predecessors by turning to the observable and empirical, rather than the personal and subjective, symptoms of mental illness— a turn that ultimately rewrote the entire process of clinical diagnosis and that gave foothold for a highly profitable industry of psychopharmaceuticals. My project thus asserts that concomitant stylistic and narrative developments in literary fiction provide a unique and invaluable lens onto these transformations— one that not only gives insight into the private structures of experience associated with these illnesses, but also one that crucially allows us to see how the clinical history of contemporary mental illness is deeply embedded within the history of capital.

# INTRODUCTION

## A Recent History of the Symptom

Since 1980, there has been a substantial and ongoing transformation in the way that psychiatric disorders have been classified, understood, and diagnosed. In what amounted to a thorough overhaul of the foundations of clinical practice, the publication of the *DSM-III* not only gave rise to our contemporary categories of mental pathology, but equally redefined the entire object of psychiatric attention. Dispensing entirely with a therapeutic model based on careful analysis of the subjective depths of a patient's inner life, the *DSM-III* instead shifted the medical gaze to a system of diagnosis based on "operational criteria," dispensing with psychodynamic narratives of cause to attend only to the observable, expressed symptoms of a given disorder. The *DSM-III* thus offered a compelling clinical framework for representing mental illness, one that required a new model of diagnosis freed from the costly uncertainty of interpretive clinical judgments based on the analysis of patient narratives. This restructuring ultimately took shape around a radically redefined conception of the symptom, one that required neither an origin within the unconscious nor any of the attendant work of analytic demystification to produce an account of a patient's mental illness. The symptom, in other words, gets divorced from the subject in a move that simultaneously eradicates the medically extraneous clutter of narrative from the process of diagnosis.

One of the chief arguments of this dissertation is that the transformations enacted within the realm of clinical psychology and psychiatry with the publication and enduring legacy of

*DSM-III* bears down fundamentally on the study of literature and culture at large. At face value, however, this might seem like a strange assumption given the way that *DSM-III* was in part, an effort, to eradicate complex nuances about the deep subjective interiorities of individual patients from the process of ultimately assessing and treating psychological and psychiatric disorders. In other words, *DSM-III* radically refashioned the process of clinical *interpretation* in a way that almost seems inimical to the task of reading literature as the bearer of rich and highly varied meanings-- meanings about the intricacies of experience in the broadest sense. We look for what literature might tell us when we read it closely and carefully, and questions of psychology often provide an important backdrop for doing so. But *DSM-III* marks a profound shift in what it means to understand psychological experiences from a professional standpoint. As I will discuss in greater detail below, this is not a psychology of meanings but a psychology of what exists on the surface.

Through its diagnostic protocols, I argue, *DSM-III* equally describes a new model of reading and interpretation that calls into question the types of evidence that matter for the practice of sound interpretation. The *DSM-III* freed clinical diagnoses from the costly uncertainty of interpretive judgments based on the analysis of patient narratives, and I read the manual as the response to a crisis within the healthcare industry that itself expressed a systemic crisis in profitability. During the 1980s, that crisis redefined basic features of economic life, and, unsurprisingly, literary fiction. In that respect, the manual exemplifies how sustained economic crises call forth both new accounts of the subject and new kinds of literature. But more specifically, the manual's radical reframing of the symptom speaks to how we as literary critics read fiction of this period symptomatically--that is, as an expression of economic crisis. On one

level, my aim is to understand the influence of the *DSM-III*'s new diagnostic protocols on contemporary fiction. How and in what way, I ask, does this fiction internalize the manual's account of psychic life? But more fundamentally, I ask whether or not the manual's account of the symptom clarifies the methodological assumptions with which we approach fiction generally.

There is a running joke in clinical sciences that the only people who still take Freud-- and psychoanalysis in general-- seriously are scholars in literature departments. While this double insult is meant to denigrate both psychoanalysis and literary studies at large, my sense is that it equally poses a valid provocation to examine our own methodological cathexes in considering the relationship between literature and psychology. As far back as Sigmund Freud's "Essay on the Uncanny" there has been a deep and abiding relationship between the methodologies of psychoanalysis and the practice of reading literature critically. In a 1976 overview on this history, Albert E. Stone dates the more formal introduction of psychoanalysis as a specific intervention into the study of literature to a series of essays published during the 1920s by F. C. Prescott, Conrad Aiken, and Lorine Pruette (Stone 309).<sup>1</sup> The use of psychoanalysis as a literary critical method thus has persisted for a century, fluctuating at times in its prominence, but nevertheless providing a backbone for a great deal of rich and varied scholarship. One noteworthy example that has come under a great deal of reconsideration in recent years is Fredric Jameson's 1981 *Political Unconscious*, which famously argues that psychoanalytic concepts such as repression and wish-fulfilment, paired with Marxist assumptions about class struggle, allow us to see literature as the bearer of insights into unconscious but palpable social contradictions.

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<sup>1</sup> Albert E. Stone, "Psychoanalysis and American Literary Culture," *American Quarterly* 28, no. 3 (1976): 309–23, <https://doi.org/10.2307/2712515>.

In the introductory essay to a now infamous volume of *Representations* devoted to practices of so-called “surface reading,” Stephen Best and Sharon Marcus attempt to carve a space for literary criticism to operate outside of a predominant academic tendency toward “symptomatic reading,” which they largely credit to the influence of Fredric *The Political Unconscious*. To establish a broad working definition of what they consider to comprise “symptomatic reading,” Best and Marcus offer up the following characterization

When symptomatic readers focus on elements present in the text, they construe them as symbolic of something latent or concealed; for example, a queer symptomatic reading might interpret the closet, or ghosts, as surface signs of the deep truth of a homosexuality that cannot be overtly depicted (3).<sup>2</sup>

On the one hand, this is a highly reductive description of critical practices that actually seem to provide a more appropriate paraphrase of something like Leo Strauss’ “esoteric interpretation,” (an earlier methodology that purported to uncover coded subversive language at work in medieval and early modern literary texts, and which is entirely absent from their own chronology of symptomatic reading methods) than of anything that one could expect to find in Jameson or Althusser. Technically speaking, the term ‘symptom’ itself comes from the Greek word for ‘accident,’ and carries a subjective weight that can certainly manifest on an internal register (think of Elaine Scarry’s argument concerning the wholly private character of individual pain) or as a sign that exists ‘on the surface’ as the external marker for a larger, more complex

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<sup>2</sup> Stephen Best and Sharon Marcus, “Surface Reading: An Introduction,” *Representations* 108, no. 1 (2009): 1–21, <https://doi.org/10.1525/rep.2009.108.1.1>.

condition (and here, think of the distinctive facial spasms that accompany tardive dyskinesia, a chronic medical condition that most frequently appears as a result of long term treatment with antipsychotic drugs). Moreover, as I hope the above examples should indicate, the concept of a symptom carries with it a distinctive clinical and medical valence that Best and Marcus overlook- a rhetorical move that allows them to posit Althusser (a figure for whom those valences were tragically literal), Jameson and other ‘symptomatic readers’ as elitist figures who aim merely to reveal their own intellectual prowess in demystifying objects that otherwise present themselves in an illusory fashion to the masses.

With the *DSM-III*, however, a new account of the psychiatric symptom is produced and mobilized that looks very little like the psychoanalytically inflected one that so many of these so-called symptomatic reading practices rely on. If the *DSM-III* produced a completely novel framework of clinical symptoms, a framework no longer defined by the territory of the unconscious, my dissertation questions whether a corresponding mode of reading could locate the work of narrative fiction as a site for both elaborating on and possibly even pushing back against the diagnostic imperatives of the larger crisis economy that engendered this overhaul of the psychiatric discipline. This dissertation thus asserts that these transformations in psychiatry offer a radically new account of the subject, and one that bears down eminently on another scene of crisis taking place around rates of profitability and economic growth. *Crisis Tendencies* therefore approaches the *DSM-III* as the artifact of a dual crisis: a crisis within the healthcare industry that itself manifested as a symptom of the larger crises in profitability and the attendant processes of financialization that were, by the 1980s, redefining the basic features of economic life. My project accordingly seeks to link this clinical uprooting of symptoms from a framework

of narrativized causes to a body of recent fictions that seem equally invested in giving form to the felt effects of this paradigm shift. Through the organizing lens of genre, my project considers a set of fictions that embody and represent the positivist imperatives of the *DSM-III* through a revitalization of narrative methods that solicit a practice of surface reading by foreclosing questions of depth while equally transforming the *DSM's* own representational framework into a novel set of terms for articulating the origins of mental forms within the contradictions of economic life.

Thus, in distinction from symptomatic readings which proceed through a set of successive contradictions to reveal unconscious or concealed structures of ideology or utopian class formations, my contention is that the symptomatology of *DSM-III* provides a model for considering the outward features of fictions as bare expressions of economic determinism. Within the schema of *DSM-III*, attention to the symptomatic is purely an instrumental function within the process of diagnosis, a process which gives a sense of consistency to an otherwise discrete set of symptoms, and does so without concern for the lacunae of conscious and unconscious motives. “Crisis Tendencies: Contemporary Fiction and the Political Economy of Mental Health After 1980” develops a comprehensive account of the clinical and pharmaceutical frameworks that structure the institutions of our current paradigm of mental health and mental health care through the lens of literary narrative. My project offers up an account of two major developments in and around contemporary psychiatry framed in relation to the growth and volatility of financialization. On the one hand, I examine the evolving framework of pathologies and diagnostic protocols that first appeared with the 1980 *DSM-III*, and on the other, I critically interrogate the appearance and proliferation of novel therapies pharmaceutical products aimed at

a mass audience. “Crisis Tendencies” ultimately mobilizes the reparative power of literary form in its capacity to narratively frame registers of psychiatric and financial crisis as two sides of the same coin, allowing for a perspective on mental illness as a social phenomenon.

While my methods in this dissertation are dialectical insofar as I locate literary form and style at intersections between contemporary psychiatry and developments in both concrete events within the economy and attendant theoretical shifts in thinking about the economy, my own concerns on the latter categories are largely varied from chapter to chapter as I will discuss more precisely below. But to give a broad, sweeping summary each of these concerns ultimately bears down on various macro and microeconomic ramifications of financialization and the refashioning of social life under the conditions of economic crisis including the refashioning of labor, the role of markets in determining the intensity of mental illness, and the theoretical rise of behavioral economics. My core contention is twofold: first, I adopt the vulgar Marxist assumption that the intense volatility of the financialized economy produces conditions in which mental illness proliferates. But moreover, I argue that this volatility equally provokes a simultaneous movement toward precision based descriptions and theorizations of both mental illness and the market economy that bear down ultimately on protocols for analyzing behavior. Fiction, I argue, offers a distinctive vantage point for grasping both the clinical and economic refashioning of diagnosis as deeply entangled and historically specific sites for articulating the terms in which individual pathologies are determined by the successive shocks of capital under conditions of crisis. In doing so, I argue that fiction ultimately allows us to see a constant activity of mutual displacement wherein economic turbulence and psychiatric disorders become two sides of the same material processes.



## The Reinvention of the Symptom and The Problem of Diagnosis

Broadly speaking, *The Diagnostic and Statistical Manual of Mental Disorders* functions as a standardized guide to the classification and criteria of mental disorders, and is utilized by not only psychiatrists and clinicians but has also become a central text of reference for regulatory institutions, health insurance providers, and pharmaceutical companies. Published by the American Psychiatric Association, *DSM* has undergone five major revisions since the debut of the first edition in 1952 to reflect evolving clinical taxonomies, nomenclature, and diagnostic practices. In spite of differences in terminology and classification, both *DSM-I* (1952) and *DSM-II* (1968, updated 1974) share a common set of psychoanalytic and psychodynamic assumptions in their etiological and diagnostic frameworks that largely characterize mental disturbances in terms of their underlying conscious and subconscious motives. Moreover, *DSM-I* and *DSM-II* offer little diagnostic guidance outside of a standard index of pathological nomenclatures and statistical occurrence, with the features of any given condition consolidated into brief prototype descriptions of a typical case.

In order to show how profoundly *DSM-III* changed the dominant paradigm of mental illness it is worth slowing down here to unpack this prior history. In an article providing an overview of the historical developments behind each of the *DSM* revisions, Shadia Kawa and James Giordano describe how the first edition of *DSM* was the culmination of various efforts to name, describe, and classify dating back to the 19th century. I describe these early efforts in greater detail in my final chapter, but for the sake of providing context the most influential

figures in this enterprise were Emil Kraepelin on the one hand, and Sigmund Freud on the other. Freud and Kraepelin were openly at odds with one another, so their respective impacts on the later development of *DSM* created some contradictions and confusions among clinicians starting in the interwar years up through the postwar period of the late 1940s and 1950s. Kraepelin's work provided a basis for conceptualizing the etiology of mental illnesses by "linking abnormal behavior with brain dysfunctions" and thus providing a biological foundation for understanding these abnormalities (Kawa and Giordano 2).<sup>3</sup> This approach, however, was deemed insufficient in explaining the possible social and environmental factors behind the development and presentation of mental disorders-- an insufficiency that was counterbalanced by the widespread acceptance of psychoanalytic and psychodynamic therapies. But even here, the therapeutic function of psychoanalysis was bracketed aside in favor of a mere system for classifying "psychoneuroses" alongside the organic, brain based "psychoses" informed by the Kraepelinian school.

This project of authoritatively classifying and describing psychiatric pathologies fit into a larger effort to classify the disorders available for clinical diagnosis and collect and report statistical information about their prevalence. As Vanheule stresses, "the development of the *DSM* was obviously not solely motivated by clinical dilemmas, but by administrative concerns: bureaucrats and social scientists alike wanted to obtain statistics about mental health problems" (7).<sup>4</sup> Thus, the publication of the first edition of *DSM* in 1952 aimed at merely

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<sup>3</sup> Shadia Kawa and James Giordano, "A Brief Historicity of the Diagnostic and Statistical Manual of Mental Disorders: Issues and Implications for the Future of Psychiatric Canon and Practice," *Philosophy, Ethics, and Humanities in Medicine* : PEHM 7 (January 13, 2012): 2, <https://doi.org/10.1186/1747-5341-7-2>. Pg 2.

<sup>4</sup> S. Vanheule, *Diagnosis and the DSM: A Critical Review* (Springer, 2014). Pg 7

categorizing and describing mental disorders in broad narrative terms that ultimately relied heavily on questions of causation, a format that would extend into the second edition, *DSM-II* in 1968. Leaving aside the technical details, the first two editions of *DSM* organized and described the presentation of diagnostic categories through abstracted descriptions called prototypes which aimed at giving a broad sense of what a given condition might look like. This would lead to a great deal of clinical confusion and, as a number of critics would forcefully point out, both misdiagnosis and widespread over-diagnosis that did little more than to serve the interests of doctors and psychiatric hospitals, which were up until the early 1980s the primary sites of treating mental health disorders (oftentimes in the context of involuntary confinement).

The broad anti-psychiatry movement of the 1960s and 70s leveled a number of mounting attacks on these diagnostic assumptions, the social and political functions of psychiatry as an instrument of control, and the dominant forms of treating psychiatric disorders-- particularly under the system of institutional confinement. These attacks would be highly significant to the refashioning of the guiding logic of the *DSM* that would eventually culminate in the development and publication of *DSM-III*, and had their origins both within and outside of the profession of psychiatry.<sup>5</sup> Critics from inside the profession of clinical psychology such as Thomas Szasz influentially argued that the dominant model of mental illness was a fundamentally incoherent concept that harnessed medical language in bad faith under a veneer of authority that was ultimately derived from highly inconsistent psychoanalytic principles rather than from an organic

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<sup>5</sup> For a broad overview of the anti-psychiatry movement as it pertained to the development of *DSM-III* see Norman Dain, "Critics and Dissenters: Reflections on 'Anti-Psychiatry' in the United States," *Journal of the History of the Behavioral Sciences* 25, no. 1 (1989): 3–25, [https://doi.org/10.1002/1520-6696\(1989](https://doi.org/10.1002/1520-6696(1989)

science of the brain.<sup>6</sup> As Rick Mayes and Allan V. Horowitz put it, “there was nothing explicitly psychiatric about dynamic psychiatry; non-medical and medical professionals alike were equally able to learn and practice it” (256).<sup>7</sup>

Of equal consequence were a number of studies that asserted that mental illness, as conceived under the psychoanalytically inflective prototype descriptions in existing *DSM* editions, was fundamentally undiagnosable insofar as they were vague and open to interpretation. Perhaps the most important of these studies was conducted by Stanford psychologist David Rosenhan, who recruited a number of participants who were instructed to try and enter psychiatric asylums under false pretenses by faking symptoms of schizophrenia and then behave completely normally if they were admitted. The volunteers were merely told to act erratic and feign hallucinations in whatever manner they wished and to immediately snap out of it and explain that they were faking it if they were placed under confinement. All of the volunteers were placed under involuntary confinement, given medication, and held from upwards of three weeks (Rosenhan).<sup>8</sup> This study more fundamentally illustrates the failure of the psychiatric profession to circumscribe limits on clinical judgment, exposing at bottom a lack of clear diagnostic protocols in place that could theoretically enable physicians to differentiate between actual pathological behavior and fabricated performances of it. This study, perhaps more explicitly than any other document from the anti-psychiatry movement, would go on to have a

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<sup>6</sup> See Thomas S. Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (Harper Collins, 2011).

<sup>7</sup> Rick Mayes and Allan V. Horowitz, “DSM-III and the Revolution in the Classification of Mental Illness,” *Journal of the History of the Behavioral Sciences* 41, no. 3 (2005): 249–67, <https://doi.org/10.1002/jhbs.20103>. Pg 256

<sup>8</sup> See David Rosenhan, “On Being Sane in Insane Places | Science,” *Science* 179, no. 4070 (January 1973): 250–78, <https://doi.org/10.1126/science.179.4070.250>.

profound impact on the development of contemporary clinical practices insofar as it called attention to a critical blind-spot in the way that mental illnesses were heretofore classified and diagnosed. In other words, there was no mechanism in place to ensure consistency in either the practical nomenclature of illness or the profile of what it looked like in the flesh. As David Healy points out, “nothing in the *DSM-I* or *DSM-II* description of diagnoses would stop an analyst from labeling schizophrenic any patients he thought displayed any patients he thought displayed some schizophrenic symptom. The analysts accordingly diagnosed all patients as having schizophrenia” (*Pharmacology* 302).<sup>9</sup>

The descriptions here were indeed infamously vague and oftentimes too brief to provide a uniform picture of a given disorder. Vanheule gives the example of schizophrenia to stress how deeply flawed this was in practice, noting

For example, in the *DSM-II* (p. 33) schizophrenia is characterized with a paragraph of only 128 words, in which no reference to clinical case material is made. Likewise, subtypes of schizophrenia are described with very brief explanations. For example, the specific description of the hebephrenic type of schizophrenia offers a mere 35 additional words. It mentions clinical characteristics like “disorganized thinking” or “silly and regressive behavior and mannerisms,” but doesn’t document or operationalize how these typically manifest in clinical practice (5).<sup>10</sup>

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<sup>9</sup> David Healy, *The Creation of Psychopharmacology* (Harvard University Press, 2004). Pg 302

<sup>10</sup> S. Vanheule, *Diagnosis and the DSM: A Critical Review* (Springer, 2014). P 5. See also Allen Frances, *Essentials of Psychiatric Diagnosis: Responding to the Challenge of DSM-5* (Guilford Press, 2013).

Having suffered such embarrassments, the APA needed to address the fact that the existing system of evaluation and diagnosis did very little to ensure consistency between the judgments of different practitioners. Moreover, the goal was to equally ensure that two doctors could ideally diagnose the same patient in the same way.

A task force was assembled, spearheaded by Columbia University professor Robert Spitzer who aimed to buffer diagnostic concepts with both *validity* and *reliability*. This meant dispensing with questions of cause and focusing on only what is there, both in terms of what the patient immediately self-reports and in terms of what the clinician can see. This tidal shift in both the underlying professional assumptions about mental illness and in the process of diagnosis eventually resulted in the publication of *DSM-III* in 1980, which utilized an empirically minded framework of “operational criteria” that accounted only for the observable symptoms of a given disorder. According to the introductory section of *DSM-III*

Because *DSM-III* is generally atheoretical with regard to etiology, it attempts to describe comprehensively what the manifestations of the mental disorders are, and only rarely attempts to account for how the disturbances come about, unless the mechanism is included in the definition of the disorder. This approach can be said to be "descriptive" in that the definitions of the disorders generally consist of descriptions of the clinical features of the disorders. These features are described at the lowest order of inference necessary to describe the characteristic features of the disorder. Frequently the order of inference is relatively low, and the characteristic features consist of easily identifiable

behavioral signs or symptoms, such as disorientation, mood disturbance, or psychomotor agitation (7).<sup>11</sup>

Informally termed “checklist diagnosis,” this new system of clinical observation aimed at eradicating the problem of cumbersome and highly inconsistent interpretations that required clinicians to spend time unpacking the idiosyncratic details of a patient’s subjective experience while also needing to rely on narrative descriptions of various illnesses or questions of how or why most disorders came to manifest.

This meant fundamentally overhauling the concept of the symptom itself, a refashioning that I will ultimately turn to in the context of literary studies below. But in terms of what this meant for *DSM* diagnosis, the movement from prototypes to operative criteria engendered a shift from seeing symptoms in terms of an underlying psychic bedrock to seeing them with respect to the mere structure of a given disorder. As Vanheule describes:

[Diagnosis] qua prototypes focuses on *sets of characteristics*. Particular behaviors and complaints are not evaluated separately, but examined in terms of patterns that make up a person’s functioning. Moreover, prototypical diagnosis usually starts from demonstrative cases and clinical vignettes, based on which the clinician evaluates whether a given person’s problems match those described in the literature. [Checklist

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<sup>11</sup> Robert L. ; Gibbon Janet B. W. ; Fi Spitzer, *DSM-III. Diagnostic and Statistical Manual of Mental Disorders (Third Edition)*., 3rd edition (American Psychiatric Press, 1980). P 7

diagnosis] by contrast, focuses on individual symptoms and signs, leaving aside the question as to how these may relate to one another along an underlying structure (4).<sup>12</sup>

One inference here is that symptoms, under this new model of *DSM-III*, were no longer seen as bearing either meanings or explanations of anything other than what they immediately describe. Mental illness was no longer regarded as *merely* mental in nature. Instead *DSM-III* relocated the dominant professional conception of mental disorders into an explicitly medical paradigm—mental disorders were now squarely medical in nature, and thus required a scientifically grounded medical approach to treatment. Owen Wooley and Allan Horowitz credit *DSM-III* as inaugurating “diagnostic psychiatry”

### **Symptom, Surface, and Diagnosis: An Overview of This Dissertation**

The impact of *DSM-III* on the contemporary framework of mental health is both incalculable, as it has set the standard for each subsequent edition of *DSM* to date, and extremely far reaching.<sup>13</sup> According to Whooley and Horowitz, “The manual has become fully entrenched in all facets of mental health, from research to education, from clinical practice to FDA drug trials, from insurance reimbursements to epidemiological studies. *DSM* diagnostic codes and criteria are key to getting anything done in the mental health field. Psychiatry literally defines the field of mental

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<sup>12</sup> Vanheule Pg 4

<sup>13</sup> There have been two entirely new editions, *DSM-IV* (1994) and *DSM-V* (2013) as well as revised editions of *DSM-III R* (1987) and *DSM-IV TR* (2000).



health through [DSM codes] (76).<sup>14</sup> However, as each of my chapters will argue, the *DSM-III* was in equal parts shaped by broader economic transformations and also instrumental in expanding certain micro and macroeconomic processes. Moreover, I want to highlight that the interplay between conceptualizations of symptoms and the practice of diagnosis codified by *DSM-III* provides a model for a practice that I will term “diagnostic reading” wherein we can adopt the assumptions of surface reading while nevertheless approaching texts as objects that make critical insights about historical material processes available in an unconcealed manner that doesn’t depend on some deeper system of codes and meanings to become legible. In one sense, this does perhaps make my own critical interventions here seem almost *too* easy-- after all, who wouldn’t read a novel like *The Pale King* as one that relentlessly attempts to bore the reader while describing the difficulties of paying attention at work? But just as the *DSM-III* not only provides lists of symptoms but a framework of protocols for assessing them in relation to each other, I think we can coordinate the surface elements of fiction within a broader attention to various elements of the economy. In other words, there is nothing emphatically *ideological* in play here that needs to be uncovered-- there is merely a raw relation that is being framed, and one that teaches us about the determining forces of the economy.

I first examine how a heightened managerial concern with attention in the context of productive labor impacted the development of *DSM-III* protocols and pathologies in my first chapter, “The Work of Attention in the Age of Unproductive Labor: ADD and the Contemporary Office Novel.” I argue here that the diagnostic language around the *DSM-III* category of

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<sup>14</sup> Owen Whooley and Allan V. Horwitz, “The Paradox of Professional Success: Grand Ambition, Furious Resistance, and the Derailment of the DSM-5 Revision Process,” in *Making the DSM-5: Concepts and Controversies*, ed. Joel Paris and James Phillips (New York, NY, US: Springer Science + Business Media, 2013), 75–92, [https://doi.org/10.1007/978-1-4614-6504-1\\_6](https://doi.org/10.1007/978-1-4614-6504-1_6). Pg 76

Attention Deficit Disorder bears a deep structural relation to the conditions of white collar office labor in the wake of declining profitability after 1973. This chapter examines depictions of workplace tedium in David Foster Wallace's *The Pale King* as a primary text to argue that the novel's staging of a crisis of attention in the context of white collar office labor usefully frames connections between the economic and clinical ascendancy of attention as a privileged category after 1980. In doing so, I argue that the novel also reveals a connection between managerial concerns around attention and the rise of Attention Deficit Disorder by counterposing machine labor with work enhancing stimulant drugs that would eventually get rebranded as Adderall. With reference to other novels such as DeWitt's *Lightning Rods* and Park's *Personal Days*, I argue that the genre of contemporary office fictions formally and figuratively reproduces the tedium of boring office work in a manner that resonates deeply with the fact of declining profitability. What these novels show, through an extended but highly parodic engagement with boredom, inattention, and distraction, is that the jobs depicted are not only boring—they are economically pointless as well.

As historians of psychiatry like David Healy and Edward Shorter have noted, no small part of the massive success of pharmaceutical companies in marketing and capitalizing off of psychiatric drugs over the past thirty years is grounded in their ability to take advantage of ambiguities within the diagnostic nomenclature of *DSM-III*.<sup>15</sup> With the advent and proliferation of direct-to-consumer pharmaceutical advertising (DTCPA) in the late 1990s, the pharmaceutical industry has exerted a singular influence over how we understand our own emotions, mental states, and inner conflicts in the marketing of medications for mood disorders like depression and

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<sup>15</sup> See Edward Shorter, *Before Prozac: The Troubled History of Mood Disorders in Psychiatry* (Oxford University Press, 2008).

bipolar disorder. My second chapter, "Sentimentality and the Pharmaceutical Unconscious," examines the dominant concept of mood that has emerged out of pharmaceutical advertisement over the past two decades against the nearly simultaneous rise of "mood" in behavioral economics to describe confidence patterns in the market.. With the *DSM* category of "mood disorders", I argue, pharmaceutical advertisements take advantage of a conceptual ambiguity around the term "mood" that blurs the line between a medically specific phenomenon and more ordinary feelings and emotions-- an ambiguity that equally slides between the frame of individuals and the frame of financial markets. With the commodification of medicine that takes place through these prescription drug advertisements comes, I argue, a reorganization of the entire process of diagnosis wherein the viewer of these ads is repeatedly invited to reflect on the status of their inner experiences according to the rubric of information provided about the drug in question. In the case of drugs designed to treat mood disorders, the advertisements overwhelmingly make appeals to an ethics of "real feelings" in need of correction or balance, and they do so in moral terms by connecting individual mental health to proper social functioning. I thus argue that the advertising logic of mood medications can be productively framed against a distinctive literary problematic about the social, economic, and moral stakes of emotional regulation that came to fruition with eighteenth-century sentimentalism. Insofar as commercials for psychiatric medication posit their respective pathologies around sentimental and highly gendered representations of disordered mood, I argue that they provide a foothold for beginning to think about how some of the more palpable contradictions around health, emotion, and capital that have emerged out of the immensely profitable expansion of the pharmaceutical industry over the past three decades.

In reconceptualizing pathological symptoms as merely outward manifestations of a given illness, *DSM-III* marks another profound shift in the broader discipline of psychology toward behavioralism. Not only does *DSM-III* itself adopt a behavioral frame of reference for assessing symptoms, but in doing so it equally sanctioned the proliferation of therapies that eschew psychoanalytic and psychodynamic methodologies in favor of those that focus on the immediate modification of problematic behaviors (Dalal 53-60).<sup>16</sup> Within the scope of these types of intervention, Cognitive Behavioral Therapy-- or CBT, more commonly-- is virtually peerless over other forms of talk based psychotherapy in addressing a range of patient issues such as anxiety, depression, insomnia, and many others. According to the APA, “CBT places an emphasis on helping individuals learn to be their own therapists. Through exercises in the session as well as ‘homework’ exercises outside of sessions, patients/clients are helped to develop coping skills, whereby they can learn to change their own thinking, problematic emotions, and behavior” (“What is Cognitive Behavioral Therapy?”).<sup>18</sup> In my third chapter, I attend to this shift by focusing on the manner in which recent forms of literary minimalism render plot and character in explicitly behavioral terms. I argue that Tao Lin’s *Richard Yates* provides an extended narrative experiment in description and redundancy, one that is excessive to a point that would strain most exercises of close reading insofar as the novel forecloses considerations of character depth or interiority for the sake of giving us endless descriptions of minute behaviors

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<sup>16</sup> Farhad Dalal, *CBT: The Cognitive Behavioural Tsunami: Managerialism, Politics and the Corruptions of Science* (Routledge, 2018).

<sup>17</sup> See Rosemary O. Nelson, “DSM-III and Behavioral Assessment,” in *Issues in Diagnostic Research*, ed. Cynthia G. Last and Michel Hersen (Boston, MA: Springer US, 1987), 303–27, [https://doi.org/10.1007/978-1-4684-1265-9\\_12](https://doi.org/10.1007/978-1-4684-1265-9_12).

<sup>18</sup> “What Is Cognitive Behavioral Therapy?,” <https://www.apa.org>, accessed September 2, 2021, <https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral>.

and statements devoid of emotional weight. However, in rejecting a depth based model of character interiority, I argue that the novel provides a positive, fictional elaboration of the central guiding model of personhood that structures forms of contemporary behavior therapy like CBT. I turn next to Lin's poetry as an example of behaviorally mimetic prose that I argue works to compose a *therapeutic* writing practice that takes advantage of self-observation and description in order to coordinate behaviors with psychological stressors.

My final chapter, "The Great Recession of Manic Depression," reads the *DSM-III* rebranding of the older category of manic depression as bipolar disorder as a symptom of concomitant changes taking place around the specific relationship between finance and the so-called real economy. In name alone, the label "manic-depression" reveals a deep allegorical relation between financial volatility and the episodic cycling of moods in individuals. This chapter is by far the most tentative of my project here, as it was written before I arrived at a clearer conception of the scope of this dissertation. As such, it deals largely with modernist literature-- in particular F. Scott Fitzgerald's *Tender is the Night*-- in an effort to show how manic-depressive illness is rendered under the spike and crash that initiated the great depression. Reclassified as "bipolar disorder" in the immediate wake of the economic malaise of the 1970s, however, this new terminology symptomatically breaks the correspondence between market behavior and mood. With "bipolar disorder," the *DSM-III* instead places the violent cycling of mental and affective states into the figurative context of a global system that can be assessed and managed. If "mania" and "depression" provided a common terminology for describing moods and markets, and one that attributes a pathology to economic behavior, the consolidation of these terms into the category of bipolar disorder indicates a rather recent foreclosure of these

associations. What then, does it mean to be manic in the age of bipolar disorder, when even the discourse of market volatility gets tidied up with a cute sounding language of bubbles?

## Chapter One

### The Work of Attention in the Age of Unproductive Labor: ADD and the Contemporary Office Novel

In 1980, a profound transformation took place in how attention is clinically understood, classified, and managed: *The Diagnostic and Statistical Manual of Mental Disorders (DSM)* underwent a major revision and its third edition became available with a brand-new diagnostic category called “Attention Deficit Disorder.” Of course, more than three decades later, ADD is hardly an obscure diagnosis; it has undergone public debate and media controversy to such a degree that we now have something that is at once a medical diagnosis and a cultural object unto itself. ADD first appeared in what was the most radical revision of the *DSM* to date, one that redefined the practice of psychiatry through a sweeping overhaul of its diagnostic procedures and classifications.<sup>1</sup> Most notably, *the DSM-III* streamlined diagnosis by directing clinical observation toward only the outward symptoms that a patient displayed—a sharp break from an earlier psychoanalytically-inflected method of observation that foregrounded the role of patient narratives in assessing such symptoms. It was precisely in the context of this new clinical reduction that a complex faculty like attention could be isolated as a site of direct clinical intervention.<sup>2</sup>

But the tidal waves of controversy which emanated out of the sudden appearance of ADD as a label have almost obscured a more primary simplification that took place around how the

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<sup>1</sup> David Healy argues that with the 1980 publication of *DSM-III*, “a new biomedical self was effectively born” through a streamlined diagnosis and accompanying apparatus of pharmaceutical options, a development that stands in sharp distinction from psychoanalysis and its troubled psyche (*Psychopharmacology* 7).

<sup>2</sup> See: Shorter, Edward. “The History of *DSM*.” In Paris, Joel, and James Phillips (eds). *Making the DSM-5: Concepts and Controversies*. Springer Science & Business Media, 2013. 3-21

DSM-III defines the term “attention.” The entry is brief and concise in describing attention as “the ability to focus in a sustained manner on one task or activity,” before detailing that “disturbance in attention may be manifested by difficulty in finishing tasks that have been started, easy distractibility, and/or difficulty in concentrating on work” (354). The language of work has thus been part of the *DSM* understanding of attention since attention was first pathologized in 1980, and while work itself is not defined, the surrounding language of incomplete tasks, distractibility, and difficulty concentrating suggest the symptoms not only of a clinical disorder but of a lurking economic threat.

With the rise of ADD as a diagnostic category, some very thorough conceptual revisions appeared in the dominant clinical ontologies of mind and behavior quickly become the turbines for larger social questions about what it means to pay attention, and what it means to do so in a *productive* fashion. These questions, I argue, are uniquely figured, formally registered, and framed within a larger set of political and economic determinations by contemporary office novels. By formally and figuratively framing the conditions of workplace distraction, we might say that contemporary office novels stage a particular symptomatic anxiety over what it means to be cognitively engaged and active at work when the working day has neither an end nor an economically productive function.<sup>3</sup> Indeed, novels like Joshua Ferris’ *And Then We Came to an End* (2006), Ed Park’s *Personal Days* (2008), Helen DeWitt’s *Lightning Rods* (2011), and David Foster Wallace’s *The Pale King* (2011) commonly draw their narrative substance out of the particular strains on attention that contemporary office work creates for their precariously

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<sup>3</sup> Jonathan Crary describes these efforts to indefinitely extend the working day in *24/7: Late Capitalism and the Ends of Sleep*. Although he does not discuss the rise of ADD drugs, I have taken *24/7* as an occasion for revisiting some of the driving questions that he earlier posed around late nineteenth-century efforts to observe and cultivate attention in *Suspensions of Perception*.



employed casts of characters, often reproducing figurative depictions of the tedious rhythms of never-ending bureaucratic drudgery into a formal assault on attentive reading.

In framing disordered attention as a specific problem relative to changing conditions of labor, office novels equally pose questions around what it means to read both attentively and critically. Focusing on *The Pale King*, this essay argues that by framing workplace distraction in largely clinical or pathological terms, Wallace's novel is itself an account of the economic origins of *DSM III*'s diagnostic categories, and one that importantly mobilizes a narrative insistence on the overt and the manifest in historicizing the structures of experience particular to the emergent clinical and economic paradigm in the early 1980s. What this allows us to apprehend, ultimately, is the manner in which *DSM-III* establishes a pathological standard around attention that tacitly parallels and motivates institutional practices and novel technologies for the management of white collar labor. More broadly, I'll suggest that the overarching clinical paradigm that gave rise to ADD is predicated on an account of the symptom that carries significant potential for both clarifying and challenging some of the methodological assumptions with which literary scholars approach the novel today.

Of course, the science of attention has a fairly extensive history;<sup>4</sup> moreover, the idea of a specific "disease" of attention dates back to medical writing from the eighteenth-century.<sup>5</sup> What is new to *DSM-III*, then, is not a medical or scientific concern with attention but rather the reduction of attention as a site of disorder. Part of what seems most striking about the language of attention in the *DSM-III* is that it hinges on what appears to be a sweeping generalization:

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<sup>4</sup> Indeed, Cray has described how "attention is not just one of the many topics examined experimentally by late nineteenth-century psychology, but is the fundamental condition of its knowledge" (*Suspensions* 25).

<sup>5</sup> See: Alexander Crichton, 1798

attention is defined as an “ability to focus in a sustained manner on one task or activity” (354), leaving everything below that ambiguous threshold vulnerable to clinical scrutiny. Here, it’s worth bearing in mind that sustained focus is as much a narrative quality as it is a cognitive faculty—a point that office novels foreground by frequently calling the reader’s attention to character’s frustrated efforts to pay attention, oftentimes at the expense of advancing or even referencing plot. Accordingly, I want to suggest that many of the cardinal symptoms that the *DSM-III* associates with Attention Deficit Disorder—symptoms like “often fails to finish things,” “shifts excessively from one activity to another,” and “has difficulty organizing work” to name the most glaring examples-- equally provide a diagnostic lens onto the formal and figurative dynamics that these office novels construct (*DSM-III* 43-4).

Indeed, beginning in the 1970s, as it was historically in the process of being reduced to a medical object, attention was also becoming a prominent watchword for workplace management. Broadly speaking, contemporary office novels generically highlight an important contradiction in the experience of labor under these conditions of attention management: namely, that institutional demands on a standardized form of attention paradoxically create burdens on motivation and inhibit sustained engagement with tasks. This is work, in other words, that sets an impossible demand on attention leading to its own slow undoing. As Theodore A. Martin points out, describing the formal and figurative overlap that emerges out of the office novel’s generic emphasis on monotony and redundancy, “office work is what it looks like for work to be a complete waste of time” (187). As office novels like *The Pale King* turn paper-pushing into the substance of narration, this sense of wasted time also becomes a statement about a certain quality

of attention.<sup>6</sup> One can simply “check out” and carry out meaningless routines without thinking about them, a sort of self-automation that involves no effort of attention.

What ultimately makes *The Pale King* an exemplary office novel for engaging with this form of occupational attention, however, is that it distinctively frames the manner in which those *DSM-III* categories and their institutional histories cannot be fully thought outside of a specific economic context. Wallace’s novel centers around a fictional effort in the early-mid 1980s to privatize the IRS and automate away much of its clerical workforce., depicting interlocking goals—privatization and automation—which speak directly to a broader historical pattern of reorganizing the function and quantity of labor to ensure optimal conditions of productivity in light of economic transformations such as deindustrialization and the early stages of financialization.<sup>7</sup> Thus, *The Pale King* locates a turn toward attention at the center of a systematic restructuring of the labor process to maximize the production of value—a process, to be sure, which not only entails a demand for labor around a new set of skills and functions, but that also requires new relations of production between humans and emerging workplace technologies and, ultimately, new forms of exploitation.

Turning first to the tension between the structure of white-collar work and its burdens on cognition, I argue that *The Pale King* stages some of the specific ideals and anxieties surrounding a mode of work that posits attention as an asset understood in highly normative terms. Reading these figurative concerns against moments throughout *The Pale King* where characters explicitly

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<sup>6</sup> In his reading of *The Pale King*, Jasper Bernes describes a tension between the perceptual experience of “endlessness” produced within this paradigm of labor and the business psychology concept of “flow” as an optimal state of attention for workplace performance wherein one loses a sense of time. See Bernes, Chapter 5.

<sup>7</sup> See: Harvey, David. *The Condition of Postmodernity: An Enquiry into the Origins of Cultural Change*. Wiley, 1992. Chapter 10.

dote on perceived deficiencies in their own attention spans reveals, I argue, a context in which the internalization of these occupational imperatives can be seen as part and parcel of the emergent clinical paradigm of attentional disorders first articulated in the *DSM-III*.

From there, I turn to the novel's depiction of stimulant drug use in the context of labor, which I argue forms a site in which the managerial and clinical anxieties over attention can be apprehended at one and the same instance. In this case, stimulant drugs take on an almost metaphysical characters in their ability to induce a tunnel-like focus on discrete tasks, but I argue that their well-documented side-effects can also help account for certain stylistic features of the novel, as office fictions stage the process of shaping and managing attention not only of their characters but also of their readers.

What is at stake in asking readers to slog through descriptions of characters struggling to maintain their focus at work and why does the novel form seem uniquely suited to this task? In turning to these broader formal and stylistic considerations, I argue that *The Pale King* aggressively attempts to reproduce the very conditions of distraction and strained attention that it figuratively constructs through an ongoing practice of soliciting and then foreclosing narrative depth in favor of lengthy or overly detailed blocks of description. Ultimately, in doing so, I aim to show how these generic features equally provide an occasion for considering methodological questions about the means, ends, and objects of our attention as critics.

## **“The Neurology of Failure:” Disordered Attention as a Historical Form**

As a fictional representation of labor under pressure set during a consequential moment of comprehensive economic reorganization, *The Pale King* is a novel that asks readers to see both economic and psychiatric disorder as historically determined and deeply entangled social processes, one that equally questions the manner in which cognitive disability has provided a scapegoat for more far-reaching crises within the economy. Locating the novel and its publication within the larger arc of financialization, Richard Godden and Michael Szalay have recently argued that *The Pale King* figures key contradictions immanent to the changing nature of money between the 1973 dissolution of Bretton-Woods and the 2008 global financial crisis through a narrative tendency for the novel’s characters to perceive their labor in terms of a fundamental contradiction between abstraction and concreteness, as they “read tax forms that are representations of money” in their capacity as IRS examiners (1275). Building on the claim that *The Pale King* both registers and performs forms of consciousness produced by the economic transition from production to finance, I will turn first to the microeconomic scale of labor to show how the novel connects a historical crisis of attention in white-collar bureaucracies to the impending crisis of financialization. Furthermore, as I will argue, it does so in a manner that ultimately renders attention as a historical form tied to a structural crisis around labor, revealing the extent to which *The Pale King* locates the ascendancy of ADD within these contradictions.

Set primarily in the mid-1980s with occasional flashbacks into the preceding decades, *The Pale King* centers on the workplace pandemonium of a fictional Illinois branch of the IRS on the horizon of the Tax Reform Act of 1986. Although unfinished in Wallace’s lifetime and

published posthumously in an edited, fragmentary state, *The Pale King* nevertheless provides a unique example of a novel about the mental character of work, specifically when work is unnecessary but nevertheless appears as both urgent and demanding of cognitive and emotional labor. As the character David Wallace explains, one immediate source of this tension comes from a fictional process of IRS restructuring that spans the timeline of the novel. He narrates:

the couple of years in question here saw one of the largest bureaucracies anywhere undergo a convulsion in which it tried to conceive of itself as a non- or even anti-bureaucracy, which might at first sound like a bit of amusing bureaucratic folly. In fact, it was frightening; it was a little like watching an enormous machine come to consciousness and start trying to think and feel like a real human. (80)

In this brief passage, Wallace describes two related efforts that serve as a source of tension throughout the novel. The first involves an internal plot to privatize the IRS and thus refashion the business of overseeing federal tax returns in the corporate model, which provides a fictional extension of the private sector gains within the actual 1986 IRS restructuring. Moreover, the language of “an enormous machine” coming to life prefigures what will be revealed in subsequent chapters as a conspiracy to automate a substantial portion of IRS labor at the hands of one “systems icon Merrill Errol Lehl,” forcing many accountants out of work. Against this conspiracy, a faction forms around DeWitt Glendenning, a so-called “Mozart of production,” who ennoble the cause of preserving human labor power with an aura of civic responsibility (369). The central tension of the novel, at least on a grand scale, thus bears immediately on an

organizational fight over whether to increase productivity through the implementation of efficient machines and cut costs on wages or to retain what provides the sole source of value—abstracted quantities of human labor power.

That this economic debate has practical bearings on attention becomes apparent fairly quickly in the novel's second chapter (the first to focus on any actual characters), set from the perspective of IRS employee Claude Sylvanshine as he anxiously anticipates an approaching exam, which would allow him to advance his career to a higher paygrade. At least on the surface, Sylvanshine's test anxiety is bound up in a larger complex of personal doubts stemming from an apparent paucity in his ability to focus on information: "It was true: the entire ball game, in terms of both the exam and life, was what you gave attention to vs what you willed yourself not to. Sylvanshine viewed himself as weak or defective in the area of will" (14). Right away we can see how the novel embeds questions of self-perception directly within an analysis of one's attentional capacities at work, a tendency that speaks imminently to the threat of automated intelligence. It's worth stressing that Sylvanshine is not even *at* work in this early chapter; rather, he is *thinking* about work in vexed and anxious terms while on an airplane, causing him to spiral down into doubts about his entire self-worth. As the novel progresses, it becomes apparent that Sylvanshine is only one instance among a broad cast of characters who similarly project such weighty judgments onto their attention spans. Over a work-related video audit, one anonymous character confesses their recent habit of "being in a stare," a trance-like state of distraction where "one's concentration becomes stuck the way an auto's wheels can be stuck in a snow" to the point of involuntary muscle drooping "as if your face, like your attention, belongs to somebody else" (118-19). We learn that another character, David Cusk, "learned the terrible power of

attention and what you pay attention to” as a result of his high school embarrassment stemming from chronic perspiration (91). Yet another, “Irrelevant Chris Fogle,” describes with a touch of disdain how his memory of the 1970s “seems as abstract and unfocused as I was myself” (159).

There are, in fact, few characters in *The Pale King* who do *not* seem compulsively driven to generate narratives of their own past or present difficulties with attention (one notable exception being Shane Drinion, an accountant with an attention span so powerful that it defies gravity). We can thus see how the novel takes great pains to frame such anxieties in direct relation to the conditions of their labor. Taken as a whole, these internalized worries over attention and the threat of the corporate automation of labor speak meaningfully to actual shifts taking place within both organizational and managerial theories of the firm. To be sure, a focused and alert labor force did not suddenly appear as a workplace priority with the 1980 DSM-III, as the legacies of Taylorism and scientific management at large should suggest. Nevertheless, contemporary office fictions like *The Pale King* register a widespread, postwar movement toward the explicit bureaucratic administration of employee attention within white-collar contexts, a movement that speaks directly to a crisis in the composition of productive labor engendered, in part, by the relative efficiency of automated processes.

The most consequential theories of attention management came about in the 1970s and drew on a syncretic mixture of Cold War cybernetics, New Keynesian rational choice theory, and technological optimism. The notion that employee attention is both an exceptional workplace asset and a fragile one originated in a 1971 article by the polymathic architect of administrative decision-making theory, Herbert A. Simon. Early in the essay, Simon ominously levies a famous warning that “...information consumes the attention of its recipients. Hence a wealth of



information creates a poverty of attention” (40-1). In drawing an analogy between the minds of workers and the health of the economy at large, Simon insists that the right kind of attention is required to meet the demands of bureaucratic labor in an age of rising information technologies. In other words, for Simon, attention functions as a cognitive switch that can determine the difference between poverty and wealth: it is, in other words, a psychological state elevated to the status of an economic object. Yet at the same time, he argues that it is the job of the firm—rather than the responsibility of workers themselves—to ensure that optimal conditions for focus are maintained. To achieve this, he argues that computer technology, specifically in the form of information processing systems, could be used as a form of prosthetic attention to filter for the flow of data in order to ensure that workers receive only what is essential to their specific tasks. What is crucially at stake for Simon is not so much the threat of distraction but rather the potential for an excessive traffic of information, engendered by technology, to complicate or even forestall organizational decision-making processes. Attention at this stage is understood only as the privileged capacity to filter out all but the most meaningful information for analyzing constraints on rational choice at both an individual and organizational level—a working model of attention that appears in the explicit articulation of an urgent need for its artificial enhancements.

But if these cognitive anxieties have a bearing on more fundamental market concerns, which Simon casts as mere efforts to modernize efficiency mechanisms to enhance competition, *The Pale King* productively articulates the sudden appearance of attention management within a broader context of post-1973 economic crisis. What *The Pale King* specifically provides is a perspective on how shifting compositions of labor and the rise of attention as an isolated site of management converged in the 1980s during a relatively placid period of financialization,

between the stagflation and malaise of the 1970s and the acceleration of boom-and-bust asset cycles of the late '90s and 2000s, as efforts to sustain unstable and untenable patterns of accumulation long term (Godden and Szalay). During one scene about halfway through the novel, we witness a mandatory training session designed to prepare agents for upcoming changes to procedure emerging out of the internal restructuring at the IRS. Here, the compliance officer assigns two very different seeming capacities to the labor of the agents that she is tasked with training, stressing first that “in today’s IRS, you’re businessman. And businesswomen. Businesspersons. Or rather in the employ of what you’re urged to consider a business” (340). It is difficult to overlook the slippage here between a cold corporate effort to appear politically inclusive and the eventual erasure of any distinction from the agents, who are now suddenly employees of a business. But before this transformation from public sector agents to employees at a business really gets registered, there is yet a further reclassification of IRS labor when the officer enjoins the room to something much closer to the abstract employees in Simon’s account: “You are all, if you think about it, data processors” (342).

What happens to attention when humans, and not machines, are tasked with processing inordinate quantities of technical information and attending to only the most profitable pools of data?<sup>8</sup> While the threat of automation looms in the background, *The Pale King* poses Simon’s problem concerning the management of information as an emerging site for the deployment of human labor. This ultimately gets framed in subtly comedic terms through a sorting exercise in

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<sup>8</sup> For a different approach to the depictions of information management in *The Pale King*, see: Wouters, Conley. “‘What Am I, a Machine?’: Humans, Information, And Matters Of Record In David Foster Wallace’s *The Pale King*.” *Studies in the Novel* 44, no. 4 (2012): 447–63.

which agents are set to work on a cluttered set of files with the goal of retaining only those with the highest revenue yields. As the compliance officer stresses, parroting Simon:

‘Information, per se is really just a measure of disorder.’ Sylvanshine’s head popped up at this. ‘The point of a procedure is to process and reduce your file to just the information that has value.’ (344)

If Sylvanshine presciently recognizes his own inattentiveness as the outward symptom of the neurologically hardwired “failure” that we found him dwelling on earlier, it should be stressed that he is hardly alone in his state of fraught distraction during this scene. Another character, David Cusk, spends much of the presentation fretting over an impending attack of excessive perspiration, and finds himself “fighting desperately to attend to every last syllable enunciated at the podium” as a manner of drawing his focus away from the beads of sweat that are building up at the top of his head (331). The irony of trying to capture every syllable of a presentation about the importance of parsing between useful and irrelevant information notwithstanding, I want to underscore the manner in which the compliance officer enjoins a version of Simon’s economic notion of attention to economic production in her instructions to this group of painfully distracted agents that they are to attend only to “the information that has value.”

Yet the examiners in this scene do not ultimately have something like Herbert Simon’s prized information-processing systems to help them sift out potential value amongst the mountains of otherwise worthless data they are assigned. Instead, they are urged to independently develop “a procedure for processing information,” (342) or in other words, to

figure out a “script” of sorts that they can apply uniformly to efficiently weed out the most profitable bits in the least amount of time (and with no additional guidance or training). The examiners are thus tasked with developing their own cognitive information processing systems, burdening them to not only pay attention in a certain way, but to mechanize their own attention in the name of efficiency. This implication is literalized in the character David Wallace, who we learn has “opted to turn himself into a transcription machine” during a separate compliance training session, an apparent extension of his lifelong talent for “automatizing himself” in uncomfortable situations (338-9).

What Wallace calls self-automatization here is more than a coping strategy; rather, it is grounded in an explicit managerial imperative to reduce wasted time within the labor process. Sianne Ngai has recently drawn a compelling correlation between the surge of “labor saving” productivity technologies and a prevailing cultural tendency toward the gimmick, a “distinctly capitalist aesthetic phenomenon” that dwells within an ambivalent state of suspension between a cheap trick and a marvel (468).<sup>9</sup> For Ngai, the gimmick speaks directly to a particular historical relation set by capital between humans and machines. The gimmick, in other words, is an aesthetic device that encodes a certain sensible relation between productive labor and efficiency technology. Using this framework allows us to consider the broader question at hand concerning the relationship between these precarities around productive labor and the rise of ADD pathology by considering how another gimmick—the “operational criteria” which structure DSM-III diagnosis—is registered in *The Pale King*. In framing a tension between computers and the

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<sup>9</sup> Ngai, Sianne. 2017. “Theory of the Gimmick.” *Critical Inquiry* 43 (2): 466–505. P 468. It is worth mentioning that Ngai turns directly to office fiction in developing her claims about the gimmick, concluding the essay with an extended reading of Helen DeWitt’s *Lightning Rods*.

cognitive labor of humans around efforts to offset declines in profitability, *The Pale King* frames attention as an interface between the subjective experience of labor and a market-driven push for competitive advantage.

### **Stimulus and Stimulants**

I have thus far been arguing that *The Pale King* tracks the historically-specific rise of attention as a site of managing white-collar office labor during the 1980s, a trend that mediates a crisis around value production at the onset of financialization. Now, having demonstrated how the novel registers movements toward the management of attention taking place within administrative theory from the 1970s, I want to put the anxieties about attention expressed by the novel's characters into conversation with the ADD pathology introduced by the *DSM-III*. In doing so, I argue that *The Pale King* shows how dominant clusters of symptoms associated with ADD acquire a morally-freighted, pathological character in relation to logics of ability and disability that get organized around emergent modes of information-based labor and workplace management. Central to this argument is my claim that the diagnostic framework called into order by the *DSM-III* task force functions as a version of Ngai's gimmick, one that not only streamlines the labor of clinical judgment, but more consequentially works to map a set of mounting economic contradictions onto the symptoms of mental disorder.

On its surface, the *DSM-III* would seem to offer very little in terms of an approach to literary criticism, given what oftentimes appears to be an extremely reductive and instrumentalized framework of diagnosis. William Davies has summarized the broader impact of

the *DSM-III* as a rebranding of psychiatry, wherein “insight into the recesses and conflicts of the human self was replaced by a dispassionate, scientific guide for naming symptoms” (174). To clarify the thrust of Davies’ statement, the *DSM-III* radically transformed the medical and scientific portrait of human interiority by stripping symptoms from any further background but the immediate observational context of diagnosis. Jennifer Fleissner has pointed out that unlike psychoanalytic models, more contemporary clinical frameworks “strongly reject the notion of attributing any deep hermeneutic significance to the individual symptoms” (388). Taking seriously Fleissner’s efforts to read these symptoms as resources for literary criticism, I am interested in how figurations of disordered attention get deployed in the novel form as a means for articulating a set of historically emergent concerns that have social, economic and, indeed, narrative implications with respect to this framework of symptoms and observational diagnosis that appears after 1980.

In *The Pale King*, the longest section in the novel, Section 22, comprises nearly 100 pages of a digressive monologue that demands an incredible amount of attention from the reader. Here we get a first-person account of the office gadfly, “Irrelevant” Chris Fogle, which recounts his transformation from a “wasteoid” college burnout into an overzealous employee of the IRS. What’s especially striking about this chapter is how Fogle describes the shaping forces behind a road-to-Damascus moment when he finally recognizes that he has been “called to account.” It’s impossible to overlook the manner in which the language of vocational calling in this chapter tracks with Max Weber’s famous assertion concerning the generative role of the Calvinist doctrine of *beruf* in the formation of a uniquely capitalist work ethic. Moreover, it’s also worth stressing that Weber’s text also helps to foreground the double-valenced nature of the word

“account” in Fogle’s recollections, which can be read simultaneously as a moral injunction to self-reflect and the more literal economic practice of bookkeeping.

While a large portion of the chapter invites a textbook psychoanalytic reading involving a set of decisions that Fogle seems to make in direct response to the trauma of losing his father in a freak public transit accident, Fogle will ultimately attribute his life’s calling to a pattern of recreational experimentation with an amphetamine drug. As Fogle himself puts it, “The truth is that I think the Obetrol and doubling was my first glimmer of the sort of impetus that I believe helped lead me into the Service [...] It had something to do with paying attention” (187). Though vaguely delineated, this “something” is hardly an insubstantial detail, and a great deal of Fogle’s narrative in this chapter circulates around his experience taking pharmaceutical drugs like Obetrol, Ritalin, and Dexedrine that would historically emerge as the front-line therapeutic arsenal for managing the symptoms of ADD. Fogle spends a great deal of this section waxing nostalgic about his experiences with these stimulant drugs as a college student, and he is careful to bracket this class of drug apart from other substances that he was using recreationally at the time. While he notes that “pot made me self-conscious, sometimes so much that it was difficult to be around people” (180), he is quick to point out that stimulant drugs, by contrast, enabled him to be productive:

I like now to think of the Obetrol and other subtypes of speed as more of a kind of signpost or directional sign, pointing to what might be possible if I could become more aware and alive in daily life. (187)

Here the benefit of stimulants is explicitly articulated around a desire to be “more aware and alive in daily life.” Lest this be confused for simple mindfulness-building, consider how these purported benefits seem to directly ameliorate issues that are explicitly screened for in diagnostic questionnaires for ADD:

How often do you make careless mistakes when you have to work on a boring or difficult project? How often do you have difficulty keeping your attention when you are doing boring or repetitive work? How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? How often do you misplace or have difficulty finding things at home or at work? How often are you distracted by activity or noise around you? (Adult ADD Self-Report Scale, 2017).<sup>10</sup>

There are several things worth drawing out from this. First, of course, is the fact that these questions all circle around awareness levels. This is fairly standard fare for the questions that show up on most ADD diagnostic screening tests. But it’s not just blanket cognizant “awareness” that is under scrutiny here; rather, its awareness *directed specifically at occupational responsibilities*. In other words, it’s the sort of awareness required to carry out boring and repetitive tasks.

If attention deficiencies in individual workers are understood to constitute an economic threat to the firm as a whole, *The Pale King* offers up representations of both the motivating psychological pressures and the various means by which characters attempt to enhance their

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<sup>10</sup> “Adult ADD Self-Report Scale.” 2017. Psychology Tools. <https://psychology-tools.com/adult-ADD-self-report-scale/>.



focusing abilities. Consider the following moment, where “Irrelevant” Chris Fogle is describing his experiences with a stimulant drug called Obetrol:

What it felt like was a sort of emergence, however briefly, from the fuzziness and drift of my life in that period. As though I was a machine that suddenly realized it was a human being and didn't have to just go through the motions it was programmed to perform over and over. It also had to do with paying attention. It wasn't like the normal thing with recreational drugs which made colors brighter or music more intense. What became more intense was my awareness of my own part in it, that I could pay real attention to it. (182)

The language Fogle uses to describe the *benefits* of taking Obetrol exactly mirrors the language David Wallace uses to describe the *horrors* of witnessing the turmoil of bureaucratic restructuring: both deploy a simile of a machine coming into consciousness as if it were a human being. Taken together, the novel seems to frame the rise of specific pathologies of attention against the increasingly tedious and inhuman nature of bureaucratic labor. This is not so much a condemnation or dismissal of ADD as it is a statement about the specific demands on the consciousness of workers.

Although Fogle cycles through a number of stimulant drugs that all serve as treatment options for ADD, a direct chemical successor to Obetrol would historically go on to have a historic impact in the clinical management of attention disorders. To give some background, Obetrol was a prescription diet pill composed of mixed amphetamine and methamphetamine isomers. Following an FDA decision in 1973 to ban the use of methamphetamine in the context

of weight management, the makers of Obetrol reformulated the drug as a mixture of amphetamine salts, causing a backlash of administrative and patent-specific disputes that ran directly parallel to the appearance and revision of the ADD pathology over several *DSM* editions. In 1994, the new formulation of Obetrol reappeared under the name Adderall almost simultaneously with the publication of *DSM-IV*, making it the first drug on the market *specifically* indicated for use in the treatment of ADD.<sup>11</sup>

If the automation theories underlying Herbert Simon's information processing systems provide a model for managerial demands on attention throughout *The Pale King*, drugs that would come to define the market for ADD management equally appeal to characters in the novel as resources for maintaining efficiency by enhancing their ability to focus. It is worth stressing however, that even in the absence of these background details, *The Pale King* nevertheless asks us to directly encounter a turn toward stimulant drugs in the white collar workplace out of characters' perceived weaknesses or insufficiencies in their attention spans. As with the technologies of information management discussed above, the novel asks us to pay attention to the evolving means by which characters frantically try to adequate themselves the impossible demands that capital sets on their ability to focus.

### **Diagnostic Reading**

By attempting to answer the question of *what*, exactly, *The Pale King* is asking us as readers to pay attention to, I have thus far argued that *The Pale King* figures a historical shift in both

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<sup>11</sup> See: Schwarz, Alan. *ADHD Nation: Children, Doctors, Big Pharma, and the Making of an American Epidemic*. Simon and Schuster, 2017. Chapter 7

clinical and managerial standards around attention and distraction, and that the novel moreover productively frames this shift in direct relation to crises around economic value production. In this final section, I now turn to the question of *how* the novel asks us to pay attention as readers, and *why*. These questions bear down directly on debates in literary studies around post-critical and symptomatic practices of reading, as “attention” is one of the more privileged of terms to have emerged on both sides of this debate over critical methods. Although surface reading comprises a whole range of practices in literary studies, Stephen Best and Sharon Marcus have stressed that these practices share a common methodological aim in attending to “what insists on being looked *at* rather than what we must train ourselves to see *through*” (9)—in much the same way that DSM diagnosis attends only to manifest symptoms of a given disorder with little concern for their embeddedness within a latent, symbolic structure of subjective significance. And as Jonathan Kramnick and Anahid Nersessian have argued, this privileging of the literal and the overt translates to a practice of reading that explicitly pairs critical attention with a prerogative to describe, rather than interpret, the overt features of a given text (“Form and Explanation,” 654).

One of the things that ADD might signal for us is the manner in which “attention” can take on highly normative and exclusionary connotations when it is elevated to the status of a methodological imperative without respect for the diversity of practical forms it might take. I have been arguing, moreover, that *The Pale King* gives us a context for considering how these normative standards on attention—standards that extend into the experience of close reading—are historically- and socially-determined. However, as *DSM-III* makes clear, the structure and function of the symptom is no less subject to this sort of malleability. If symptomatic reading has

historically understood its primary object to be a site of concealment, it follows that a certain kind of attention or indeed different types of attentive practices must be deployed in the enterprise of isolating, sorting, and interpreting these sites—a suspended attention that registers everything in a more or less passive way, a focused attention that can discern the patterns of unconscious repression, and a divided attention capable of framing and reading across multiple registers of mediation.

Turning to the question of how *The Pale King* asks us to pay attention to its figurative content equally provides an occasion to consider a form of symptomatic reading predicated on the symptomatology of *DSM-III*. In asking us to pay attention in a certain way to attention-based labor, *The Pale King* enables and engenders—generically so, along with other office fictions—a narrative symptomatology that is willing to express its own determinism plainly and at immediate face-value, and one that mobilizes both thematic and formal tensions around attention itself as both a feature of white-collar labor and as a condition of reading. What I want to suggest, therefore, is that through its consistent focus on forms of attention, *The Pale King* works to frame the broader genre of office fictions as one that invites a very different method of reading—one that is structured around an outward and immediate investment in describing economic determinations at the surface of narration.

The question of how *The Pale King* structures our attention as readers is on one level, of course, a question about form. But at the same time, the tedious and attention-straining qualities of most office novels emerge directly out of *stylistic* decisions such as a tendency to give priority to excessive, flat description over diegetic narration. In their essay on the urgency for rescuing and restoring the work of description from a widespread institutional anathema, Sharon Marcus,

Heather Love, and Stephen Best encourage us to “think of description as enhanced attention” that can be directed “inward and outward, to how we describe as well as to what we describe” (12). Good descriptions, or at least better ones, then are those that facilitate a reflexive, “enhanced” form of attention that produces a faithful account of the content of observation, and in so doing manages to tell us something about the conditions and methods of the observation itself as well.<sup>12</sup>

But for Marcus, Love, and Best, the need for better descriptions proceeds out of a preponderance of bad ones: those that merely “observe, count, measure, copy, list, and catalog objects with either stultifying exhaustiveness or selective incompleteness that is often ideologically motivated” (6). Bad descriptions, then, are the ones that fail to “focus attention and guide observation” (5); in excess, they make an impossible demand on readers to give equal weight to everything and thus produce, at best, “an overwhelming welter of details” (5). From a stylistic standpoint, office novels frequently deploy excessive amounts of “bad description;” that is, they betray a tendency to supply a litany of details in depicting the rote and lifeless day-to-day tedium of white-collar work.<sup>13</sup> Office fictions, in other words, deploy bad description as a manner of asking readers to participate in the act of attending to things that are fundamentally boring, or work that is otherwise pointless.

In one sense, bad descriptions pose the problem of surplus information that Herbert Simon outlines in the context of bureaucratic administration—it is a counterproductive assault on

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<sup>12</sup> What Marcus, Love, and Best term “enhanced attention” here is very close to both phenomenological description and protocols for observation in anthropology and sociology.

<sup>13</sup> Stephen Marcus, Heather Love, and Sharon Best. “Building a Better Description.” *Representations*, vol. 135, no. 1, Aug. 2016, pp. 1–21. *rep.ucpress.edu*, doi:[10.1525/rep.2016.135.1.1](https://doi.org/10.1525/rep.2016.135.1.1).

attentional resources. And indeed, large sections of *The Pale King* are comprised of little more than bad description. Section 25, for example, is constructed entirely around a torrent of statements describing only the bare features of workplace action: “‘Irrelevant’ Chris Fogle turns a page. Howard Cardwell turns a page. Ken Wax turns a page. ‘Groovy’ Bruce Channing attaches a form to a file” (312).<sup>14</sup> Ironically enough, we should note that the pace of reading actions being described is dramatically in excess of the speed in which a patient reader of *The Pale King* could be expected to turn a page—especially given that this section utilizes a two-column text layout—adding further to the tedium the fact that one is being asked to read about little more than page-turning.

If enhanced attention can be structured by good descriptions, I would argue that scenes like this in *The Pale King* productively deploy bad descriptions in order to strain and compromise attention. The prose is monotonous, lengthy, and lacking in any clear narrative or informational purpose to a degree that almost necessitates skimming. But is this sort of deadening, mechanical description merely a stylistic flaw designed to berate readers into a state of pressured indifference? To the contrary, I argue that *The Pale King* provides a context in which we can see surface level description *as* symptomatic insofar as it asks us to see and indeed participate in a direct and unmediated relationship between conditions and features of white-collar labor and the forms of consciousness—attentive and otherwise—produced within those contexts. In multiple chapters which consist solely of blunt and list-like descriptions of otherwise

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<sup>14</sup> There are some clear stylistic parallels between sections like this in *The Pale King* and conceptual poetry in the vein of Kenneth Goldsmith’s *Fidget*, insofar as both deploy descriptions of banal action to the exclusion of any clear narrative purpose. As Scott Pound has argued, Goldsmith’s use of affectless description is part of a larger effort to “conceptualize and practice poetry as information management.” With the case of *The Pale King*, I argue, the poetics of information management frequently result in a mismanagement of narrative. See: Pound, Scott. “Kenneth Goldsmith and the Poetics of Information.” *PMLA*, vol. 130, no. 2, Mar. 2015, pp. 315–30. [mlajournals.org \(Atypon\)](https://doi.org/10.1632/pmla.2015.130.2.315), doi:[10.1632/pmla.2015.130.2.315](https://doi.org/10.1632/pmla.2015.130.2.315).

narratively irrelevant actions, we not only encounter a flattening of affect, but we are invited into a particular mode of attentive engagement that closely mirrors the figurations of desperately taxed workplace attention that characters routinely offer up in the novel. Like the aforementioned IRS examiners tasked with developing “a procedure for developing information,” readers of scenes like this are invited into the attention-saving procedure of skimming. But this is skimming on the basis of descriptions that bear too little detail—there is effectively nothing other than names and actions that warrants much attention.

In light of this tendency toward excessive information, I argue that any exercise of attentive close reading of the frequent litanies of bad description in *The Pale King* would necessarily be a symptomatic one insofar as the form and style of description actually produce the conditions of attention for readers that the novel has painstakingly described and dually located within administrative efforts to enhance productivity in white-collar firms and in pharmaceutical developments during the 1980s. However, *The Pale King* also stages the corollary problem of descriptive prose containing an excess of detail. Section 33 provides perhaps a more direct example of this symptomatic mobilization of bad description, insofar as much of the chapter consists of similarly list-like action details in the mode of “he did two more returns, checked the clock real quick, then two more, then bore down and did three in a row” (378) only here these are narratively punctuated and counterbalanced by bouts of free indirect discourse that center on the thoughts and memories of one examiner, Lane Dean Jr, as he attempts to run out the clock while processing a large batch of tax returns in near isolation.

Section 33 is thus yet another chapter that unfolds around a character who struggles to maintain the attention span necessary for completing a seemingly endless pile of forms, a task

that ultimately tips Dean from merely being bored and distracted to a state of suicidal ideation: “Never before in his life up to now had he once thought of suicide. He was doing a return at the same time he fought with his mind, with the sin and affront of even the passing thought” (380). However charged with depth or gravity this sudden impulse might seem in isolation, within the context of this chapter there is very little in terms of form or style that actually serves to grant it any immediate weight; it merely appears as one detail among many others within a single paragraph that spans the chapter’s first six pages. Taken within the larger figurative framework of this chapter, Dean’s sudden and unprecedented contemplation of suicide is reduced to the status of an involuntary interruption from the piles of paperwork with which he is tasked. In other words, his process of interior reflection effectively constitutes an unproductive break in attention, which he repeatedly tries to recuperate through the physical act of “bearing down” (378) or clenching up his core muscles.

More than figuring workplace inattention, Section 33 allows us to see how *The Pale King* repeatedly and consistently makes approximate demands on the attention span of readers. This pattern of unannounced alternations between descriptions of work and stretches of free indirect discourse that give us an account of Dean’s interiority ultimately establishes a formal context which simultaneously demands and inhibits the work of close reading. The clutter of bad descriptions is so dense here that the novel becomes almost unreadable—or readable but unnecessarily so. Take the following example from Section 34, which consists of a single block paragraph exclusively devoted to specialized information about processing tax forms:



IRM §781(d) AMT Formula for Corporations: (1) Taxable income before NOL deduction, plus or minus (2) All AMT adjustments excepting ACE adjustment, plus (3) Tax preferences, yields (4) Alternative Minimum Taxable Income before NOL deduction and/or ACE adjustment, plus or minus (5) ACE adjustment, if any, yields (6) AMTI before NOL deduction, if any, minus (7) NOL deduction, if any (Ceiling at 90%), yields (8) AMTI, minus (9) Exemptions, yields (10) AMT base, multiplied by (11) 20% AMT rate... (388)

What would a close reading of this chapter entail, and what would it produce in the total absence of any clear understanding of the technical details in question? Taken alone, this is merely data structured by some formal decisions—the use of a block paragraph rather than an itemized list, for instance—however it achieves a literary significance merely through the division of this information into a standalone chapter. Of course, there is nothing new or singular about the use of rarefied information in the context of a literary work—consider Defoe’s use of tables and statistics in *Robinson Crusoe*, for instance, or the many digressions into various systems of maritime knowledge in *Moby Dick*, to say nothing of the encyclopedic nature of texts such as Wallace’s own *Infinite Jest*. But *The Pale King* ascribes little narrative or developmental purpose to this type of informational glut, obliquely or otherwise. Instead, it carries the function of reproducing the cognitive effects of the specific type of labor on which the novel centers. It is there to strain, frustrate, and disrupt attention to the broader narrative developments taking place around sections like this.

But in modifying the terms of attentive, literary-minded reading through a formal and stylistic reduplication of the specific forms of labor that the novel figures, these data-filled passages raise an important methodological consideration: if we attend closely to only the formal, stylistic, and figurative dimensions of these passages, we are simultaneously and symptomatically reproducing the conditions of labor that the novel describes in painstaking detail. In other words, the surface of the text inevitably draws readers into a form of attention that is painstakingly historicized at the figurative level. Drawing from Louis Althusser, Ellen Rooney has productively proposed the concept of the “reading effect” to challenge the spatial metaphors of “surface” and “depth” which have guided surface reading polemics. For Rooney, these reciprocal categories functionally “miss what reading does” (128) insofar as they assume a false division between different modes of reading. Against this division, Rooney mobilizes the Althusserian notion of “terrain” as a surface metaphor that describes a mode of engagement directed toward the problematics that a given text produces during the act of reading. In this mode, the surfaces of texts are irreducible to mere description; they are deeply connected to problems of form that warp and alter meanings and, as Rooney argues, “disrupt the distinction between description and analysis, reading and writing, inside and outside, surface and depth” (132).

Rooney’s concept of the reading effect allows us to conceive the experience of indifference and inattention produced by *The Pale King* as inseparable from the broader problematics of labor, attention, and capital that the novel figures. However, while Rooney endorses an Althusserian notion of symptomatology anchored in the doubling of meanings and word play, I have been arguing that mere description produces reading effects of boredom and

inattention that double over from the novel's figurative concerns. This effect draws the reader into the terrain of bureaucratic labor and the gradual infection of public services with the lifeless profit motives of privatization. In other words, *The Pale King* mobilizes a different kind of symptomatology—one that simultaneously and overtly structures attention and situates it within the economic context that provides the novel's backdrop. Thus, in distinction from symptomatic readings which proceed through a set of successive contradictions to reveal unconscious or concealed structures of ideology or utopian class formations, the symptomatology of *DSM-III* provides a model for considering the outward features of the novel as bare expressions of economic determinism. Within the schema of *DSM-III*, attention to the symptomatic is purely an instrumental function within the process of diagnosis, a process which gives a sense of consistency to an otherwise discrete set of symptoms, and does so without concern for the lacunae of conscious and unconscious motives.

Ultimately, *The Pale King* is a novel that allows us to consider a parallel mode of diagnostic reading—one that attends to the manifest and the immediate without abandoning a sense of critical urgency. Reading diagnostically allows us to work laterally between figurative concerns to both register and inhabit the historically situated forms of consciousness that emerge out of particular transformations in the composition of capital. This does not amount to either a disavowal of critique or an abandonment of historicist concerns; to the contrary, reading *The Pale King* is an exercise in tending to an extremely precise historical moment in the 1980s at the level of both consciousness and economic restructuring. Broadly speaking, office novels produce an account of the subject that wholly avoids any reference to a concept like the unconscious as a constitutive grounding, and one that equally eschews a Foucauldian theory of a formative

entanglement with discourse and power. Instead, office novels locate the subject directly within the processes of capital's own self-moving expansion at a historical juncture in which that expansion is stalled. What *The Pale King* distinctively allows us to see is the ascendancy of attention as a motor for both subject formation and, crucially, for the frenzied production of value. In doing so, the novel thus provides a context in which we directly confront a historical situation wherein disorders of attention are inextricably linked with disorders of capital.

## Chapter Two

### Sentimentality and the Pharmaceutical Unconscious

Starting in the late 1990s, FCC regulations have allowed pharmaceutical companies to take advantage of television as a medium for direct-to-consumer advertisement, granting the most profitable industry on the planet a unique platform for crafting public perceptions about the scientific and medical workings of our own inner experiences. Although the U.S. is one of only two countries in the world that allows for Direct-To-Consumer (DTC) Pharmaceutical Advertising (the other being New Zealand), the domestic impact of this license is staggering. According to a 2006 study, “The average American TV viewer watches as many as nine drug ads a day, totaling 16 hours per year, which far exceeds the amount of time the average individual spends with a primary care physician” (Ventola 671). While pharmaceutical advertising targets medical conditions along a broad spectrum of mostly chronic illnesses ranging from diabetes, to heart disease, and cancer, my interest is in the marketing of medications designed for the treatment of mood disorders. With respect to mood medications, I argue, these advertisements take advantage of a conceptual ambiguity around the term “mood” that blurs the line between a medically specific phenomenon and more ordinary feelings and emotions— and one that equally slides between individuals and financial markets.

Let me be clear in saying that my point is adamantly not to deny the experiences of people who have benefitted from psychiatric medication (myself included) nor is it to say that the suffering that takes place under the present rubric of mood disorders is in any way unreal. But at the same time, I want to stress that Big Pharma currently enjoys the highest profit margins

out of any other industry on the planet, and while it might be tempting to instinctively read this fact affirmatively as the sign of forthcoming innovations in medicine, in fact the growth of these margins directly coincides with a dramatic decline *away* from Research & Development spending and a sharp increase in both advertising expenditures (which double those for R&D) and in artificial price manipulation for drugs nearing the end of patent protection (Deangelis). Pharmaceutical companies are thus dumping more money into advertising campaigns (which includes direct marketing to doctors, often around an incentive structure) than they are into developing new ones. This also means that advertising is productive, or at the very least, that it plays no small role in squeezing revenues out of patented medications.

In order to sell consumers the idea that they might have a serious mental health disorder, that disorder needs to become so generalizable and stripped of its actual fangs so as to be applicable to a wide demographic. At the same time, there equally needs to be a profound redefinition of ordinary complaints as potential lurking symptoms of a chronic disorder. According to Joseph Dumit, drug ads “aim for a retroactive status change. Rather than illness punctuating ordinary life, everyday life conceals illness” (Dumit 60). And with this status change, I argue, comes a reorganization of the entire process of diagnosis wherein the viewer of these ads is repeatedly invited to reflect on the status of their inner experiences according to the rubric of information provided about the drug in question. And here the distinction between an empowered consumer and a trained clinician begins to erode, as self reflection gets absorbed into the process of self diagnosis. But the question of *what* gets diagnosed remains particularly fuzzy and imprecise in the context of mood medication.

In this paper, I will examine the ways in which pharmaceutical companies market mood medications in a targeted manner, oriented toward women, and using a discourse around the term “mood” that is equal parts ethically charged and social in its orientation-- a discourse that surgically removes mood out of the realm of private feeling. In interrogating some recent advertisement campaigns for psychopharmaceuticals, I will also argue that these marketing tactics take explicit cues from the broader discourse of literary and economic sentimentality, and do so in a way that places them in the crosshairs of an ongoing process of redefining psychiatry and economics into a quasi-behavioralism. In a long term historical context, as well as in our own, intertwining literatures of sentiment and mood pose strong correlations between debates about the means and ends of being temperamentally regulated and about the stakes of domestic labor in an economy increasingly being warped by systemic shocks and volatility. Pharmaceutical advertisements, I argue, constitute a distinctive genre of narrative and cinematic fiction, one that asks us to situate, define, and examine our own feelings and inner experiences as barriers to our ability to weather these shocks. In doing so, they generate a very real sense of displacement between the symptoms of psychiatric disorder and the symptoms of an increasingly temperamental phase of capital.

As I aim to show in what follows, there has been a radical refashioning of both psychiatric and economic methodologies starting in and around 1980 where terms like "mood" and "sentiment" become increasingly abstracted away from inner feelings or even outward expressions of actual emotion. This is a process that coincides with the decline of psychoanalytic notions of subjective interiority, and strangely, a rapid appropriation of psychological language to talk about financial markets and the behaviors of economic actors. However insofar as

commercials for psychiatric medication posit their respective pathologies around sentimental and highly gendered representations of disordered mood, I argue that they provide a foothold for beginning to think about how some of the more palpable contradictions around health, emotion, and capital that have emerged out of the immensely profitable expansion of the pharmaceutical industry over the past three decades.

What ultimately appears here is an intensively gendered profile of pathology that is framed against an imperative to calibrate your own ability to work unimpeded by emotional imbalance, and one that requires the intervention of an industry that is collectively worth *\$8.6 trillion in gross profits* (Ledley et al 834). This is where psychology, economics, and their affective others come together to converge into a theory of our inner lives and our psyches, a theory that can have a powerful double effect of making us feel in control of our emotions while squarely grounding them within a chaotic cycle of accumulation and value expansion.

### **I: Masks Off**

Consider the recent advertisement for Rexulti (Rexipiprazole), an adjunct medication for residual depression symptoms that persist with antidepressant therapy. Right away we should note the following: Rexulti is not itself an antidepressant- it has approval *only* as an *add-on* therapy to a prior antidepressant, and as a first line treatment for schizophrenia.<sup>1</sup> That is, the precise use for this drug in actually treating clinical depression is obliquely defined (at best) from

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<sup>1</sup> Rexulti, which is a direct successor to Otsuka Pharmaceutical's blockbuster drug Abilify- an atypical antipsychotic with a unique mechanism of action that allowed it to successfully gain FDA approval as an adjunct therapy for depression. In the fourth quarter of 2013, Abilify was the highest selling drug on the planet (<https://www.drugs.com/stats/top100/sales>). The US patent for Abilify expired in October, 2014, mere months before Rexulti received FDA approval in July, 2015. As with Abilify, Otsuka has aggressively marketed Rexulti around its use as an add-on for depression, although both drugs carry a mechanism of action that more conventionally resembles treatments for schizophrenia and bipolar mania.



the onset, and that is because Rexulti is actually an antipsychotic. The commercial features a middle-aged woman who complains, in a perfectly muted tone, of feeling like she has been “living behind a mask” in spite of stated “progress” that she has made on an otherwise unspecified antidepressant. For much of the ad’s duration, the woman describes her experience of “living behind the mask” (a phrase which is verbally repeated ad nauseum) as she carries around a paper mask on a stick (a mask, to be sure, that bears no small or incidental resemblance to the cartoon egg used to market Zoloft in the early 2000s) until finally speaking with a doctor about her daily, costumed purgatory. In fact, outside of a brief scene inside of a doctor’s office and the prerequisite torrent of side effects narrated in fine print, there is little in this commercial that suggests a medical condition is even at stake in this ad. In fact, the underlying issue that gets articulated comes across much more strongly as a fairly banal, and importantly broad, social experience than any sort of urgent psychiatric phenomenon. “I didn’t want to let people down,” the protagonist laments, “so I hid my real feelings behind a mask” (Rexulti).<sup>2</sup>

Is this describing a medical problem, or a moral one standing in the place of the social? After all, why would anybody *want* to just casually share their “real feelings” with their coworkers or their barista in any practical sense? One thing that this advertisement helps to illuminate is that the business of marketing medications designed to treat mood disorders depends, in part, on the creation of doubts concerning one’s ability to exercise control over the

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<sup>2</sup> The connection between feeling stuck “behind a mask” and women’s literary production is not at all an irrelevant one. In *Nobody’s Story: The Vanishing Acts of Women Writers in the Marketplace, 1670-1920*, Catherine Gallagher stresses that “If fiction had its roots, as I have been arguing, in both the property---claims of authors and the sentimental dispossession of women, then Charlotte Lennox, as a married-woman and author of fiction, was caught in a hopeless contradiction, at once asserting her author’s right by her invention and recommending that women trade their property claims for sentimental identifications” (195). There is thus this double-play around women’s literary authorship wherein the production and expression of sentimental feelings becomes the very vehicle through which they become stripped of direct claims to their own writing [which, incidentally, becomes a mask of sorts] on the basis of the common feelings their novels produce in readers.

affective and emotional expectations of every day social experience (Moncrieff). With this in mind, it's worth noting again that these advertisements almost exclusively target women- who are also statistically twice as likely to receive a mood or anxiety disorder diagnosis ("Medicating Women's Feelings"). An older ad for the antidepressant drug Pristiq draws a visual association between shots of a woman describing her depression symptoms and images of a sputtering wind-up toy designed in her likeness. A common theme in these commercials is social fatigue- "When you are depressed....who do you want to see?" asks the female protagonist of a Cymbalta commercial, before croaking out an ominous sounding "noone" (Cymbalta 2009).

While perceptions of guilt and anhedonia are certainly recognized features of depression, these commercials pitch products to women in moral terms at the level of being emotionally and physically tired. This type of commercial thus foregrounds and takes advantage of social and cultural constraints on women's energy in order to sell them the promise of control. In appealing overwhelmingly to an ethics of "real feelings" in need of correction or balance as an impetus for both individual mental health and proper social functioning, the advertising logic of mood medications bears down on a distinctly *literary* problematic about the social, economic, and moral stakes of emotional regulation that dates back to sentimental accounts of the role that regulated emotions play in questions of decision making.

In the sentimental tradition, literary form becomes an apparatus for the cultivation of proper affective sensitivity, understood here as the moral ballast of a social order where, in the words of Ann Wierda Rowland, "the feeling self is open to and constituted through sympathetic and imaginative exchanges with other feeling selves" (195). In other words, sentimental literature posits the development and controlled use of feelings as the basis for equitable social

bonds, much in the same way that commercials for mood medications offer to restore consumers to their “real feelings” without “letting people down.” In the case of antidepressant commercials, the social failure to properly express or experience emotion is akin to something like what we might find in Adam Smith’s *Theory of Moral Sentiments*. For Smith, the ability to feel-- and feel *properly*-- provides a foundation for understanding human behaviors in their “mutual sympathy and sentiments” with others, which come to train moral sensibilities (Heukelom 9). Here, Smith proposes that by adopting the stance of the “impartial spectator”-- or an imaginary figure who oversees social exchanges and makes judgments of approval or disapproval-- one can not only train one’s own decision making but learn to scrutinize the decision-making of others (Smith). In other words, Smith sees the proper regulation of “sympathy and sentiments” as the groundwork for analyzing how we behave socially. As I will discuss in a later section of this essay, Smith’s argument will be essential to the development of behavioral economics and its concern with the inner logic of the decision-making processes behind feelings that are often opaque or quite unruly.

In the case of advertisements like the one for Rexulti, there is always this lurking implication that they are not *merely* courting individuals who might themselves have a mood disorder. The representational dynamics and marketing language suggest, to the contrary, that the imperative to “talk to your doctor about taking control of your depression with \_\_\_\_\_” is as much about being able to meet expectations from others as much-- or moreso, in some cases-- as it is about actually taking a medication for the sake of feeling better. To rephrase an earlier point, who is the woman behind the mask actually “letting down,” and why? That the commercial leaves this ambiguous plays directly into stereotyped representations of depression symptoms:

this woman is feeling guilty, there are vague associations, but the guilt and repression of feeling are front and center without any recourse to other symptoms that might clarify that these drugs are actually targeting a mental illness.

We can, of course, infer what's really going on here, but other advertisements are much more explicit. Take another recent pharmaceutical commercial for an antidepressant drug called Trintellix. The tone is markedly more upbeat than most commercials of this genre, with a soundtrack that seems more suited for a laundry detergent ad. And this, in fact, is the opening "problematic" of the commercial. A narrative voice over announces "So, there you are with your depression-- and your dirty laundry that you just don't want to deal with" as a woman slumps onto her bed as her husband suits up for work in almost callous indifference. Once she speaks to her doctor about her apparent resistance to doing laundry, she learns, in 2019, about this thing she has called "depression" and begins to take Trintellix. Suddenly, our protagonist is clad in sharp business attire, happily working an office job, and spending quality time with her family-- smiling the whole time. We don't learn if the laundry ever got done (and if so, by whom), but the narrative promise about the benefits of this drug is, and I quote directly, "not living in sweatpants" (Trintellix 2019).

So far we have seen a consistent trend so far in the manner in which these advertisements place a number of social and emotional burdens onto their female protagonists that the medications in question claim to properly recalibrate. In doing so, these advertisements take advantage of an ambiguous boundary between domesticity and economic empowerment that merely just dissolves around the figuration of improvement or high achievement in both domains

of labor.<sup>3</sup> It's worth mentioning here that these commercials almost always oscillate between work and domestic scenes in order to highlight the nature of imbalance. In fact, ads for a newer anti-manic drug Vraylar actually features scenes of women performing an excess of domestic labor, with the only palpable signs of disorder appearing in the context of out of control online shopping.<sup>4</sup>

To return to my claim that these commercials bear down on narrative and cinematic concerns, I think there is an intended mechanism for inducing a kind of perverted transference at work that performs a feelings-neutral drama of affective instability within a set of highly formulaic generic conventions. In other words, I think we need to take these advertisements as a televisual genre and one that aims to solicit an affectively rich and sentimentally minded response for viewers. Although they render feeling in outward behavioral terms, they universally try to package the products in a condensed sentimental narrative for the viewer. There is a dark, almost frightening pall cast in the first phase of these commercials where we are meant to feel a sense of pity at the distress of the protagonist-- even if that distress is superficially rendered as laundry fatigue or a vague sense of wearing a mask. They make you *feel* -- or solicit the implied emotions--in spite of their representational tactic of bypassing both. The more banal and

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<sup>3</sup>While the question of domestic, reproductive labor is undeniably important to consider in this context, I am admittedly quite rusty in these debates. My very tentative argument here is that pharmaceutical consumption works as a context in which both domestic and occupational labor *become* value-generative insofar as they productively facilitate the forms of labor in question. Value is realized in the mere act of filling the prescription.

<sup>4</sup> Interestingly, Vraylar is one of the few mood related drugs to include a male protagonist, who, in one iteration of the commercial, is shown frantically doing yard work all night. Vraylar is the first drug specifically targeting the manic end of bipolar disorder to be advertised on television, and with over a dozen iterations it consistently figures mania as an aberration of productive energy that subordinates "family time." There are many dimensions of mania that these commercials fail to account for, but one repressed symptom that seems to be lurking in the both the "Online Shopping" and "Nighttime Yard Work" ads is impulsive hypersexuality-- in staying up all night frantically shopping on 12 different devices or tearing up chunks of sod, the wife and husband respectively are missing, both literally and pathologically so, from their marital beds.

flattened these representations of depression are rendered, the more broadly ordinary feeling becomes a site of scrutiny. But then, of course, there is the climax moment in each ad, where the woman in question “talks to [her] doctor about managing her depression symptoms with \_\_\_\_\_” and things begin to take in a brighter tone. Suddenly, everything has fallen back in place- the once depressed woman is living a balanced life (which almost universally involves being back in an office wearing a power suit) and the promise of relief warms our hearts. After all, wouldn’t basic job security provide a sense of deep comfort for those of us who live in a constant state of financial precarity? These commercials are fairy tales for the underemployed and the overtaxed alike, fairy tales that culminate in a situation where returning home to perform hours of domestic labor after a long day at work is somehow the happy ending to a happy day at the office.

However these commercials also invite us to see the pathological features of mania through the lens of class based gatekeeping. After all, who among us would balk at the occasion to go on an all-night shopping spree with no consequence, or spend your days in pure leisure-mode with some comfortable sweatpants? I think these are fair fantasies for individuals to have, but the advertising logic pathologizes these desires by positioning them as direct threats to class security through a visual bird’s eye representation of the precarious household around the patient. The Vraylar advertisements accomplish this effect most forcefully, as the moral of each episode- say, the online shopping one for example-- is that such behaviors render a fragile middle class family vulnerable to the point of leaving them sitting on real estate that amounts to little more than a house of cards. In other words, beyond their official clinical use in treating manic

episodes, these advertisements offer the casual viewer some dim hope that-- just maybe-- a standard-stock antipsychotic drug might save their home from foreclosure.

## **II: “35 and Single” or, What the Hell are We Medicating?**

These television advertisements are clearly less about feelings, emotions, or the internal experience of having a mood disorder. Rather, their representational “universal”-- the common element that all of them share-- is the way that they posit a rather blank conception of psychiatric distress as a barrier to women performing a careful balancing act between holding down a job, managing finances, and performing domestic responsibilities. But this unclear distinction between domestic and occupational labor that marks so many of these commercials is actually something of a recent anomaly within the larger history of (pre-direct to consumer) pharmaceutical advertisements. Starting in the 1960s, pharmaceutical advertisements became a fixture within professional psychiatric journals resulting from a series of guidelines established by the FDA for print based marketing (Ventola 670). Here, it is worth stressing the point that the initial audience for these advertisements was strictly limited to clinical practitioners, but almost universally direct them toward prescribing the medications in question for women.

Jonathan Metzl describes how these print-based pharmaceutical advertisements in professional Psychiatric journals typically framed clinical issues in purely domestic terms, oftentimes featuring a fraught woman and visually centering on her wedding ring. Writing on print pharmaceutical ads in a more general sense Joellen Hawken and Cynthia Aber note that when women are not seen in highly stereotyped occupational roles (such as waitresses and

secretaries), shots involving doctors “portray poor mental health as an integral part of womanhood” (239). Among the more extreme examples that he gives is from a 1970 Valium ad titled “35, Single, and Psychoneurotic” with text that reads “You probably see many such Jans in your practice. The unmarrieds with low self-esteem. Jan never found a man to measure up to her father. Now she realizes she’s in a losing pattern- that she may never marry” (Metzl 149). Prescribing Valium, or anything, to a patient over the mere fact of being single is of course, patently absurd, and it’s worth noting that the drug advertisement pitches itself to physicians by means of psychoanalytic implications about this woman’s father-- a small detail that might be read as offering something labor saving for the psychiatrist, with valium standing in for the lengthy process of analysis.<sup>5</sup>

However Metzl goes on to describe a dramatic shift in both the visual and written rhetoric of Prozac advertisements during the 1990s, where the same woman is seen sleeping (alone) on one half of the page and happily working a desk job on the other half as the print copy states “In patients with depression...Make your first choice Prozac for *both* restful days and productive nights” (Metzl 154). Suddenly the terms of economic productivity are centered and questions of *feeling* are completely neutralized into a clinical term: depression. While these Prozac ads were still restricted to clinical trade journals and not ordinary consumers, they visually work to define the clinical term “depression” by what it’s explicitly *not*: low productivity and poor sleep.

One theme that has emerged so far is that the figuration of depression and its treatment participate in a larger dialectic wherein the feelings caused by depression overwhelm the ability

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<sup>5</sup> While the risks were poorly recognized at the time, Valium is among most physically addictive substances on the market and it can cause withdrawal effects that are on par with-- or worse than-- severe opioid withdrawal. See: Petursson 1994



to carry out social obligations that may themselves push somebody to a depressive state. But there is something else in play here that I think is worth reiterating for the sake of taking us back to earlier debates about the economics of sentimentality, namely that with a disorder like depression, the problem is not one of exhibiting *too much* feeling-- it's a problem of not being fully available to outside pressures, and in other representational contexts, it's a failure to be properly sympathetic. In fact, in her essay on psychopharmaceuticals and embodied feminism, Elizabeth A. Wilson draws out and defends this connection in fairly explicit terms, arguing that "there is a relation of sympathy between words and pills: the empathic and the organic are organized according to fellow feeling" (368).

I am critical of Wilson's larger claims to reconciling depression and its treatment articulated by radical biological determinism with a "social construct" theory of feminism that is completely dominated by highly gendered and asymmetrical doctor-patient relationships. I think that Wilson's argument falls under the spell of a dangerous ruse: she universalizes depression in biological and therapeutic terms (both medical and psychoanalytic), making her article read like a jargon heavy pharmaceutical advertisement with plugs for a form of therapy that is often very costly-- under the veil of empowered and holistic feminism, nonetheless.<sup>6</sup> For her, as well as for Big Pharma, depression is just a fluke of faulty neurotransmitters and toxic relationships. There's just depression, not my depression, not your depression, just capital D Depression. We might share some symptoms, but depression is aggressively marketed to be an individual quirk in

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<sup>6</sup> Another critical jab here: Wilson goes to great lengths to show that the biological mechanisms behind depression are not merely bound to the brain but rather involve "gut mucosa," "kidneys," and "other organs" as well, all to show how antidepressant medications (whose biological mechanisms or clinical efficacy are poorly understood) establish a body-mind connection. Applauding antidepressants under the banner of reconciling biological and social construction theories of feminism seems to be missing the larger picture behind the cultural and economic life of these medications.

biology rather than a material social problem. As it turns out, this happens to be the dominant view in psychiatry as well.

### III: The Crisis of Symptoms

I want to turn now to some important background about the psychiatric framework which gave rise to a clinical language of “mood” more specifically, as this term broadly encompasses the site of where “feelings” and “emotions” might otherwise seem to fit in. I think there is a certain commonplace idea that many of us hold-- especially those of us who are literary scholars-- that moods are these rich and complex states that come from some deep recesses of our unique psychic registers for relating to and engaging with our circumstances.<sup>7</sup> An account of how mood became such an important medical terrain can be located within a broader- and completely radical- empirical turn in psychiatry that laid the foundations for the explosive growth of psychopharmacology in the late 1980s.

This turn toward a psychiatry oriented around data and measurement was historically catalyzed by the publication of *DSM-III* in 1980. Broadly speaking, *The Diagnostic and Statistical Manual of Mental Disorders* functions as a standardized guide to the classification and criteria of mental disorders, and is utilized by not only psychiatrists and clinicians but has also become a central text of reference for regulatory institutions, health insurance providers, and pharmaceutical companies. Published by the American Psychiatric Association, *DSM* has undergone five major revisions since the debut of the first edition in 1952 to reflect evolving

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<sup>7</sup> I defer here to Sara Ahmed’s compelling argument that emotionality is a “claim *about* a subject or collective [that] is clearly dependent on relations of power” (4) and that being “emotional” as a character trait has a long lineage in evolutionary psychology as being connected strongly with women. What I like about Ahmed’s argument is that it narrows down on something about the way that “emotionality” is an assertion made about an individual that also importantly helps us to understand how the broader concept of “mood” is also a propositional judgment. I take this later detail about mood to be essential: mood is something that needs to be diagnosed, and unlike emotionality, it needs to be flattened and reduced in order for these diagnoses to take place.

clinical taxonomies, nomenclature, and diagnostic practices. In spite of differences in terminology and classification, both *DSM-I* (1952) and *DSM-II* (1968, updated 1974) share a common set of psychoanalytic and psychodynamic assumptions in their etiological and diagnostic frameworks that largely characterize mental disturbances in terms of their underlying conscious and subconscious motives. Moreover, *DSM-I* and *DSM-II* offer little diagnostic guidance outside of a standard index of pathological nomenclatures and statistical occurrence, with the features of any given condition consolidated into brief prototype descriptions of a typical case.

The publication of *DSM-III* in 1980 reflects a tidal shift in both the underlying professional assumptions about mental illness and in the process of diagnosis, utilizing an empirically minded framework of “operational criteria” that account only for the observable symptoms of a given disorder. Informally termed “checklist diagnosis.” Most notably, the *DSM-III* streamlined diagnosis by directing clinical observation toward only the outward symptoms that a patient displayed—a sharp break from an earlier psychoanalytically inflected method of observation that foregrounded the role of patient narratives in assessing such symptoms. As historians of psychiatry like David Healy and Edward Shorter have noted, no small part of the massive success of pharmaceutical companies in marketing and capitalizing off of psychiatric drugs over the past thirty years is grounded in their ability to take advantage of ambiguities within the diagnostic nomenclature of *DSM-III*. More importantly, however, *DSM-III* relocated the dominant professional conception of mental disorders into an explicitly *medical* paradigm—mental disorders were now squarely medical in nature, and thus required a scientifically grounded medical approach to treatment (Pilecki, Clegg, and McKay).

William Davies has argued that the very term “antidepressant” carries “an extraordinary implication..that sadness and deflation, and hence their opposites, could be viewed in neurochemical terms” (103). The idea here is also that these chemicals carry a strong implication whereby medical science is capable of the ability to objectively measure, quantify, and correct individual emotion by targeting neurotransmitters. According to Healy, even the mainstream “notion of chemical imbalance” as the sole underlying catalyst behind mood disorders like depression ultimately cohered “within the marketing departments of SmithKline Beecham, Lilly, and Pfizer, as part of the sales pitch for Paxil, Prozac, and Zoloft” (Healy, *Pharmageddon* 58-9). But while I am not challenging the idea that mood medications actually do build up the purported neurochemical affinities, I do want to stress that this theory of mood disorders completely and wholly ignores a more nuanced and complex supplement to the social life of mental illnesses--namely, the manner in which they are still understood, diagnosed, and framed within a cultural milieu in which underlying economic conditions that might drive people to extreme moods is completely obscured from the picture.

Within this medicalization of mental illness, we find a broader process wherein our everyday vocabularies for understanding and communicating our inner feelings continually enter into a set of lurking pathological valences, while at the same time, emerging clinical terms become newly descriptive of those same features of inner life.<sup>8</sup> However with this process comes a strong risk for another kind of estrangement: being “depressed” is not so much a matter of “feeling” a certain way, rather it is about having an aberration of brain chemistry that needs

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<sup>8</sup> I am borrowing the term “medicalization” here from Peter Conrad, who uses it to describe the complex process by which “nonmedical problems become defined and treated as medical problems, usually in terms of illnesses and disorders” (4). See Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (JHU Press, 2007).

correction. However, the biomedical theory of mental illness that appears alongside *DSM-III* is only one side of the contemporary clinical coin-- these neurochemical imbalances stand in the place of an earlier psychoanalytic conception of “symptoms.” In psychoanalysis, symptoms appear *behaviorally* as manifestations of repressed unconscious dramas that can be unlocked through a careful process of reading patterns. However what the *DSM-III* cultivates and fosters is an understanding that a patient’s immediate profile of outward behaviors need no further interpretation than what the manual provides. Even equipped with a deeper understanding of the underlying chemistry of a given disorder, diagnosis is entirely based on observations (and self-reports) of behaviors.

Against the Freudian model of symptomaticity, clinical behaviors are understood merely as the symptoms of brain chemistry gone awry. In this paradigm feeling takes on a new function as a means to a larger end: medicalized feelings are still felt, and accordingly the corresponding treatments need to make promises to temper and regulate those feelings. In distinction from therapies that target other medical conditions that may have strong or overwhelming sensations that feel pretty bad for the patients in question, psychopharmacology needs to tow a tricky line: it needs explicitly relatable concepts of emotions, feelings, and moods in order to sell back the idea that those sensations are purely medical and behavioral in nature.

While we have seen how the biochemical model targets women’s bodies in the form of antidepressant medications, I want to now unpack the broader concept of mood- in its conceptual slipperiness as a clinical and marketing term, as well as in its formulation (directly alongside “sentiment”) as a statistical model for examining patterns of decision-making of investors in the discipline of behavioral economics. “Mood,” as a common term in psychiatry and behavioral

economics, describes at the bare minimum a temporary steady state in a continuously fluctuating process. The turn to a vocabulary of mood appears symptomatically as a diagnostic term in both domains, creating a corollary set of practical techniques for achieving mood stabilization. In the case of psychiatry, some clever marketing departments managed to turn some epilepsy medications into effective and highly profitable interventions into the highs and lows of bipolar disorder. In the case of capital as a system, any claims to stability have proven to be a myth. But of course, the two are in many ways inseparable.

#### **IV: Stabilization and its Discontents**

The so-called “mood disorders” --of which there are only two major types, bipolar disorder and depression-- have only been recognized as a clinical category since 1987, when they first appeared as a novel class of pathologies in the *Revised DSM-III (DSM-III-R)*. Prior to this, manic-depressive illness (what is now frequently termed bipolar) and “involuntal melancholia” (a near ancestor of major depression) were classified as “Affective Psychoses.” While the difference between, say, an “affective psychosis” and a “mood disorder” might seem like a matter of mere semantics, my core claim here is that the shift represents much more than a mere updating of diagnostic labels. Because while there was no such thing as a mood disorder in the dominant language of psychiatry prior to 1987, there was no such thing as Prozac either: the two appeared, conveniently enough, in exact tandem with one another. And while there certainly had been psychiatric medicine in use for three and a half decades prior to 1987, Prozac was revolutionary in one, paradigm changing respect: *it did \$350 million in sales for its first year on the market* (Nutt).

Prozac sparked a pharmaceutical gold rush as the industry surged to bring similar antidepressant drugs onto the market with hopes of capitalizing on this success (Healy *Prozac* 37-40). Depression medications, in other words, became a very hot commodity for the pharmaceutical industry starting with R&D and clinical trials in the late 1980s and proliferating through the late 1990s until the present day (Healy, *Prozac* 30-33). Yet in spite of the rapid medicalization of depression on supposedly scientific footing, depression, as we have seen above, has aggressively persisted as a “women’s disease” (Hawkins and Abel).<sup>9</sup>

But even in spite of Big Pharma’s antidepressant bubble and its role in orienting a both a radical shift in the mainstream cultural profile of what was now being termed clinical depression and an unbelievably sharp spike in depression diagnoses, bipolar disorder began to appear more tacitly as a cash cow for the pharmaceutical industry. “Mood” also functions as a marketing concept here more explicitly, but in a very different form from the television ads inundating viewers.<sup>10</sup> In fact, bipolar disorder-- an illness that has been documented as far back as ancient Greece-- created a context for pharmaceutical companies to reinvent the wheel on existing drugs on the market, with or without FDA approval. The world of psychiatry saw a sudden intensification of off-label anticonvulsant prescriptions following the FDA approval of valproate semisodium (better known as Depakote) for the treatment of bipolar mania in 1995 (Healy

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<sup>9</sup> I think it’s important to stress that the “scientifically grounded” *DSM* editions have been plagued with deeply flawed assumptions about gender in several ways. First and foremost, the classification “Gender Identity *Disorder*” appeared in the *DSM-III* (only to be re-classified as “Gender Dysphoria” in the most recent edition, *DSM-V*) saddled with predictably unfortunate language pathologizing gender nonconformity. Moreover, the heavily stigmatized classification “Borderline *Personality Disorder*” has also historically been understood as predominantly a women’s disorder, with *DSM-IV* listing a statistical diagnostic profile of %75 women to 25% men-- statistics that reflect merely a long-standing confirmation bias among clinicians, and a tendency to misrecognize symptoms in men as socially normative patterns of male behavior.

<sup>10</sup> Vraylar-- an atypical antipsychotic-- is the first drug to be advertised explicitly targeting the manic end of Bipolar I, but it is not a so-called “mood stabilizer” owing to its mechanism of action.

*Mania* 151). And with Depakote, another quasi-medical concept with dramatic consequences for the future marketing of other anticonvulsant drugs gained enough legitimacy so as to become a near instantaneous fixture in psychiatric nomenclature-- the concept of mood stabilizers.

Long recognized for its therapeutic profile in the treatment of epilepsy, valproate became the first drug capable of patent protection to receive approval for the treatment of mania. Outside of antipsychotics, which carry a high incidence of moderate to severe side-effects, the only drug with specific anti-manic properties available up to this point was lithium carbonate-- an incredibly effective compound that failed to produce pharmaceutical profits owing to its ineligibility for patent protection. As David Healy points out, there were only sparse traces of the term “mood stabilizer” in medical literature prior to 1995, after the phrase first appeared only a decade earlier to describe a speculative usage for a combined hormone therapy (Healy *Mania* 161). Lithium, which exists solely in medicine for the purpose of treating and preventing episodes of acute mania in patients, was importantly never referred to as a “mood stabilizer” at any point before 1995, and Healy notes that the phrase proliferated in the wake of Depakote’s FDA approval with little consensus as to what, precisely, mood stabilization entailed at the level of intended benefits or effects. The successful elevation of this marketing term- “mood stabilizer”- to the status of a convention speaks to far more than an industry-specific debate over nomenclature. As Healy forcefully points out, “Had [it’s manufacturer-Abbott] said Depakote is prophylactic for mood disorders, it would have broken the law” (Healy *Mania* 186). Equipped with a sharp marketing euphemism, we can see how pharmaceutical companies are able to write and rewrite the appropriate context of usage for their products- and the concept of mood itself. And while mood stabilizers have not been advertised on television, a 2021 study revealed that



out of ten clinical studies conducted since 2010, every single one revealed that women are significantly more likely to receive a diagnosis of every subtype of bipolar disorder than men (Dell’Osso et al).

So what is a mood, and why does it seem to proliferate in economic and psychological vocabularies throughout the 1980s? In her study *Bipolar Expeditions*, Emily Martin observes a kind of semantic circularity in the *DSM* framing of the term: on the one hand, she notes, mood is defined as “a pervasive and sustained emotion that colors the perception of the world” yet in the ensuing descriptions of Depression and Bipolar there is no reference to anything recognizable as emotion in the checklist of symptoms (*DSM-V* 824). While Martin generously goes on to produce a supplementary definition of mood as something like a “meta-state” which subsumes and exaggerates individual emotions, behavioral economics similarly posits “mood” as a frame for analyzing broader market patterns independent of individual emotion (Martin 47). According to Michelle Baddeley, economists posit moods as “more general phenomena, often experienced collectively, in which case they will be less affected by differences in personality and predisposition” (158) In this context mood is little more than a statistical object for describing emotion driven behavior on a collective scale, but it also occupies a social, rather than individual frame of reference. But at the same time, looking at these historically specific social and economic valences of the term mood, it begs the question of why women’s moods are statistically more targeted and pathologized as disordered while moody markets have the capacity to produce massive spikes in mental illness throughout the general-- global-- population (WHO *Impact of Economic Crises on Mental Health*)

## V: Toward a Dialectic of Bad Moods

A great irony thus appears when we compare and contrast gendered diagnoses of mood disorders with the parallel rise of psychological language around financial markets and mood. To elaborate here, this concept of “mood” is co-defined almost simultaneously in both psychiatric and economic discourse in the 1980s. In the latter instance, the domain of behavioral economics as a formal subdiscipline serves as another important hydra-head along with *DSM-III* in rendering “mood” into a species of conduct that lends itself to abstraction and analysis. Mood, in the context of behavioral economics, is an aggregate object of analysis meant to stochastically represent confidence trends among and between individual investors that ultimately affect market behavior. In the context of Big Pharma mood is an imposition at the level of individuals---but by confusing these two registers, mood ultimately turned out to be very profitable.<sup>11</sup>

Writing in 2003, Nobel economist Robert Shiller observed “In the 1990s, a lot of the focus of academic discussion shifted away from these econometric analyses of time series on prices, dividends and earnings toward developing models of human psychology as it relates to financial markets” (90). It is out of this domain that we get what is now a familiar set of terms for describing the economy as a collective process-- markets produce “sentiments” that determine investors’ attitudes toward potential fluctuations in asset prices. Just as sentiments are socially cultivated for Smith, market sentiments describe a social process wherein investors collectively arrive at a common feeling, or disposition toward the value of assets. Markets, in this

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<sup>11</sup> Although behavioral economics coheres into a field of study almost simultaneously with the appearance of *DSM-III*, it also has strong antecedents in 18th-century debates around sentimentality-- indeed, Adam Smith’s *Theory of Moral Sentiments* is oftentimes posited as a foundational work insofar as it aims to provide a foundation for understanding human behaviors in their “mutual sympathy and sentiments” with others, which come to train moral sensibilities.

paradigm, are not just passive mediums for trading and exchange but rather they are understood as ongoing behavioral processes determined in equal parts by the psychology of investors and their subsequent decisions on how to act with respect to market judgements.

However markets might be generalized as contexts for poor judgment and bad decision making. In his *Manias, Panics, and Crashes*, Charles Kindleberger describes five stages of an economic bubble: a “displacement” period where a shock or sudden shift in a larger macroeconomic context (such as the “New Economy” boom of the 1990s) causes a positive economic forecast and triggers massive borrowing from investors trying to capitalize on future profits (25). Displacement is followed by a “boom” where accelerating investor optimism generates an even greater expansion of credit, driving up asset prices as more and more borrowers leap in to invest. Now while these first two phases describe behavior based on “rational” sentiments, this is where things get interesting in terms of parallels with psychiatry, as booms are followed by a stage of “euphoria,” a period in which booms become “exceptional” to both investors and regulators-- in other words, the extreme levels of market enthusiasm psychologically reinforce that *this* bubble will be different from previous ones, that *this* one will naturally and gradually slow down and stabilize. On the far spectrum of “euphoria” is a state of “mania” where borrowers and creditors alike become even more frenzied and outside investors clamor to the pool and “making money never seemed easier” as prices explode independent of forecasting to the contrary. However once something occurs-- like a sustained dip in asset prices or a rise in interest rates on credit-- a wave of “distress” sellers will inevitably start unloading assets and driving down asset prices in order to cash out or break even with creditors eventually causing a flurry of panic selling and massive losses. As Kindleberg notes, once the panic phase

of a bubble sets in, “Bankruptcies surge, economic activity slows, and unemployment increases” (11).

Benjamin Graham, an economist who mentored Warren Buffet among others, developed a conceptual figure not unlike Smith’s “impartial spectator” that he liked to call “Mr. Market.” Mr. Market is an impulsive investor whose oscillating confidence and pessimism require “rational” and patient investors to try and balance out his swings in sentiment. In an article by James H.B. Chueng titled “Does Mr. Market Suffer from Bipolar Disorder?” the author provides a compelling diagnosis of Mr. Market’s mood swings are part and parcel of a market that behaves like a patient with bipolar disorder (224-38). It is no coincidence that these commercials have proliferated in the context of increasingly frequent shocks of economic volatility, but what we should take note of is the fact that Mr. Market’s behaviors are taken as a fundamental fact of the way markets move while women’s private moods are pathologized in marketing terms. The irony, of course, is that capital is always-- and always will be-- a world-historical mental illness: one with very real and deeply material “mood swings.” These commercials, then, speak less to symptoms of a personal, individual nature. They speak, rather, to a repressed collective social trauma, and they stand in the place of a deeper understanding that medicine will never, ever, be enough to stabilize, slow, or halt the movement of capital’s own internal laws and the inevitable states of immiseration that it produces as it proceeds toward its final limit.

## Chapter Three

### Cognitive Behavioral Realism

Among many researchers and practitioners in psychology, there has been a growing consensus over the past two decades that Cognitive Behavioral Therapy-- or CBT, more commonly-- is virtually peerless over other forms of talk based psychotherapy in addressing a range of patient issues such as anxiety, depression, insomnia, and many others. Not only is CBT backed by decades' worth of positive anecdotal accounts by patients who swear by its efficacy, it equally carries a staggering amount of research in support of many compelling, scientifically minded claims of being an evidence-based form of treatment for many of the ailments that it targets (David et al). As a problem-oriented therapy designed to target specific behaviors (“avoidance,” “smoking,” “staying in bed all day”), CBT boasts a relatively fast and meaningful remission of problem symptoms through a fairly focused protocol, so focused in fact that there are efforts currently underway to develop AI technology that could administer CBT in place of an actual therapist. The idea, then, is that without ever consulting with another person, patients could hypothetically find symptom relief right from their own couches, rather than having to go all the way to a therapist's. But in order to accept this as possible, we need to flesh out and expand what we mean when we talk about therapy and therapists. Indeed, we need to clarify too what it is we mean by patients.

In a very real sense, as I aim to show, the stakes for both CBT practitioners and their patients bear down on a particular form of reading- one that prioritizes outward behaviors as the exclusive domain of observation, description, and practical intervention. Much like its

behaviorist antecedents, CBT is not concerned with attempting to interpret meanings from murky or opaque psychological depth—its focus is behavior, but in a modified sense. Stateside, CBT has been a growing fixture on the clinical scene since the 1980s and 1990s, however its earliest theoretical underpinnings date back to Ivan Pavlov’s discovery of classical conditioning during the first decade of the 20th century. Indeed the “behavioral” in “cognitive behavioral therapy” speaks directly to a strong lineage in psychological behaviorism, a lineage that is no doubt crucial to understanding the underlying theoretical presuppositions behind CBT. But, as we will see, the “Cognitive” part of CBT flies directly in the face of nearly a century of behaviorist research and practice because, in short, cognitions are not in and of themselves directly observable behaviors. This may be so in the context of flesh and blood people in the real world, but in literary fiction making cognitions observable to readers is a fairly ubiquitous operating practice.

Aside from the specific therapeutic application, one major difference between CBT and earlier forms of behaviorism is that cognitions-- which again, are unobservable-- are clinically understood to participate in pathological behaviors and their treatment. This is not the same, however, as the assumption in psychoanalysis and other similar insight-oriented psychotherapies that the introspective discovery of some previously obscured cognition will remediate pathological behaviors. In CBT, the goal is to behaviorally modify and correct the immediate patterns of distressed or distorted thinking that accompany a patient’s specific pathology (Josefowitz 1). So, for instance, suppose a patient with depression reports that they feel as if they have failed everyone in their life to a point where their actions-- or inactions-- just don’t matter. A psychoanalyst might take the statement “I feel worthless” as evidence of further fact--

interpretation would be needed, in other words, to tease out the source and significance of the specific language by which this feeling is framed for the patient. A CBT practitioner, conversely, would seek to modify behaviors that likely underwrite such thoughts, helping said patient reduce vulnerability to them by developing practices and habits for keeping active and managing avoidance.

This essay argues that contemporary literature provides a context in which CBT's underlying assumptions about personhood and psychological pathology are positively elaborated on and mobilized at the level of narrative and character development through excessive descriptions of behavior. We can see this most directly in "flat fiction," or novels that generate little or no emotional, psychological, or developmental depth for their characters or from their readers for at least the majority of the text—novels by David Foster Wallace, Ellen Kennedy, and most notably Tao Lin to name only a few. These authors all share a common tendency for deadpan descriptions that force a disidentification between readers and the emotional contents of the descriptions in question-- think of the moments in Wallace's *Pale King*, for instance, where the narrative erodes into long stretches of declarative statements about various characters movements and actions while at work and the act of reading is reduced to observing characters turning pages. Works like this are oftentimes criticized on the grounds of lacking affect, or a failure to provide any meaningful emotional weight or narrative depth.<sup>1</sup> This sort of critique, however, ultimately comprises an aesthetic judgment based on normative models of literary

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<sup>1</sup> See, for instance, Ardoin, Paul. "The Doomed, the Post-, and the Exact Curve of the Thing: Tao Lin in the After." *CounterText* 1, no. 3 (December 1, 2015): 332–47; Cohen, Joshua. "Camera Obscura." *Book Forum*, 2010; Hsu, Hua. "Terminal Boredom: Reading Tao Lin." *The Atlantic*, August 2, 2010. <https://www.theatlantic.com/entertainment/archive/2010/08/terminal-boredom-reading-tao-lin/60437/>.

consumption that fails to consider alternative modes and outcomes of reading that these texts solicit.

Against this aesthetic critique, I want to propose that the foreclosing of depth and emotional weight allows these affectively flat novels to tell us something about behavior, and moreover, to help us understand the role of behavior as a central component behind certain patterns of intense emotional distress. However in doing so, I think it is important to separate out two otherwise intertwined models of behavior—namely, behaviorism as an ambition to scientifically understand and alter behaviors, and cognitive behavioral therapy, which comprises a set of clinical practices aimed at reconfiguring problematic relationships between behavior, thoughts, and emotions. The value in making this distinction, in short, is that the examination of behavior and the positive alteration of behavior map out into two narrative modes and ambitions that do not always intersect with one another. One, we might call “behavioral realism,” which narrative follows the behaviorist tradition of taking behaviors at absolute face value with no concern with the underlying psychic and affective mechanisms that might be at work beneath them. The other mode, which we might call “cognitive behavioral poetics” builds off of the observational style of behavioral realism in order to therapeutically schematize and balance out behaviors, thoughts, and feelings. In the latter instance, emotion is very much present but in a weaker form—not to the detriment of its reality, but to the dilution of its intensity for the sake of restored functioning.

Focusing on Tao Lin, this essay will argue that his particular writing style provides a unique window into the co-mingling of literary production and the underlying assumptions and practices of cognitive behavioral therapy. The advantage of reading across several of Lin’s works



lies in the fact that they provide examples of both behavioral realism and cognitive behavioral poetics in isolation. Turning first to *Richard Yates*, I will argue that we can read the problem of narrative affectlessness and minimal depth as a positive occasion to see what narrative looks like at a purely behavioral level—that is, through a practice of blunt declaratives and descriptions the narrative gives us little more than an account of what the characters are saying to each other and doing at any given moment. But what is at stake here? On the one hand invites a mode of reading that squares very closely with the manner of observation and pragmatic interpretation put into practice by asking us to direct our attention not at the meaning or texture of the characters' statements about their psychological states but rather at the bald fact that they are stating these things. As I will argue, this behavioral lens provides a context in which we can apprehend internal distress as something that can be externally observed and modified on those grounds.

Building off of these claims, I turn next to Lin's conveniently titled narrative poetry collection *Cognitive-Behavioral Therapy* as a further step beyond the behavioral focus of *Richard Yates* by pairing it with a more explicit therapeutic aim. Critiques of Lin on the grounds of flat affect write him off on stylistic grounds as shallow, superficial, and exhaustingly ironic—in other words, lacking in any kind of meaningful takeaways. Moreover, the most frequent critical readings of Lin tend to converge around the relationship between his prose style and internet/social media platforms and the notions such as “cyber-consciousness”—arguments that tend to locate a form of historical subjectivity in his writing that is relentlessly conditioned by networked communications (McDougall). While it's difficult to avoid the fact that Lin is very highly engaged in social network activity both personally and in his writing, I don't think these formal or topical interventions should be taken at face value alone, as there is a strong risk of

relegating the purported forms of consciousness that are read out of these experiments as purely mimetic. Against this, I will argue that Lin actually traverses a practice of behaviorally mimetic prose into a therapeutic mode of narrative that utilizes self-observation and description in order to align behaviors with difficult thoughts and emotions.

### **Description and Distress**

CBT and CBT-like behavior therapies can be seen as a direct extension of the historical program of scientific and psychological behaviorism, as they all fundamentally adopt a core model of personhood that aims to avoid the heavy baggage of subjective interiority in order to understand and ultimately modify behaviors. To make a preliminary distinction, however, the behavioral modification of historical behaviorism is not bound by any psychiatric or psychologically therapeutic ambitions. There are in fact three interlocking programs in historical behaviorism, two of which are important for my purposes: methodological behaviorism, which sought to provide a theoretical foundation for a scientific psychology by eliminating all references to mental states, which are unobservable to an outsider and subjectively private—making them unscientific and thus detrimental to empirical foundations (Graham). Psychological behaviorism takes up these methodological principles and marries them with various models of conditioning and reinforcement in order to modify behaviors (Graham). Two things are important to keep in mind around the historical agenda of psychological behaviorism and its relationship to later developments like CBT: the first is that its applications spanned a range of contexts from education to consumer research and models of social organization and thus were not principally clinical in nature. The second point I want to underscore is that psychological behaviorism

inherits the rejection of mental states in ways that CBT does not, as we will see in the section that follows. By looking first in depth at the theoretical and methodological side of behaviorism, I want to highlight not only the manner in which it seems to inform Lin's writing, but equally so, point to some deeper literary traits within the broader understanding of behavior, thought, and emotion that appears therein. But to do so, we need to delineate more clearly the stakes of contemporary behavior therapy, particularly against the broader tradition of behaviorism from which it emerged.

Methodological behaviorism was first theorized and defined in a 1913 essay "Psychology as the Behaviorist Views It" by John B. Watson. Inspired by Pavlov's results in the field of physiology, Watson believed that the sole purpose of psychology "is the prediction and control of behavior" (Watson 158). In this ominous decree-- one that prefigures a whole host of contemporary applications ranging from marketing to military intelligence-- Watson issues a powerful demand that the discipline of psychology orient itself entirely around what can be directly observed as a pathogenic behavior. In fact, Watson is so radically attuned to the study and manipulation of behavior he stresses that "the behaviorist, in his efforts to get a unitary scheme of animal response, recognizes no dividing line between man and brute" (Watson 159). More glaringly, within the behaviorist psychology that Watson outlines, "Introspection forms no essential part of its methods, nor is the scientific value of its data dependent upon the readiness with which they lend themselves to interpretation in terms of consciousness" (Watson 158). The implications here are, of course, resounding: a psychology without any concept of or concern with the psychological interiority of patients. Or, more directly: a psychology that concerns itself *only* with what is immediately and plainly observable. In this early behaviorist polemic, we see a

radical questioning of the methods, objects, and functions of interpretation: unlike Freud, whose program directs itself toward a procedural and idiosyncratic interpretation of what a patient's consciousness might be repressing, Watson's emphasis on observable behavior urges psychologists to understand their role in more empirical terms. What matters are only the observation of physiological behaviors and a close, clear interpretation of the physical stimuli that birth and sustain them. "Feelings," writes Watson, "are never clear" (163).

The implications of Watson's program extend equally to the practice of literary criticism. As Joshua Gang has compellingly argued, the guiding assumptions of behaviorism as developed by Watson, Edward Thorndike, and BF Skinner historically informed and underwrote foundational theories and methods of close reading in literary criticism (1-10). Gang notes how I.A. Richards-- and, toward different ends, the New Critics after him-- developed protocols for empirically minded literary criticism on the explicit basis of separating the observable features of literary texts from the consciousness or intentions of their authors in much the same way that behaviorism eschewed a psychological approach to clinical practice. What makes behaviorism and close reading ultimately compatible is a shared disposition toward empirical objects or patterns and the empirically observable mechanisms that structure those objects or patterns: human behaviors and elements of poetic structure and style alike are understood as mere aggregates of data. To infer intention or affect out of either is to commit a fallacy.

While contemporary behavioral therapy draws much of its insight from the longer tradition of behaviorism in psychology, there are a number of important differences to highlight. The inclusion of "cognition" or even more broadly, subjective interiority, as a source of therapeutic interest forms, again, the most radical and most palpable break from the more

mechanistic and strictly empirical agenda of earlier behaviorists like Watson, Thorndike, and Skinner. From the point of view of early behaviorism, this inclusion, regardless of the means or manner of how cognitions might be understood from a theoretical point of view, would completely dissolve any pretenses toward behaviorism since cognitions cannot be directly observed. But it's worth stressing here that neither Watson, Thorndike, and Skinner nor any of their associates had anything to do with therapeutic or clinical practice-- they first and foremost saw themselves as scientists of behavior whose end was understanding and manipulating behaviors in a very broad range of contexts, using conceptual frameworks that were derived directly from or out of the Pavlovian tradition of classical conditioning-- whether it be reinforcement, or operant conditioning. As John A. Mills argues, the program of behavioral psychology ultimately lies in modifying or controlling behaviors *directly*, by some means or theoretical apparatus building off of the Pavlovian notion of learning structured by stimuli and responses.<sup>2</sup> In delineating the broader trajectory of behaviorism, Mills notes a consistent positivist orientation wherein there is a shared belief "that one could establish the truth by appealing to facts. For [behaviorists], a fact was some sort of purely physical occurrence" (5). In other words, facts are strictly what can be ascertained through direct observation. A statement like "I feel sad" would not refer to a truth about the emotional state of the speaker, it would refer to a truth based in the observation that somebody is speaking.

I want to underscore this last point, as it speaks directly to criticisms of Lin's neutral or declarative writing style and, ultimately, to some fundamental differences between behaviorism

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<sup>2</sup> Mills argues that in spite of practical differences or even disputes, behaviorists across the board share a set of common investments: a strong value placed upon theory, regardless of the particular theory itself (4); a sense of hostility toward philosophical speculation (4); "the acceptance of pragmatic versions of positivism" (5);

and contemporary behavior therapy. Consider here the following moment early in Lin's *Richard Yates*:

Dakota Fanning said in real life she didn't make any faces. She just let her muscles make what they make naturally and every day people said 'You look sad, stop it. You don't have the right to be sad. I'm sad. My parents are divorced. Say something funny.' Haley Joel Osment said he felt good when he made a sad face. (8)

In this brief exchange we have two distinct efforts to confuse a correspondence between outward facial expression and the interior states of each character: Dakota Fanning doesn't think of her face as a vehicle for communicating her internal emotional states at all-- a statement that seems to push back against the social imperative on women to smile or look happy, but one that also seems, like Haley Joel Osment's more direct inversion of expectations, to refute the notion that the face makes inner experiences externally available. Dakota Fanning's statement, however, plays more directly into the strict behaviorist fantasy wherein facial expression is purely a behavior-- in this case, one whose underlying cause is allowing "her muscles make what they make naturally." While Haley Joel Osment's statement explicitly attaches an inner feeling, "good," to a counterintuitive facial expression, "sad," it equally subverts the easy correspondence one would generally make between an emotion and its translation to something outwardly available for comprehension. In both cases, there is a treatment of expression in purely behavioral terms- the face is merely doing something, but it isn't necessarily communicating anything.

These musings over facial expression are an effort-- among many others in Lin's writing-- to frustrate the activity of reading for depth by raising questions about what it means to make inferences out of things that beckon to be taken at face value. But more than merely reproducing behaviorist ideas as such, there is also, I argue, something more complicated happening throughout his work-- something that speaks more directly to the specific manner in which "cognition" functions within the contemporary behavioral therapy framework. In the example from *Richard Yates* above, Haley Joel Osment's statement about feeling good while making a sad face certainly puts pressure on the normative *legibility* of emotion but, unlike Dakota Fanning, there is nevertheless an association between behavioral expression and feeling-- it is just a counterintuitive association. The behavior of frowning doesn't necessarily foreclose the experience of feeling happy, and while behaviorism would simply bracket aside the question of inner feeling, contemporary behavior therapy does something different: it treats inner feelings, thoughts, and experiences as a particular *species* of behavior. Even outside of behaviorism, there is something that intuitively seems hard to swallow about merely calling a thought a behavior: we constantly have thoughts and feelings that run contrary to our outward actions, public or private. Indeed, psychoanalysis-- which theoretically seems to be the complete antithesis to behaviorism-- is predicated on the idea that certain outward behaviors are the result of feelings and thoughts that are unavailable to the conscious mind, but even here, the conscious mind is not a behavior as much as it is a sense making organ.

If psychoanalysis thus concerns itself with making meanings out of the otherwise repressed thoughts and feelings that condition behavior, and behaviorism shuts down all concern with inner experience, what contemporary behavioral therapy does in relegating inner experience

to a subspecies of behavior is tow the middle line between the two: it accepts the premise that observable, or more properly “overt,” behaviors are oftentimes conditioned or reinforced responses to stimuli and can thus be modified accordingly, while granting therapeutic significance to the domain of inner experience only insofar as that experience is actually available to the subject (Spiegler 32). The nuance comes in the form of treating these inner experiences as “covert” behaviors, those that are unobservable but nevertheless constitute part of private awareness (Spiegler 36). While overt behaviors-- making a sad face for instance-- are immediately observable, covert behaviors-- feeling good-- are either indirectly observable through inference or become observable through the overt behavior of stating them out loud.

Covert behaviors, from a therapeutic perspective, are behaviors by virtue of inference or by virtue of declaration. Where inference is concerned, a covert behavior-- let’s say feeling stressed-- needs to be grounded in an overt behavior-- biting one’s nails: here there is a direct causal relationship between the two. Lin’s characters in *Richard Yates* not only consistently sever the cause-effect structure of inference between their feelings and their actions, they do so with an apparent pride and with a purpose of escalating one another. Indeed, this sort of dynamic cuts across everything from casual Gchat conversations to their erotic banter:

Dakota Fanning said she slapped his bare ass the last time she visited. Haley Joel Osment said he didn’t have an ass. Dakota Fanning said she wanted to cut her ass off and sell it in a Japanese supermarket wrapped in plastic on a foam Dish. ‘I feel so tired,’ she said, ‘I want to press a tea kettle of boiling water to my clit.’ Haley Joel Osment said he wanted



to funnel boiling water into his brain. ‘That would be good,’ said Dakota Fanning, ‘I just thought of Bono and felt suicidal.’ (41)

In the narrative present here we have one, and only one, overt behavior: speaking, albeit in extreme statements. The covert behaviors here are externalized only through the overt act of speaking: Dakota Fanning *wants* to cut off her own ass, Haley Joel Osment *wants* to pour boiling water into his brain. But Dakota Fanning’s statements, unlike Haley Joel Osment’s, also create chains of association between various covert behaviors and projected overt behaviors: “I *feel* so tired I *want* to press a tea kettle of boiling water to my clit;” “I just *thought* of Bono and *felt* suicidal.” Declarations of this nature form the default tone of communication between the two characters to such a degree that entirely neutralize the sense severity around what otherwise extreme fantasies of self-directed violence. Although it’s possible to read this banter as a form of generational flirting, I want to focus on the specific associations in Dakota Fanning’s statements here as I think they provide a foothold into some more nuanced complications around the relationship between covert and overt behaviors.

When we encounter a statement like “I feel so tired I want to scald my genitals” I think a common impulse would be to take it as both aberrant and urgent, if not outright pathological. Indeed, Freud’s *Rat-Man* provides an example from the history of psychology around this very sort of torturous fantasy: the patient is unable to stop thinking about the possibility of being made to sit naked on a scalding hot cauldron containing a live rat that will presumably be forced to claw its way to safety through his anus. In Freud’s reading, the obsessional rumination over this scenario lies causes a number of behavioral symptoms ranging from a ritual of keeping his front

door open every night to habitual avoidance. This dimension of Freud's account provides a reasonable antecedent to a cognitive behavioral theory of something like OCD, however his concern with the oedipal origins and hermeneutic significance of both the thoughts and the outward symptoms would be relegated to secondary considerations for contemporary behavioral therapy-- they matter, but only insofar as they give a texture to the specific and immediate experience of the patient. In Freud's version, the disruptive and violent thoughts are actually foregrounded and maintained for the duration of therapy, with the intention of ultimately making them go away by helping the patient gradually make sense of them.

Here we get to the question of stakes: why is this type of prose something more than just bland, sardonic, or ironically detached in an empty way, and what is to be gained by reframing our approach to it through a behavioral lens? On the one hand, *Richard Yates* consistently develops around a warp and woof of statements indicating psychological distress of one sort or another- the characters are depressed, anxious, and frequently act out of impulse to detrimental end. These are all things that carry a heavy subjective burden: indeed, it's hard to think of something as debilitating as depression without any consideration over what it actually *feels* like, or what the accompanying thoughts are. A depression without thought or feeling is reduced to a set of observable behaviors, something that can be externally apprehended at a shallower level than it would be with a complicated personal count. This may sound cold or lacking in empathy, but to the contrary, this allows for a different kind of diagnosis, and, I argue, a different practice of reading. Reading for depth typically follows a process of inductive reasoning: it gathers the best available evidence and generates a claim about unobservable or unavailable premises or data. This is, of course, the way in which conventional symptomatic reading proceeds. But as

Ronald Schleifer and Jerry Vannatta have argued, reading can also proceed along the lines of medical diagnosis by following a line of *abductive* reasoning: making claims only on the basis of what is there, and not making inferences of further fact (363).

An explanation from incomplete evidence aims to make claims about what can be immediately observed, but it is hardly a reductive or decadent affair when carried out. In *Richard Yates*, all we are given is accounts of behaviors, including what is said between characters. Our evidence, therefore, is purely at the surface- this is a novel that generates very little more than the sum of its parts. But approaching it at the level of behavior, we can perform a different sort of surface reading—one that gains a double knowledge about, on the one hand, the detailed mechanics of experimental literary form and style, and on the other hand, an intricate understanding of what behavior looks like and how it works when it exists within the warp and woof of literary mechanics. And, as I will begin to delineate, we also get an occasion to consider how, ultimately, behaviors can be therapeutically changed.

In contemporary behavior therapy, the specific content of troubling thoughts doesn't matter-- what matters is that they are troubling in such a way as to motivate or reinforce problematic behaviors. So for example, in the case of "I just thought of Bono and felt suicidal" the goal would not be to tease out *why* Bono produces such a strong response but rather to change the way the patient is habitually thinking about Bono so as to dissolve the association with suicidal ideation and in doing so reduce the patient's vulnerability to such ideation in general. Again, the idea here is that both the thought and the feeling are covert behaviors that don't necessarily need to correspond with an actual intention to self-injure to be taken seriously in their own right. In CBT, for instance, one intervention would be to ask the patient to rewrite

the mental script in a more self-affirming manner: “I don’t like Bono, but I can take pleasure in how awful he is.”

Before turning to a closer look at the specific practices and outcomes of contemporary behavioral therapy, there are further theoretical underpinnings that I think *Richard Yates* helps to elaborate. To return to the question of inference here, behavioral therapy makes a further distinction between behaviors (both overt and covert) and traits. As Spiegler puts it, “traits are theoretical constructs that do not actually exist, but are convenient ways of describing people” (34). Traits are thus inferred from behaviors, but do not form a robust particular profile of the individual patient. For instance, if a person robs a bank, we might attribute to them a trait such as “criminal.” Although the person may have indeed committed a crime, “criminal” refers to an abstract generalization about that person but does not in itself describe them at the level of their actual behaviors. This gets us to some problems around the nature and function of clinical description in the context of behavior therapy. In contrast to descriptions based on traits (“the patient feels sad”), behavior descriptions “are specific and much more detailed...[and] provide the detailed information needed to design a treatment plan tailored to each client’s unique problem” (Spiegler 34).

Thus, description-- detailed and anchored in outward behavior-- forms a vital component in the practice of contemporary behavior therapy. Traits are not wholly irrelevant, however, insofar as they provide an account of feelings and dispositions that underwrite behaviors. Stylistically Tao Lin’s *Richard Yates* is composed of little more than a mixture of detached third person description and highly descriptive dialogue between the two characters. Take the following example

Later that night on the phone Haley Joel Osment said he was probably going to Florida August 1. It was June 27. His mother was leaving America for two months and would pay him to feed the dog and housesit. He said he didn't know what to do after the two months in Florida. "Two months is so long," said Dakota Fanning. "I'm sad." (96)

As with the earlier examples, this exchange is both stylistically and content-wise very close to a behavioral description. The manner of description is disinterested, detached, and provides information only about what the characters are doing and saying. We do, however, get a trait description at the end from Dakota Fanning, who states "I'm depressed." Depression is both a covert behavior (that she makes overt) and a trait. This example is particularly helpful in establishing the relationship between behavioral therapy and clinical diagnosis-- we tend to think of depression as an illness, which indeed it is from a medical standpoint, but in behavioral therapy depression (or any other psychiatric diagnosis) is understood as a trait, or a generalized concept. To say a person is depressed gives us very little direct information about the particular behaviors that depression might entail-- especially given that such illnesses present in very different ways from person to person. We are thus in a position where we need to infer the behaviors out of the trait: it's clear that this statement comes as a direct response to the news Haley Joel Osment provides, but Lin gives us nothing about what it means behaviorally to be depressed. We get no description of symptoms, only statements.

## **The Behavior of Feelings**

Aside from the specific therapeutic application, one major difference between CBT and earlier forms of behaviorism is that cognitions-- which again, are unobservable-- are clinically understood to participate in pathological behaviors and their treatment. This is not the same, however, as the assumption in psychoanalysis and other similar insight-oriented psychotherapies that the introspective discovery of some previously obscured cognition will remediate pathological behaviors. In CBT, the goal is to behaviorally modify and correct the immediate patterns of distressed or distorted thinking that accompany a patient's specific pathology (Josefowitz 5). So, for instance, suppose a patient with depression reports that they feel as if they have failed everyone in their life to a point where their actions-- or inactions-- just don't matter. A psychoanalyst might take the statement "I feel worthless" as evidence of further fact-- interpretation would be needed, in other words, to tease out the source and significance of the specific language by which this feeling is framed for the patient. A CBT practitioner, conversely, would seek to modify behaviors that likely underwrite such thoughts, helping said patient reduce vulnerability to them by developing practices and habits for keeping active and managing avoidance.

As we saw in the previous section, the recognition of covert behaviors marks an important theoretical break between historical behaviorism and cognitive behavior therapy insofar as they belong to the murky category of subjective experience and thus cannot be directly observed by others. CBT understands private thoughts and feelings as behaviors-- and relevant ones, nonetheless-- insofar as they can either be externalized through patient reports or they can be inferred by "anchoring" them to an overt behavior (Spiegler 33). In Dialectical Behavior

Therapy (DBT), for instance, patients are given a “diary card” to fill out daily that asks them to quantify urges for “target behaviors,” log whether or not they engaged those behaviors, and rate the intensity of various emotions (Brodsky). In cross reading between Lin’s *Cognitive Behavioral Therapy* and the clinical practice by the same name, I will examine how this therapeutic reification of inner life actually serves as a means to gaining a greater degree of control over it. In doing so, I will emphasize the manner in which concepts and methods in CBT provide a foothold for a model of reading that understands flat affectivity in therapeutic terms—or, to intervene within a prominent line of argument, a neutralization or weakening of emotion that clashes against the very sort of high affectivity and anxiety that social media networks produce.

On the subject of Lin’s excessive declaratives, Joshua Cohen describes Lin’s fiction in these terms:

Total transparency will always resolve itself in reduced expression (short paragraphs, “sentagraphs,” short sentences), as subjects like boredom become objectified in prose. Instead of encountering the syntactically strange, or a project of genuine depersonalization or fracture, Lin’s readers are stroked by a continuous stream of neutral declaratives. If Lin retains this transparency there will literally be no other way he can write; his style, once electively autistic, will become a disability, the dictator of his thoughts... (Cohen 2010)

While Cohen’s criticism ultimately balks at the stylistic redundancy of Lin’s fiction to the point of outright projecting that it will become a “disability,” the argument I will develop here posits

that being a “dictator of his thoughts” is directly aligned with the positive outcomes of behavioral therapy.

If *Richard Yates* responds to the problem of affectlessness or lack of emotional depth by using blunt description to shift our attention onto the register of behavior, giving us a narrative practice of behaviorism, in this section I will turn from the elevation of behavior to the question of the therapeutic. From a depth perspective, it might seem counterintuitive-- if not outright soundless- to approach Lin’s writing as therapeutic. Indeed, without emotion, therapy might seem to lack an anchor: what exactly would be the purpose or aim of therapy otherwise? But from a behavioral perspective, one major function of therapy is to triangulate difficult or disruptive emotions, the underlying patterns of thinking behind these emotions, and corresponding behaviors. In other words, behavioral therapy aims to attenuate behaviors and patterns of thinking for the express purpose of neutralizing strong or difficult emotions. In this sense, we can read *Richard Yates* as a literary demonstration of this precise outcome: here, Lin utilizes purely behavioral descriptions as an artifact of behavioral therapy. But, importantly, this ambition-- or any kind of therapeutic ambition-- is nowhere announced in the novel: the protagonists are constantly and indulgently depressed, Haley Joel Osment encourages Dakota Fanning to avoid voluntary inpatient hospitalization and later reads a book called *The Myth of Neurosis* that challenges the fundamental concept of mental illness, and nobody seems to resolve much of anything.

In order to ground the claim that there is a therapeutic function to the extreme behavioral perspective in Lin’s fiction, I turn to his narrative poetry-- conveniently enough his collection *Cognitive-Behavioral Therapy* . Here, Lin writes from a reflexive, first person perspective and



employs a more florid style of writing that moves beyond blunt description into a more idiosyncratic type of description. As the rear jacket informs us, the poems comprise an effort of a single narrative voice to “explain to himself the possible origins, ends, and cures of anger, worry, despair, obsession, and confusion...” giving us a single perspectival lens that carries across the sequence of poems. But unlike *Richard Yates* the narrator in *Cognitive-Behavioral Therapy* does in fact give us a more nuanced account of affective inner experience: the poetry is not, in fact, devoid of affect, but rather betrays a certain, circumspect disposition toward manifest feelings:

seen from a great enough distance i cannot be seen  
i feel this as an extremely distinct sensation/  
of feeling like shit; the effect of small children/  
is that they use declarative sentences and then look at your face/  
with an expression that says ‘you will never do enough/  
for the people you love....  
(14)

Here, in the opening poem of *Cognitive-Behavioral Therapy* Lin indulges a moment of difficult inner experience in a manner that gestures toward specificity and precision: “i feel this as an extremely distinct sensation/ of feeling like shit” (14). This “extremely distinct” sensation, of course, is overly broad at first sight-- one can feel like shit in any number of ways or registers. But it is first connected to a statement about relative invisibility- this thought is the cause of feeling like shit-- and then elaborated by recourse to a description about the effect of children on

him. Note, of course, that part of the threat imposed by children is precisely the object of critical responses to Lin-- “they use declarative sentences”-- but this is explicitly connected to a perception of condemnation that he infers from children’s nonverbal facial expressions: “you will never do enough/for the people you love” (14).<sup>3</sup>

This still might seem difficult to swallow as evidence of a greater presence of non-sarcastic emotions and affects in Lin, as indeed, the antecedent cause of feeling like shit, invisibility, is only very obliquely related to a description of judgment gleaned from children’s facial expressions. But importantly, what gets staged here is actually a very precise chain of relations between two different kinds of inner experience and their external causes: on the one hand, the *feeling* like shit, and on the other, the *inferred judgment* of failing loved ones that is used to elaborate on the “extremely distinct sensation.” The correspondence is not between two feelings, it is rather between a feeling and the mental script that accompanies it. This kind of association, as I have been arguing, can actually be read as part of an extended demonstration of the practices and outcomes of the book’s titular object, Cognitive Behavioral Therapy. If *Richard Yates* is a deadpan account of two adolescents rehearsing their depression for one another, romantically so, the novel only flings around the names of antidepressants without revealing any meaningful benefit for these drugs to actually treat the illness in question. In fact, a number of reviewers have drawn problematic associations between the experience of reading Lin’s prose writing and the blunting effects of both depression and antidepressants. As Justin Bauer writes.

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<sup>3</sup> See Ashton, Jennifer. “Labor and the Lyric: The Politics of Self-Expression in Contemporary American Poetry.” *American Literary History* 25, no. 1 (2013): 217–30. Ashton argues that Lin’s poetry “Offers a vision of what lyric and capital have in common through the conflation of a highly codified genre—lyric as self-expression—with an economic concept of human value in precisely the Chicago School-Gary Becker sense, that is, minimally distinct from something like triumphant self-actualization.” (226)

With everything flattened out, muffled and smoothed by nondescript narration, the reader winds up in the same cotton-wool anomie as Lin's characters. It's like depression. Or like the side effects of a powerful antidepressant. Consequently, Richard Yates conveys the illusion of generational authenticity, with one foot in a virtual world and the other in meatspace, sealed off by earbuds, dressed in American Apparel, lacking an inner life or the moral need to create one (Bauer 2010)

However I want to argue that *Cognitive-Behavioral Therapy* gives us a very different discourse on mental illness and its treatment, one that poses a very different kind of challenge to readers: a challenge to accept that Lin's lyrical ambitions move beyond indulging depression into an effort to stage one form of treatment that takes the behavioral perspective of *Richard Yates* and deploys it toward a more palliative end.

Cognitive behavioral therapy has increasingly gained prominence as an effective, evidence based intervention into a growing number of conditions ranging from insomnia, depression, and substance addiction. As clinicians Nina Josefowitz and David Myran emphasize, cognitive behavioral therapy is structured around four central principles:

1. How people understand the world, or how they think, influences how they feel, their physical reactions, and how they behave. This means that clients' problems can be understood in terms of how their thoughts, feelings, physical reactions, and behavior interact and maintain their problems.

2. Clients can learn to become aware of their thoughts, and CBT interventions can help clients change their thoughts.
3. When clients change how they think, their feelings, physical reactions, and behaviors will also change.
4. Because thoughts, feelings, physical reactions, and behaviors are interrelated, when clients change their behaviors, this will also impact their thoughts, feelings, and physical reactions. (1)

Thus, while CBT theoretically encompasses four main categories of experience: thought, feeling, physical reactions, and behaviors, its method of operating only actually targets thought and behavior. Note, however, how these assumptions find a pretty direct corollary in literary discourse: one way of very naively broad way of positing what literature does on a day to day basis is that it works to change people's thoughts, feelings, and/or behaviors. This is, at the very least, an implicit expectation about literature embedded within the critiques of Lin's writing: namely, that it fails to do any of these things.

But even if we accept those premises-- that Lin fails to provoke thoughts, feelings, or compulsions to change our behavior-- Cognitive-behavioral therapy, and Lin's own *Cognitive Behavioral Therapy*, provide a means for us to understand what looks like a failure to be literary as an ambition to utilize literature as a resource for neutralizing difficult thoughts and feelings through a descriptive, behavioral frame of reference. Here, it is worthwhile to begin unpacking how, exactly, cognitive-behavioral actually works in practice. Cognitive-behavioral therapy is highly structured in a procedural manner around the aforementioned four central principles,

working around specifically targeted issues with a set limit on the number of sessions. In their clinical training guide, Josefovitz and Myran describe how the first step, from a clinical perspective, is to gain insight into patients through the theoretical lens of CBT-- which effectively translates to being able to separate out their thoughts, feelings, behaviors, and physical reactions in a schematic way. The example Josefovitz and Myran give involves a young woman who complains about being depressed over her difficulty in landing a job, which is broken down into the distinctive categories of experience CBT operates on (with attention to context as well):

*Situation:* Another rejection letter

*Rose's Thoughts:* I will never get a job, I am such a failure.

*Rose's Feelings:* Depressed and hopeless.

*Rose's Physical Reactions:* Stomach hurts and is exhausted.

*Rose's Behavior:* She stayed in her bedroom, surfed the Internet, and cried. Rose skipped her gym class the next morning because she slept in. She did not bother applying for another job that was advertised in the paper the next day. (6)

Right away, it is worth pointing out that the behavioral description is fairly uncanny in its resemblance to Lin's prose in *Richard Yates*, even down to the level of content. But we can see a more purposeful effort to demarcate the boundaries between thoughts, feelings, behaviors, and physical reactions in *Cognitive-Behavioral Therapy*. Consider the following untitled poem:

i looked away from the computer with a slight feeling/  
of out-of-control anger; i saw you wearing a coffee-colored star-suit/  
there was a barely perceptible feeling on my face/  
that i was being crushed by the shit of the world/  
then i saw beyond the window to the tree, the house, and the street/  
the house and the tree made mysterious binary noises/  
that negatively affected the tree's immense happiness/  
i observed this neutrally, without falling out of my chair (17)

Here, the movement of the poem goes from out-of-control anger to neutral observation; or more broadly, it moves from an affect to the neutralization of that affect. We have behaviors: avoiding his computer (a common theme throughout *Cognitive-Behavioral Therapy*) and observing the view from his windows; feelings: “a slight feeling of out-of-control anger;” thoughts: “i was being crushed by the shit of the world;” and the physical reaction of having a “perception on my face.” But note that Lin blends these categories-- “i was being crushed by the shit of the world” is a thought that gets confused with a physical sensation on his face.

But in blurring together these categories of thought and feeling, Lin raises an important practical consideration that begins to speak more directly about what CBT *does* and how it works. To take a step back for a moment, one challenge in CBT is to teach or learn the difference between a feeling and a thought, as the two tend to happen simultaneously and oftentimes automatically. As Josefowitz and Myran argue, “Because of our tendency to confuse thoughts and feelings, one of the hardest skills to learn in CBT is differentiating the two” (9).

Interestingly, they go on to go on to differentiate on the basis that feelings “are usually one word, such as sad, mad, worried...” and thoughts tend to come in sentences or phrases” (Josefowitz 9). The problem of drawing such a distinction between thoughts and feelings within CBT is thus, in many ways, a problem of and for writing, and one that Lin probes at directly at that level:

the correct arrangement of words will make these bad feelings go away/  
tonight/  
the incorrect arrangement of words will also make these bad feelings/  
go away/ (20)

The association between words and bad feelings here is as much of a problem of writing poetry as it is a personal effort to take a one or two word “feeling” and embed it within an extended thought. The ambivalence over the specific arrangement of words is less a relinquishment of care than a recognition of a connection between certain “bad feelings” and the structures of thinking that subtend them. In CBT, changing the structure of that thinking can change the force and form of the difficult feelings.

Lin is highly self-aware about this enterprise to change thoughts and feelings throughout *Cognitive-Behavioral Therapy*, as he repeats throughout the collection: “in my poetry, it’s a scientific fact/that our thoughts cause our feelings and behaviors/” (18). Here, the role of self-description becomes less about common complaints about Lin’s writing as littered with vanity or narcissism, it becomes rather an exercise in harnessing this “scientific fact” about thoughts, feelings, and behavior. This, however, is an overly broad claim without qualification: banal

thought/feeling/behavior chains such as 1. feeling annoyed at having to return to the supermarket for a forgotten item and driving back while thinking “I can’t believe I forgot that” would be a common and expected occurrence. Feeling despondent, staying awake thinking “I’m such an idiot” all night, and calling out of work the next day is the type of aberrant thought pattern that CBT operates on.<sup>4</sup> Understanding the difference between thoughts and feelings is key, because much of CBT practice rests in identifying patterns of reinforcement or maintenance between thoughts, feelings, behaviors, and environments. The idea here is that difficult thoughts, feelings are behaviors not in and of themselves innate, but rather learned in such a way that creates associations between them.

based on the historical fact that after i express anger, frustration, or  
disappointment

you treat me more considerately, then gradually less considerably/

until i am again “triggered” to express anger, frustration,/

or disappointment i think we might have achieved something/

like the buddhist concept of the cycle of birth and rebirth/

let me conceive a temporary philosophy to justify/

my behavior involving the dissemination of literature/

(46)

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<sup>4</sup> Another example occurs in the following lines: when i cried in/ your room/ it was the effect of an extremely distinct sensation that ‘i am the/ only person/alive,’ ‘i have not learned enough,’ and ‘i can feel the universe/ expanding and making things be further apart/ and it feels like a declarative sentence/ whose message is that we must try harder’  
(14-5)



Here, Lin provides a fairly nuanced account of what such maintaining conditions look like on the ground level. We can draw an inferential link between the problem behaviors and feelings here—the behavior, as we saw in *Richard Yates*, is the expression of feeling anger, frustration, or disappointment. But here, the behavior and corresponding feelings are rehearsed in direct relation to a motive: the “historical fact” that “you treat me more considerately” when those feelings are expressed. In other words, the feelings and behavior exist within a “cycle of birth and rebirth” set in motion by a desire to solicit a certain response out of the addressee.

## Chapter Four

### The Great Recession of Manic Depression

Early in “The Crack Up,” F. Scott Fitzgerald gives us a strikingly and proudly ambivalent claim that “The test of a first-rate intelligence is the ability to hold two opposing ideas in mind at the same time and still retain the ability to function. One should, for example, be able to see things are hopeless yet be determined to make them otherwise” ( Fitzgerald 2009, 69). The essay “The Crack Up” was written in 1936 during a crucial period of time in which he was still reeling in the criticism surrounding *Tender is the Night*, just two years after to the novel’s long awaited publication. Here we have an almost perfect metaphor for the novel’s publication itself: two out of sync versions of the same novel. But this ability to simultaneously hold two opposing ideas in one’s mind that Fitzgerald champions in “The Crack Up” equally might point us toward a method for reading Fitzgerald both here and in the novel that sits at the center of this essay, *Tender is the Night*. On the one hand, “The Crack Up” seems largely about Fitzgerald’s own psychological downward drift in the face of circumstance and internal pressures. On the other, it might be taken as a reflection on a sort of geopolitical “crack” that Fitzgerald bears witness to in the period immediately following the 1920s. However the penultimate paragraph of the essay is perhaps the most clear elucidation of how Fitzgerald understood the relationship between these two subjects:

My own happiness in the past often approached such an ecstasy that I could not share it with even the person dearest to me but had to walk it away in quiet streets and lanes with

only fragments of it to distill in little line books- and I think that my happiness, or talent for self-delusion or what you will, was an exception. It was not the natural thing but the unnatural- unnatural as the Boom; and my recent experience parallels the wave of despair that swept the nation when the Boom was over. (Fitzgerald 2009 84)

Here, Fitzgerald actually uses the stock market crash of 1929 and subsequent economic fallout in order to describe the trajectory of his own moods. In other words, he collapses his own affective states and the financial economy in one figurative stroke. It's worth pointing out here that there are two dominant and opposed moods here, and they are described in terms that mark them as extreme in intensity: "ecstasy" and "despair." These are obviously almost exact colloquial synonyms for the paired psychiatric categories of "mania" and "depression," and Fitzgerald's assessment of his own "self-deluded" states of elevation as both "an exception" and "unnatural" suggests that he understands his own experiences of ecstatic elevation as aberrant. But it's worth stressing that the "Boom" leading up to the stock market crash of 1929 is invoked as an explanatory mechanism for his own unnatural states of euphoria, suggesting that he equally sees periods of financial exuberance as anomalous and causally linked to the systematic despair which follows. Of course, a "Boom" such as the one leading up to the Great Depression has a synonym in the word "mania" and in marking this off as a Fitzgerald seems to implicitly voice an assumption that underpins a great deal of economic theory, namely the premise that economic agents are rational subjects acting from what they perceive to be rational motives.<sup>1</sup>

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<sup>1</sup> These terms are coined and elaborated on in Kindleberger, C., and R. Aliber. 2005. *Manias, Panics and Crashes: A History of Financial Crises*. Springer.

Given that the narrative in “The Crack Up” offers up fairly clear descriptions of some cardinal symptoms of manic-depression and also draws a final parallel between the experience of mood swings and the financial economy around the Great Depression, it’s worth turning to *Tender is the Night*- the final novel published during Fitzgerald’s lifetime- in order to see how these dynamics get bound up in psychiatric practice in the early decades of the twentieth century. That Fitzgerald draws the Against the grain of a dominant tendency to focus either on Dick Diver’s assessment of Nicole as schizophrenic or on Dick’s alcohol use in isolation from other factors that the novel describes,<sup>2</sup> *Tender is the Night* seems to offer up an occasion for thinking about the representational politics of manic-depression as it might be understood to manifest in Dick. Spanning the years between 1913 and 1930, *Tender is the Night* is set during a critical juncture in the historical development of psychiatry as a modern discipline, a moment that straddles the line between the formative explosion of psychoanalytic methods for assessing and treating neuroses and the gradual ascendancy of scientific approaches to categorizing and addressing mental illness. Bracketing the entire interwar period, Andrew Scull has termed this moment “a meaningful interlude” with an eye toward the clinical dominance of psychoanalysis’ hermeneutics of the unconscious (Scull 2015 322). However in spite of this dominance, psychoanalysis had its rivals and detractors, particularly in the British, Austrian, and German schools. However to risk simplification, the key debate which set the course for the modernization of psychiatry can be said to play out around two figures: Freud on the one hand, and Emil Kraepelin on the other. In other words, this was a period of intensive gestation for

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<sup>2</sup> Metzger, Charles Reid. 1989. *F. Scott Fitzgerald’s Psychiatric Novel: Nicole’s Case, Dick’s Case*.

modern psychiatry that took shape in a theoretical battle between psychoanalysis and scientific materialism.<sup>3</sup>

These are, as it turns out, the primary points of reference for Dick Diver's own psychiatric ambitions in *Tender is the Night*. William Blazek has recently argued that "the role of psychiatry in *Tender is the Night* is best understood as a critique of the profession as it evolved in the early twentieth century" (67). At its core, however, his reading is tenuously concerned with teasing out some moralistic repudiation of the psychiatric practice from the novel's depictions. That this entire project seems implicitly motivated by anti-psychiatry ideology can be seen from the statement that "we see in psychiatry the ways in which human community care was being replaced by science" (Blazek 72). Immediately we can see that this is a claim that fails to grasp the historical specificity of its object. While there are valid and useful criticisms to be made against practices or assumptions within the field of psychiatry, essentializing claims and blanket condemnations do very little aside from dismiss the very real suffering that drives patients to seek clinical care. What's more, as we will see below, is that much of the evidence that Blazek presents from the text oftentimes points more to a critique of alienation under capitalist imperatives than anything specifically dismissive about the rise of modern psychiatry.

Richard Godden has compellingly argued that Fitzgerald's novel can be understood historically as standing at a transitional economic juncture between a mode of accumulation and a mode of reproduction signaled by the advent of Fordist organizations of labor.<sup>4</sup> To extend upon

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<sup>3</sup> Recall that Freud abandoned an early effort to link psychic experiences with neurological factors in his 1895 *Project for a Scientific Psychology* only to return to the effort in similarly vexed terms with his 1920 *Beyond the Pleasure Principle*

<sup>4</sup> Godden, Richard. 1990. *Fictions of Capital: The American Novel from James to Mailer*. Cambridge University Press.

this notion, the object of the critical intervention that the novel seems to be making around movements of capital seems to be located in the effects of an oscillation between, on the one hand, what Marx (and later David Harvey) refer to as “overaccumulation”<sup>5</sup> and, on the other, what Ernest Mandel describes as “contracted reproduction.”<sup>6</sup> From these two concepts, a theory of economic crisis appears, though in the wake of a period of apparent opulence. Turning first to an examination this accumulation cycle, we can ultimately see how the depictions of wealth in the novel are ultimately epiphenomenal to these larger workings of the capitalist economy. From there, we will turn to the novel’s depiction of both psychiatry and mental illness to overturn a dominant strain of criticism that either writes off psychiatric interventions or that overlooks Dick’s undulating moods to focus on Nicole. Perhaps controversially, this will comprise an effort to depathologize Nicole somewhat, following Kaethe Gregorovius’ belief that she is “less sick than anyone thinks” (269) though with an equal sensitivity to the trauma of her sexual abuse at the hands of her incestuous father, to focus instead on the character of Dick as manic-depressive. Criticism on the depiction of mental illness in the novel has generally accepted the framework of pathology and clinical care that the novel provides on a surface level, meaning that Nicole’s diagnosis is generally taken as a fact. This tendency, however, has unfortunately ignored the gendered nature of this diagnostic framework. Finally, a turn to these two intersecting concerns in *Tender is the Night*- the advent of modern psychiatry and the fluctuating logic of capitalist reproduction- will reveal a complex interdependence between the two, but not terms of a blanket condemnation against psychiatry. That manic-depression never gets named in the novel might be

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<sup>5</sup> Marx, Karl, and Ernest Mandel. 1993. *Capital: A Critique of Political Economy, Vol. 3*. Translated by David Fernbach. Reissue edition. New York, N.Y., U.S.A: Penguin Classics. P. 349-376

<sup>6</sup> Mandel, Ernest. 2008. *Marxist Economic Theory Volume 1*. Aakar Books. P 331-2

taken as symptomatic of its position within economic history: the vacillating accumulation scales work to occlude the clinician's ability to pathologize behavior associated with vacillating mood swings. Manic-depression is thus the condition of the novel, in its double existence, that reflects both economic and, in many cases, psychic standards and limits. It is both ubiquitous and imperceptible, with the economic and the personal registers of manic-depressive symptoms feeding into one another to the point of naturalization.

## II.) "A Rich Man After a Disastrous Orgy:" Accumulation and its Discontents

In their *Reader's Companion*, Matthew Bruccoli and Judith Baughman discuss the editorial complications surrounding the (re)construction of a timeline of events as they are presented in *Tender is the Night* for the sake of readability. Among these challenges is the question of how to deal with "the blurred time-scheme from summer 1925 to summer 1929," whereby editors are faced with a dilemma over whether "to retain the years that Fitzgerald stipulates (1925 and 1928) in the first edition, emending the intervening of elapsed time, or to emend the year 1928 to 1929 in the Rome sequence" (187). Pointing out that this issue bears down on actual interpretive questions beyond mere mathematical continuity, they ultimately stress that "whether Diver's departure occurs before or after the October 1929 stock-market crash shapes the concluding moods of the novel" ( Bruccoli and Baughman 187). Both the wording and the claim of this sentence is highly astute, as is the assertion that it is unlikely that Fitzgerald was indifferent to the crash in thinking about the ending of this novel (as the concluding passage from "The Crack-

Up” makes clear, along with Bruccoli and Baughman’s mention of “Babylon Revisited”).<sup>7</sup> The question of how this economic concern figures into the novel has been fruitfully taken up by Richard Godden, who argues that “the novel’s psychiatric vocabulary operates primarily as a metaphor whose subject is the relocation of accumulations” (104). Psychiatric language is, in other words, understood here as both an effect of and lens onto a larger economic reality that can be said to happen around the accumulation process. To momentarily put off a discussion of psychiatry in the novel, it’s worth first examining how accumulation cycles form a kind of unconscious for the text.

Early in the novel, a dinner party at the home of Dick and Nicole ends with an altercation between Albert McKisco and Tommy Barban. McKisco, a self described “socialist” (43) is arguing with Barban, a professional mercenary soldier from France who claims “My business is to kill people” (43). It’s worth stressing that Tommy is neither a soldier for the French state, nor is his killing business sanctioned by any government: he is a soldier whose business is carried out in the name of capital. Barban seems to revel in the exchange, and he openly taunts McKisco, claiming that he has “fought the Communists because they want to take my property away” (43) to which McKisco replies “Of all the narrow-minded excuses” (43). What’s interesting here is that McKisco, a figure who, though unlikable, is openly antagonistic to capitalism, ultimately ends up becoming a successful author on precisely the grounds of borrowed property. Upon running into McKisco on a ship back to Europe, Dick learns that

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<sup>7</sup> It’s worth observing that “Babylon Revisited,” a short story that is entirely about the effects of the 1929 stock-market crash, begins with the protagonist learning that a friend of his has gone to a Swiss sanatorium.



His novels were pastiches of the work of the best people of his time, a feat not to be disparaged, and in addition he possessed a gift for softening and debasing what he borrowed, so that many readers were charmed by the ease with which they could follow him. (235)

Here, Fitzgerald's narrator makes a move of blurring the lines between the literary and the economic through a clever play of words. Not only is McKisco's literary work described as a "pastiche" of other authors, it is equally and crucially a "debased" form of "borrowed" authorship: it's first the bearer of a form of debt that exists without the instrument of credit. But the second clause here is more explicitly economic in granting it the agency in an exercise of "debasement." In the history of currency, debasement describes the process of extracting precious metals from the alloy of coinage, thereby devaluing that currency. Debasement also carries a metaphorical weight in the history of financial markets, where currency devaluation is oftentimes deployed in order to halt deflationary spirals- as was a global tactic in the 1930s to confront the worldwide economic depression that exploded with the Wall Street crash of October, 1929. Debasement also famously occurred in Weimar Germany during and after the First World War in the form of extreme hyperinflation as the mark was increasingly devalued in the face of high war debts and a decision to suspend the gold standard at the start of the war.

These economic histories directly bear down on the novel. That this encounter between Dick and Albert McKisco takes place in the Spring of 1928 is no small detail, though it's Dick's locations in the early months of 1928 that seem particularly relevant from an economic point of view. Dick begins 1928 in Munich, just months after Nicole's purported breakdown at the Ägeri

Fair (a scene to which we will return below). Though Black Friday on October 29, 1929 is oftentimes indicated as the signal event which catalyzed the Great Depression domestically, the European economy was a bit ahead of schedule with recessions happening in many countries over a year before the Wall Street crash. As Chris Harman notes, “Condition were worst in Germany, the world’s second biggest industrial economy, which began experiencing an economic downturn in 1928” (148). Weimar Germany was hit with back-to-back economic crises, first with the postwar period of hyperinflation between 1918 and 1924, then with the slump in 1928 that lead Germany into its own depression. As Rosemary H.T. O’Kane notes “[between] 1928 and 1932 exports were cut by more than half, and the export crisis not only was accompanied by overproduction, but also coincided with a severe crisis in agriculture” (110). This is, in other words, a crisis of accumulation, as Marx points out that the overproduction of both capital and commodities is merely a manifestation of overaccumulation.<sup>8</sup>

To be sure, Godden’s reading of an allegorical undulation between accumulation and reproduction at work in the representational structure of *Tender is the Night* is highly relevant, but it’s worth pausing on Dick’s trip to Munich for the sake of unpacking the terms here from a historical frame of reference in order to see more clearly how these processes play out both in and around the novel. Aside from Godden’s much more thorough reading, accumulation is elsewhere associated with the novel on a more formal level. In a brief discussion about the two variant editions of *Tender is the Night*, Slavoj Žižek examines this dual form in terms of the interpretive gap they open up, where

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<sup>8</sup> See Marx *Capital III* P. 359: “Over-production of capital, not of individual commodities — although over-production of capital always includes over-production of commodities — is therefore simply over-accumulation of capital.”

what we encounter here is the parallax function at its purest: the gap between the two versions is irreducible, it is the “truth” of both of them, the traumatic core around which they circulate; there is no way to resolve the tension, to find a “proper” solution. What at first looks like a merely formal narrative deadlock (how, in what order, to tell the story) is thus symptomatic of a more radical deadlock that pertains to the social content itself. Fitzgerald’s narrative failure and his oscillation between the two versions tells us something about social reality itself, about a certain gap that is *stricto sensu* a fundamental social fact. (19)

Žižek’s point here stems from a larger effort to deploy Lacan’s *l’objet petit a* as a metric for understanding the logic of minimal difference as it exists as a structuring social fact. More precisely, the overarching purpose here is to demonstrate how this gap of minimal difference opened by the two editions of *Tender is the Night* functions as an absent cause for the narrative failure in each version to complete the other versions’ lacunae, a failure, in other words, of mutual alignment. The social fact he invokes is identified with the alienating gaze of pure alterity, constituted by the unresolvable incongruence between multiple subjective positions. However Žižek also alludes to a different social fact as well in describing how the flashback to Dick and Nicole’s wedding “is a retroactive fantasy, a kind of narrative version of what, in the history of capitalism functions as the myth of ‘primordial accumulation’” (19). Primordial or ‘primitive’ accumulation, according to Marx, is a myth within classical political economy that describes a fantasmatic and meritocratic process in pre-capitalist contexts whereby some workers

slowly build up a reserve of wealth until they are able to employ and pay wages to other, less dutiful workers. Marx rejects this idea, stressing that “the so-called primitive accumulation, therefore, is nothing else than the historical process of divorcing the producer from the means of production” (*Capital I* 874-5).

The comparison is fair insofar as both the flashback and the fiction of primordial accumulation can be understood as constitutive of larger fantasies in their function as foundational myths. But what Žižek overlooks here is that capitalist accumulation cycles enter the novel at the figurative level as well. The decades in which *Tender is the Night* takes place are bookended by a historically significant economic spikes and downfalls taking place around larger cycles of capitalist accumulation. Accumulation refers to the process whereby surplus value realized in the form of profit gets reinvested into capital assets, thereby increasing the quantity of capital circulating within the economy. In *Volume II* of *Capital*, Marx describes two forms of economic reproduction: a “simple” reproduction whereby surplus values created within production are exhausted in the form of consumption by capitalists in the form of luxury items and by the working class as means of subsistence (*Capital II* 468). This is not yet accumulation, since surplus-values are merely consumed without being realized as capital. Reproduction “on an expanded scale” provides the conditions of capital accumulation, and ultimately describes a situation in Marx’s terms “where the expansion of production is conditioned by the transformation of surplus-value into extra capital, and therefore by the expanded capital basis of production” (*Capital II* 577). Expanded accumulation occurs when reinvested surplus value

generates further capital through the acquisition and deployment of constant and variable capital.<sup>9</sup>

However Marx will ultimately show that expanding the scale of accumulation too far can lead to a state of crisis in the whereby capitalists achieve a rate of profit which exceeds the availability of profitable investments, and productive machinery has created efficiency conditions that increasingly force workers into unemployment, thereby lowering that rate of profit in the long term. For this process he uses the term “over-accumulation,” a term that describes a condition wherein surplus capital is produced to the point of a massive devaluation of existing capital to a degree where the production of new capital-value can only be valorized at lower rates of profit as an excessive amount of produced goods confronts increasingly higher levels of unemployment and austerity (*Capital III* 360).<sup>10</sup> David Harvey has extrapolated from this argument to observe that “the tendency of overaccumulation can never be eliminated under capitalism. It is a never-ending and eternal problem for any capitalist mode of production” (181).

<sup>11</sup> This sort of lurching crisis, as we will see in what follows, is one of the economic poles around which *Tender is the Night* is structured, as a flood of epiphenomenal wealth finds itself increasingly in peril and a rise in relative surplus populations threatens to explode.

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<sup>9</sup> In Marx’s terminology, “constant capital” refers to capital invested in means of production while “variable capital” refers to capital invested in productive labor power. The ratio of constant to variable capital, or the specific relationship that exists between human labor and productive machinery at any given moment, is termed the organic composition of capital [OCC]. The specific function of OCC within capitalism is to determine efficiency and productivity outputs, though as we will see, a higher OCC ratio is oftentimes a harbinger of crisis.

<sup>10</sup> This is elaborated further on Marx *Capital III*. P. 360

<sup>11</sup> See Harvey, David. 1992. *The Condition of Postmodernity: An Enquiry into the Origins of Cultural Change*. Wiley. P. 181

Overaccumulation might therefore be understood as the capitalist system generating conditions that will eventually find it crumbling under the weight of capital itself.

Returning to the novel, Dick's trip to Germany begins with a fantasy on the airplane to Munich from Zürich. He has told his partner from the clinic Franz that he is planning on attending the Psychiatric Congress in Berlin, but we learn on the plane that "He had no intention of attending so much as a single session of the congress- he could imagine it well enough" (221). The details of his imagined vision of the conference offer up a virtual catalogue of this particular moment of psychiatric history and therefore will be bracketed aside for the more thorough discussion of this topic below, but for the time being it's worth examining the final moment of this fantasy as it involves an explicit semantic blurring of psychiatry and accumulation.

Envisioning the American faction, Dick understands their motives for attending as being partially an effort of social climbing within the profession and "partly to master novel sophistries that they could weave into their stock in trade, to the infinite confusion of all values" (222). Here we have a fairly straightforward use of market terminology to describe a particular and historically specific form of clinical labor, and one that gestures to the same processes of overaccumulation described above: the "stock in trade" can refer to both the means required to run a particular business and the purchasing and sale of securities on financial markets for the sake of making profitable returns. The later meaning might seem inapplicable in this context, but the final clause describing "the infinite confusion of all values" equally invites a dual reading of "values" as both professional ethics and a condition of capital. In fact, the "novel sophistries" woven into the stock would equally extend into a metaphorical commentary on the state of capitalist markets, as the language points to an overcrowding of the market with valueless commodities. This

overcrowding. The surrounding description of the imagined convention in which this description is embedded signals a major glut in psychiatric approaches, and the imagined conclusion to the congress projects even more reproduction where “the Americans would play their trump card, the announcement of colossal gifts and endowments, of great new plants and training schools, and in the presence of the figures the Europeans would blanch and walk timidly” (222). Note that the description of clinics as “plants,” a convention which appears three other times in the novel as we will see momentarily, figures them in factory-like terms.

Dick is thus symbolically looking to avoid an overcrowded and contradictory capitalist marketplace in Germany, at a moment in history when its productive capacity was far exceeding either trade or domestic demand. To avoid the implicit Keynesian reading here, this interpretation would therefore point to a crisis state of overaccumulation, as David Harvey notes that “a generalized condition of overaccumulation would be indicated by idle productive capacity, a glut of commodities and an excess of inventories, surplus money capital (perhaps held as hoards), and high unemployment” (181). While it’s hard to see the high unemployment and surplus money capital here just yet, it may help to summarize Harvey’s description here as a surplus of capital confronting a dearth of available outlets for productive capital consumption: Dick’s vision is not that of a crowded psychiatric congress exchanging debates about professional theories or methods, it’s rather of an overcrowded auction hall that concludes with a successful promissory bid of new capital assets (“plants” and “schools) along with “colossal gifts and endowments.” There is nothing to suggest that these assets will be matched with an existing demand, and the fact that Dick ultimately flees the profession at the novel’s end is perhaps as much the fault of a decline in profitability as it is a consequence for his own lapses in professional conduct.

What's more, as it turns out, is that the chapter describing Dick's airplane ride from Zürich to Munich actually contains another gesture toward an earlier cycle of overaccumulation and economic contraction, but one that offers to illuminate the situation at present. Before turning to this moment, it's worth pausing to describe another stage in the economic crisis under discussion. As a result of the aforementioned tendencies of overaccumulation, Ernest Mandel defines a category of contracted reproduction wherein "for various reasons the capitalists are unable to renew the constant capital used up and that the wages paid out do not enable the producers completely to reconstitute their labour-power" (331). Under conditions of contracted reproduction, there is a consistent downward spiral of productive activity, which takes place on a smaller and smaller scale as many firms go under and others continue to operate at a loss. Accordingly, rates of profit decline, investment rates plummet, and unemployment rises. To be sure, Mandel notes that under conditions of contracted reproduction, "it is not the decline in the amount produced but in its *value* that brings about the break in continuity, the economic crisis" (332).<sup>12</sup> If overaccumulation describes the expansion of capital beyond the point of further profitability, contracted reproduction entails the unprofitable absorption of capital firms by larger firms and a shrinking of available capital.

Upon concluding his mid-flight fantasy of the professional congress he plans to skip, Dick's solitude is interrupted by another passenger of English nationality who is looking to borrow his magazines. Dick feels an immediate sense of recoil, owing to a belief that "England was like a rich man after a disastrous orgy who makes up to the household by chatting with them individually, when it is obvious to them that he is only trying to get back his self-respect in order

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<sup>12</sup> Mandel 2008. P 332. Emphasis in original.



to usurp his former power” (222). Though obfuscating in many ways, this description of England as a “rich man after a disastrous orgy” seems ultimately to refer to the loss of British world economic hegemony in the aftermath of the First World War, a hegemony that historically saw its rivals in Germany and the US. In *The Long Twentieth Century* Giovanni Arrighi has defined economic hegemony in terms of the capability for a single state to dominate over sovereign states, and has argued for the historical existence of four successive cycles of hegemonic accumulation.<sup>13</sup> Arrighi classifies these cycles in terms of their centers of accumulation which are: a medieval, pre-capitalist Italian interstate banking system dominated by the Genoese; a Dutch trade empire emerging after the Peace of Westphalia in 1648; a British form of free trade imperialism; and finally, a US centered form of free trade that is characterized by a successful internalization of transaction costs. The scene here thus involves an American doctor flying to Germany while feeling “antipathetic” (222) toward England, figuring the exact nations that were most competitively involved in an effort to achieve rising economic hegemony in the wake of English decline.

As a manner of transitioning into a more thorough account of how the novel co-implicates psychiatric and economic figurations, it’s worth looking at how these patterns of accumulation and contraction play out on a more personal register. While the next section will develop the implications of this co-implication between the financial and the psychiatric, it’s worth stressing that no small amount of financial activity happens on a more intimate scale throughout *Tender is the Night*. Right after Dick learns about the death of his friend Abe North in

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<sup>13</sup> See Arrighi, Giovanni. 2010. *The Long Twentieth Century: Money, Power and the Origins of Our Times*. New and Updated Edition edition. London ; New York: Verso.

Munich, the anti-communist mercenary Tommy Barban tells him that he is “waiting for a tailor to finish some suits so we can get to Paris. I’m going into stock-broking and they wouldn’t take me if I showed up like this. Everybody in your country is making millions” (227). Here, Tommy hopes to capitalize off of the stateside market boom in some capacity, trading in his paramilitary mercenary wardrobe for some tailored suits. But it’s equally worth observing that Tommy misidentifies the acquisition of material commodities- tailored suits- with a successful bid in immaterial securities on the stock exchange: the implication here is that Tommy is simply trying to rush his way into a boom market without much understanding of its complexities. Tommy is, in other words, trying to seamlessly pivot from war profiteering into profiting off of stocks: a self described professional killer evolving into a broker at a critical moment of global overconfidence in the sustainability of markets. Toward the end of the novel, Tommy reveals that he “got tired of the brokerage business and went away. But I have good stocks in the hands of friends who are holding it for me. All is well” (307). This line has been read by Brucoli as indicative of an implied chronology that finds the novel wrapping up in July, 1929, suggesting “the unexpressed idea that this new breed of new-rich Riviera people have less than four months of paper profit left” (214).<sup>14</sup> That the October 29, 1929 stock crash is still on the immanent horizon by the novel’s end is revealing, as characters nestle themselves with only the anticipation of more happy and financially secure futures.

As we will see in what follows, the undulations of the world economy are paired with a different sort of vacillation, and one that bears down immediately on the site of psychiatry in the novel and, indeed, in the character of Dick himself. Dick, along with his friend Abe North to

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<sup>14</sup> Quoted from Brucoli, Matthew J. 1963. *The Composition of Tender Is the Night*. University of Pittsburgh Press. P. 214

more tragic ends, are the bearers of an unremarked upon form of internal instability that might be taken as symptomatic of manic-depression. One clever feature of the novel is the sudden swapping of positions that takes place between Dick and Nicole: Dick, the psychiatric doctor and figure of balanced rationality early in the novel, swaps roles with Nicole, the supposedly schizophrenic victim of paternal incest, which can be seen in his downward spiral into drinking. In order to purposefully see Dick as manic-depressive, it's worth first turning to an examination of how the novel speaks directly to historical transformations in the discipline of psychiatry, with an eye to grounding it within the economic history detailed above. Doing so will reveal something other than a conspiracy theory that sanctions an outright rejection of the psychiatric profession as opaque and hegemonic, as the overly flattening accounts that do dismiss this suffering from an improperly materialistic framework: one can be critical of psychiatry, and even recognize the use of ironic figurations in literary narratives like *Tender is the Night*, without writing off patients as victims of some ongoing professional farce. Accounts like Blazek's are deeply misguided on their own terms, too: that psychiatry is undergoing a major historical overhaul around emerging scientific conceptions at precisely the historical juncture that the novel encompasses does not mean that the novel is wholesale condemning psychiatry. What thus emerges is merely a portrait of psychiatry, but a portrait that is framed by all of its contradictions and competing methods as psychiatry is taking on its modern form. But this is also a portrait that ultimately frames the modernization of psychiatry and the development of novel clinical categories in direct relation to the market features described above: we have, in other words, several materialisms working through and against one another.

### **III.) “One of his Most Characteristic Moods Was Upon Him:” Manic Depressive Psychosis and the Psychiatric Boom in *Tender is the Night***

To reiterate, my purpose here is not to champion some deeply misguided rejection of psychiatry or its efforts to categorize and treat disorders, even in teasing out the terms of the novel’s critique. Against a dominant tendency in critical culture to acquiesce to extremely lazy and dangerously misinformed anti-psychiatric conclusions, which occupy the same conspiratorial space in culture as anti-vaccination theories, the reality of mental illness is not under debate here, although the locus and cause will be, particularly where the novel is concerned. A few preliminary remarks to establish how the novel is, and isn’t, critically intervening in the discipline. First and foremost, the character of Dick is often read in a far too sympathetic manner, which could form the basis of a reading that sees the novel as reactionary or dismissive with respect to psychiatry. To be clear, Dick is revealed to be a thoroughly bad psychiatrist: he sleeps with and marries his patient Nicole, he shows up to work drunk and attempts to treat another alcoholic patient, and he seems, by the end of his practice, to be absent more often than not from the affairs of the clinic- to say nothing of his sexual fantasies of underage girls. However the other psychiatrists associated with the clinic don’t overtly share these faults, though Dick seems to think he is ultimately escaping a troubling environment when he pulls Nicole’s money out of the clinic and reveals “he had long felt the ethics of his profession dissolving into a lifeless mass” (288). It’s important, before rushing to the conclusion that the novel is dismissing

psychiatry wholesale in this moment, to first consider the simple fact that Dick is incapable of seeing his own unethical behavior as problematic in both a professional and a personal context.

Moreover, a claim of anti-psychiatry can be seen to take hold in the form of a social critique. William Blazek's otherwise good point that "Psychiatric treatment is shown in the novel to be an indulgence of the rich" is unfortunately paired with a leap of logic that projects this detail as an interpretive lens on the novel's depiction of psychiatry to the detriment of the claim itself, and to the detriment of the complexity of critique (71-2). Tellingly, nowhere is his argument that concerned with teasing out the economic side of this depicted relationship between wealth and psychiatry, perhaps owing to his Foucauldian leanings. But this side is actually crucial for understanding the novel's broader investment in interwar psychiatry, an investment that cuts across the economic and the psychic and reveals them as inextricably paired. What couples these two materialist determinants, ultimately, is the category of manic-depressive illness: a modernist diagnostic category that describes sustained cycles of antithetical but extreme mood states.

This is not to minimize either the disabilities or the dangers inherent within the illness in question, nor is it an effort to imply that the pathological experience of manic-depression/bipolar disorder is entirely structured by financial markets. Rather, by drawing out the formal and logical similarities between the two, we can see how the described alternations of both mood and markets bear down on larger scenes of structural crisis. From the onset we can see how even the term "manic-depression" already seems to indicate some kind of entanglement between markets and mood, as both "mania" and "depression" operate dually as psychological and financial terms: mania is oftentimes invoked to describe periods of intense speculation over hugely inflated asset prices, whereas a depression describes a comprehensive long-term period of

decline in economic activity. Financial manias are largely synonymous with what we now conventionally think of as speculative bubbles, but occur precisely in moments of overaccumulation. Remarking on the relationship between crises of accumulation and the turn to financial channels of investment, John Bellamy Foster has argued that “financialization is merely a way of compensating for the underlying disease affecting capital accumulation itself.”<sup>15</sup> Giovanni Arrighi equally stresses that “material expansions eventually lead to an overaccumulation of capital, which in turn [...] consolidates what we may call the ‘supply’ conditions of financial expansions” (373). On the other hand, periods of economic depression- like the Great Depression, the immanent fate of capital that the novel places on the near horizon of its departure- are rather cemented into public consciousness as spans of time that see widespread downturns in market confidence, trade, profitability, employment, and available credit. This carries a symptom of contracted reproduction, as production continues but investment falls. But it’s worth noting that both tendencies, mania and depression, are both inherent to the logic of capital, and just as in the clinical sense remain bound to one another like two sides of a coin.

What do we take from the fact that these terms have a history that finds them enjoined to each other both within the language of financial capital and within clinical psychiatry? On the one hand, as Emily Martin points out citing Paul Samuelson, both usage contexts reflect a central concern with assessing mood (236). But here it should be worth noting that in clinical contexts it is *individuals* who are understood to be the bearers of either mania or depression whereas in the

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<sup>15</sup> Foster, John Bellamy. “The Financialization of Capital and the Crisis.” Monthly Review (blog), April 1, 2008. <https://monthlyreview.org/2008/04/01/the-financialization-of-capital-and-the-crisis/>. Accessed 11/1/2017

context of finance a “speculative mania” is generally understood to be a systematic phenomenon that either directly bears down on markets or is diffused among a nameless and numberless horde of investors- hence the practical interchangeability between a market “mania” and a market “bubble.” However even with this in mind, Martin’s point that “the connection between mania and the market is more than metaphorical” seems worth preserving, though with some amount of supplementation (249). Martin defends this claim by making recourse to Raymond Williams’s theory of “structures of feeling,” arguing that financial and clinical manias are jointly marked by a perception of “inevitability” where both mood and market are expected to rise and fall, and this expectation galvanizes certain actions or behaviors. While this seems fair on one level, on another it seems to be lacking a material grounding under this formulation, though Martin does eventually and usefully speculate that neoliberal relaxations on market regulations have carried over into these structures of feeling, even if the neoliberal turn she describes begins in the 1980s, when “manic-depression” was starting to get phased out of clinical discourse in favor of “bipolar disorder.”<sup>16</sup>

But what of the fact that “manic depression” is only sparingly named in *Tender is the Night* in any sense? The economic reading revealed that the terms “mania” and “depression” can easily be situated with respect to the systematic cycles of accumulation that the novel spans. Moreover, it’s worth again observing that Fitzgerald drew a rather forceful link to his own moods and the massive economic fluctuations that took place around the Great Depression, even if this

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<sup>16</sup> Many patient-advocates including both Martin and Jamison continue to use the label “manic-depression” to describe their illness, citing advantages in its specificity that “bipolar” fails to capture. Interestingly, both Jamison and Martin fall under the diagnostic description of Bipolar I which is characterized by more severe mood episodes including at least one fully developed manic episode (as opposed to the less intense hypomanic episodes associated with Bipolar II).

is insufficient evidence for anything that *Tender is the Night* can be seen to depict. But if the purpose in employing manic depression as a concept in the name of a more symptomatic reading, the imperatives shift away from simple burden-of-proof demonstration and into a more purposeful interrogation of the underlying logics that structure the text's apparent sites of engagement. It quite frankly doesn't matter whether or not Dick is actually manic-depressive in the end, as the point in reading him as such is to probe into the historical substratum of both medical and cultural understandings of psychiatric categories at a moment when these categories were themselves tentatively theorized and hotly debated.

It's worth turning first to the novel's depictions of the psychiatric discipline, since this was the exact context in which "manic-depressive insanity" historically appeared and took hold. Before getting to this point, it's worth observing that psychiatry at this moment in history was divided between several competing schools of theory and practice, and the novel depicts this culture of debate in fairly accurate terms. In examining the novel's depictions of psychiatry, one finds that it provides a fairly accurate overview of the major figures and dominant ideologies which defined the interwar period. Moreover, by framing this history against the backdrop of the economic tendencies described above, the novel can be understood to delineate a complex materialism that finds money and mental health deeply intertwined. To start with Dick's own beginnings in the practice of psychiatry in 1917, there are several clues that help locate the particular features of the discipline at this time. In the flashback to 1917 at the start of Book II of the 1934 edition of *Tender is the Night*, the reader gets a bit of background on Dick's rise to eminence within the field of psychiatry. Dick, we learn, was a Rhodes Scholar at Oxford before taking his degree at Johns Hopkins, and attained enough of a status as a "valuable" "capital



investment” (133) so as to altogether skip over any military obligations during the First World War. This is the pretext under which he is in Zürich in 1917, shortly after he makes an effort to contact Freud in Vienna under a belief that he would eventually “succumb to an aeroplane bomb” (134). Ordered by his local war board to finish his studies in Zürich, Dick is thus able to avoid the extremely rigid US conscription by virtue of his status and promise as a psychiatrist. His exemption from the draft is likely equal parts class based, as conscription was overwhelmingly carried out on poorer communities, and owing to his intended occupation- individuals in roles that were deemed “essential” were generally exempted from military service.

On this latter point, it’s worth noting that psychiatry here is apparently valued by the wartime government, perhaps owing to the reports of European veterans returning from the war in a state of shell-shock. Wartime trauma, in fact, seems to be a catalyst within the history of psychiatry: one can see a veritable race to classify, understand, and successfully treat shell shock unfolding between competing schools, as Governments rapidly sought to deny the existence of such a condition. We can see the signature of one such approach in Dick’s rush to get to Freud, who did not ultimately succumb to a bomb in the First World War, and in fact enjoyed something of an upsurge in prominence immediately thereafter. As Andrew Scull notes, “in the two decades after the armistice in 1918 psychoanalysis flourished as never before, particularly in the German-speaking parts of Europe. These were difficult times economically” (324). But outside of his 1920 *Beyond the Pleasure Principle* and a few brief letters, Freud actually had very little to say about the condition of shell-shock. Moreover, as Scull points out in passing, Freudian psychoanalysis was almost never utilized in the treatment of shell-shock, and many European governments discouraged it outright: a 1922 report on shell-shock commissioned by the British

state explicitly states that the investigators “do not recommend psycho-analysis in the Freudian sense.”<sup>17</sup>

Nevertheless, Freud’s ideas, around shell-shock and otherwise, were widely influential. To a host of people who likely never underwent psychoanalytic treatment, Freud provided a wholly novel understanding of inner experience based around an idiosyncratic framework that saw a structural logic at work in an embedded psychic tension between conscious experience and a play of unconscious and repressed energies, traumatic breaks, and competing drives. Freud’s system, moreover, depended on a theory of neuroses, rather than psychoses: although he acknowledged the latter and tried to subsume it under his own taxonomy, he dealt almost exclusively with neuroses at the level of theory and clinical practice. A neurosis, in Freud’s early understanding, manifests as a result of some repressed traumatic content reappearing in the form of psychosomatic symptoms,<sup>18</sup> though he later revises this theory to fit his topographical framework wherein neuroses are the “result of a conflict between the ego and its id.”<sup>19</sup> This framework has been adopted by a number of critics of *Tender is the Night* who have either read the novel through a psychoanalytic lens in some capacity or posit psychoanalysis metonymically as a stand in for the entire field of psychiatry. While this latter tendency is understandable given the close proximity between psychoanalysis and literary scholarship since Freud himself, it is equally flattening and comes at the expense of a fuller account of the complexity that the novel

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<sup>17</sup> See Great Britain War Office Committee of Enquiry into, Anthony Richards, and Imperial War Museum (Great Britain). 1922. *Report of the War Office Committee of Enquiry Into “Shell-Shock”* (cmd. 1734): Featuring a New Historical Essay on Shell Shock. Imperial War Museum. P. 192

<sup>18</sup> Freud, S. 1896. “Further Remarks on the Neuro-Psychoses of Defence.” *The Standard Edition of the Complete Psychological Works of Sigmund Freud Volume III (1893-1899): Early Psycho-Analytic Publications*,. P. 172

<sup>19</sup>Freud, S. 1924. “Neurosis and Psychosis.” *The Standard Edition of the Complete Psychological Works of Sigmund Freud Volume XIX (1923-1925): The Ego and the Id and Other Works*,. P. 149

lends to this moment in psychiatric history. The former tendency remains valuable insofar as psychoanalysis might be understood to provide a link between the literary language that the novel deploys and larger concerns that the novel takes up, since much of psychoanalytic treatment depends upon interpretive interventions into symptoms that manifest at the level of language.

But there are indeed other forms of psychiatric intervention hinted at in the novel, forms that speak meaningfully to the modernization of psychiatry. When Dick returns to Zürich in 1919, he immediately goes to visit Franz Gregorovious at Dr. Dohmler's clinic, where we learn that Franz

had a dark and magnificent aspect of Cagliostro about him, contrasted with holy eyes; he was the third of the Gregoroviuses—his grandfather had instructed Kraepelin when psychiatry was just emerging from the darkness of all time. In personality he was proud, fiery, and sheeplike—he fancied himself as a hypnotist. If the original genius of the family had grown a little tired, Franz would without doubt become a fine clinician. (137)

Here, two names are mentioned as a means of characterizing Franz: Cagliostro, which refers to Count Alessandro di Cagliostro, and Kraepelin, which is a reference to Emil Kraepelin. The pairing of these names is significant: Alessandro di Cagliostro was an 18th century alchemist and magician who earned the posthumous distinction “Prince of Quacks” from Thomas Carlyle, owing to his increasingly tarnished reputation in European courts and eventual life imprisonment

under the Inquisition.<sup>20</sup> Emil Kraepelin, on the other hand, was a pivotal figure in the theoretical formation of a biological or genetic basis for mental illness, contra Freud's trauma and repression based paradigm. The reference to a time "when psychiatry was emerging from the darkness of all time" likely refers to the fact that Kraepelin was a major impetus for the modernization of psychiatry by attempting to ground it in a scientific framework. One can read the coupling of these figures in the description of Franz a number of ways, but there seems to be an implied tension that finds Franz, the self-styled "hypnotist" pathologist, risking a deterioration into charlatan practices against a family history that can claim a role in the Kraepelinian effort to orient psychiatry into an evidence based paradigm. It's tempting, moreover, to read the associations with charlatanism here as veiled swipes at Freudian psychoanalysis, as Freud's ideas were met with hostility among much of the scientific mainstream of the time.

Dick, it should be noted, seems to want to synthesize these two strains of the profession-materialist and psychoanalytic- as the title of his first textbook *A Psychology for Psychiatrists* implies. But ultimately he abandons further revision, elaboration, or continuation of this book, ultimately growing "uneasy about the thing" (190). Here, it's worth pointing out that Fitzgerald himself also planned to hold a stake in this methodological debate with *Tender is the Night*. In a note about Nicole's character Fitzgerald writes: "Must avoid Faulkner attitude and not end with a novelized Krafft-Ebing--better Ophelia and her flowers."<sup>21</sup> Richard Krafft-Ebing's 1886 *Psychopathia Sexualis* provided the earliest clinical taxonomy of sexual deviance through 238 case studies and is often framed as a catalyst for the modernization of psychiatry. Although they

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<sup>20</sup> See Carlyle, Thomas. 1833. "Count Cagliostro". *Frazer's Magazine*, July/August, 23-83.

<sup>21</sup> Quoted in Brucoli, Matthew Joseph, and Judith S. Baughman. 1996. *Reader's Companion to F. Scott Fitzgerald's Tender Is the Night*. University of South Carolina Press. P 17

shared an interest in the relationship between sexuality and psychological distress, Krafft-Ebing looked at Freud's ideas with great suspicion, calling them "scientific fairy tales."<sup>22</sup> To avoid treating Nicole as a sexual deviant Fitzgerald thus drafted her character in *Tender* around explicit Shakespearian cues that point to suicide, but the novel doesn't seem to be invested in depicting Nicole as a tragic victim through and through, only when she is under Dick's authority and with respect to her incestuous rape: in other words, when she is under the authority of men who are otherwise indifferent to her autonomy. Christian K Messenger has recently called attention to some letters Fitzgerald wrote concerning Zelda's difficulties with eczema, from which he reads a "theory of 'tocsins' and 'nerves' fostering eczema [that] is rooted in an explanation of affect" (114). The preference for Ophelia over Faulkner seems actually rooted in a more materialist and embodied understanding of mental illness, against what could easily be read as a proto-psychoanalytic dominance in the work of Krafft-Ebing. While Fitzgerald dismissed in Faulkner's *Sanctuary* what he likely took to be an explanation for violence that was ultimately rooted in deviant sexual urges, it's worth noting that Krafft-Ebing saw himself as a materialist, as his objectionable theory of male homosexuality as the expression of defective genes makes clear.<sup>23</sup>

If Fitzgerald didn't want to write a novelistic version of *Psychopathia Sexualis*, he nonetheless created a fictionalized proxy for Krafft-Ebing and placed him at the center of *Tender is the Night*. To be more precise, Dick is a Kraepelin acolyte who proposes to taxonomize all of the disorders in which psychiatry might be said to intervene in, just as Krafft-Ebing

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<sup>22</sup> Quoted in Scull 2015. P. 288

<sup>23</sup> See the introduction to Von Krafft-Ebing, Richard. *Psychopathia Sexualis*.

proposed to do with *Psychopathia Sexualis*. The cartoonishly excessive title of this proposed work is given in Book II of the 1934 edition as

*An Attempt at a Uniform and Pragmatic Classification of the Neuroses and Psychoses, Based on an Examination of Fifteen Hundred Pre-Krapælin and Post-Krapælin Cases as they would be Diagnosed in the Terminology of the Different Contemporary Schools—and another sonorous paragraph—Together with a Chronology of Such Subdivisions of Opinion as Have Arisen Independently.* (169)

There is of course a sort of comedic eye roll at work in the narrative decision to skip over an entire paragraph of the book's title, a decision which is also reflected in the German title given below this one where "and another sonorous paragraph" appears in English. But there is importantly a nod to "pre-Kraepelin" and "post-Kraepelin" with a lacuna around Kraepelin himself. Emil Kraepelin was heavily invested in challenging the unitary conception of psychosis, an earlier construction that saw a single underlying disease framework behind every variant manifestation of psychosis, and one of his weapons against this notion was the diagnostic label of "manic-depression."<sup>24</sup> What's ironic here is that Dick's fictionalized Kraepelinian taxonomic ambitions would eventually find a very different mode of revival in the 1980 DSM-III, which despite a very clear neo-Kraepelin influence actually sheds the manic-depressive label in favor of the newly minted category of bipolar disorder. Moreover, "schizophrenia" which Dick attributes to Nicole's malady is actually a replacement for Kraepelin's very broad dementia praecox label

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<sup>24</sup> For a thorough account of this history see Hoff, Paul. 2009. "Historical Roots of the Concept of Mental Illness." In *Psychiatric Diagnosis: Challenges and Prospects*, 1–14.

(the official diagnosis for Judge Schreber). As a matter of fact, manic-depression and dementia praecox are the *only* pathological labels that Kraepelin ever devised as he believed that the simplicity of his categories would helpfully consolidate the field of psychiatric knowledge and move it beyond the unitary conception of psychosis. Freud, ironically enough, dismissively refers to Kraepelin as “the Super Pope of psychiatry” in a letter to Jung.<sup>25</sup>

To move quickly for the sake of elaborating on how Kraepelin’s categories play out on a symptomatic level, we can immediately see a broad and somewhat satirical overview of the profession as a whole in Dick’s imagined summary of the psychiatric congress that he skips in Berlin:

he could imagine it well enough, new pamphlets by Bleuler and the elder Forel that he could much better digest at home, the paper by the American who cured dementia praecox by pulling out his patient’s teeth or cauterizing their tonsils, the half-derisive respect with which this idea would be greeted, for no more reason than that America was such a rich and powerful country. (221)

Here we get the names of two psychiatrists right away: Auguste-Henri Forel, an anti-capitalist Baha’i faith adherent and advocate of eugenics who made some scholarly advances in neuroanatomy and neurology while also conducting asylum reforms, and Eugen Bleuler, another mouthpiece for eugenics who broke with Kraepelin in order to reclassify the broad category of

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<sup>25</sup> This reference can be found in Freud, S. 1907. “Letter from Sigmund Freud to C. G. Jung, July 1, 1907.” G. Jung July 1, 1907. *The Freud/Jung Letters: The Correspondence Between Sigmund Freud and C. G. Jung*,. P. 69

dementia praecox as different types of schizophrenia. So in short, we get a glimpse of the underlying clinical histories behind both schizophrenia, the illness that Nicole is probably misdiagnosed with in both the modern and historical senses of the term, and manic-depressive psychosis, a term that appears nowhere in the novel yet nevertheless permeates it on a symptomatic level.

So we have an inaccurate diagnosis of Nicole as schizophrenic and a novel formally and figuratively littered with the signs of manic-depression. To start with Nicole, as her diagnosis has heretofore obstructed other possibilities for understanding how the novel engages with mental illness, the classifications dementia praecox and schizophrenia would both have still been in use across the timespan of the novel. Kraepelin's dementia praecox concept was technically an umbrella category that was meant to subsume a number of preexisting clinical diagnoses believed to affect the entire body and that all shared an apparent tendency to begin to take hold of the brain in young adulthood and gradually worsen over time: conditions like catatonia, hebephrenia (disordered thinking and speech), and paranoia (though Kraepelin would later remove this from the category of dementia praecox in order to classify it separately as its own condition).<sup>26</sup> Bleuler revised this framework in 1910 and reclassified dementia praecox as schizophrenia, a word that means "a splitting of the mind."<sup>27</sup> The differences were subtle and mostly revolved around slight divergences in the underlying biological mechanisms, but the impact of this revision carries over to the present: like Kraepelin, Bleuler saw schizophrenia as a chronic, recurring condition for which there was no possibility of a complete cure, and like

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<sup>26</sup> This is described in Kendler, Kenneth S. 1988. "Kraepelin and the Diagnostic Concept of Paranoia." *Comprehensive Psychiatry* 29 (1):4–11.

<sup>27</sup> Quoted from Scull 2015. P. 265



dementia praecox, schizophrenia was a broad category though in this case it was a group of variant schizophrenias.

We first learn of Nicole's diagnosis during Dick's trip to Dohmler's clinic, where Franz enters the following patient information about her:

Diagnostic: Schizophrénie. Phase aiguë en décroissance. La peur des hommes est un symptôme de la maladie, et n'est point constitutionnelle... . Le pronostic doit rester réservé. [Diagnosis: Divided Personality. Acute up and down hill phase of the illness. The fear of men is a symptom of the illness and not at all constitutional...The prognosis must be reserved.] (148, translation supplied)

There are several things worth noting right away: first, Nicole is given a diagnosis that utilizes Bleuler's terminology, but neither Kraepelin nor Bleuler describe a symptom like "fear of men" anywhere in their respective taxonomies. Bleuler's diagnostic criteria for schizophrenic illnesses has colloquially been termed "the four-A's:" association (an impaired association of ideas), affect (inappropriate affective disturbances), ambivalence (or apathy), and, interestingly enough, "autism," which meant for Bleuler an extreme inwardness or introversion. Here, the reservation of a prognosis is telling, as it's difficult to locate "fear of men" in any of these terms, though not at all difficult to locate it in the incest trauma that she incurred from her Father, Devereux Warren. As her father himself describes early in her stay at Dr. Dohmler's clinic "It just happened [...] We were just like lovers- and then all at once we were lovers" (148-9). The choice of the word "lovers" here, though disgusting in context, reveals a lot about Devereux Warren's mindset

around this assault he made upon his own daughter. He clearly knows that he is to blame for both the assault and the trauma which followed, but wants to avoid any responsibility: dodging the issue entirely and floating an alternative theory involving a Swiss valet on his first visit to the clinic, and then using terminology of courtly romance that more properly belongs to consenting adults in the middle ages. Given the predominance of incest in Freud's case studies and its symptomatic structure, a number of critics, including Godden and Susann Cokal have compellingly turned back to the language of psychoanalysis to explain the trauma and its effects on both Nicole and the narrative structure of the novel as a whole.<sup>28</sup>

The turn to Freud in examining Nicole's condition makes a great deal of sense, given the expressed content of her disorder, as best seen in the Ägeri fair episode, and the gradual erasure of her symptoms over time- something that generally does not happen in cases of schizophrenia (and in fact could not happen as far as clinical understandings of schizophrenia and dementia praecox went at the time). But it's equally crucial to see the deeply gendered nature of her diagnosis, which is later reaffirmed and upheld by Dick. A closer look at the next passage where her illness is described from Dick's perspective reveals a diagnostic profile that seems less medical and more interpersonal:

Nicole was alternately a person to whom nothing need be explained and one to whom nothing *could* be explained. It was necessary to treat her with active and affirmative insistence, keeping the road to reality always open, making the road to escape harder

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<sup>28</sup> See Cokal, Susann. 2005. "Caught in the Wrong Story: Psychoanalysis and Narrative Structure in *Tender Is the Night*." *Texas Studies in Literature and Language* 47 (1):75-100 in addition to Godden 1990.

going. But the brilliance, the versatility of madness is akin to the resourcefulness of water seeping through, over and around a dike. It requires the united front of many people to work against it. (218)

Notice here how there is hardly any clear description of any outward symptoms associated with Nicole's "madness," but rather the diagnosis consists of a largely subjective and highly paternalistic character assessment that we are meant to take as Dick's own thoughts about Nicole. Given the fact that Dick is privately infatuated with the teenage star of a film called "Daddy's Girl," a clear nod to Freudian discourse and a redoubling of the incest relation that catalyzed Nicole's trauma, it's no wonder that Nicole feels and acts ambivalent in her situation. She becomes a Medea figure in this scene, riding an amusement park chariot, threatening to kill her aloof husband and children: this is a cry for recognition more than anything else.

Moreover, Nicole's episode at the Ägeri fair does not really seem so much an instance of her falling into a schizophrenic psychosis or a fit of "hysteria" (216) as Dick would have it. Rather, her decision to "run very suddenly" (215) away from Dick seems to be a torn effort to escape the strictures of his paternalistic control, a specific kind of paternalism that Dick himself outlines as an increasingly blurry "dualism" between "that of the husband and that of the psychiatrist" (215). What we get from Dick's description of this "dualism" is a sense that he is increasingly unable to negotiate the two roles, erasing the necessary boundaries of clinical distance. This would logically call into question his ability to provide psychiatric care to Nicole, reducing Dick's clinical position in the marriage to a mere instrument of control. After a moment where a crowd of people are "impelled by the quality of her laughter to smile in sympathetic

idiocy” (216) that calls into question Dick’s professional observational abilities, we learn that “she made a gesture of slipping by and away from him but he caught her arm and held it as they walked away” (216). There is clearly a complicated and ultimately untenable structure to their marriage, as earlier in the chapter Nicole confronts Dick over what he dismisses as a “letter from a manic” (213) that accuses Dick, fittingly as we will see, of seducing her young daughter. Dick dismisses it as “manic” and tries to rebuff the accusations to Nicole by pointing out that “This is a letter from a mental patient” (213), to which Nicole replies “I was a mental patient” (214). This defense is simultaneously a powerful form of self advocacy and unflinching identification with her position as a so-called mental patient. As such, this chapter prefigures Nicole’s ultimate decision to leave Dick for Tommy, who late in the novel equally advocates for her, stressing to Dick “You don’t understand Nicole. You treat her always like a patient because she was once sick” (345).

The letter from a manic, however, may be far less one sided as Dick makes it out to be on multiple registers. If the balance of roles between Dick and Nicole leads to a diagnosis that seems heavily gendered, so is the *lack* of diagnosis for Dick, although some have taken his problematic spiral of drinking as a sign of an alcoholism that generally gets framed as a thinly veiled stand-in for Fitzgerald’s own patterns of heavy drinking. However is alcoholism the underlying cause, or is it a symptom of something else? If we shift the pathological terms of his alcohol use and see that as a lens onto something else, his character can stand out as pockmarked with a plague of other symptoms. Consider the scene toward the end of Book Two where Dick is in Italy with a loose company including Rosemary, her suitor Collis Clay, and Baby Warren. After consummating “what had begun as a childish infatuation on a beach” (242) Dick becomes

increasingly jealous of the other men around Rosemary including Collis and the Spanish actor Nicotera (who Dick disparages to Rosemary with a racist slur). Here, the word “childish” carries a double referent, pointing to both the underage Rosemary and the increasingly hostile tone that Dick ultimately adopts toward her after their statutory affair. But what comes next is especially symptomatic: during a drunken evening with Collis, he sets his eye on “a young English girl” (252) with whom he dances until she suddenly disappears. In a riled up state, Dick picks a fight with a group of taxi drivers after refusing to pay his fare back to the hotel in full. After flailing around unsuccessfully, he is taken to a police station where he picks another fight with the officer in charge and is promptly thrown in jail. When Baby and Collis go to bail him out, Dick is mistaken for a child rapist and murderer by a crowd outside of the jailhouse. As he is about to leave with Baby and Collis, he suddenly announces “I want to make a speech [...] I want to explain to these people how I raped a five-year-old girl. Maybe I did-” (265).

Immediately this raises a lot of questions, but to stick with the most basic: why did Dick claim responsibility for this horrific act? On one level, it’s tempting to read this as a confession of guilt, but a displaced confession. It’s somewhat telling that Dick only confesses to the “rape” of this child, and not the murder, inviting a reading wherein Dick is confessing to pedophilic desires. However we might also take the inability to determine what to take from Dick’s sudden and ambiguous confession that he raped a five year old as symptomatic unto itself: it certainly seems to bear down on his proven pedophilic tendencies, but in the absence of further explanation it seems to float above him like an inscrutable masterlock above an evening of unanticipated debauchery and rage. This seems to be more of a sign of psychiatric distress than anything we see from Nicole. It seems, to be blunt, like an episode of mania.

The following description of Dick, made by Nicole very early in the novel, could be taken straight out of a textbook case study of manic-depression:

He went back into his house and Nicole saw that one of his most characteristic moods was upon him, the excitement that swept everyone up into it and was inevitably followed by his own form of melancholy, which he never displayed but at which she guessed. This excitement about things reached an intensity out of proportion to their importance, generating a really extraordinary virtuosity with people. Save among a few of the tough-minded and perennially suspicious, he had the power of arousing a fascinated and uncritical love. The reaction came when he realized the waste and extravagance involved. He sometimes looked back with awe at the carnivals of affection he had given, as a general might gaze upon a massacre he had ordered to satisfy an impersonal blood lust.

(35)

There is a lot here in this early characterization of Dick. Where Dick's characteristic tendency toward "excitement that sweeps everybody up" is concerned, Emily Martin points out that the psychiatrist, Ronald Fieve, who popularized the use of lithium in the treatment of manic-depression, also described a phenomenon known as the "Midas effect:" "the ability of a manic person to take creative risks, work with enormous energy, and sweep others up along the way" (22).<sup>29</sup> Moreover, the fact that Dick's "characteristic....excitement" is "inevitably followed

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<sup>29</sup> The outcome for this, as Martin observes, is explicitly cast as "economic success" (hence the "Midas touch") in Fieve's account. This is of course a fairly dangerous proposition, as it risks depathologizing mania by wholly overlooking the potential for psychosis, self injury, and ironically enough, unchecked excessive spending, which are all clinically recognized symptoms of mania.

by his own melancholy” further signals a fairly typical manic-depressive mood cycle. In her 1996 autobiography *An Unquiet Mind*, Kay Jamison describes how within her own manic-depressive cycling of moods “[a] floridly psychotic mania was followed, inevitably, by a long and lacerating, black, suicidal depression” (110). The structural parallel with Dick’s moods is worth observing, and while not explicitly suicidal in a mortal sense, as the episode in Rome suggests he is trying to derail his entire life, an episode that fittingly kicks off with the following Rosemary: “I guess I’m the Black Death [...] I don’t seem to bring people happiness any more” (249).

In his remarkable *Mania: A Short History Of Bipolar Disorder*, psychiatrist David Healy points out that Emil Kraepelin borrowed earlier psychiatric concepts from Karl Kahlbaum in the process of developing the category of manic-depressive psychosis for his taxonomy, concepts such as “cyclothymia” (a mild disorder characterized by alternations between depression and, what Kahlbaum termed “excitation,” the exact word that Nicole uses to describe Dick’s elevated mood), “dysthymia” (a persistent depressive mood), and “circular insanity” (what today would be called “Type I Bipolar,” characterized by extreme mood swings that include full manic episodes which carry a psychotic feature) (72)<sup>30</sup> At the turn of the century, the professional world of psychiatry was flooded with different categorical schemas for disorders that involved a severe fluctuation of mood episodes characterized by highs and lows: prior to Kraepelin, there were Kahlbaums’ cyclothymia and circular insanity, along with the earlier *la folie circulaire* which Jean-Pierre Falret described in 1851. Kraepelin formalized the novel category of manic-

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<sup>30</sup> It’s worth noting that “cyclothymia” and “dysthymia” are still clinical categories to this day. Cyclothymia in its modern form is understood to be a subtype of Bipolar Disorder, often as a variant of type II bipolar owing to the more grounded hypomanic episodes with never develop into actual mania, and is oftentimes described as rapid cycling bipolar disorder.

depression in 1899 along with dementia praecox, and while the latter category raised both interest and commotion within the professional community, manic-depressive insanity garnered very little attention at the time. As Healy notes, “The idea of manic-depressive illness met with a muted response internationally” (74). It was not until 1924 that the term became widely used in both clinical and cultural contexts, 3 years before the Ägeri fair incident which is directly preceded by Dick reading a letter by a “manic” former patient. The use of the term “manic,” then, suggests that the psychiatric lexicon is up to date, and in fact the entire pathology is named earlier in the novel in a scene that takes place in 1925 by Franz during a lengthy conversation with Dick about Nicole and her father. At one point in the discussion, Franz cautions Dick that the owner of a clinic that has offered him a job is “manic-depressive himself” and that “his wife and her lover run the clinic- of course, you understand that’s confidential” (152).

Thus, we have evidence of an awareness of the term in the novel, and it not only comes up in the context of professional gossip, but gossip that also contains a statement about infidelity that foreshadows Dick’s own marital situation by the end of the novel, when he has also lost ownership control over the clinic he purchases with Franz. There is a clear resonance with Dick in this cautionary statement about his prospective employer, and manic-depression hovers over his actions later in the novel like an absent structural cause. It hovers, too, over the financial logics that Dick finds himself ensnared in, bringing together both the economic and the intrapsychic. This pairing is moreover frequently figured in the novel through the lens of the psychiatric profession. A bit later in the novel, Dick and Franz meet again to discuss the possibility of a joint partnership in purchasing a clinic. At first, Franz pitches his plan around the affordances it would open up for Dick, explaining to him that the clinic could be “a base, a



laboratory, a center” and that he could have a limited residency that would allow him to “go to France or America and write your texts fresh from clinical experience” (200). At the conclusion of this monologue, Dick immediately asks “What’s the financial angle?” (200) to which Franz replies:

‘There we have it! Money!’ he bewailed. ‘I have little money. The price in American money is two hundred thousand dollars. The innovation-ary-’ he tasted the coinage doubtfully, ‘-steps, that you will agree are necessary, will cost twenty thousand dollars American. But the clinic is a gold mine- I tell you, I have seen the books. For an investment of two hundred and twenty thousand dollars we have an assured income of-’ (201).

Several things are worth noting here. First, Franz never gives a figure for the “assured income” that he teases at the end of this floundering assurance, an omission that truly places this in the realm of “investment” in the financial sense that Dick invokes. There is no clear promise of returns in a financial sense, but “investment” equally carries a Freudian valence as well: Freud’s “besetzung,” controversially translated as “cathexis,” describes a libidinal investment that a subject makes in an object, person, or concept which carries the potential to structure a subject’s personality. If we take the term “investment” then in both the economic and psychoanalytic senses at one and the same time, then Franz’s bizarre break in speech to “[taste] the coinage doubtfully” suddenly gets transposed onto an almost infantile gesture of cathexis where the coinage is both the bearer of a distant and dubious value and a symbolic proxy for identification.

The coinage here is phantasmatic in its value: it could refer to actual monetary coinage or the linguistic effort around the neologism “innovationary,” in both cases, it requires an investment, and in the absence of a closure of this plan with Dick just yet, seems to find a dubious site of deposit in Franz’s mouth.

Above all else, however, Franz’s assurance that the “clinic is a gold mine” provides a quilting point between the economic and the intrapsychic dimensions of determination here. Gold, of course, was the precious metal which provided a fixed standard against which currency values were measured. Every major global currency would suspend the gold standard during the Great Depression, as nations tried to curb the deflationary spirals through currency devaluation. The mine, in other words, will effectively become dry in just four or five years. However, as much as this statement immediately points to a profit motive for both Franz and Dick, it equally doubles over onto the professional rush for psychiatric knowledge: as Franz himself states in different words, Dick will be able to “mine” his patients’ psyches for the empirical “gold” he needs for his publication ambitions. There is, in other words, a one-to-one correspondence between financial and psychiatric value here, and this is an investment that will find Dick caught in the crosshairs between the two. This, of course, is an investment that realizes very little profit for Dick in either a financial or professional sense: with Baby Warren acting as a benefactor, Dick doesn’t need to place a penny of his own money into this scheme, and predictably starts developing attractions to his patients almost immediately. Right away, we see him talking with a patient with “nervous eczema,” a 19th century medical category that Zelda Fitzgerald was apparently suffering from as we saw above, though this is hardly a psychiatric condition unto itself. Toward the end of a lengthy conversation with this patient, we get the following

description of Dick's feelings: "Yet in the awful majesty of her pain he went out to her unreservedly, almost sexually. He wanted to gather her up in his arms, as he so often had with Nicole, and cherish even her mistakes, so deeply were they part of her" (211).

This is obviously troubling for a number of reasons, chief of which are the imbalance of power between Dick and his patients and the sexualization of these women in his care. However Dick's reaction is also symptomatic, as we have seen him betraying a number of inappropriate sexual desires of this nature. It's also worth noting that other frequently observed pathology associated with Dick, namely his increasingly heavy drinking in the wake of his Father's death, ultimately plays a role in his eventual severance with Franz and the clinic. Dick's drinking is a dual symptom. On the one hand, along with a dramatic increase in sexual impulses, it seems to follow a pattern that is frequently associated with self-medication in cases of manic-depression. On the other hand, it marks a figurative turn to liquidity in the financial sense, as Dick estranges himself from both the clinic investment and from the money hoard that Nicole brings him through her wealthy family. Feeling increasingly cornered in by the structuring power that Warren money has forced upon him, determining both his personal and professional conditions to a degree that he finds suffocating, and freshly reeling from the incident at the Ägeri fair, Dick decides to take a getaway using the Psychiatric Congress as his cover. After Dick visits Munich and learns of the violent death of his friend Abe North, he stops over in Innsbruck, Austria. Just before learning of his father's death, Dick has a sudden moment of reflection

Watching his father's struggles in poor parishes had wedded a desire for money to an essentially unacquisitive nature. It was not a healthy necessity for security—he had never

felt more sure of himself, more thoroughly his own man, than at the time of his marriage to Nicole. Yet he had been swallowed up like a gigolo, and somehow permitted his arsenal to be locked up in the Warren safety-deposit vaults. (229)

Here, we immediately see a seemingly contradictory pairing of “a desire for money” and “an essentially unacquisitive nature” which would almost suggest that his current financial situation, as the beneficiary of Warren money that he did nothing to acquire on his own. However if we take this against the complaint about being “swallowed up like a gigolo” whose figurative “arsenal” has been “locked up in the Warren safety-deposit vaults” then something else appears: a desire for financial liquidity, ready cash, against the hoarded assets of the Warren family.

Tellingly, at the news of his father’s death, Dick seeks out a compensatory form of liquidity in his sudden turn to heavy drinking. In this turn he also switches very quickly from manic to depressive. Shortly after docking in Rome, Dick learns through a feature in the *Corriera della Sera* newspaper about “una novella di Sainclair Lewis ‘Wall Street,’” (236) an obvious but telling mistake of Lewis’ *Main Street*. The error, however casts a lens over what follows: he bumps into Collis for the first time in Italy as he starts to drink in what will be the beginning of his binge episode, and as the night winds down we learn that “With difficulty, Dick restrained him from adding the drink to the account he carried in the bar, like a stock-market report” (237). Here we have a figurative conflation of Dick’s alcohol tab, an account of his liquidity, and financial activity immediately after Dick glances at a newspaper column that erroneously announces a Sinclair Lewis novel named “Wall Street,” bringing literature into the realm of psychiatric pathology and economics. This bar tab stock-report, of course, is a ledger of debt, a

record of the amount Dick owes for his drinks. Thus, he maintains one form of liquidity, alcohol consumption, while withholding any liquid assets in the form of cash. In this sense, Dick acts very much like the Warrens, whose liquid hoard of wealth is strategically regulated, only he ultimately games the ledger for the sake of liquid intoxication.

Rome, as we already saw from the jailhouse incident, is the real starting point of Dick's liquid bender. It's again worth stressing that the conflation between financial and pathological described in the stock-market bar tab becomes increasingly relevant as Dick descends into alcoholic ruin. Taken against the pathological profile of Dick's "characteristic moods" (35), this sudden turn to drinking would seem almost predictable if Dick were understood to have manic-depression. In Munich, Tommy ribs him a bit, telling him "You don't look so [...] so jaunty as you used to, so spruce, you know what I mean" (225). Dick's turn to a surrogate form liquidity in alcohol, which is fueled by a reliance on credit instruments might be understood as part of a larger depressive episode, which would explain the severity of his self-effacing behavior in Rome. Alcohol, of course, is a depressant, but nevertheless functions as a form of self-administered palliative care for Dick insofar as it also mimics the effects of a stimulant. This makes it particularly bad for manic depression, as it produces a dual effect which hits on both poles of the illness. The situation is different for Devereux Warren, however, who is dying of apparent alcohol related complications to a point where he "can take nothing except liquids" (278) until he bolts out of bed, drinks "four whiskeys," and flees the hotel where he is convalescent for America, but not before paying with a thousand dollar bill. He fittingly asks that the change "be sent after him" (282): a dying man fleeing to the epicenter of an economy living on borrowed time.

Conveniently then, this depiction of Dick's spiraling depression is counterbalanced by a gradual process of economic deterioration. First, he simultaneously loses both his partnership in the clinic and his career in psychiatry to alcohol. After returning from Rome, Dick forces himself to go through the motions back at his clinic, until the father of a patient who is under Dick's care for the treatment of alcoholism arrives unexpectedly. During an altercation with Dick, the father roars that "My son is here for alcoholism, and he told us he smelt liquor on your breath" (284-5). After pulling his son- and his money- from the facility, Dick is left to contemplate the extent to which he actually is to blame for the situation and here we learn that

He drank claret with each meal, took a nightcap, generally in the form of hot rum, and sometimes he tiddled with gin in the afternoons- gin was the most difficult to detect on the breath. He was averaging a half-pint of alcohol a day, too much for his system to burn up. (286)

There is thus an excess of liquidity in the form of alcohol circulating in Dick's system, at once a mark of how much he is drinking and a kind of homology for the market that is about to come crashing down on everyone. While Dick's depression is very quickly going to be eclipsed by the Great Depression, it's worth pointing out that immediately after this confrontation Dick ultimately tumbles into an unanticipated state of financial liquidity. Upon returning to the clinic from a vacation in the Alps, Franz greets Dick and listens to him describe the of the incident with the patient's father without any apparent admission of guilt. It's clear that Franz is aware that Dick's efforts to throw the other resident psychiatrist under the bus are a cover, and after

unsuccessfully urging Dick to take another trip, Dick announces “I want to leave- we could strike some arrangement about taking Nicole’s money out gradually” (287). In divesting from his property assets in favor of liquid capital, Dick ultimately turns to a different form of investment, in the form of stocks.

Like the mood swings between mania and depression, Dick ultimately oversees a number of transformations in the nature of the capital that Nicole’s wealth carries with it. In the aftermath of the incident which leads to a withdrawal of money from the clinic, Dick and Nicole return to the Riviera where they have apparently been insulated from any major economic losses. We learn that the Divers are at ease with “a plenitude of money. Due to the sale of their interest in the clinic, and to developments in America, there was now so much that the mere spending of it, the care of goods, was an absorption in itself” (290). Set in the autumn and summer of 1928, the “developments in America” alluded to here are certainly related to the fact that this was the last boom year for Wall Street before the Great Depression. This is thus liquidity that is destined to find itself lubricating a catastrophic cycle of overaccumulation, like the alcohol that has built up in Dick to excess. Dick and Nicole are riding on very tenuously valuable capital, and capital that is increasingly taxing to manage: it is “an absorption in itself” that subsumes everything around it. The Divers and their maid staff trek on the back of this capital to the northern Italian household of Mary di Minghetti ne North, where Dick fittingly reflects on his own psychiatric state after a night of heavy drinking and casual racism. Upon hearing two men engaged in religious-seeming chanting, we learn that “tired and emotionless, he let them pray for him too, but what for, save that he should not lose himself in this increasing melancholy, he did not know” (293). While the strength to survive an increasingly prominent state of “melancholy” is all that

Dick can conjure as a wish with respect to these praying men, his inability to think beyond that melancholy is equally symptomatic of the problem at hand. The use of the term “melancholy” here is not anachronistic or outside of the realm of clinical pathology at the time, as David Healy notes that even frameworks like Kraepelin’s would make use of the term “melancholy” to denote degrees of intensity behind depressive states (76). There is nevertheless a vestigial quality to the term, which conjures up humoral theories of medicine, and here Dick’s primary form of counterbalance, alcohol, only seems to amplify the problem.



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