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# David Foster Wallace's treatment of therapy after postmodernism

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## ABSTRACT

Despite the critical consensus that a major part of David Foster Wallace's project was to challenge the paradigms of postmodernism, there is an assumption that, when it comes to therapy, Wallace did little more than tell the same postmodern jokes. By focusing on Wallace's engagement with other writers who have also written about therapy, I situate Wallace's work in the context of a much larger turn in contemporary literature toward novels with more in-depth therapist characters. My discussion of Wallace's influences includes the usual postmodern suspects, whose parodic tradition Wallace apparently champions, but I am especially interested in the unacknowledged influence of Sylvia Plath, whose work's more generous treatment of therapists is quite at odds with her contemporaries and is, therefore, a more vital source for Wallace's own.

## KEYWORDS

David Foster Wallace; Sylvia Plath; therapy; anti-psychiatry

Think of it this way. Two people are screaming in pain.

—David Foster Wallace, *Infinite Jest* (696)

Therapy is not what it used to be. Though it was once, according to Foucault, an oppressive “monologue of reason *about* madness” (xi), there are now “signs that real *dialogues* are beginning to take place” (Bracken and Thomas 1). Fiction writers have begun to give accounts of this change as well. Where a “prominent feature of post-war narratives [was] the gross abuse of power by psychiatric staff,” Baker et al. point to a “newer wave” of fiction from the 2000s that features “psychiatrists who provide a listening ear, rather than physical control” (78; 84–85). Lisa Appignanesi shares this view, arguing in her article “All in the Mind” that where “shrinks in novels” used to be “largely devoid of that very inner life which is meant to be their trade,” there has been a shift—in recent novels such as Hanif Kureishi's *Something to Tell You* (2008) and Salley Vickers's *The Other Side of You* (2006)—toward more in-depth therapist characters (“All”). Despite his career-long interest in therapy and mental illness, the novelist David Foster Wallace has been conspicuously absent from this discussion. Though there is a critical consensus that a major part of Wallace's project was to challenge the paradigms of postwar, postmodern fiction, critics such as Toal, Thomas, Bleakley, and Jolly have suggested that, when it comes to therapy, Wallace did little more than retell the same postmodern jokes. This article will challenge the reductive view that Wallace's therapists are all “caricatures” (Thomas 288) and his fiction just another contemptuous, “drawling satir[e]” of “therapeutic culture” (Bleakley and Jolly 783; Toal 312). Wallace's nuanced critique of postmodern fiction does not stop with his therapists, and his work deserves much more attention in the context of this important new wave in contemporary fiction.

Contrary to the above critics' narrow view of Wallace as the writer of just *Infinite Jest* (1996) and “The Depressed Person” (1999), the complicated relationship between patient and therapist is one of the major threads that ties together all of Wallace's fiction.<sup>1</sup> There are therapist characters who play significant roles

in each of his three novels; therapists, or characters who refer to their history of therapy, in no less than nine short stories across all three of his collections; and as many different kinds of therapy in his work as there are characters to practice them.<sup>2</sup> To begin to bring Wallace's treatment of therapy to light, I will not try to encompass this enormous range of therapies and illnesses but focus on what they all share: the moment of interaction between patient and therapist. In order to situate Wallace's treatment of this interaction in the context of a much larger turn in contemporary fiction toward more in-depth therapists, I will focus on Wallace's engagement with other writers who have also written about therapy. These will include the usual postmodern suspects whose parodic tradition Wallace apparently champions, but I am especially interested in the unacknowledged influence of Sylvia Plath, whose more generous treatment of therapists is quite at odds with her contemporaries and provides a better frame through which to consider Wallace's own work.

It is surprising that Plath's influence on Wallace has never been explored, given both her obviousness as a reference point in any discussion of mental illness in American fiction and Wallace's many allusions to her work.<sup>3</sup> Plath is not only named in Wallace's first published story, "The Planet Trillaphon as It Stands in Relation to the Bad Thing" (1984), but she is also the subject of a number of significant allusions in *Infinite Jest*, is the basis of one character's self-harm ritual in "The Suffering Channel" (2004) and has (I will argue) a subtle presence in *The Pale King*. This is not to say that Plath has never been mentioned in discussions of Wallace. After Wallace's death in 2008 the two authors' suicides are morbidly linked all the time, of course. Annesley, for example, writes that "just as it is hard to read Sylvia Plath or Virginia Woolf without thinking about the way they ended their lives, so too is it difficult not to look for [...] evidence in Wallace's work" (133). Wallace was aware of the cult of personality around Plath—in "The Suffering Channel," the self-harm ritual involves a "special numerical key code that was totally unbreakable unless you knew exactly which page of *The Bell Jar* the code's numbers were keyed to" (*Oblivion* 319)—and it is ironic that the same thing has now happened to him. Thomas, for instance, argues that Wallace's characters "demand [...] to be read" (283) as "mouthpiece[s]" (277) for Wallace himself, while Jarot reads stories such as "The Depressed Person" as expressions of Wallace's own "personal struggles" (108) and a means for Wallace to find a "Support System" in the form of his readers (110).

Wallace's very first published piece is a good example of why his work warrants a more literary approach. Though the story is about what mental illness (specifically, depression) feels like, and though—especially in the light of Max's biography of Wallace—it seems to be largely autobiographical, "Trillaphon" also stands alone as an important fiction about illness that is conscious of the inherent problems with illness writing. The title of the story refers to the planet Trillaphon, the alternate world in which the narrator finds himself when he takes the antidepressant medication given to him by "Dr. Kablumbus" (9) (specifically, "Tofranil," which the narrator thinks of as "Trillaphon" because "it just sounds more like what it's like to be there" [18]). In a long paragraph the narrator tests a number of descriptions of the illness, beginning with a "very glib guy on the television [who] said some people liken it to being underwater" ("Planet Trillaphon" 10), and he writes in their margins, explaining which part of them feels most apt for him. Plath's *The Bell Jar* (1963), in particular, gets his attention:

A really lovely poet named Sylvia Plath, who unfortunately isn't living anymore, said that it's like having a jar covering you and having all the air pumped out of the jar, so you can't breathe any good air (and imagine the moment when your movement is invisibly stopped by the glass and you realize you're *under glass*...). (10)

The formal structure of this paragraph, its long sentences intercut with the narrator's parenthesis, enacts the fact that no one description of depression is ever accurate: it has to be amended and changed for each individual who reads them. The narrator can give only a "kind of" accurate description of what his depression and his medication feel like to him specifically (11). As Solomon puts it, in *The Noonday Demon: An Anatomy of Depression* (2001), depression "can be described only in metaphor and allegory" (16). Wallace's narrator knows this, and he knows that no one metaphor can ever communicate what depression is like, especially to someone who has not felt it for themselves. For Plath to be named by Wallace's narrator in his attempt to articulate his

suffering suggests that she was an important source for Wallace's thinking and writing about illness and therapy. Wallace continued to write in the margins of Plath's work, and her significant influence will challenge Bleakley, Jolly, Thomas, and [Toal's](#) views that Wallace belongs to an anti-psychiatric tradition and does little else.

This is not to say that Plath was Wallace's only influence, nor that Wallace's therapists are all paragons of ethical practice that his readers have somehow missed. It is not difficult to see (especially if we look no further than a couple of scenes in *Infinite Jest*) why critics view Wallace's therapy fictions as parodic and his therapists as "caricatures" ([Thomas](#) 288). In terms of literary allusion and form, Wallace has some of his most playful moments when it comes to *Infinite Jest's* therapists. Halfway through the novel, for example, we read of a *Lolita* (1955)-inspired episode involving "coach R. Bill ('Touchy') Phiely," who took a "thirteen-year-old" player "into the Humboldt County" (an allusion to Humbert Humbert, the name of *Lolita's* narrator), after which the academy employs "Dr. Dolores Rusk" ("Dolores" being *Lolita's* name [[Nabokov](#) 9]) to protect the other "potential diddlees" (510–11). Naming your child therapist after literature's most well-known victim of pedophilia makes a black joke of how effective Rusk's services are likely to be. The playful literary allusion, not to mention the comic moniker "Touchy Phiely," distracts entirely from the seriousness of the man's crime and the traumatic experience of his "diddlee."

Wallace's first novel, *The Broom of the System*, also seems to support the view that Wallace only caricatures his therapists. Dr. Curtis Jay is a hyperbolic portrait of an unethical therapist, whose engagement with his patients is literally automated to keep the paying customers moving and his appointments (as his name suggests) *curt*: his patients sit on "mechanical chair[s] on [a] track" (61) and are moved into his room one after the other. *Broom* is closest in tone and style to Wallace's postmodern predecessors, particularly Thomas Pynchon, and Dr. Curtis Jay clearly echoes the paranoid "Dr Hilarius" from [Pynchon's](#) *The Crying of Lot 49* (1965), about whom it is said: "Start telling him your troubles and he'll probably shoot you" (92). It is significant that Wallace characterizes [Pynchon](#) as a "post-Nabokovian," the name he gives to the "black-humourists who came along in the 1960s" ("[Interview by Charlie Rose](#)" 21:40–21:50): to write about therapy, for Wallace, is to write in the margins of Nabokov and Pynchon's irreverent tradition.

Wallace was aware of [Plath](#) and *The Bell Jar* at least as early as 1984, with the publication of "Trillaphon," and some of his allusions to [Plath's](#) novel seem similarly irreverent. In *The Bell Jar*, for example, *Plath's* narrator Esther dreams of a useful therapist who would "lean back in his chair and match the tips of his fingers together in a little steeple and tell me why I couldn't sleep and why I couldn't read and why I couldn't eat" (136), and Wallace seems to pick up this description. In "Little Expressionless Animals," Alex Trebek's therapist matches it exactly, "mak[ing] a church steeple with his fingers and contemplat[ing] the steeple" (*Girl* 19). In *Infinite Jest* the description evolves: according to the students at the tennis academy, all Dolores Rusk does when they come to her "with an Issue" is "make a cage of her hands and look abstractly over the cage at you" (437). In "[The Depressed Person](#)," the therapist has the same habit of "manipulating [her] fingers idly so that her mated hands formed various enclosing shapes" (*Brief Interviews* 36). Arguably, these allusions are in keeping with the critical view that Wallace pokes fun at his therapists. Wallace seems to update *Plath's* image in order to suggest that even when the fantasy of the steeple-fingered therapist does come true, the steeple-making is engaging, not a sign of sagacity.

There are other allusions to [Plath](#) and *The Bell Jar* in Wallace's work that complicate this picture, however. Wallace names *Plath* in *Infinite Jest* when Don Gately notices that "Kate G." is "reading somebody called Sylvia Plate" (593). The link between the two women is not a throwaway one but vital to understanding Kate's role in the novel.<sup>4</sup> Five hundred pages prior to the "Plate" joke, when Kate is first introduced as a suicidal patient, her relationship with the doctor in the scene is governed by allusions to *The Bell Jar*. Kate tries to explain to the doctor her "feeling [...] like every sound you hear all of a sudden has teeth" (73). She describes it more like "horror" than "sadness" and says, "*Lurid* is the word. Doctor Garton said *lurid*, one time" (73). "*Lurid*" is an unusual word, but one that appears a significant number of times in *The Bell Jar* (22; 43; 68) and in [Plath's](#) poems "The Ravaged Face" and

“Three Women” (*Collected Poems* 115; 179), suggesting that she may have been the source of the word for Wallace. Interestingly, “Doctor Garton,” who gives the word to Kate, is only a couple of letters away from *The Bell Jar*’s “Doctor Gordon” (135), and the characters are strikingly similar. Just as Esther “hate[s]” Doctor Gordon because instead of steeping his fingers wisely he spends their time “tapp[ing] his pencil” on his pad (135), Kates “face writhe[s]” while her doctor spends too much time “writing” (73). For Wallace to allude so closely to Plath’s character suggests that he was giving some credit where it was due: just as Doctor Garton is the source of the word “lurid” for Kate, so Doctor Gordon (and Plath) were important sources for Wallace in this scene.

The most significant allusion to *The Bell Jar* is in the description of Kate’s doctor. Throughout the scene Wallace avoids focalizing through Kate; for the most part we are close to the mind of the doctor as he tries to record her status, and we are therefore as abstracted from her experience as he is. Appropriately, then, his eyes are said to look

severely magnified behind his attractive but thick glasses [...]. Patients on other floors during other rotations had sometimes complained that they sometimes felt like something in a jar he was studying intently through all that thick glass. (72)

The title for *The Bell Jar* comes from Esther’s description of her illness: “To the person in the bell jar, blank and stopped as a dead baby, the world itself is the bad dream” (250). It is a metaphor that captures the suffocating, distorting quality of mental illness, and the fear that comes with knowing the bell jar can always “descend again” (254) over its victim. Wallace adopts this metaphor and changes it to suggest not only that Kate is sick in the same way, but that the “thick glass” around her and the other patients is a total, ever-present barrier between them and their doctor, a distorting lens that isolates anyone looking for help behind a transparent wall.

The glass metaphor stresses that the barrier is see-through, that the doctor *wants* to see and help Kate, and yet despite this he cannot get through to her and understand her pain. This does not make him a cartoon villain. Wallace reminds us that he is a “young mental health staffer” (69), that he is beholden to “strict methodological limits” that are designed to help keep helpless patients alive (71), and that he is not even “an M.D. yet but a resident” (71) and too young to be dealing with “hell” itself (651). The doctor is not an uncaring caricature of a medical practitioner, but trapped outside a bell jar of his own making: as he is trained to do, he privileges objective evidence over the patient’s subjective experience.

The institution is still a place of parody and paranoia in Plath’s novel—a place where the “lawn is white with doctors” (189) who eavesdrop and ask clichéd Freudian questions about “toilet training” (215)—but the effect of *The Bell Jar* is profoundly different to other parodic, paranoid, anti-psychiatric works that were published around the same time and that Wallace had also read. Appignanesi explains that in the 1960s, when “many asylums were little better than prisons,” the “anti-psychiatry movement was launched from a variety of sites” (*Mad* 396). In the United States, Szasz famously decried what he called *The Myth of Mental Illness* (1961), arguing that “psychiatric diagnoses are stigmatizing labels” and “involuntary psychiatric therapy is not treatment but torture” (12). In the United Kingdom, Laing—the “psychedelic psychiatrist” who thought of schizophrenia as a kind of epiphany” and “became a prophet of [the] counterculture” (Appignanesi, *Mad* 410)—wrote that a “‘normal’ ‘adjusted’ state is too often the abdication of ecstasy, the betrayal of our true potentialities” (Laing 18). Though *The Bell Jar* was published in 1963, Baker et al. and Appignanesi do not associate it with this period but see it as a forerunner of the new wave of therapy novels in the 2000s (Baker et al. 85), in which the “fictional psychiatrist, Dr. Nolan” is “something of a guardian angel amid the horror of asylum life” (Appignanesi, “All”). Unlike Doris Lessing’s *Briefing for a Descent Into Hell* (1971)—to take an example that Wallace had also read—in which a visionary patient has to remind his feckless doctors that he is “not depressed, Doctor. I am not” (241), there is no doubt that Esther has lost her hold on her sanity and desperately wants help. McGurl argues that the “institution in Wallace is not a place of gothic entrapment and abuse, as it had been in” Kesey’s *One Flew Over the Cuckoo’s Nest* (1962) or *The Bell Jar*, with “their harrowing tales of shock therapy

‘punishment’” (37). While I agree that Wallace’s institution is not gothic like Kesey’s, this is a narrow reading of *The Bell Jar*. As Francis points out, in his discussion of the changing reputation of Electroconvulsive Therapy (ECT), the procedure in *The Bell Jar* is “alternately terrifying and transcendental—terrifying when administered by an uncaring doctor, and transcendental when delivered by someone more compassionate” (26). Though the institution itself could do with reformation, Esther is sick and ultimately is rescued by her relationship with a medical professional.

This is not to say that by alluding to Plath’s novel Wallace necessarily adopts its stance, but when he draws explicitly on Plath he does seem to continually point to her sympathetic position. Though Wallace read Laing’s *The Divided Self* (1960) in detail and drew heavily on his definition of schizophrenia in *Infinite Jest* (Burn 73), there is no sense in Wallace’s work that madness is liberating or epiphanic.<sup>5</sup> Wallace’s use of the bell jar metaphor helps explain, for instance, Orin’s mysterious and horrifying fate at the end of *Infinite Jest*. We learn at the start of the novel about Orin’s technique of suffocating cockroaches with glass tumblers (like mini bell jars), which foreshadows Orin’s eventual demise at the end of the book when he is trapped in a giant “inverted glass [...] the size of a cage,” through which he is unable to get his captors to “acknowledge anything he said” (971–72). Whether we read this “surreal and bizarre” (972) event as a literal engagement or as a metaphor for depression catching up with Orin, Plath’s influence seems clear: Orin’s madness is nothing other than a living nightmare. In Kate Gompert’s introductory scene, Wallace’s allusions to Plath seem all the more significant when we recognize that other allusions to countercultural texts in the same scene are turned on their head. Kate refers to Kesey’s *One Flew Over the Cuckoo’s Nest*, but she disagrees with its conclusion. Referring to the film based on Kesey’s novel—“That old cartridge, Nichols and the big Indian” (78)—Kate reveals that she does not interpret the infamous “LOBOTOMY” scene (Kesey 277) at the end as “that bad,” because she would “go willingly,” just as she would gladly have “ECT again” (74). ECT is not a source of horror for Kate but a means of escaping *from* horror. Plath is a more vital source for this scene because, like Esther, Kate needs help, and the doctors are trying to offer it. Wallace’s characters are not countercultural prisoners of an evil system or a Nurse Ratched, but the victims of their own sickness.

Though *The Pale King*’s Meredith Rand takes a different view of the “horror-movie stuff [...] electroshock treatments like in that one movie” (*Pale King* 473), I suggest that Rand, who cut herself as a seventeen-year-old and, consequently, spent three and a half weeks in a “psych hospital” (470), is another character who is shaped by Plath’s influence. Her chapter begins with an obscure reference to “The Bell Shaped Men” (446), for example, and Rand marries (though no longer loves) a dying man called “Ed” (full name: Edward) who suffers from “cardiomyopathy” (489; 468), echoing Plath’s own husband, the poet Ted Hughes (full name: Edward Hughes), who eventually died of a myocardial infarction. Rand’s portrait of the mental health institution is also similar to Plath’s in many ways. She loathes what she calls the “nut ward” she is sent to (470), as Esther hates “the house [...] chock-full of crazy people” (*Bell Jar* 148). The phrase “mental health *system*” is itself a contradiction for Rand (504), because the “psychiatrists” in that system treat patients like “a piece of machinery” instead of as “human being[s]” (472–73). Wallace adopted and altered Plath’s jar metaphor in the scenes with Kate, and it evolves again here: Rand thinks the psychiatrists see “everybody through this professional lens that was about half an inch across—whatever didn’t fit in the lens they either didn’t see or twisted it or squished it in so it fit” (477). Yet Rand also recognizes, as Plath seems to, that it was “not the doctor’s fault or that they were stupid”: this is just the way that institutions, unfortunately, work (491).<sup>6</sup>

Rand, Kate, and the narrator in “Trillaphon” all feel isolated by the glass wall between themselves and their doctors. The latter two share exactly the same illness—described in “Trillaphon” as the feeling “that every single cell in your body is [...] sick” (10), and in *Infinite Jest* as the feeling that “every cell and every atom [...] was so nauseous it wanted to throw up” (74)—and both are made to feel even lonelier by the insipid “authoritative term[s]” for their condition (696). In “Trillaphon,” Wallace writes that “severe clinical depression” (“Trillaphon” 9) sounds wrong, as if it just means “really intense sadness” (10). In *Infinite Jest*, “psychotic depression” (696) suggests to Kate not only



that “you just get like really sad, you get quiet and melancholy” (73), but that the pain is not even real. Wallace writes:

Think of it this way. Two people are screaming in pain. One of them is being tortured with electric current. The other is not. The screamer who's being tortured with electric current is not psychotic: her screams are circumstantially appropriate. The screaming person who's not being tortured, however, is psychotic, since the outside parties making the diagnoses can see no electrodes or measurable amperage. One of the least pleasant things about being psychotically depressed on a ward full of psychotically depressed patients is coming to see that none of them is really psychotic, that their screams are entirely appropriate [...]. Thus the loneliness: it's a closed circuit: the current is both applied and received from within. (696)

Wallace slips into a medical register to show how clumsy it can sound when describing real horror. Kate's identity is erased by the clumsy definition of her as the “psychotically depressed on a ward full of psychotically depressed,” while phrases such as “outside parties” and “circumstantially appropriate” read like a kind of legalese, demonstrating just how far removed those parties are from Kate's internal reality, because, absurdly, they rely on “see[ing] [...] measurable” evidence for pain that's only “within.” In *Darkness Visible: A Memoir of Madness* (1990), Styron writes that when we describe the “veritable howling tempest in the brain” with the “innocuous” word ‘depression,’ it warrants from others a reaction “akin to ... ‘You'll pull out of it’ or ‘We all have bad days’” (36–37). Depression in both Wallace's and Plath's work is not just an absence of “vitality” (Solomon 443) but a present and malign horror; not just the absence of “light, but rather darkness visible/Served only to discover sights of woe” (Milton, *Paradise Lost* 1.63–64). In her poem “Elm,” Plath's speaker says she is “inhabited by a cry./Nightly it flaps out/Looking, with its hooks, for something to love./I am terrified by this dark thing/That sleeps in me” (*Collected Poems* 193). Depression, in *Infinite Jest*, is similarly malign. Geoffrey Day and Kate Gompert echo Plath's descriptions very closely when they describe depression as a “total horror,” “It rose in me, out of me,” “I can say and mean only *shape, dark*, and either *billowing* or *flapping*” (649), “the shadow of the wing of the thing” (651). Plath and Wallace do not portray depression as some vapid, “commodified subjectivity” (Toal 305). Like Plath's winged, hooking creature, the shadows in Wallace are all too real.

It is significant that the reason Wallace's characters hate the word depression is not because it is an oppressive fiction, invented as part of the doctor's Foucaultian monologue “to control and punish social dissidents” (Beilke 33), but because the word does no justice to what they *are* actually feeling. Wallace's work is in this sense profoundly *post*-postmodern. Kate is unhappy with the medical language, but this does not mean she does not suffer from the horror that language is trying to describe. Wallace's critics interpret the scene with Hal and his grief therapist as a postmodern parody of therapy and medical nomenclature in exactly this way, arguing that Hal is forced to come up with the right answers to satisfy the therapist's rigid clinical definitions of grief (Thomas 288; Toal 316–17). Yet the sad irony in this scene is that if anyone needs help feeling and processing grief, it is Hal. It *is* a bad thing that Hal feels a complete lack of emotion when he discovers his father's head exploded in a microwave, and the therapist is not oppressive for recognizing this. When Orin interrupts Hal's retelling of the story to say, “Lyle said all that? That doesn't sound like Lyle” (255), it is a reminder that Hal is lying to his older brother, feigning his cool emotionlessness just as well as he apparently feigned his grief for the therapist. We learn much later on that Hal is “empty,” afraid “of being really human,” and is “really lonely for” the emotions that he “despises” in himself (694–95). Perhaps the grief therapist—who encourages Hal to get in touch with “how [...] it feels” (252)—is onto something?

Hawkins makes a distinction between two kinds of texts about illness: the scientific “case report,” the subject of which is a “particular biomedical condition [...] the disease in the body in the bed” (12), and the “pathography,” which she defines as “a form of autobiography or biography that describes personal experience of illness” (1). In *Infinite Jest*, for example, there are two versions of Poor Tony's seizure. In the body of the novel the seizure scene is full of rich imagery, of pain like “the sharp end of a hammer,” the “squeak and rush of release inside his skull,” the way he “flopped around” like a “gaffed fish” (305). In the endnotes, however, there is a rather less affecting, academic

definition of a seizure as a, “quote ‘episode of excessive neuronal discharge manifested by motor, sensory and/or [psychic] dysfunction’” (1004n. 103). This second description is not wrong, however, and the doctors who rely on it are not cruel for doing so. As Hawkins puts it, the “drama in pathography [...] is no worse a distortion of reality than is the biomedical myopia of the case report” (13). Wallace seems to recognize that each half of the story is valid, because his fiction dramatizes both case report and pathography, and it has as much sympathy for the doctor as it does for the patient. Kate’s doctor, for instance, is said to be “compassionate but was not, of course, feeling what she was feeling, and [...] honored her subjective feelings by not even trying to pretend that he was” (74). He relies on the textbook definition of her illness because he literally has no other option. The glass wall works both ways. The doctor cares but cannot understand what Kate is going through. For Kate, lost on the wrong side of the glass wall, the situation feels all the lonelier with a doctor on the other side trying earnestly to peer through.<sup>7</sup>

Wallace’s work aligns with Bracken and Thomas’s view that though the anti-psychiatry movement was important in its day, the criticism of the 1960s has, as Wallace said of postmodern fiction, “to a large extent run its course” (“Interview by Charlie Rose” 22:05–22:12). As Bracken and Thomas put it:

we are also unhappy with the anti-psychiatry response in so far as it simply understands psychiatry as some sort of repressive force. This [...] fails to do justice to the complex reality of contemporary mental health care. (90)

Hustvedt suggests that the same can be said of fiction about therapy. She argues that earlier novels such as Nabokov’s *Lolita*, J. D. Salinger’s *Catcher in the Rye* (1951), and Philip Roth’s *Portnoy’s Complaint* (1969) all misrepresent therapeutic practice:

These books are essentially bracketed monologues. There is no back-and-forth, no dialogue, no world made between therapist and patient. They are not fictional versions of therapeutic practice but narratives that employ psychoanalysis as a literary device to unleash an uncensored first-person confession. (*Living, Thinking, Looking* 156–57)

Though it is true that there is no constructive back-and-forth between therapist and patient in any of Wallace’s therapy fictions, the therapist is present in the story and usually *trying* to make some connection through the glass wall.

From the glimpses we get of the therapist in “*The Depressed Person*,” for example, we learn that she is perceptive and presumably quite earnest: she notes that the depressed person’s use of the word “pathetic” “felt to her like a defence-mechanism the depressed person used to protect herself” (*Brief Interviews* 41), which is surely true. The other therapist figure in “*The Depressed Person*,” the “Conflict-Resolution Specialist named Walter D. (“Walt”) DeLasandro Jr.” who is enlisted to help the depressed person’s separated parents provide for her many needs (38), appears again in the story “Yet Another Example of the Porousness of Certain Borders (VI)” (a title that hints at the fact that characters have significance beyond the boundaries of their short story). In this later story, ostensibly a transcript of Walt’s own “Parents’ Marriage’s End,” we learn that his parents callously tossed a coin to decide who would keep their son (180). This information invites us to fill in the blank about what he—whose parents treated him so poorly—might have thought of the narcissistic child who felt her parents did not provide enough. This information is for the reader alone (and, given that the name is used 140 pages apart, it is easy to miss), but it reminds us that the therapist is a person with a rich interior life. Though the depressed person’s therapist is basically absent from the depressed person’s point of view, even when that therapist commits suicide, the story is written so that the absence is felt by an attentive reader. The therapist is the saddest and least one-dimensional character in that room.<sup>8</sup>

Unfortunately, if the therapists do manage to make some cracks in the glass, their success is always mitigated. Dr. Curtis Jay is the only character in *Broom* to explain to Rick why his desire to possess Lenore is dangerous and abusive—“Are we mature? Do we love truly? [...] have we the wherewithal to allow that Other to be a Self?” (347)—but because he is an unethical buffoon for the rest of the novel, Rick does not listen. The therapist in Wallace’s early story “Here and There,” who leads her patients through a kind of “fiction therapy” (*Girl* 153), is similarly ignored. According to Hayes-Brady and Boswell, the story “unfolds during a therapy session in which the breakdown of [a]



couple's relationship is discussed by both parties," with an "offstage therapist who, near the end, begins breaking into the story and offering her own observations" (*Unspeakable* 181; *Understanding* 91). Contrary to *Boswell's* argument that the "fiction therapy" in the story is a way for Wallace to point to his own metafiction (*Understanding* 90), I suggest that we might read the story not as a metafiction about therapy but as a therapy session filled with fictions. The story is a "structure of lies" (158) because Bruce voices *both* parts of the couple's story. Bruce has pared down the emotional content of their relationship into a "well-formed formul[a]" (152) and has no trouble, therefore, playing his partner's part in the "dialogue": he is both "Here and There." This interpretation makes the story especially unsettling when Bruce takes her early statements about him ("It felt right to be with him" [159]) and we read them from his mouth. Bruce learns nothing from the dialogue with his partner because it is really a monologue: an unemotional case report of the relationship in which he coolly records both parts.

Meredith Rand has more success. Though it is not a professional psychiatrist who helps her, her husband Ed, an attendant and a "natural therapist" (482), gets her to stop cutting herself because he is "blunt" (488) and "said [...] basically that I needed to grow up" (498). Though this would not help everyone, it is what she needs to hear. Rand's chapter in *The Pale King* is itself a kind of therapy session in action. She tells her story to the character Drinion who, unlike other people who only see her beauty, pays attention to her words. That Drinion's name begins with "Dr." suggests that a genuine dialogue is possible, even with a doctor, if they can abandon their "professional lens" and the glass wall that comes with it (477).

Except, of course, Rand also says that Ed was basically "just like a mirror"—another glass wall—and "he just showed you what was there" (482). Patients are only ever on one side of the glass, can never be sure if the connection with those on the other side is genuine (507), and ultimately have to help themselves. The end of Rand's conversation with Drinion is as abrupt as the revelation that she probably no longer loves her husband (508). Though there seems to be some small connection made with both men through the glass, both relationships are severed, if they ever genuinely existed in the first place. For Kate and the narrator in "Trillaphon," who do not suffer what Kate calls the "self-pity bullshit" (72) but the "Great White Shark of pain" (695), and who cannot be saved no matter how caring the therapist, the glass wall of the bell jar remains hopelessly impenetrable.

We like to think things are always improving. In a talk given in 1958, *Rogers* could look back with "anger" at the "primitive" treatment of Ellen West—the famous anorexic patient of Dr. Ludwig Binswanger (165)—confident that if she were alive in his day, the treatment would have been better. In West's own words, she felt trapped "in a glass ball, I see people through a glass wall. I scream, but they do not hear me" (175). *Rogers* is optimistic that with a more empathetic approach, that "glass wall would have dissolved" (178). Wallace is never so optimistic. Where *Rogers* advocated "empathy [...] perceiv[ing] the internal frame of reference of another" (140), and *Bracken and Thomas* advocate a kind of "diagnosis" that is "something other than the doctor defining the patient's world from the point of view of a detached expertise" (133), these seem like impossible dreams in Wallace's work, especially for those characters who suffer most. Kate's doctor can never put Kate at center stage. It is not that he chooses to ignore her subjective experience, but that he is all too aware he can never understand it. He favors "objective" evidence because he has no other option. However much Wallace's therapists are trying—and they are trying—the glass wall will always be up.

Since Wallace describes the experience of illness so well, do his readers have a better understanding of Kate's experience than her doctor does? Describing the role of fiction, Wallace said: "I don't know what you're thinking or what it's like inside you [...]. In fiction I think we can leap over that wall itself in a certain way" (*Conversations* 62). In "Think!," one of *Asimov's* stories, a character cheerily predicts that in the future "telepathy" could be put to great "use in psychiatry and in the treatment of mental disease" (67), but we can probably be thankful that fiction does not work this way. The "intimacy with a character is," Wallace admits, "a delusion" (62). Reading a description of pain is nothing like feeling the pain, and even if it was, feeling the pain—at least in our universe—

would not enable a therapist to flip a switch and make it stop. For both therapists and patients in Wallace's fiction, the sad fact is that, ultimately, you suffer alone.<sup>9</sup>

What readers can get from Wallace's fiction is an appreciation that the glass wall has two sides. **Thomas** is clearly right that therapy is "useless" in *Infinite Jest* (288). However, Wallace's continued engagement with Plath's work throughout his career shows us that he had much more than parody in mind, and we do a disservice to his own writing when we assume that he only makes fun of therapeutic practice. Wallace's therapists are not postmodern and parodic but emerge as part of his critique of postmodernism. The mental health institutions in Wallace's fiction are not evil prisons but houses for the genuinely sick, and the therapists and doctors who work in them are not caricatures. Though Wallace's characters are not able to develop the constructive relationship that Esther and her therapist do, Wallace's cynicism is less about the therapists themselves and more about the horror they are expected, somehow, to alleviate. It is not that his therapists are mere failures. The fact that Wallace's therapists are unable to help but keep trying anyway makes them far more tragic and meaningful than if they were not bothering to try at all.

## Notes

1. **Boswell** broadens the field a little by identifying a central "trilogy of pieces" in Wallace's work—"The Depressed Person," "Good Old Neon," and the Chris Fogle chapter from *The Pale King* ("Constant Monologue" 156)—each of which presents a dominant monologue from a narcissistic, depressive character. This is quite a specifically defined trilogy, however, and Wallace's treatment of the relationship between patient and therapist is by no means limited to these three stories.
2. *The Broom of the System* (1987) features a dramatic family therapy session called "family theater" (160), and the "drooling" Dr. Curtis Jay has a "membrane" theory about "Self and Other" (136). *Infinite Jest* revolves around numerous support groups and therapeutic philosophies, though the central therapist character is Dr. Dolores Rusk, a Freudian who teaches at the tennis academy and is obsessed with "the Oedipal phase's desire to [...] 'win' the mother" (550). In *The Pale King* (2011), there are different kinds of "psychotherapy" (256), a mental health hospital with psychiatrists like "computer[s]" so "you can't proceed until you give the properly formatted answer" (471), and Meredith Rand's husband, who works as an attendant at the hospital and is a "natural therapist" (482). There are many more examples outside of the novels. **Thomas** very briefly refers to Wallace's "The Planet Trillaphon as It Stands in Relation to the Bad Thing," though does not mention the doctor who prescribes antidepressant medication in that story (5). Alex Trebek talks about his dreams with a "psychiatrist" in the story "Little Expressionless Animals" (*Girl* 19), Bruce tries "fiction therapy" in "Here and There" (153), and Mark writes a story about a "psychologist" who treats phobias in "Westward the Course of Empire Takes its Way" (278). "The Depressed Person" analyzes her "therapist" in *Brief Interviews with Hideous Men* (37), while "Church Not Made with Hands" in the same collection features a kind of therapy "through artistic acts" (170). Finally, Schmidt has had "several years of psychotherapy" in "Mister Squishy" (*Oblivion* 25), Neal thinks he is cleverer than his "psychoanalysis[t]" in "Good Old Neon" (143), and Randall thinks his "counsellor" is not "thoughtfu[l]" in "Oblivion" (209).
3. **Coleman** briefly notes a reference to Plath in *Infinite Jest* (11), and **Severs** sees a link between James Incandenza's death—"How much must a person want out, to put his head in a microwave oven? (*Infinite Jest* 230)—and Plath's own suicide (*Severs* 270 n. 33).
4. Unlike the later allusion to the "bell-jar" of Joelle's mother's "denial" (794), which is more throwaway.
5. Though **Bleakley and Jolly** argue that Wallace only parodies therapy (785), they recognize that Wallace does "not romanticise mental instability as an alternative to prescribed drugs" (783).
6. From the "food tubes" that "embrace" Plath's speaker in "The Stones" (*Collected Poems* 136), to the body's "purple wilderness" that one surrenders to "The Surgeon at 2 a.m." (171) or the "nurses" who "are no trouble ... one just the same as another" (160), Plath's treatment of doctors and illness is too rich and various to discuss in much detail here.
7. **Thomas's** reading of Kate's introduction as "a kind of inept Socratic dialogue" (279) is in-depth and persuasive—it just ignores the doctor. **Toal** argues that Wallace ignores both the doctor and Kate, suggesting he uses his female characters as mere "cipher[s]," a means to fleetingly define the illness that besets the novel's more important men (317). Though **Thomas** would presumably agree, since he reads Kate as a cipher for Wallace himself, my view is that Kate (and her doctor) are important characters in their own right.
8. It is important to stress that the depressed person, known originally in Wallace's early drafts as "The Devil" (27.6), does not suffer from depression, despite claims to the contrary by **Toal** (322n. 18), **Thomas** (284), **Benzon** (190), and **Ballantyne and Tosi** (149). She is a hideous woman (like the collection's hideous men), who

is “suffering narcissism” (Holland 116) that “she has mistakenly, and self-aggrandizingly, diagnosed as depression” (Boswell, *Understanding* 206). Max suggests that “The Depressed Person” was a “revenge fiction” for Wallace, a “way of getting even with Wurtzel for treating him as a statue (or, she would say, refusing to have sex with him)” (*Every Love Story* 241). There are certainly commonalities between Wallace’s depressed person and Wurtzel, who says of her parents, in her memoir *Prozac Nation: Young & Depressed in America* (1994), “When they started doing battle night after night, I remember thinking that something was really wrong here because last I checked, I was the one who was supposed to have the problems” (59). Whether unfairly or not, Wallace does seem to side in this story with those who have to suffer the sufferer.

9. In *Reading as Therapy: What Contemporary Fiction Does for Middle-Class Americans* (2011), Timothy Aubry takes Wallace at his word, arguing that his fiction’s “pragmatic aspiration to alleviate loneliness” is “therapeutic” (126). In my view, the glass wall is also a useful metaphor for the relationship between writer and reader. Wallace may have a therapeutic effect on a reader, but neither has direct access to the other: ultimately, we read and write alone. Aubry does not mention Wallace’s therapists, but he builds his argument about *Infinite Jest* on the Alcoholics Anonymous groups in the novel that also “promot[e] empathy” (107). Though AA clearly helps some of Wallace’s characters—and is, in this sense, a working therapeutic model—it is still a community of individuals who are trapped inside their own heads, who have to focus on the “‘In Here’ that protects against a return to ‘Out There’” in order to survive (374). While it is true that some characters find their way to recovery, we also cannot ignore the fact that the object around which the entire novel revolves—the addictive Entertainment—completely undermines the hopeful consciousness-raising of AA anyway, since it hooks anyone who even glances at it and imprisons them within themselves.

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## Notes on Contributor

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