



**Focalization and Illness Narratives in ‘The Horla’ (1887) and *Diary of a Madman* (1963):**  
A Comparative Analysis of the Representation of Madness

MA Thesis

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## 1. Introduction

I have seen mad people, and I have known some who have been quite intelligent, lucid, even clear-sighted in every concern of life, except one point. They spoke clearly, readily, profoundly on everything, when suddenly their thoughts struck upon the breakers of their madness and broke to pieces there, and were dispersed and foundered in that furious and terrible sea, full of bounding waves, fogs and squalls, which is called madness.

- De Maupassant, G. (1887). 'The Horla'

This fragment from Guy de Maupassant's short story 'The Horla' touched upon my interest in the state of mental distress called 'madness'. It illustrates the position of humanity towards madness that one is not likely to be born mad but to become it. As the narrator describes, a person can seem completely 'normal' – speaking clearly, seeming intelligent and being clear-sighted about life. Still, a 'normal' person does not have the certainty of not becoming 'mad'. In this thesis, I hope to show what representations of madness in cultural texts mean to our understanding of 'madness'. This research is an attempt to answer the question in what ways the literary concepts of focalization and illness narratives engage with representations of experiences of madness in 'The Horla' (1887) by Guy de Maupassant and by its film-adaptation *Diary of a Madman* (1963) by Reginald Le Borg. I chose two different types of media to enrich the research by comparing the two corpora. This thesis grew from my interest in cultural representations of experiences which are commonly interpreted as signs of 'madness' or 'mental illness'. Think of unsettling experiences like someone losing their sanity or having to deal with hallucinations. Interesting is the unclear border between the self and its surrounding world that is central to having an experience of madness. As every person is unique, this border can be created and explored in countless different ways. At the same time, representations in cultural texts like literature, film, art, etc. seem to be formed by a normative set of ideas indicating what deviance (madness) or normality (sanity) look like. Within disciplines of cultural studies, film studies, literary studies, and media studies, madness and its representation have been frequently explored. From the interdisciplinary health humanities perspective, I want to zoom in on this topic through the lenses of focalization and illness narratives. Focalization originates from narratology and concerns the subjective perception of characters through which understanding of certain experiences can be revealed. It allows us to 'get into someone's head' and makes us understand the perspectives of others. Illness narratives can produce the same

effect as they exist of people expressing experiences with illness or mental distress in an autobiographical or biographical account. Producing and consuming illness narratives shifts the perspective on illness from a medical to a personal perspective and lived experience. I am interested in how these literary concepts engage with the subjective experience of madness in cultural texts.

Cultural texts like novels and films are able to present the human mind as something relational, shaped by and interacting with its surroundings and other people. In her 1980 *Madness in Literature*, Lilian Feder looks at literary representations of madness from ancient Greece to the twentieth century and highlights the complexity of the dynamic between madness and society (Merkin, 2014), the two are always connected. In *A Social History of Madness* (1987), Roy Porter argues that “the history of madness is the history of power” (Porter, as cited in Merkin, 2014, p. 3). Here, Porter looks back on Michel Foucault’s claim that “mental illness is a cultural construct rather than a natural fact” (Merkin, 2014, p. 3). Authoritative institutions cocreate dominant discourses and play a role in defining madness in a certain historical or cultural context; this is fundamental to the representation of madness in cultural texts. My chosen case studies invite the reader and viewer to reflect on representations within these cultural texts and think about the influence these have on the ways we perceive and react to ‘madness’. The narrator of *Le Horla* (1887) by Guy de Maupassant ‘goes mad’: he loses his sense of self because of an external, mysterious entity – according to the narrator himself. The main character of the film adaption *Diary of a Madman* (1963) is based on the narrator of ‘The Horla’ but is put in a different narrative framework and medium. Through aspects specific to film, the viewer gets a whole different experience of what it could feel like to ‘go mad’.

The word ‘madness’ has a long history, tracing back to ancient Greek culture. French philosopher Michel Foucault, active in the second half of the 20<sup>th</sup> century, is well known in the field for discussing the history of madness in Western culture. He especially used sources of the 18<sup>th</sup> and 19<sup>th</sup> century. I choose his literature as a starting point, as my case study of *The Horla* is from the 19<sup>th</sup> century. The focus and challenge of Foucault’s study is to argue that psychiatry, but also anthropology, philosophy, and psychology, are built upon a misunderstanding of ‘madness’. In his work *History of Madness*, Foucault distinguishes three periods in which he places and discusses the separation between madness and reason. According to Foucault, the Renaissance is the period in which the dominating conversation between reason and madness from the Middle Ages gets transformed into “a reflection on wisdom”. Based on humanist writers, Foucault shows “that madness was perceived as a sort of knowledge, akin to some religious experience, that of a possible world of chaos” (Khalifa, 2006,

p. xvi). This view drastically changed during the Classical Age, or Age of Reason, in which a radical separation of reason and madness occurs (Khalfa, 2006, p. xv). During this period covering the 17<sup>th</sup> century and a large part of the 18<sup>th</sup> century, institutions of confinement began to be constructed. According to Foucault, Descartes expressing a radical claim that excludes madness outside the possibility of thought is a turning point introducing this period. In his first *Méditation*, Descartes states how one who doubts, cannot be mad. His thinking is based on the thought of a ‘mad person’ as someone who does not doubt unrealistic experiences. For example, when someone would say that “they are clothed in gold and crimson, while they are completely naked...” and still does not doubt themselves they are clothed (Descartes, 1641, as cited in Felman, 2003). American literary critic Shoshana Felman elaborates on Descartes’ statement by adding how thought is seen as an accomplishment of reason, an exercise performed by only those who are capable of truth. This philosophical thought stimulated the enforcement of the mad. Now, the ‘reasonable’ authorities and experts had power over those who are not capable of reason and truth. Foucault calls this period tragic, as it “stages a contradiction without any hope of a reconciliation” (Khalfa, p. xv). Finally, Foucault distinguishes the Modern Era; the modern experience of madness starting at the end of the 18<sup>th</sup> century where madness becomes perceived as a factual phenomenon, an object of science, and gets the label of disease. In this new era, ‘mad people’ who were enchained in hospitals were liberated and started to become study objects of the emerging field of psychiatry and additional institutions. Before, people were categorized and labeled as ‘mad’ and were locked up away from society, together with the poorest people of society. Now, their mental distress started to be seen as an illness that should be studied and treated. Attention was paid to the question of how and why people became mad and started to become more and more of a topic within the medical discourse. Here, ‘medical’ functions as an umbrella term for two dominant perspectives: psychology and neuroscience, the latter a category of the biomedical sciences. Austrian neurologist Sigmund Freud was the founder of psychoanalysis and was one of the first who turned to the methods of listening to and speaking with patients as starting points for studying the relationship between personal traumatic events and the symptoms of hysteria. His thinking was a turning point within the context of studies of the brain that were flourishing in Europe in the 19<sup>th</sup>-century. At the same time, from this time on into the 20<sup>th</sup>-century, the brain began to be understood as an organ that functioned in relation to other organs and “that specific areas and structures in the brain came to be seen as responsible for certain functions” (Rose, 2013, p. 33). Rose (2013) proposes the early 1960s as the period in which the neurosciences got established. He suggests this period as a way to orient ourselves in understanding modern neurosciences. In his argumentation, he

mentions the importance of how one dealt with “those deemed insane” in the 60s. Researchers studied the brains of those who died in asylums in an attempt to discover the causes of hysteria or mania in their brains (Rose, 2013, p. 33). In asylums, methods of physical treatments – like electroshock therapy and psychosurgery - were practiced and flourishing in the first half of the 20<sup>th</sup>-century and indicate the belief of how “the brain was the locus of mental pathology, and potentially, therefore, the target for therapy” (Rose, 2013, p. 34). Disorder had to be located and found in the brain.

In Foucault’s eyes, the emerging field of neurology only indicated a new form of confinement and oppression (Khalifa, 2006). Now, madness was reduced to the status of ‘mental illness’, a sickness of the brain. Although ‘madness’ was separated from ‘man’, people were still held prisoner, chained to their objective label of madness or illness. Even with the rise of psychology, people were still labeled with something a psychologist should be able to help with. These medical enforcements could be seen as obstacles between the patient and their possibility of being able to speak their own truth and form a new, subjective discourse around madness. If one speaks about ‘labeling’ a mental illness today, one will probably refer to the Diagnostic and Statistical Manual of Mental Disorders, or DSM. Craighead et al. (2017) describe the history of the psychiatric classification model in their chapter ‘Psychiatric Classification from DSM-I to the Present’. Before the 1950s, psychiatric classification in the United States was very disorganized. This gradually began to change in 1918 when the *Statistical Manual for the Use of Institutions of the Insane* was released by the U.S. Bureau of the Census. It was the first manual to divide mental disorders. Later in 1952, the American Psychiatric Association released the first edition of the DSM we are now familiar with. For the first time, a work offered a somewhat clear, brief description of psychiatric diagnoses causing knowledge sources to be more equal among clinicians and researchers. The DSM-I and the following DSM-II had several notable weaknesses, according to Craighead et al. (2017). They contained global and vague descriptions of mental illnesses that left too much space for interpretation and subjective judgment on the part of the diagnosticians. Because of this freedom in judgment, the use of the DSM did not make consistent sense. Also, the DSM-I and DSM-II mainly focused on patients’ mental disorders and neglected contextual factors such as co-occurring medical conditions, social life, and adaptive functioning. These factors are important to acknowledge as they can play key roles in illness causation and the maintenance of psychopathology (Craighead et al., 2017, p. 37). The DSM-III, released in 1980, is marked as an important landmark and revision of the diagnostic manual. As a response to the criticism on the first and second editions, the APA now presented a wider range of mental disorders

(from 163 to 224) and far more detailed guidelines and descriptions concerning diagnoses. This new approach provided a template for all the editions that followed, including the latest DSM-V released in 2013. Nonetheless, this edition received some sharp criticism as well. Especially the DSM-V has raised concerns among critics, as it is said to be ‘overmedicalizing normality’. What first seemed like a positive change has quickly backfired: the increase of the number of diagnoses was said to cause overmedicalization and with that, the more detailed descriptions of diagnoses became a much lower threshold for people to get diagnosed with a ‘mental illness’ (Frances, 2013, Sommers & Satel, 2005, as cited in Craighead et al., 2017, p. 43). One could say the labeling of human mental states itself will always remain a weakness of the DSM and categorizing mental illnesses in general as it always depends on an ever-changing societal and scientific context. I would like to underline that it is not my intention to diagnose a fictional character or categorize them into a certain group. Rather, I aim to investigate how experiences of mental distress are portrayed within cultural texts and how labeling them as ‘madness’ functions within a sociocultural context. The case studies of my thesis do not directly address any mental illnesses mentioned in the DSM but very clearly imply that the narrator and character(s) have certain ideas, experiences, and feelings about ‘going mad’ and ‘madness’ in general. The analyses conducted in this study show representations of ‘madness’ that can challenge our cultural and scientific understanding of what is normal/abnormal, healthy/pathological, and rational/irrational. For example, they provide space for asking questions about common labels described in the much-consulted DSM-V.

The following chapter elaborates on the different perspectives on madness besides medical perspectives including the DSM. I will elaborate on how definitions of ‘madness’ come to be and their relation to classification. This is followed by describing the corpora. Chapter four includes the theoretical framework explaining the concepts of focalization and illness narratives. The following chapter will be two analyses of the corpora and the results of my research. This comparison of the story and the film will help formulate an answer to the research question: what insights do the concepts of focalization and illness narratives give on a comparison of representations of madness in ‘The Horla’ and *Diary of a Madman*? In the discussion and conclusion, the results of the analyses will be connected with discussed literature and lead to an outcome.

## 2. Alternative perspectives on ‘madness’

### 2.1 Making up ‘madness’

As mentioned in the introduction, Foucault states that mental illnesses are culturally constructed instead of natural occurrences. Giving ‘madness’ a definition is a complex thing to do, as the term has varying meanings and connotations depending on cultural, historical, political, social, literary, and even individual context. Someone who acknowledges that the definitions of terms like madness are dynamic and shifting is Foucauldian philosopher Ian Hacking. In his article ‘Making Up People’, he introduces to us philosopher Arnold Davidson who claims that perversion was created in the late 19<sup>th</sup> century (Hacking, 1986). Hacking tries to get a better understanding of claims like this and wonders if there could be a ‘general theory of making up people’. He uses the concept of ‘making up people’ to describe his theory of how statistics caused people to be and act in certain ways. Hacking addresses how around the 1820s, statistics of deviance became an emerging interest. In these times, people were obsessed with this so-called *analyse morale*. Groups of people were observed, measured, weighed, and so on to be put in numbers and categories afterward. The action of counting created divisions and rearrangements: divisions were made between ‘normal’ and ‘abnormal’ groups of people. Because of statistics, it became visible how categories into which people would fit changed almost every ten years; social change creates new categories of people and thereby new ways for people to be. For example, the contributors of the 1981 book *The Making of the Modern Homosexual* accept and establish homosexuals and heterosexuals as kinds of people, as the title suggests (Hacking, 1986, p. 163). In his article ‘The looping effects of human kinds’, Hacking elaborates on what is meant with these ‘kinds’ of people. Here, he makes a distinction between two kinds: human kinds and natural kinds. He would call something a natural kind when something is unchanging over time and does not interact with culture in a way that influences the kind itself. It is homogenous and has clear boundaries. In relation to the medical field, the common cold would for example be a natural kind. He uses the term ‘human kinds’ to refer to “kinds that are relevant to some of us, kinds that primarily sort people, their actions, and behavior, and kinds that are studied in the human and social sciences” (Hacking, 1996, p.354). People labeled as mentally ill are a good example. Individuals belonging to this human kind are often still peculiar to people in a social setting. Their ‘kind’ is value-laden and influences how these people are perceived by others, which in turn influences their kind. Human kinds are categories in which people “may want to be or not to be, not in order to attain some end but



because the human kinds have intrinsic moral value” (Hacking, 1996, p. 367.) For example, when diagnosed with a mental disorder, an individual first perceived as ‘normal’ is suddenly turned into someone ‘abnormal’. This in turn will affect the individual’s perception of the self (“Am I a ‘mad man’?”). This is an example of what is called the ‘looping effect’. The interaction between people and their classification eventually creates a ‘feedback loop’ that provides the kind of situation that continuously changes while they try to accept it or deal with it.

The framework of making up people could be presented when regarding two vectors: the first being the labeling from above. A community of experts, for example, medical professionals who create a category or ‘reality’ that some people make their own. The DSM would fit into this vector as well. The second vector Hacking proposes is the one of autonomous behavior of the labeled person. In this case, a reality is created from below (Hacking, 1986). For example, the LGBTQ+ community benefits from this, using the labeling as a means for activism. The first vector illustrates the dominant medical discourse described in the introduction. In the next part, I talk about perspectives that relate to the second vector.

## 2.2 Disability studies

In the 1980s, the academic field of disability studies emerged in the US, UK, and Canada. This quite young discipline started off examining the meaning, nature, and consequences of ‘disability. Through time, it has more and more grown out into an interdisciplinary field that focuses on embodiment and (lived) experiences. A distinction was made between models of disability that are still used to conceptualize what disability means in a descriptive and normative sense; the medical and the social model.

The medical model has a dominant influence in neurological and biomedical discourses. We could say that this model stems from the short medical history of madness I have described earlier. It is also called the individual model because it conceptualizes disability as a “tragedy or problem localized in an individual body or mind”, the definition and solution of which to be provided by medical professionals who are also at the center of improving the life of a person with an impairment (Beaudry, 2016, p. 211).

In the seventies, the social model was already coined by disability activists and later theorized by multiple activists and academics. This model was a reaction to the medical model and presented disability “as a social phenomenon caused by social oppression and prejudices, rather than by individual ‘impairments’ in the person” (Beaudry, 2016, p. 211). In other words, the social model defines impairments as defects in limbs or mechanisms of the body and views

the concept of ‘disability as the cause of the social failure of exclusion from which impaired people suffer.

### 2.3 Neurodiversity

In the introduction chapter of the book *Autistic Community and the Neurodiversity Movement Stories from the Frontline*, Steven K. Kapp seeks to explain the concept of neurodiversity and the framework of the neurodiversity movement. He writes that the term ‘neurodiversity has its origins in the 1998’s autism rights movement pioneered by Australian sociologist Judy Singer. Throughout the years, “the movement has matured into a more active part of a cross-disability rights coalition” and “has evolved to become more politicized and radical” (Kapp, 2019, p.2). Nowadays, neurodiversity is used as a concept defining the “variation in neurocognitive functioning”; a broad concept including both neurodivergent (those that differ from the ‘normal’ range of neurocognitive functioning) as neurotypical people (those who do fit in this ‘normal’ and thus socially acceptable range). In general, the neurodiversity movement “advocates for the rights of neurodivergent people, applying a framework or approach that values the full spectra of differences and rights such as inclusion and autonomy” (Kapp, 2019, p.2).

### 2.4 Mad studies

Hacking writes how the second vector about the actions of an individual influenced by their ‘label’ is unimportant to the person with a multiple personality disorder. The emerging movement of Mad studies would probably confute by suggesting using the word ‘mad’ as empowering.

The Mad studies perspective could be seen as a psychiatric survivor movement, as it has originated from consumer and survivor movements (Beresford, 2020). This movement rejects medical concepts of mental distress and therefore would not consider those involved as psychologically impaired as opposed to the social model of disability that “...tends to be read as maintaining impairment to be a biological fact” (Beresford, 2004 and Plumb, 1994 as cited in McWade, Milton & Beresford, 2015).

Ingram coined the term Mad Studies, after reflecting upon a year of work in the School of Disability Studies at Ryerson University in Toronto, Canada. In 2008, he decided to think and write a lot about the limitation of Disability studies; he finds that Mad people were limited by the overarching and governing concept of ‘disability’ (Ingram, 2016). He mentions

Nietzsche as a forerunner of Mad studies, together with many post-Nietzscheans from the 20<sup>th</sup> century like Guattari and Deleuze. In his paper, he discusses the tension between Mad Studies and psychiatry. Ingram believes that psychiatry is a very closed-off discipline that assumes it has “a fundamental right to pronounce on just about everything: on law, on sexuality, on school shootings, and so on” (Ingram, 2016). The control of psychiatry on the one hand and the sealed-off discipline, on the other hand, make for a paradox that should be exposed. Ingram believes that this is one of the core tasks of Mad Studies.

Mad studies is a young research field engaging with the exploration of the concept. The scholarship originating from Canada is described as “...a meld of activism and intellectual activity” that is increasingly spreading as an international movement (Beresford, 2020). Although the field and movement hold an empowering and positive spirit, some doubt and unease are felt regarding the use of the terms ‘mad’ and ‘madness’. In his article, Beresford (2020) explores why the framework of Mad Studies has adopted a controversial, conflict-ridden title. He illustrates current criticisms and raises the question of what the strategy of the field should be to address them for the future. So far, ‘mental illness’ or ‘disorder’ are medical terms used to frame mental distress. Mad Studies reject a medical approach to the discourse of ‘mental illness’ or ‘mental health’ and instead apply the framework of ‘madness’. Beresford mentions a definition of the field, given by Castrodale (2015):

A field of scholarship, theory, and activism about the lived experiences, history, cultures, and politics about people who may identify as Mad, mentally ill, psychiatric survivors, consumers, service users, patients, neurodiverse, and disabled. (as cited in Beresford, 2020, p. 1337)

Beresford aims to see if the term ‘mad’ can truly be used for emancipatory purposes and if it can become anything other than a term of abuse used for mental health service users and survivors. Together with other researchers, he carried out two small research projects in which survivors filled in a survey about how they felt mental health issues were understood by society and how society understood them. Most participants expressed that they felt the medical dominated both public and professional thinking. According to them, the medical terminology stigmatizes, and instead, they wish for a more social approach to understanding mental distress (consideration of personal social, financial, political situation). Despite the concern about the dominating medical model, participants were divided about the terms ‘mad’ and ‘madness’. Some felt it had empowering associations, reflecting their experience. Others connected the

terms to too many negative associations. It also expressed how ‘madness’ could encourage the romanticization of distress and how it could create division. The word ‘mad’ is connected to fear in two ways. The first is that it simply is frightening to descend into madness as a human being. Secondly, the word sparks fear in health care service users and survivors as it is a term often used against them (Beresford, 2020).

“Mad Studies faces a conundrum”, writes Beresford (2020). If people in favor of the appliance of the terminology want to disconnect ‘madness’ from a biomedical model, they must reject medicalized terminology like the diagnoses described in the DSM. Advocates have turned to the term ‘mad’, as it has historically been used to “...describe the constellation of behaviors, experiences, feelings, and issues that nineteenth-century science onwards has subsumed as ‘mental disorder’” (Beresford, 2020). Rather than focusing on ‘individual abnormality’, produced by the terminology and diagnosing of the medical discourse, Mad Studies encourages to shed light on the dimension of different perspectives and experiences of mental distress. I sympathize with Beresford and the idea behind Mad studies; therefore, I will continue to use the words ‘mad’, ‘madness’, and the more outdated word ‘madman’. These terms especially fit in relation to the historical context of the original ‘The Horla’.

## 2.5 Madness in Art

Throughout literary history, many definitions of madness have been created. For example, the topos of ‘love as madness’; when someone is so ‘madly’ in love they almost seem insane. A good number of fictional characters have been set in relation to madness, think of Don Quixote who fought against windmills thinking they were giants, or mad narrators from Edgar Allan Poe’s short stories. As my focus will be on two forms of media, it is relevant to address the theme of madness within the arts. Art enables us to enter a world, where there is free space for the subjective side of madness and mental illnesses. For example, a novel about a fictional character with depression not only informs us about depression itself but also how it influences the life of that specific person. Fictional worlds can give us insight into how and why depression may develop; how drastic symptoms can be and what kind of life events trigger depression.

The emerging academic field of Mad Studies challenges the medical model that currently dominates debates regarding ‘mental illness’. In her article, Netchitailova (2019) argues that the modern medical discourse of ‘mental illness’ tries to define madness as a case of ‘brain study’, making it an object of purely medical research which can be reduced to rational, scientific explanations. Hereby, the discourse is denying ‘the mystery of madness’.

She mentions how mental illnesses like ‘bipolar disorder’ and ‘schizophrenia’ are part of a ‘chemical chart’ made by the current system of diagnoses. A classification system like this is bound to generalize and oversee the many different lives, situations, and narratives hiding behind people’s illnesses. The societal relevance of Mad Studies lies in the fact that this research field produces critical thinking of mental health and madness which accordingly challenges the status quo of the medical model. Netchitailova thinks madness should “...retain its aura of mystery”, leaving room for various views and stories outside the labels of diagnoses, ‘survivor’ or ‘patient’ (p. 1509). Saying madness has a ‘mysterious’ side can be disempowering, as this may suggest the romanticization of serious mental illnesses or distress. However, it is interesting how, in cultural texts, madness often can be easily interpreted as romanticized or stigmatizing.

According to Netchitailova (2019), the art world illustrates the attraction of human beings to madness. From a clinical perspective, a psychosis might be a disconnection of reality and the rational world, while the experience for the person may be truly magical. Art allows us to have a look at the unexplored and hidden side of mental illnesses, to give us information about a ‘patient’s’ story and their experience with madness. Netchitailova critiques the biomedical classification systems and says they deny or try to oppress ‘patients’ stories and lived experiences. To come back to the DSM and Hacking’s theory about ‘making up people’, art can create narratives that break free from these categorizations as well. It allows us to experience madness from a different perspective. Instead of categories describing how one should be mentally ill or ‘mad’ we get to perceive madness more subjectively, especially when it is written or told through a first-person narrative.

### 3. Corpora

#### 3.1 “The Horla” by Guy de Maupassant (1887)

In France, the genre of the ‘Fantastic’ prevailed in the first part of the 19<sup>th</sup> century and descended from the Gothic genre. *The Horla* by Guy de Maupassant is said to be a work that embodies the main elements of the Fantastic genre. This genre allows for “more subtlety and more of a psychological atmosphere” than the Gothic. Its texts usually make use of the first-person narrative, this narrative aspect is perfect for letting the reader wonder whether the narrator is “sane, awake, or simply imagining things” (Yaniga & Sureau-Hale, 2011, p. 209). Writing about the mental state was an emerging topic of nineteenth-century France. During this time, a “shift from authority of the sacred to the authority of the scientific, especially in relation to the understanding of the abnormal mental states” occurred (Merkin, 2014, p.2). As follows, psychiatric science started identifying religion as a dominant source of mental alienation and declared mysticism or visionary experiences to be indicators of mental illnesses.

“The Horla” is not only an 1887 short, fictional story but also a record of a person descending into madness. “Le Horla” is a word that was coined by the author Guy Maupassant and refers to the protagonist’s supernatural – or, imaginary – creature that haunts him. The story is told in first-person perspective as it is also a sequence of diary entries in which the mental decline of the protagonist is logged. The character’s name is not revealed throughout the story and because of this, it is harder for the reader to identify with the protagonist as ‘someone else’ giving the effect of being able to identify with the narrator more easily. This way, Maupassant makes it easier for the reader to experience what the narrator experiences. What we and the narrator subsequently experience is a nervous condition that expresses itself through delusions and hallucinations of “the Horla” – an invisible creature that is out there to hurt and mentally disturb the protagonist. In the end, the protagonist attempts to kill the entity by setting his own house on fire, hereby forgetting his servants were still locked in the building as well. The story ends with him contemplating suicide as this seems to be the only way left to destroy the Horla.

A first version of “The Horla” appeared two years earlier in 1886 in the periodical journal *Gil Blas*. This first story had a different form; who later became the protagonist narrator was now viewed from a third-person narration perspective by an alienist who framed fragments from a journal by the sufferer. Through the eyes of the alienist – whose comments

are constructing the story - Maupassant could comment upon the madman's experience towards his reader. The later diary format leaves more room for interpretation for the reader, as the only commentator in the story is the protagonist himself (Cogan, 2019).

### 3.2 “Diary of a Madman” by Reginald Le Borg (1963)

“Diary of a Madman” is an American horror film, released in 1963 and directed by Reginald Le Borg. Robert Kent is accountable for the screenplay, which he wrote as an adaptation of the short story by Guy de Maupassant. This time, the main character does have a name; the story is about Simon Cordier (Vincent Price), a French magistrate who likes to sculpt in his free time. A distinctive difference between the text and the film is that the main character in the film is put in a context by another narrator and multiple, external actors like a love interest, a butler and housemaid, and a doctor.

## 4. Theoretical framework and methodology

### 4.1 Focalization

In my analyses, I will make use of the storytelling technique called ‘focalization’. It is a term coined in 1972 by literary theorist Gérard Genette who defines it as “a selection or restriction of narrative information about the experience and knowledge of the narrator, the characters or other, more hypothetical entities in the story world” (Niederhoff, 2011). In short, focalization refers to the perception of the story world. The concept is used for describing the interaction of the relationship between the narrator and the perceptions of them and other characters. A narrator does not only construct a story world for the reader, they are also able to represent characters and manipulate time and sequence.

We can place the concept of focalization within the context of literary studies and more specifically the field of narratology: a field of study which is the “ensemble of theories of narratives, narrative texts, images, spectacles, events - of cultural artifacts that tell a story” (Bal, 2017, p. 3). Said ‘cultural artifacts’ or also named ‘corpuses’ could be a novel or film about which the method of narratology attempts to provide insight. I will continue using Mieke Bal’s definitions described in her book *Narratology: Introduction to the Theory of Narrative* as they provide clear tools for analyzing and interpreting texts and therefore will support my research. As Bal proposes, I will understand a ‘narrative text’ as “a text in which an agent or subject conveys to an addressee a story in a medium”. This narrative text will, in my corpora, exist of (written) language but also sound and moving images in the film. Next, the ‘story’ will be understood as the content of this narrative text which produces a “particular manifestation, inflection, and ‘coloring’ of a fabula”. The latter is a term referring to a series of “logically and chronologically related events that are caused or experienced by actors” (Bal, 2017, p. 5). A division is made between the narrative text, story and fabula because a) a story is not the same in every narrative text: there can be different versions of a story, told and presented in different ways, b) within these different ways, the sequence of the occurring events in these stories can differ as well – making the fabula distinct from the story.

Genette proposes three types of focalizations: zero, internal and external. ‘Zero focalization’ is more commonly known as the narrative with the ‘omniscient’ narrator, who seems to know more about the character(s) and the plot than the character(s) themselves. We understand the perception of the story world through the personal experiences of the narrator if described in first person, or ‘internal focalization’. A narrator can also be someone telling the



reader *about* the perception of an actor not part of the fabula, this is called ‘external focalization’. A third-person narrator viewing the story world from the outside cannot see into the inner worlds of the characters (Niederhoff, 2011). When both a first-person narrator and a third-person narrator are present, focalization can function as a tool to reveal differences, similarities, or tension between the ideologies of the two.

Bal (2017) describes focalization as “the relation between the vision and what is seen, perceived” (p. 133). Or in other words, the relationship between the character that sees and that which is seen by them. Because we speak of a relationship between elements, it is proposed by Bal (2017) to study the subject and the object separately when studying a text through the lens of focalization. The reader of a text perceives *through* the focalizer, or the subject.

I believe the tool of focalization fits the study of analyzing the representation of madness in a cultural text well because madness is a very subjective concept. Focalization is a subjective concept too, readers experience a story through the perception of the narrator who has unavoidably cultivated specific norms, ideas, and feelings while perceiving. Whether it is a first-person narrator or an omniscient one, the way they perceive things can tell us about ideas they have about the broader context they exist in. Although we could never literally put ourselves in someone else’s shoes, in fictional literature we are offered a space to do *as if* this is possible. This is called the suspension of disbelief: to become emotionally involved in a narrative, readers have to set aside their skepticism and react “as if the characters are real and the events are happening now, even though they know it is ‘only a story’” (*Suspension of Disbelief*, n.d.).

## 4.2 Illness Narratives

Sociolinguist Dell Hymes describes narrative as a universal function of language and as “one of the most common and widespread modes of human communication” (1996, as cited in Blommaert, 2004, p. 84). Blommaert elaborates on how narratives are never ‘flat’ but “always structured into units”. Norms, ideas, and other cultural ways of organizing knowledge are the patterns of these units (Blommaert, 2004). As follows, the role of narratives in stories of people who suffer or have suffered an illness offers a dimension in which these socio-cultural ways of organizing knowledge are structured and whether they empower or disempower certain groups of people.

Sociologist Arthur Frank released his book *The Wounded Storyteller* in 1995. In his work, he offers theories within a framework of narrative theory. These theories are based on

personal stories of those who have been suffering an illness in a remission society: a social structure in which members are not in the ‘healthy kingdom’ nor the ‘sick kingdom’ and thus are “on a permanent visa status, that visa requiring periodic renewal” (Sontag, 1978, as cited in Frank, 2013, p. 9). For example, most would think someone who went through the process of having a cancerous tumor removed is now ‘better’. One would forget that the patient may not feel this way; they still have to frequently visit the hospital for check-ups, always with the fear that something might be wrong again. This is not the same life someone from the ‘healthy kingdom’ would lead. According to Frank, the problem for these people is that modern medicine lacks “a story appropriate to the experience” it sets in place (Frank, 2013, p. 10). Each story reflects strong cultural and personal preferences; both institutions and individual listeners steer ill people toward certain narratives, leading to other narratives simply not being heard. The personal stories written out in Frank’s book are unique, as well as other stories people tell about (their) illness. But the sociologist wants us to acknowledge that stories are always composed by adapting and combining certain forms of narratives that cultures make available. These narratives are produced by medical and governmental institutions, medical professionals, social workers, and also (social) media and art. Why do we use narratives when talking about our health and illness? One reason could be that listening to stories of ill persons is difficult: illness narratives help to encourage attention to these stories by mixing and weaving different narrative threads. To be more theoretical, it helps to sort out these threads by distinguishing ‘narrative types’: the restitution, chaos, and quest types of narrative (Frank, 2013).

The restitution narrative is about people who are sick and want to be healthy again. Here, health is seen as the ‘normal’ condition. The story is about health instead of illness, a commonly used metaphor relevant to this narrative is saying a recovered person is “as good as new”. The restitution plot comes forward from a modern expectation that holds a remedy for *every* type of suffering. Characteristically of these stories is how they are always full of possibilities, progress, professionalism, and how to outwit the suffering, most importantly to get healthy again (Frank, 2013). We could say this is an empowering way of dealing with illness: focusing on the good instead of the bad. At the same time, this narrative can be disempowering just as well, especially if it is spread by authority figures like doctors and policymakers. When the restitution narrative is the dominating narrative, less space is available for stories that focus more on the illness experience itself instead of the ‘healthy-again’ future.

Where the restitution narrative seems to be a story with a beginning and an end (someone who is ill gets better), the chaos story is the opposite: a non-plot. In this case, the plot imagines life never getting better. In general, chaos stories are hard to understand for the

listener/reader, as they lack any coherent sequence or narrative order. Characteristic features of the chaos narrative consist of aspects of vulnerability, futility, and impotence (Frank, 2013). In my opinion, chaos stories show the more realistic and maybe even more human side of having to deal with illness: it makes one realize that it could happen to any of us. To turn chaos into a verbal story, one needs distance to reflect. The more chaos, the less distance between the narrator and the events. This, in turn, indicates the level of (mental) distress someone is in.

The quest narrative is the third form. These stories “meet suffering head-on; they accept illness and seek to *use* it” (Frank, 2013, p.115). It is believed by the ill person that something is to be gained through the experience of being ill. According to Frank, this type of illness story affords ill persons an empowering voice. This is also why most published illness stories are quest stories, for example, auto-biographies or interviews.

### 4.3 Methodology

My method for analyzing these corpora is as follows. Regarding the text of ‘The Horla’, I studied the role of focalization. Here, I used the ‘what-how-who’ method of Bal (2017). First, what does the narrator focalize, what is it aimed at? Next, how does the character do this; with what attitude does it perceive? Lastly, who is the focalizer; what can we figure out about its ‘self’. With these questions in mind, I studied the text while color-coding each aspect. Based on this coding, I related fragments that illustrate their relevance to the theory of focalization. For the second part, I read the story again with Frank’s illness narratives in the back of my mind. Based on my interpretations, I related fragments from the text with aspects of the restitution, chaos, and quest story.

For analyzing a film, different steps are at stake. Instead of selecting paragraphs or sentences, I zoomed out and focused more on selecting scenes in which parts of the fabula were presented that, based on my observations, portray madness. Not only the literal texts of spoken words matter here, but also audio-visual aspects like camera-angle, mise-en-scene, color, music, and sounds. For the analysis, I have chosen two scenes that illustrate how madness is focalized. Finally, two other scenes are used to discuss illness narratives.

## 5. Results

In my research, I want to compare the representation of madness in “The Horla” on the one hand and in the film *Diary of a Madman* on the other hand. I want to put these results within the context of focalization and narrative illness to see if these concepts can give us insights into cultural ideas about madness.

### 5.1 ‘The Horla’ (1887)

Throughout the story, it may look like we do not get much information about the narrator. We do not know his name, age, occupation, or the exact period in time. What we do know is his gender, as he frequently refers to himself as a man. There is also a quick mention of the narrator’s mustache by an external character. In the beginning, the narrator tells us about his location when he describes the first day of his diary. It is the 8<sup>th</sup> of May; a lovely day on which he spent all morning lying in the grass in front of his house. He describes his love for home and its surroundings: “I am attached to it by deep roots, profound and delicate roots which attach a man to the soil on which his ancestors were born and died...”. He mentions how he can see the Seine flow from his windows and his admiration for the nearby town of Rouen. More specifically about this day is his mentioning of the passage of a “long line of boats drawn by a steam tug” including a “Brazilian three-master; it was perfectly white and wonderfully clean and shining”. This sight gave the narrator great pleasure, he writes in his diary. A landscape is focalized by the narrator, which presents us with a certain interpretation of elements in the story world that is far from neutral and objective. By humanizing the environment, the narrator shows us a glimpse of his inner world; he shows us his appreciation of the location in which he grew up and his description of the ship indicates he is a man with an aesthetic eye. This short introduction does not address madness yet, but it is a clarification of how I will use focalization to investigate madness in this text.

#### 5.1.1 Victimized by madness

As described earlier, madness is a very abstract word that is not to be defined in a concrete sense. For my analysis, I will look for madness suggested as “losing one’s personhood”; an understanding and definition of madness that has been around since Aristotle’s declaration that “man is a rational animal” (Price, 2013, p. 298). In De Maupassant’s story, we experience the

narrator's personhood. To get a better understanding of the narrator and his 'self', I want to study what feelings he has towards his own personhood and how this relates to madness.

First, *what* does the narrator experience and focalize? The first distress he notices in his body is a "slight feverish attack" on the 12<sup>th</sup> of May. He starts thinking: "Whence do these mysterious influences come, which change our happiness into discouragement, and our self-confidence into diffidence?". Immediately, he connects his bodily state to a spiritual reflection. He does not look for the distress in himself, but in an external 'mysterious influence'. In fragments later on in the story, he describes this influence as 'some misfortune' and 'that mystery of the Invisible'; the narrator finds himself to be the victim of something or someone. We get a further introduction into the narrator's descent into madness on the 25<sup>th</sup> of May:

My state is really very peculiar. As the evening comes on, an incomprehensible feeling of disquietude seizes me, just as if night concealed some terrible menace toward me. I dine quickly, and then try to read, but I do not understand the words, and can scarcely distinguish the letters. Then I walk up and down my drawing-room, oppressed by a feeling of confused and irresistible fear, the fear of sleep and fear of my bed. (p. 2)

Here, the narrator experiences his own physical state as if it is an entity with a human will. The feelings he gets, seem to 'seize' him, just like the mysterious influence and feverish attack he expressed earlier. Later that the same day, his fear of this 'invisible' menace keeps getting worse when he starts to believe it will lead to his own death: "...this perfidious sleep which is close to me and watching me, which is going to seize me by the head, to close my eyes and annihilate me". Like an external danger, the narrator uses the word 'sleep' to express his loss of control; in our sleep, we are not only vulnerable and easy to be attacked by evil, we also experience things in our dreams we cannot control, and even unveil our greatest fears.

The question of *what* is focalized here will lead to the description of events experienced solely through the narrator. He is obviously focalizing a feeling, an experience that is causing him great distress. This experience is far from objective as the events are described from a state of fear. This leads to *how* the experience is focalized; the narrator views it with an attitude of fear and hopelessness: "As soon as I have got in, I double lock, and bolt it: I am frightened – of what? Up until the present time I have been frightened of nothing – ". Here we sense the narrator's uncertainty regarding his self: he knows himself as someone fearless, up until now. Him questioning the cause of his fear is also an indication of the narrator doubting his own self. Through this self-doubting, we get to know more about *who* is focalizing; someone who has

insight into his own self and is aware of this changing. Our focalizer is localized within the narrator, also called an internal focalizer.

I struggle, bound by that terrible powerlessness which paralyzes us in our dreams; I try to cry out – but I cannot; I want to move – I cannot; I try, with the most violent efforts and out of breath, to turn over and throw off this being which is crushing and suffocating me – I cannot! (p. 2)

I believe the fragment above is an important way Maupassant chose for expressing madness. We can tell from the content as well as the form. The narrator describes a struggle with the Horla (“this being”). We see the narrator trying to fit his experience into his own realm of experience, into something he is familiar with. In this case, the familiarity is in humanizing his fear and describing it as if he is fighting with or being overpowered by another human. Furthermore, the punctuation used expresses his sense of incapability as well. The repetition of “I cannot” expresses potency and loss of the self. I will elaborate on this later on when talking about illness narratives.

With what attitude does the focalizer view things? As mentioned above, the narrator expresses his loss of control by describing his experiences as if an external factor is doing him harm. We could say he deals with this experience in three ways: through fear, through surroundings, and self-reflection. The first way is an obvious one, addressed above as well; the narrator frequently expresses his fear towards the experience by literally writing he is frightened. On a walk on the 2<sup>nd</sup> of June, the narrator experiences a sudden “shiver of agony”. Hastening his steps, he is “frightened stupidly and without reason, at the profound solitude”. A feeling of being followed by somebody “walking at [his] heels, close, quite close to [him], near enough to touch [him]” indicates a disturbance in the stability of the self. Our narrator calls himself stupid and without reason as he experiences the feeling of being followed without seeing anyone or anything wanting to do him harm.

Through surroundings, the narrator tries to find relief and even sources of healing. On the 2<sup>nd</sup> of June, he describes how sometimes he goes out for a walk: “I used to think at first that the fresh light and soft air, impregnated with the odor of herbs and leaves, would instill new blood into my veins and impart fresh energy to my heart” (p. 2). This quote shows hope and a sense of own will. The narrator has his own ideas about what would be healthy for him and is capable to act on this by going for a walk. Unfortunately, this action does not seem to keep the Horla at bay.

The main character frequently reflects on himself through ‘others’: anyone but his own self, presented as ‘man’ or ‘populace’. On the 14<sup>th</sup> of July, a French national celebration, he writes the following after observing celebrating people:

The populace is an imbecile flock of sheep, now steadily patient, and now in ferocious revolt. Say to it “Amuse yourself,” and it amuses itself. Say to it: “Go and fight with your neighbor,” and it goes and fights. Say to it “Vote for the Emperor,” and it votes for the emperor, and then say to it “vote for the Republic,” and it votes for the Republic. (p. 5)

This fragment does not only highlight the narrator’s ideas about politics but can also be interpreted as the loss of trust in himself. By reflecting on humanity, he indirectly reflects on his self. He describes ‘the populace’ as ‘mad people’ who seem to not have a will on their own. Questioning and looking down on the sanity of the ‘populace’ - a representation of all the ‘others’ – may reflect the narrator’s own struggle with the sanity of the self. He takes it a step further when he also belittles “those who direct it [the Republic]” by describing how:

...instead of obeying men they obey principles, which can only be stupid, sterile, and false for the very reason that they are principles, that is to say, ideas which are considered as certain and unchangeable, in this world where one is certain of nothing, since light is an illusion and noise is an illusion. (p. 5)

Here we see how the focalizer tries to rationalize his uncertainties of his mental state. In other words, he claims that authorities everyone obeys to, don’t know anything for certain either. This is emphasized by him saying that things we perceive that seem to be certain like light and noise, are merely illusions. The belittling way in which ‘others’ are described, provides us information about the state of the narrator. He is in mental distress, challenged by his own sanity. As follows, his struggle is reflected in the way he perceives social structures and their actions around them.

### 5.1.2 Reflections of 19<sup>th</sup>-century Illness Narratives

Personal stories of those who suffer from illness are the basis of Arthur Frank’s theories. He views these stories within the context of the remission society: the social construction I mentioned earlier in which one is neither sick nor healthy. Frank addresses the issue of the limited space in which these people can form their own personal narratives instead of being

influenced heavily by health authorities and other social factors that carry forward certain narratives about illness.

I think the story of 'The Horla' can be related to illness narratives in two ways: 1) as an illness story told by the author Guy de Maupassant and 2) as a cultural text that coproduces and reflects illness narratives of the late 19<sup>th</sup> century. Maupassant was struggling himself with mental distress. We could see the main character he created in 'The Horla' as a tool through which he could tell his own story. As a child, he had contracted syphilis and suffered from this his whole life, physically and mentally. Maupassant was always attracted to macabre topics and often explored the mind and its boundaries in his stories. When syphilis reached Maupassant's spinal cord, he became obsessed with intrusive and obsessive thoughts and tried to take his own life. After this, he was committed to an asylum in January 1892 where he died some months later ('Remembering Maupassant', 2000).

If we view illness narratives in relation to 'The Horla' through the 'The Death of the Author' perspective by Barthes – meaning the possible influence or intention of the author is discarded in the interpretation of the work - then we could see the story as a body of text that presents narratives told related to madness. In the next part, I will look at the three illness narratives proposed by Frank and see to what extent they function in representing madness.

### *Restitution narrative*

Throughout the diary, settings change frequently. The focalizer takes these short trips as he believes "a journey will set [him] up again". Having returned, he writes the reader about his experiences and how he feels better again:

I have come back, quite cured, and have had a most delightful trip into the bargain. I have been to Mont Saint-Michel, which I had not seen before.

What a sight, when one arrives as I did, at Avranches toward the end of the day! [...] I uttered a cry of astonishment. (pp. 2-3)

Our narrator seems to feel good; he believes he is 'cured', indicating he experiences his distress as an illness. He describes his trip as 'delightful' and shares how he was deeply impressed by the town of Avranches. These trips seem to be the only 'cure' for the narrator as during these, he is not distressed by his physical and mental state. Like the restitution narrative, this attitude of the narrator forms a narrative of wanting to be healthy again. Still, the narrator's narrative



would not fit the restitution narrative as Frank intends. The descend into madness overpowers the will to be healthy again as the own will of the narrator is overpowered by the Horla.

### *Chaos narrative*

The chaos narrative is a non-plot; it lacks coherent sequence or narrative order. It is characterized by aspects of vulnerability, futility, and impotence. If we look at the fabula, there is a coherent sequence of chronologically related events experienced by the narrator. As the story is designed in the form of a diary, we get a direct sequence of events that are marked by dates. Some aspects that do convey the chaos, are expressions of despair. On the 6<sup>th</sup> of August we read: “This time I am not mad. I have seen...I have seen...I have seen! I can doubt no longer...I have seen it...”. The syntactic structure of the repetition of words indicates a verification towards the self of what he has seen is real, this is emphasized by saying that he cannot doubt any longer. At this moment, the narrator loses himself in his own chaos, not being able anymore to formulate structured sentences.

Our narrator starts to get seriously disconnected from his self on August 14th when he writes:

I am lost! Somebody possesses my soul and governs it! Somebody orders all my acts, all my movements, all my thoughts. I am no longer anything in myself, nothing except an enslaved and terrified spectator of all the things which I do... I wish to get out, I cannot. He does not wish to, and so I remain [...] in the armchair in which he keeps me sitting. I merely wish to get up [...] so as to think I am still master of myself: I cannot!  
(p. 8)

Repeating the inability to function as wished (“I cannot”) is a sign of impotency and futility; our narrator has lost his own will to the invisible evil. His self is taken over, although he is still able to distinguish himself from the Horla as he is able to acknowledge his inabilities.

### *Quest story*

The third illness narrative is based on whether the ill person has gained something from being ill. This can be personal things like new insights and attitudes towards hardships in life leading to empowerment and self-assurement. Our narrator’s last words written down are: “Then...then... I suppose I must kill myself!”. Regarding the end of the story, the narrator does not seem to have gained anything; he stayed and ended in his madness. If we switch to the

perspective from 'The Horla' being Maupassant's illness story, we could say that a quest narrative is represented in the form of the exploration of spiritualism/religion versus science, an important philosophical theme within the story. This is illustrated by the narrator's interaction with medical experts (science) and a monk (religion). At the beginning of the diary, on the 18<sup>th</sup> of May, the narrator records he consulted his 'medical man' for he was not able to sleep anymore because of his feverish state. He writes that the doctor "found that my pulse was high, my eyes dilated, my nerves highly strung, but no alarming symptoms". The gaze of the medical professional allows us to distance ourselves from the narrator's self; the patient seems to have physical symptoms that may be cured with "a course of shower-baths and of bromide of potassium". Hope is put in this 'medical man', but on the May of 25<sup>th</sup>, our narrator reports that nothing has changed. It seems to be more than just physical distress, more than what the scientific eye (doctor) can see.

As described earlier, on the 2<sup>nd</sup> of July the narrator describes his visit to Avranches where he met a monk who told him stories about the place. They discuss further a local legend concerning goat-like supernatural beings:

If there are other beings besides ourselves on this earth, how comes it that we have not known it for so long a time, or why have you not seen them? How is it that I have not seen them" He [the monk] replied: "Do we see the hundred thousandth part of what exists? Look here; there is the wind, which is the strongest force in nature, which knocks down men, and blows down buildings, uproots trees [...] the wind which kills, which whistles, which sighs, which roars – have you ever seen it, and can you see it? It exists for all that, however. (p. 3)

This philosophizing about the realness and existence of invisible things is something true to naturalism; the style that is often attributed to Maupassant's writing. This literary movement has its origins in the late nineteenth century and attempts to discuss scientific principles of objectivity and detachment about the study of human beings. According to famous naturalistic author Émile Zola, humans are '(human) beasts'. Literary characters can therefore objectively be studied through their relationship to their surroundings. "Naturalistic writers studied human beings governed by their instincts and passions as well as the ways in which the characters' lives were governed by forces of heredity and government" (Campbell, 1997). *The Horla* could be seen as a quest story for Maupassant. Through naturalism, Maupassant was able to reflect on his own mental distress through studying another character with similar struggles. This

character made by himself may have allowed him to gain insights into his own self. Unfortunately, not in a positive way as he was not able to finish *The Horla* due to his mental distress.

Analyzing through the lens of focalization has shown us a representation of madness that is strongly connected to the idea of madness as something *that happens to* someone. In pinpointing the what, who, how of focalization in this story, it became clear that the narrator embodies the role of a victim, being in the grip of the Horla. He seems to have lost autonomy over his own state when he describes how his feelings ‘seize’ him. He also does not trust the situation to safely fall asleep as he is afraid to be attacked during the night. The first analysis showed how the unnamed narrator of ‘The Horla’ experienced his mental distress/the Horla not only through physical fever-like symptoms but also through doubting his own self. The invisible being is focalized through these factors, which cannot be seen as objective factors as they are subjectively experienced by the narrator. In ‘The Horla’, the focalizer coincides with the character, meaning that this narrator has an advantage over the other characters in the story. As we ‘watch’ with the narrator’s eyes, we are easily inclined to accept the vision perceived and presented by this character. It is important to note that a character-bound focalizer like this leads to bias and limitation when judging the events happening. However, we as readers do not have the same position as the focalizer: we do more with the given information than is given to us, we interpret it in our way. In other words, we do not always completely lose ourselves in the ‘suspension of disbelief’ (Oxford Reference, n.d.). Through the subjective thoughts of the internal focalizer, we get to know more about the character: his ideas and assumptions about what is rational and normal. These personal values are also reflected through the character perceiving other characters, or human beings in general.

As described in the analysis, the text can be connected to illness narratives in two ways: as an illness narrative told by the author or as a cultural text which represents illness narratives from the late 19<sup>th</sup> century. These perspectives are supported by interpretations of fragments that illustrate the different illness narratives. As we have seen, the genre of naturalism had its influence regarding the writing about mental illness as an object of study was a popular phenomenon during the late 19<sup>th</sup> century.

## 5.2 *Diary of a Madman* (1963)

For my analysis, I have chosen multiple scenes that touch upon the topic of madness. It is not relevant to discuss every scene; besides the subject of madness, a sub-plot of Simon finding love is part of the film. For the sake of this analysis, I will focus only on how madness is conveyed through film. Specifically, how the Horla - whether 'real' or in Simon's head – is presented.

### 5.2.1 Cinematic tools as 'focalizer'

The film's story is put in a 'frame narrative'. This is a technique of storytelling that serves as a story within a story and appears as an introductory narrative setting the stage for a second narrative. *Diary of A Madman* is a great example: the first scene shows us the funeral of - who later on seems to be - the main character. All people who knew Simon well, are listening to the pastor speaking about God's trusted decision to have taken "a just and courageous friend". He also forebodes to the viewer about Simon coming to his end "as he did, makes his passing [...] a greater shock for those he has left behind." This introduction functions as an insight into the main character Simon Cordier, as well as a presage of what the viewer will get to see throughout the film. After the funeral, the introductory narrative continues as an acquaintance of Simon has gathered his daughter, the local pastor, police officer and the servants of Simon to open a chest including a letter on top. The letter, written by Simon, explicitly mentions that the chest should not be opened until immediately after the funeral. In the chest, the characters find Simon's diary which starts on the 17<sup>th</sup> of September 1886. From here, the second narrative begins; the one that is framed by the previous characters finding a diary describing events of the past.

As mentioned earlier, I adapt a definition of madness that refers to the loss of one's 'self'. In the film, we do not directly view the events through the eyes of the main character, Simon Cordier. We could say that this time, the origin of the vision that performs the vision is shifted from a character to the camera. Branigan defines the camera as a 'construct of the spectator' and a 'hypothesis about space' (1984, as cited in Deleyto, 1991). The camera is not the only tool able to narrate a story through techniques like editing and camera position. Mise-en-scene can function as a type of narrator as well as it is "the staging of the events in front of the camera" (Deleyto, 1991, p. 163). In film, focalization can still be external or internal. There is a difference between seeing characters speak or hearing the voice of a character as if thoughts are hearable for the viewer. Furthermore, several focalizers can appear simultaneously on

different points of the frame. Studying the relationship between these different focalizers and their possible positions on the frame makes what “the study of focalization can contribute to the analysis of subjectivity in film” (Deleyto, 1991, p. 167). In the next part, camera position, mise-en-scene and other cinematic techniques will guide me to study the representation of madness as focalization occurs differently within film.

*Scene 1:* First encounter with ‘madness’ (00:08:35 – 00:12:34)

In the previous scene, the police officer is visiting magistrate Simon to discuss a case about the ‘criminal’ Louis G rault. The two men discuss it as a “strange event” as Louis murdered four people with no motivation and without robbing them or anything of the sort; “He just killed...”. The police officer says Louis wants to talk to the magistrate.

In the following scene, Simon visits Louis in his cell. Simon and the officer are approaching the cell while walking through a dark, barely lit hallway with grey walls. The camera position is in a medium-long shot; a commonly chosen position as provides a good balance between the portrayal of characters and surroundings. A light source is coming from the left, which causes to project dark and elongated shadows of the characters on the walls on the right. I also want to note the role of the music playing during this scene. Sound can indicate a plentitude of interpretation possibilities; through music as well, the filmmaker judges which one to pursue based on the film’s overall meaning (Bordwell & Thompson, 2013). When Simon walks towards the cell and while entering the cell, we hear an orchestral symphony giving the impression of building up tension towards a frightening and important moment for the plot. The next part shows Simon sitting across Louis in a medium shot. Shots of their heads in medium shot alternate while one big stripe of light enlightens their faces. The rest of the space is dark. Simon is expecting some sort of statement from Louis, something Louis has not yet mentioned at the trial. But Louis insists he already told the truth and everything he remembered:

L: It was something that used me. Just as if it...took my body and made me murder.

S: Please, G rault. You seem to be a man of some *intelligence*.

L: [scoffs] And in three days my intelligence will be *chopped off* at the neck, eh?  
[he is standing up, standing in front of Simon]

Do you think I would go on lying, knowing that I’m going to die?

S: But a man doesn’t kill four people without *reason*...

- L: It was a thing that *possessed* me that had the reason. It lives on evil and grows stronger and stronger...
- S: Please, G rault, sit down.
- L: I didn't even know until afterward, that I had killed. It had control of my mind. I had no will of my own. It *forced* me to murder.

Simon disregards Louis' story; this is not a believable testimony in his eyes. He apologizes for not being able to help, but Louis interrupts him insisting he does not want a new trial: he *wants* to die. The music grows again in tension and volume when Louis says: "Because so long as I live...the thing can make me kill again". At this moment, a blue bright light covers his eyes as he gestures his hands towards his head (Perica, 2012, *Figure 1*). His hands slowly move towards Simon when he exclaims: "It can even make me...kill you!". The music gets louder while Simon is being attacked by Louis. Simon is able to overpower Louis and throws him on the ground; the criminal collapses towards the wall and the blue light over his eyes slowly disappears. It appears Louis has died. In shock, Simon explains to the guard that came in after hearing the struggle how confusing it was: "One moment he was *completely* rational and then...this is terrible...".



*Figure 1.* Perica. (2012). [Screenshot]. Retrieved from [https://www.youtube.com/watch?v=B1HYyVeW-tg&t=1s&ab\\_channel=AncigerPerica](https://www.youtube.com/watch?v=B1HYyVeW-tg&t=1s&ab_channel=AncigerPerica)

To go back to focalization, Bal's method of what-how-who is based on textual sources and may work less effectively for the medium of film. Still, these three stepping stones function as a starting point for analyzing film in relation to focalization. Earlier, we witnessed other characters talk about Simon. Now we see Simon interacting with Louis within the frame

narrative. To answer *what* is being focalized in the scene above, we could say that Louis, Simon and the Horla are all being focalized. *How* they are focalized is constructed by a dialogue between the two men. Medium headshots are often used for dialogues between people. Letting the viewer focus on the words and facial expressions of the characters enhances the narrative. Through dialogue, the viewer experiences the perspectives of the characters; they reflect each other's focalization. This is what novelist Henry James calls 'reflector figures' with which he refers to "...the filtering of the environment through the minds of the protagonists" (Labrie, 1968, p.521). For example, Simon expresses he finds Louis to be a man of intelligence. From this, we can extract the main character's unwillingness to face madness. He has been with Louis a few seconds and already states he must be an intelligent and reasonable man, for only a madman would be able to randomly kill people. As an interpreting viewer, one could say this scene reflects Simon's own fear of madness. He cannot believe someone has done a deed so horrifying while seeming 'sane'. Could a 'rational', 'intelligent' man like himself end up being as mad as Louis? The dialogue above involves the moment in which the Horla is 'transferred' from Louis to Simon. As said before, a story in film is always framed by the outer level of the *mise-en-scene*. The dark hallway and room set a tone of danger and mystery. It is in a dark, small space surrounded by cold, stone walls where the main character comes in touch with the Horla, or 'madness' for the first time. Technical effects add to the framing as well. The science-fiction-like blue light over the eyes when the Horla is present indicates a supernatural being, for in real life we would never see such lights suddenly appear over people's eyes (Perica, 2012, *Figure 2*). Last but not least is the instrumental music building up to a climax which is indicating danger and the run-up to an important moment: Simon 'contracting' the Horla from Louis.

Lastly, the question of *who* focalizes is related to the reflective characters; they perceive and focalize each other, reflecting their focalization towards the viewer. An authorial narrator is present above the world of action, allowing the viewer to experience shifts between these perspectives.

#### *Scene 2: 'Madness' portrayed (00:23:58 - 00:26:16)*

We see Simon in his study room, writing in his diary at his desk. Suddenly, we hear an off-screen voice, meaning a voice not related to a character on screen who contributes to the narrative. This is the Horla speaking to Simon: "Very interesting, magistrate. I've been waiting patiently to see what you would write". Simon's body language shows confusion and discomfort, he slowly reaches to the temples of his head when the Horla says "You still think I exist only in your mind", followed by a chuckle. He continues, saying that "...men's logic has

always denied [the Horla's] existence". A science-fiction-type of neon blue light lies over Simon's eyes while music excitingly swells to a higher tone.



*Figure 2.* Perica. (2012). [Screenshot]. Retrieved from [https://www.youtube.com/watch?v=B1HYyVeW-tg&t=1s&ab\\_channel=AncigerPerica](https://www.youtube.com/watch?v=B1HYyVeW-tg&t=1s&ab_channel=AncigerPerica)

This seems to indicate the Horla has taken over Simon again, as the main character does not seem to be afraid anymore and rises from his chair with a stoic face. The Horla speaks: "Life and death are the only truths. Everything else is illusion". Simon is commanded to prove that death is a truth and that the love for his pet bird is an illusion. Simon has a dissociated look on his face; he is clearly not being himself when the room around him darkens and the blue light reappears on his face while climaxing music plays. "Prove it now" says the Horla. He chuckles evilly again. Clapping windows behind Simon and the light of the lamps in the room turning back on indicates that the Horla has left again. Simon remains behind with a confused look on his face. After a few seconds, he wonders how his bird got out. Then, a swelling music melody and the camera focusing on the ground before Simon shows us the result of the Horla: the bird lays on the ground, squeezed to death together by Simon when he was 'possessed'.

In this scene, The Horla, as well as madness, are focalized. This is done through cinematic aspects like the off-screen voice. To the viewer, it is clear that this voice is the Horla and that the filmmaker suggests the voice is inside Simon's head. But, if this were to be a hundred percent true, the viewer as an outsider would not be able to hear what is going on in the inner world of the character. Here, the cinematic effect of using an omniscient voice creates an ambiguous effect leaving out whether Simon is hearing voices in his head or the presence of an actual external supernatural being. Different from 'The Horla', we can now perceive the



presence of an external character because we hear a voice. In Maupassant's story, we could only believe - or not - what the narrator was writing down in his diary.

### 5.2.2 Mentally ill or possessed?

Theorists of drama state there is no narration but representation in play; the "story is not narrated but represented by means of actors and a dramatic space" conveying a certain message to the audience. According to Deleyto, a film narrative works in a similar way to a play. With this in mind, the next part will elaborate on whether illness narratives can bring new perspectives on the representation of madness in this film.

#### *Scene 3:* Doctor visitation (00:26:21 – 00:29:0)

Frank mentions how each illness narrative reflects strong cultural and personal preferences that are being co-produced by both individuals as institutions (Frank, 2013). These preferences can steer ill people towards certain narratives like the one about working towards becoming 'healthy again'. The next scene illustrates how the main character visits a medical expert; someone who could be seen as authoritative on producing illness narratives.

Simon is sitting across from his doctor and asks him how someone can explain something he cannot see. He continues explaining he hears voices as if someone is in the room with him while he is alone. The doctor answers: "And it was this voice that urged you to kill your pet?". He sums up a few other remarkable things that had happened to Simon. For example, a writing in the dust on Simon's attic and an overthrown inkpot on his desk, shown in previous scenes. And of course, the voice. He asks if Simon feels like these things are all related. "Somehow...yes, yes", Simon answers. The doctor rises from his chair and while walking towards a window in his room, nodding his head and taking off his glasses, he says: "It is you who relate them, for they are *all* from your own imagination. Science does not accept gnomes, ghosts, demons, images of evil." Simon reacts he does not understand.

Doctor: "Do you want my help? Will you do as I say?"

Simon: "Well Doctor if there is hope I'll do...anything."

Doctor: "A doctor has always hope. Hope of curing his patient. Hoping his bill will be paid. (chuckles). Of course, there is hope."

Simon: "Then I have come to the right man...I have never had reason before to go to an *alienist*."

Doctor: “However, I can’t cure you. You have to cure yourself. You have to *change* your life. Get out of yourself. *Never* submit to loneliness. You said you love to sculpt?”

The doctor continues to encourage Simon to relight his passion for sculpting and to take a vacation from his work. “I can only give you the description. The medicine, you must take yourself”, he believes this is the right cure for Simon.

The fragment above illustrates a cultural representation of Frank’s restitution narrative. From the dialogue, we can conclude that it is not the first time Simon visits his doctor who is already aware of his personal complaints. During the 19<sup>th</sup> century, the idea of there being a remedy for any suffering grew from ‘alienists’: a somewhat derogatory word for psychologist or psychiatrist during that time. By visiting a medical expert, Simon expects a possibility to become his own self again. The doctor emphasizes the restitution plot by saying that Simon has to cure himself and ‘get out of himself’. He is not mad and does not need any medication, he just needs to ‘get himself together’, according to the doctor. This way, he will become ‘normal’ again.

*Scene 4:* The Horla (00:42:52 - 00:47:48)

Simon puts on his overcoat while looking in the mirror in his attic. The camera is positioned behind him, we look into the mirror over Simon’s shoulder. Surprisingly, no mirror reflection of Simon is seen here (Perica, 2012, *Figure 3*). We hear an omniscient off-screen chuckle: the Horla is back.

What is it, magistrate? Are you wondering how so important a man can fail to see himself in a mirror? Oh come, Simon Courdieu, you should know by now that I am real, that I am not a dream. [...] The reason you cannot see yourself is that someone stands *between* you and the mirror. I...am that someone. It should assure you that my physical being is quite solid...even if your *eyes* can’t see me.

Simon reacts by saying it is not possible and that he does not believe it. With a quick movement, he grabs an object behind him and fiercely throws it towards the mirror, where the Horla says he is standing. The camera zooms in on the thrown object while a dramatic melody is playing: it did not hit anything physical but the ground. Simon has a confused facial expression: his shoulders are bowed down and his eyebrows are frowning in worry. “If you are there...then

why can't I see you?" Simon says. The voice tells him to calm down and says he will give back Simon's reflection: at this moment we see Simon appear in the mirror. Simon says: "Tell me what's happening...are you human?"

H: That depends on the point of view. If you mean the Horla lives on earth like you do...yes you are not the sole inhabitants.

We have always been here...we just exist on different planes. We can move into your plane only if you make it possible.

S: I don't understand. How could I have made it possible?

H: Through evil, magistrate.

S: But I have fought evil for all my life...

H: The great magistrate...the dispenser of justice for one and all. You are a murderer.

S: (Angrily) I have never murdered anyone!



Figure 3. Perica. (2012). [Screenshot]. Retrieved from [https://www.youtube.com/watch?v=B1HYyVeW-tg&t=1s&ab\\_channel=AncigerPerica](https://www.youtube.com/watch?v=B1HYyVeW-tg&t=1s&ab_channel=AncigerPerica)

A chest in the rooms opens, mysterious, fairy-like music plays; a photo of a woman with a child flies out of it. As it hovers in the air, the Horla explains Simon how his wife was his victim. He blamed her for the death of their child, which drove her to commit suicide.

In the scene above, the Horla 'reveals' itself while staying invisible. It seems, this being exists of multiple beings that always have been 'here'. When people are vulnerable or get in touch with evil, the Horla can take over this person's mind. In this fragment, we learn that Simon's

wife committed suicide. According to the Horla, this was due to depression which Simon contributed to by blaming his wife for the death of their child. The loneliness and mental distress Simon endured after the death of his wife is because of this evil deed and it allows the Horla to possess Simon. Simon is a magistrate, judging what is wrong and right but has failed to do the right thing in his own personal life. This fragment could be interpreted as part of a quest story. Here, the 'ill person' is experiencing clarifications about his own self, whether or not by a mental illness or an evil spirit. Instead of a philosophizing attitude towards the self, *Diary of a Madman* is more about morality and being right and just versus evil and 'possessed'. In the ending scene, the people around the table who started reading this diary are sure that the Horla "...was in his imagination, of course". They conclude the Horla is human and becomes 'real' when "...evil exists in the heart of man". The presence of the Horla we have seen during the second narrative opposes the introductory narrative where it is discussed how poor Simon had come to his end through madness. This produces the effect of uncertainty whether the Horla was 'real' or an expression of 'madness'.

Film allows for different forms of focalization as the narration is not solely based on text but also on sound and visual effects which co-create the narrative. Through the use of frame-narrative, filmmaker Le Borg created a different point of perspective. Now, we are not in the main character's mind, but we view his experiences through an introducing narrative and the camera. In *Diary of a Madman*, madness becomes less an internal dialogue of doubting and struggling with the self, and more of a multi-dimensional phenomenon that can be heard via an off-screen voice and seen in blue light and the movements of furniture. Whether the Horla is real or not becomes more obvious; its 'realness' is focalized by the camera and special effects if we would see these as narrators. In the film, the viewer is invited to engage in the earlier mentioned concept of suspension-of-disbelief. We would be less quick to 'diagnose' Simon as mad as we see the supernatural things happen, although we know these cannot be 'real'. How the film is narrated leads the viewer to perceive *as if* these events are possible. One needs to be able to get emotionally involved in the character's experiences. The narrator of 'The Horla' might have been delusional; because of this, the viewer can empathize with the character as these hallucinations have also driven him to set his own house on fire. Simon's end is similar, but in this story, we empathize because of a different reason: the fact that he was tortured by a supernatural being. Frank's illness narratives were more complex to relate to the film, as there are multiple narrators (characters from the first narrative, characters from the second narrative and cinematic tools). Prominent was the restitution narrative represented in the scene where Simon visited his doctor, assuming this would help him become 'normal' again.

## 6. Discussion and conclusion

Madness is portrayed in ‘The Horla’ as well as in *Diary of a Madman*. In this thesis, a comparison between the two cultural texts is made. The theoretical concepts of focalization and illness narratives have been used to analyze the representation of madness. The insights these concepts have brought to the representation of madness showed how focalization can be used as a way to emphasize and challenge certain representations of madness and how illness stories are able to bring forward ideas and assumptions about madness through narratives from the past.

### 6.1 Focalization as method

Pity and empathy are invoked through the tool of focalization; the reader is ‘in the narrator’s head’, experiencing his distress from nearby. Still, as a reader, we know more than just his experiences. Fictional texts have this power to create a respectable distance from which one can ‘witness’ the descent into madness. The narrator of ‘The Horla’ might have actually been delusional; because of this, the viewer can empathize with the character as these hallucinations have also driven him to set his own house on fire. Simon’s end is similar, but in this story, we empathize because of a different reason: the fact that he was tortured by a supernatural being. In *Diary of a Madman*, the title proposes the story is about a ‘madman’ which already guides us into meaning-making. Through cinematic tools, an invisible being is presented but leaves the public in doubt whether this has ‘happened or is an expression of ‘madness’. We could say that intensity and emotion are invoked not only through the plot but also through music and mise-en-scene.

Both works address madness in different ways, not only through form but also through content. *Who* focalizes and *what* is focalized differs and gives us the opportunity to view these representations of madness through different perspectives. Applying Bal’s what-how-who stepping-stones has worked sufficiently as a method of analysis for ‘The Horla’. The perception of the narrator within his story world became clearer. At the same time, Bal’s method lacked a specification of the difference between the focalizer and the narrator. According to her, perception is established by two components: the focalizer (the ‘who’, the narrator) and the focalized object (the ‘what’ madness/The Horla). The ‘how’ is supposed to describe the way in which is perceived. The last step brings confusion; one cannot see something *for* someone. I interpreted this last step as in how the narrator perceives madness. In ‘The Horla’ it appeared that these results were not that different from ‘who’ focalizes, as the ‘mad’, anxious narrator

focalizes while influenced by his mental distress. However, in *Diary of a Madman* the ‘how’ gets an interesting layer because of the medium film. Especially the camera and mise-en-scene direct the viewer’s eye toward the focalized and the focalizer at the same time. At the same time, in film, it is also more difficult to localize the focalizer as the camera is, in a way, functioning like ‘the focalizer’ deciding what is represented and what is not. So again, the distinction between the ‘how’ and ‘who’ stays vague. Therefore, Bal’s methodology is not sufficient for analyzing focalization in the medium of film as narration gains a whole new layer through the camera and mise-en-scene.

## 6.2 The lens of Illness Narratives

Perhaps, Arthur Frank’s illness narratives could have already jumped into Bal’s step of ‘how’ is perceived. As the reader cannot *see* for the narrator in a perceiving way, we might be able to see for him within the context of an illness narrative. As described in the analysis, ‘The Horla’ can also be seen as an illness narrative told by the author, as Maupassant could have written this story to make sense of his own mental struggles. It could also be read as a cultural text representing illness narratives from the 19<sup>th</sup> century regarding madness. Regarding the concept of restitution narrative, we could say this narrative was present during Maupassant’s period of time. The narrator perceives his mental distress as something that can be cured, illustrated by going outside for fresh air and visiting a doctor. In another fragment, he expresses his experiences in a chaotic way, exclaiming how he is limited in his own will (“I cannot!”). Theoretically, ‘The Horla’ might not be called a chaos story because of its chronological diary form. However, we have to consider the biased way of story-telling by a narrator who seems to be descending into madness. Because of his mental distress, we can doubt whether the events are as chronological and clear as they seem. Maupassant’s historical time period influences how the quest narrative relates to this story. As naturalism was a popular literary movement, we could see Maupassant writing this story as a quest for himself through which he gains introspect. This is merely a suggestion and might be far-fetched to be linked to a quest narrative. Therefore, I would state the restitution and chaos story to be the most relevant to ‘The Horla’ in bringing us insight into the representation of madness through narrative.

Frank’s illness narratives were more complex to relate to the film, as there are multiple narrators: characters from the first narrative, characters from the second narrative, and cinematic tools. In my analyses, I focused on the characters from the second narrative including the leading role. My findings show aspects of a restitution story and a quest story. Prominent

was the restitution narrative represented in the scene where Simon visited his doctor, assuming this would help him to become ‘normal’ again. According to the doctor, all Simon needs is a bit of rest and spending time on a hobby. Simon is putting his trust in someone who is generally assumed to be reasonable in his expertise. This doctor could be seen as an embodiment of medical authority when he dismisses his patient’s experience in the name of science. Reflecting back, the doctor’s statement is confusing. In a way, he does not believe Simon’s worries as he tells him they are all from his ‘own imagination’. In another way, he does take them serious enough to take the time to describe a ‘cure’ to Simon. The last scene I studied reflected a quest story. Interestingly, the story was not told by Simon himself but ‘narrated’ through the voice of the Horla. This supernatural being showed Simon an insight into his own life, making him realize he was not such an innocent, just, and morally right family man as he was a magistrate. Frank describes a quest story as a narrative in which the illness sufferer gains something during their illness. One would interpret this scene as Simon’s ‘madness’ revealing him to feelings of guilt from his subconsciousness. Overall, illness narratives do shed an interesting light on this film. They can make the viewer more aware of general and indirect thoughts and ideas about madness in cultural texts. However, when applying this concept in analyzing film, it should not be done in a systematic methodological way as shown in this thesis. It easily feels forced to link types of illness stories to certain scenes. I would advise using it as a set of concept tools in combination with personal interpretations in order to gain renewing insights.

### 6.3 Making up madness (or the ‘Horla’)

Through focalization, it was found the narrator experiences his mental distress as being a victim of an external being. His experiences also led him to doubt his own self; was he truly being attacked by the invisible Horla, or was he going mad? These results provide insight into the concepts of ‘human kinds’ by Hacking; kinds of people someone would like or not like to be because of their social value. It is interesting how Maupassant does not label the main character as mad, nor does he let the reader be able to surely say the character is mad or not. Through the literary concept of internal focalization, the reader is left to decide to what extent they perceive the described events as ‘true’ or ‘realistic’ within the story world. Therefore, Maupassant makes it harder for us to perceive the ‘human kind’, or ‘madman’ in this story. Because for all we know, within this fictional world, the Horla is an existing entity or natural kind.

In *Diary of a Madman*, it is different. The title already ‘labels’ the main character as a madman. This affects the audience’s perception of Simon: before the film has even started, the

viewer knows this character must probably be mad. Is he, though? Through cinematic techniques, the audience *does* perceive supernatural events happening, leaving them to doubt whether it is real or not. As Descartes said: one who doubts, cannot be mad. Let this then be a reassurance for the audience.

#### 6.4 Subjective experiences as ‘new narratives’

Because of the author’s choice to let the reader wonder about madness or not, we could say that Maupassant’s story fits with Beresford’s support of shedding light on different experiences of mental distress. As Beresford mentioned, it is essential to disconnect ‘madness’ from a medical model for ‘mad’ to function in a different way than something to be scared of (2020). In both stories, we have seen that fear is a big factor. Maupassant’s narrator fears the loss of his own will when he describes he is being taken over by the Horla. In the film, Simon’s fear is expressed through the worries he shares with his doctor. He also tries to push away his fears during the encounter with Louis, when he tries to rationalize the actions of the ‘mad’ man in front of him. When we look at the results through a Mad studies lens, we can say that focalization and illness narratives are able to give different perspectives on madness than just the more obvious factors of medical authority and being ‘abnormal’. The subjective literary concepts I used in my analyses enable the audience to see madness from the perspective of the person experiencing it instead of a medical perspective.

#### 6.5 Conclusion

My approach to this short story and film is important because it brings new perspectives to the concept of ‘madness’. By using historical sources, we are able to unveil clues to life from the past. Especially looking at historical art has the ability to contribute to who we are as people today. By studying what political, cultural, and social tendencies existed regarding madness, we gather knowledge and inspiration which contributes to the ways we speak and feel about the world around us in contemporary times. The dominant medical discourse has brought a lot of insight into making people’s lives better. As we have seen, it can also be an enforcing, categorizing, and limiting factor to mentally ill people and their personal narratives. This is why focalization and Frank’s theory on illness stories work so well: they allow for a more subjective stance formed by those who have experienced distress themselves. Netchitailova argues how fictional worlds enable us to distinguish representations of how (mental) illnesses may develop through the eyes of the sufferer. By comparing a literary text and a film, it became apparent



how both these media have their unique qualities in representing ideas and social, historical, and cultural meanings of madness. These insights contribute to the field of humanities as they are based on the collaboration of cultural studies and the imaging of illnesses. Cultural productions like stories and films reflect norms, assumptions, and narratives of past and present times which teach us about how to view current perspectives on health and medicine. On the one hand, the effect of representing illness leads to stigmatizing people suffering from psychiatric disabilities, especially historically. Think about the categorizing of ‘normal’ and ‘abnormal’ people through ‘analyse morale’, the DSM, and the making of people as described by Hacking. On the other hand, there seems to be an emerging aim to create understanding about experiences of suffering and distress. Subjective-focused concepts like focalization and illness narratives contribute to the latter.

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