

Illness Narrative in Doris Lessing's *The Diary of a Good Neighbour*

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ABSTRACT

The Diary of a Good Neighbour, a novel by Doris Lessing in 1983, reflects Lessing's considerations on the motifs of aging, illness, social care, etc. In the form of diary narrated by the first-person protagonist Jane Somers, this novel could also be regarded as an illness narrative encompassing Jane's meticulous care of a lonely senior woman Maudie. This paper analyzes the characteristics of Jane's illness narrative from the perspective of Peter Goldie's narrative theory of "emplotment". According to Goldie, the most remarkable features of illness narrative are coherence, meaningfulness and emotional import, which are all represented in *The Diary*. By using illness narratives authentically and aesthetically, the novel consequently helps to raise social awareness about the predicament of older women in infirmity and encourages social members to think over a better solution.

Keywords: *Doris Lessing, The Diary of a Good Neighbour, illness narrative, emplotment*

I. INTRODUCTION

As the winner of the 2007 Nobel Prize for Literature, Doris May Lessing (1919-2013) was one of the greatest British writers in English literature. *The Diary of a Good Neighbour* is a realistic fiction written by Lessing and published under the pseudonym of "Jane Somers" in 1983. Taking place in 1980s' London, the story features a successful middle-aged magazine editor Jane Somers, who later befriends ninety-year-old Maudie Fowler and takes care of her till Maudie dies of cancer. The story begins with care giving and ends with one of the protagonists' death out of cancer, stressing that illness is a keyword throughout the book. From the perspective of Peter Goldie's theory of "emplotment", the novel has shown several features of illness narrative through which Lessing reveals the fact that the elderly citizens in British society are in an unfavourable position and attempts to arouse readers' empathy towards this cohort.

II. ILLNESS NARRATIVE AND PETER GOLDIE'S EMPLIMENT

First put forward in the discipline of medicine in the 1980s, illness narrative refers to the storytelling in patients' voice, serving as new resources for medical ethics and clinical practice to help the patients. It is acknowledged that illness narrative is another key to human disease — narrative given by the patient provides doctors and

therapists with access to their sufferings, previous experience, lifestyles, and family dynamics, thus inspiring the doctors to give a more accurate diagnosis and more efficient treatments (Kleinman; Charon). Besides, some scholars and clinicians believe that narrative itself is a form of biopsychosocial medicine that takes stock of patients' emotional, social, and familial needs (Engel 129–236). Showing concerns for physical, psychological, and sociological states of patients, illness narrative research sheds light on the disease, self-identity, the mortality of the patients, and problems in medical treatment and social care. As sociologist Mike Bury says, "the study of such narratives has the potential to reveal a wider set of important issues to do with the links between identity, experience and 'late modern' cultures" (264).

Peter Goldie (1946-2011) was a British academic philosopher interested in aesthetics, emotion, and character. In the article "Narrative, Emotion and Understanding," Goldie coins the word "emplotment" and expounded the narrative theory with clinical materials. In his definition, emplotment is "an active process which is undertaken by the narrator" (157), a process that the narrator tries to knit a coherent story with personal experience and emotions, then renders it to the audience for responses or help. According to Goldie, there are three characteristic features of

narrative that emerge from this process: coherence, meaningfulness and emotional import (157).

The following analysis based on emplotment would be spread in three parts. Firstly, causal relations in Jane Somers and Maudie Fowler's narrative would be analyzed to show the coherence in the novel. Then the paper would explore the meaningfulness of narrative, revolving around the effects of illness narrative on both characters and readers. Finally, the intents and emotions of storytellers are examined to help find Lessing's concern about illness, aging, and loneliness.

III. COHERENT NARRATIVE

A. *Causal relation in Jane's narrative: psychological illness & self-recovery*

The novel starts with a "summing-up of about four years," (Lessing 4) while more concisely a confession in which Jane only states two life-changing events, Freddie's death and her mother's death. The word cancer became a keyword in Jane's story. All of a sudden, Jane was jostled into a secret kingdom. It is fair to say that their illness and death haunted Jane for a good time and changed the theme of her life from work into more complex questions — the nature of disease, and how to offer care and love. To this extent, her recording of life experience could be righteously regarded as a work of pathography. It is worth delving into her narrative about what illness has brought to her and how it changes her. A causal relation between illness and narrative is observed in the discussion below.

The first blow to Jane is Freddie's dying, and she shelters herself by pretending to be untroubled with all might and main. Lessing sets the tone for the whole novel from the very beginning that Jane is regretful when having a flash-back to her husband, Freddie's dying, "My life until Freddie started to die was one thing, afterwards another" (5). She accuses herself of being a "child wife" and not supporting when Freddie was sick.

Her mother's dying ensues shortly afterward and cancer knocks her down for another time. This time she gathers herself up quickly and is ready to support her mother, yet Jane gets bogged in a deeper distress due to a second failure in domestic relations. The mother-daughter bondage is never strong between the two as compared to Jane's mother and sister, Georgie, since Georgie has taken the responsibility of supporting their widowed mother for years while Jane only lives with her for a year or so after Freddie's death. Georgie is a typical housewife after WWII who takes care of the entire household with four children. After Jane's father dies, a rapport has been silently established among the family that Mother should live with

Georgie and her family in Oxford instead of intruding Jane and Freddie in London. Therefore, when the old lady is lying on the bed moaning and groaning, Jane knows not what to do; when she's better, Jane embarrasses herself by just sitting on a chair and enjoying the tea time silently with her mother.

But the most serious problem for Jane is that she gradually finds herself being too weak and impotent when faced with illness, cancer in this case, and she becomes immensely disappointed about herself. "Until then I thought of myself as a nice person." (5) She has been suffering bitterly from self-accusation due to her poor performance of attending both Freddie and her mother, who later dies of cancer, too. Actually, she hates illness by its nature, as it instantly made a person dreadful. She is worried but aloft, curious but disgusted. She feels uneasy looking at or touching her husband and mother in illness, simply because of their appearance and the abominable smell. All of these moral conflicts beat her down.

Lessing never expounds on Jane's mental status in the novel, while Jane's narrative strikes the readers that she is subconsciously looking for a healing method to kill the aftermath. To release the pain and to stop the feeling of "being blown about like a bit of fluff or a feather", she manages to sell the flat and buys a new one free of memory. In addition, a "therapy" she uses to heal herself is to work so hard to an extreme that it filled the daytime. Even so, she finds herself still trapped in the great loss and endless thinking about her failure of caring Freddie and mother. The word "think" appears at an amazingly high frequency in the first several pages, stressing that Jane is still bothered severely by the beloved ones' decease as well as self-abusive ideas. The thought that she has "let Freddie down" makes her feel bad about herself.

This is the time when Jane ingeniously comes up with an idea of helping the old. She needs a distraction from work, responsibility for another human being or simply a getaway. To sum up, Lessing provides us with an excellent example of coherence, which connects the protagonist's past and her health status, both physically and psychologically.

B. *Causal relation in Maudie's narrative: childhood, marriage & disease*

In this section, the reason-consequence relations in Maudie's narrative pertaining to illness, hospital and social care are examined, aimed to answer the questions how Maudie's health deteriorates and why Maudie resists medical help.

As a 90-year-old female living alone and being ill, Maudie lives on her pension which barely

covers the daily cost. Having gut problems for decades, she feeds on tea, wine, random food like cookies that she has grabbed from local convenient stores. After Jane gets her on the list, she finally has something hot to eat — the meals delivered home by the local charity association, yet only one meal a day. Because of the aging body and long term illness, she can hardly move even in her narrow apartment, thus leaving the room messed and fermented. She refuses to go to a Home, partly due to financial issues and partly due to her stubbornness. According to her narrative, her former experience in the hospital was purely a nightmare. Feeling disrespected when meeting doctors, nurses and Helps, she stains every nerve not to go to the hospital or have any nurses at home. Hurt by the pride of local officials and a "good neighbour," she also thinks negatively about all forms of social help

A rather obscure reason accounting for her resistance against medicine is that Maudie relates pills to poison, death, and misfortune in her narrative. There is also a clear causal linkage in Maudie's narrative between her antipathy towards social care and her former experience. First of all, she doesn't like good neighbours as the last neighbour came into her home and said it was time that Maudie was in a Home. But she didn't want to be in a Home. Secondly, Maudie refused to receive Home Help, either, because of another unpleasant experience. Thirdly, the officials she met previously showed little care and kindness to Maudie, and treated her as one of the regular courses of official duties. It went on like a vicious circle after Maudie resisted their arrangement: refusing to live in a Home, shutting the door to Helps and Nurses and running away from the hospital. Maudie was seen as a stubborn, maverick, tough old lady in the local officials' eyes and then was treated with even lesser patience. Therefore, even though Maudie was sick and suffering from pains, she refused to go to the hospital, or receive any Home Help, and hated the idea of a Good Neighbour.

As a conclusion, Lessing maximizes the logic and authenticity by making characters' life stories coherent. In Jane's case, the bereavement contributes to her poor psychological health. While for Maudie, the misfortune years deteriorates her health, especially her stomach, and the former unpleasant experience antagonizes her with the doctors.

IV. MEANINGFULNESS OF NARRATIVE

A. Maudie's narrative and its effect on Jane

Concerning Maudie's illness, there are two layers of narratives in the novel. One is Jane's first-

person observation about Maudie's illness and pains, while the other is Maudie's life story in her own voice that makes great impact on Jane.

The first and foremost significant effect of Maudie's story is that Jane starts to accept disease as one aspect of human life. Walking into a new stage of life, she seldom feels insecure or upset with her own age until she meets Maudie, who reminds Jane constantly of disease, loneliness, indignity and all negative facets of being old and alone. Jane has never paid extra attention to the old on the streets previously or tried to imagine their difficulties in illness, poverty or loneliness. Jane used to honour decency and style more than anything else almost as an occupational habit. She preferred things in their place and looking fancy and fashionable, thus feeling it repulsive to pay a look at people who were severely ill and unable to keep themselves organised. She hated the smell of her own mother and felt too repulsive to hug her or even touch her. Illness to Jane was not just something that killed people, but firstly made them tedious and ugly. A neat freak as Jane is, she finds her gut when washing Maudie's dishes, doing Maudie's laundry, cleaning Maudie's room or cleansing Maudie's clothes with excrement. Attracted by Maudie's story, Jane starts to grow a strong interest in Victorian people's life. She decides to write a novel inspired by Maudie's life experience and a romance inspired by Bates, both set the background in the Victorian Age. She embraces the old, understands the ill and cherishes her health. Moreover, Maudie's narrative participates in building an emotional connect with Jane. Maudie acts as a surrogate mother for Jane, a family member that Jane could spend some time with. More importantly, the pride and stubbornness conveyed through Maudie's narrative remind Jane of herself.

In short, Maudie's narrative moves Jane, stirs up a sympathetic and empathetic feeling in her. It does not only help her to accept disease and its ugly effects on a human body, but also changes her attitude toward the old and the ill. As a result, these changes drive her to do more to help Maudie and think more about illness, as she reflects that "solitude, that great gift, is dependent on health, or an approximation to health" (166).

B. Multi-perspective writing and its effects

One of the most outstanding features of *The Diary* is multi-perspective writing, which serves the themes of the novel as well as brings the abominable topic of illness into a multi-angle discussion. Therefore, multi-perspective writing in the novel and its supposed effects on readers are going to be the core issues in the following discussion.

The multi-perspective writing applied in the novel consists of two major subordinate parts, Jane's diary and three inserted mimicking diary of other characters, including the chapter "Maudie's day" written from Maudie's perspective. Nevertheless, Lessing chooses different points of view to show characters' troubled lives throughout the novel so as to present the predicament of the aged and the aging, as well as social caregivers. Presenting narratives from different people's view, multi-perspective writing helps create a strong empathetic feeling in readers.

First and foremost, Jane's first-person narrative and her writing about a self-recovery journey involve readers in her psychological world. However, apart from the main body of first-person narration, *The Diary* also sheds light on writing from diverse perspectives. Scattered chapters written from other different perspectives, including Maudie, Bates, and a Home Help, draw readers closer to individual characters and urge them to have a closer look at different people's dilemma in the social care system. "Maudie's day" presents a panorama of Maudie's current life: having irregular meals and sleep, suffering from incontinence and self-loathing, being alone and bed-stricken. But "Eliza Bates's day" brings another old lady's image into light before the readers, portraying the character as opposite to Maudie, yet so similar at the same time. In addition, Lessing marvellously depicts the life of a Home Help, Bridget, and provides the readers a brand new angle to look at social care and social help. All of these "slices" help stretch out a telescope for readers to look through the windows of different characters and assist the audience observe the daily lives of Maudie and the periphery characters in the novel, such as Mrs Bates and Bridget. By doing so, Lessing presents the readers the defects of social care and invites them to think over a better solution.

V. EMOTIONAL IMPORT

A. *Maudie as first-level narrator & its emotional import*

According to M. Faith McLellan (1997), stories of sickness or illness narrative can be grouped thematically by the narrator's intent into three categories: testimonial, angry and alternative medical, respectively with the intent to help other patients with the patient's own experience, express anger and painfulness, and provide others with alternative medicine that the patient believes to be effective. Maudie's intent has nothing to do with the first and the last one as she rarely faces her health problem directly. It is anger that becomes the basic tune in Maudie's illness narrative. She mainly expresses anger and hatred towards hospital and medical help. The illness itself doesn't really matter

to her compared with the unpleasant experience in hospitals and other medical institutions.

Emotional import lays stress on the storyteller rather than the protagonist. To Maudie, who is the first-level narrator in the book, the major function of narrating is to distract herself from the pain and temporally draw herself back to a "normal person". It is quite interesting that Maudie is used to ignoring the life-killing disease and the pains. She relates illness to hospital, doctors and other people she's hostile to, not to her own body. Illness is typically cruel to Maudie, not because of the physical torture, but the harms done to her pride and self-esteem. So it is a pure relief for her to talk to someone without the "shaming" identity as a patient. Another possible intent for Maudie to talk about her personal upheavals is to seek for an empathic communication, which never happens in her previous contact with doctors, nurses or helpers. Although Maudie is strongly averse to other people's sympathy, she spends hours to elaborate on her past to seek for Jane's empathy and understanding. It is this desire that drives her to tell the whole life story to a person who she meets accidentally on street.

B. *Jane as second-level narrator & its emotional import*

"When the patient is unable to relate his own story, someone close to him may become the narrator, either in whole or in part." (McLellan 1618) As the second-level narrator who retells the patient's story, Jane is another core object of detection in this section. To begin with, it seems that Jane narrates Maudie's story by staying neutral, posing a question of whether her emotions are truly intertwined in the recording process. The answer is further blurred by Jane's personality that she is used to eliminating emotional ups and downs in her life, as Joyce comments "I suppose you have all this energy because you have no emotional life" (164).

It is true that writing a biography or pathography, whatever you define the book, has become a mission for Jane. The autobiography, carefully designed by its author, should be unbiased with no personal judgment or additional emotions. However, Jane's narration of Maudie's former and current life as a patient is actually full of personal emotions. She records not only Maudie's words, but also her actions and feelings with a close detection. For example, when Maudie's account of the apprenticeship in a milliner's approaches to an end in the chapter "A happiness", Jane adds several lines about Maudie's happiness of recalling the memory, "And Maudie sits singing the old music-hall songs, some I've never heard of. Her voice is off rich now, keeps cracking, but you can hear what it was like in her laugh." (93) She engages herself in the narrative and presents the story in a way

more like a documentary. Meanwhile, Jane's emotions are clearly expressed when facing Maudie. For instance, Maudie is angry about her being absent for a few days and shrieks with blames when Jane visits her. "I said to her, hearing myself with some surprise, 'Then go to hell, Maudie,' and went off without looking back." (102)

She constantly puts her feet into Maudie's shoes, thus confronting death together with Maudie till it ends. She imagines herself going through the dying process and indulge herself in observing Maudie, "Once I was so afraid of old age, of death, that I refused to let myself see old people in the streets — they did not exist for me. Now I sit for hours in that ward and watch and marvel and wonder and admire."(237) She finally learns how to take care of a patient and help smooth the pain. When Maudie insists sitting up, Jane helps her sit up and smooth back her hair, even the repetitious movements get her back hurt, "My back is very vocal, in short, and I find myself apostrophising it, Just hold on there, wait a little, you've got to hold out, you can't give in yet."(235) Her emotions culminate in Maudie's funeral. "I realised today that I switched off for my mother's funeral and for Freddie's: I was there, I suppose, but that's all. I was certainly there for Maudie's..."(251) She feels sorry for Maudie from the bottom of the heart, recalling those laughters and tears with Maudie.

To summarise, Jane is consciously writing a pathography for Maudie with her own emotional import. She intentionally inputs observation about Maudie in her narrative, showing her care and sympathy for the lady. All kinds of emotions, which have been buried and sealed for years, flood back and activate her because of their special relationship.

VI. CONCLUSION

The intentional writing about illness in *The Diary of a Good Neighbour* has made itself sufficient enough to be taken seriously as a fictional work of illness narrative. My analysis has yielded a result that The Diary demonstrates comprehensively the three characteristics of emplotment — coherence, meaningfulness and emotional import.

For the first distinguishing feature of illness narrative, a logical coherence between the events and illness is clearly detected. The plot concerning the illness in the book shows a strong coherent or causal relation between character's life experience and illness, either physical or psychological. As for the second characteristic, meaningfulness, the explicit effects of illness narrative lie in Jane's reactions towards Maudie's story, while the implicit ones are found in Lessing's biographical writings about the peripheral characters. The last

characteristic, emotional import, manifests itself in both Maudie and Jane's narratives about Maudie's illness and hospitalisation. As the first-level narrator in the novel, Maudie mainly expresses her anger when narrating the past either about childhood abuse or hospital and social help. Besides, a mixture of nostalgia, contentment and mild regret is also found in her voice. At the same time, as the second-level and major narrator, Jane also imports her emotions in her narrative, including sympathetic and empathetic feelings and a strong will to record Maudie's story.

By showing enriched emotions and altruist love for others, the book honours communication and mutual understanding between different groups. As Knapp said, "Lessing's diptych explores three spheres of life — alienated youth, middle age, senescence — and the changes in consciousness which link them" (Knapp 595), *The Diary of a Good Neighbour* succeeds in constructing bondages between people from all walks of life. With appealing fictional illness narratives, the novel consequently helps to raise social concerns about the predicament of the ill and encourages all social members to think over a better solution to the problem.

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