Contemporary Interventions and Life Writing

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»A Featureless Landscape of Humiliation and Loss«: Clinical Spaces and the Politics of Disability in Hilary Mantel's *Giving Up the Ghost* (2003)[1]

1. Introduction

The considerable increase in the publication of ›illness narratives‹[2] in recent decades presents both prospects and challenges for disability studies. On the one hand, as frequently noted, the popularity of these texts provides people with disabilities with a platform to articulate and share their stories, raising awareness for issues of health, illness and disability in the broader cultural sphere. On the other hand, there is growing concern that the upsurge of self-confessional (illness) writing in a cultural moment in which »[e]veryone has a story to tell, and everyone is telling it«[3] may only mask prevailing practices of exclusion, and may simultaneously diminish disability studies' status as a field of inquiry concerned with the *nuances* of disability's meaning across cultural and historical contexts.[4] For literary disability scholars in particular, additional hurdles arise when working on illness narratives. As

1 This article was written as part of the Swiss National Science Foundation-funded project »Medical Spaces in Literary Prose of the Long 20th Century« (SNSF project number: 50070101; principal investigator: Prof. Martina King). The research results presented here contribute to the author's PhD project in comparative literature, which explores the semantics of clinical spaces in German- and English-language autopathographical prose from the mid-twentieth century to the present.

2 Broadly conceived, »any text in which illness plays a conspicuous part can count as an illness narrative«. More narrowly defined, illness narratives are (predominantly) first-person accounts that draw on the authors' lived experience of illness and disability. Neil Vickers: Illness Narratives, in: Adam Smyth (ed.): A History of English Autobiography. New York 2016, pp. 388–401, quote on p. 388. For a discussion of related terms such as ›(auto)pathography‹ and ›disability narrative‹, see also, exemplarily: G. Thomas Couser: Body Language: Illness, Disability, and Life Writing, in: Life Writing 13:1 (2016), pp. 3–10; Rebecca Garden: Telling Stories about Illness and Disability. The Limits and Lessons of Narrative, in: Perspectives in Biology and Medicine 53:1 (2010), pp. 121–135.

3 Lorraine Adams: Almost Famous. The Rise of the ›Nobody‹ Memoir, in: Washington Monthly, 1.4.2001, www.washingtonmonthly.com/2001/04/01/almost-famous (22.2.2024).

4 See e.g. Stuart Murray: The Ambiguities of Inclusion, in: Clare Barker/Stuart Murray (eds.): The Cambridge Companion to Literature and Disability, Cambridge 2017, pp. 90–103; Harriet Cooper in this volume.

texts written by patients, whether first-time or professional writers, illness narratives tend to be read for their showcasing of ›authentic‹ individual experience rather than for their narrative complexity and aesthetic properties. This means that despite the attention these narratives receive in popular media, scholarly explorations of the manifold ways in which they adopt, functionalise and problematise the realms of health, illness and disability are in fact often missing.[5]

Hilary Mantel's memoir *Giving Up the Ghost* (2003)[6], which chronicles the author's nearly lifelong struggle with severe endometriosis, is a case in point. Notwithstanding its widespread critical acclaim, literary scholars were slow to engage with the text. To date, most analyses of *Giving Up the Ghost* have come from scholars with an interdisciplinary perspective, relating the memoir to the insights of psychoanalytic psychosomatics, notions of female pain in the context of medical humanities/disability scholarship, and crip theory.[7] These articles already hint at the immense potential of Mantel's text as a source for disability studies. Foregrounding the way in which a physical impairment, in this case a painful chronic illness, becomes a disability by way of social isolation, medical neglect and affects of shame, *Giving Up the Ghost* provides much ground for critical readings at the intersections of health, illness, culture and society.[8] However, while said studies provide important insights into the

5 Clearly, concerns about the supposedly ›lesser‹ literary value of autobiographical writing in general and illness narratives in particular converge here. For a more detailed discussion of this issue, see: Nina Schmidt: The Wounded Self: Writing Illness in Twenty-First-Century German Literature, Rochester/NY 2018, esp. pp. 1–40.

6 Hilary Mantel: Giving Up the Ghost. A Memoir, London 2013 [2003]. In the following, references from this edition are given in parentheses within the body text.

7 See e.g. Neil Vickers: Illness and Femininity in Hilary Mantel's *Giving Up the Ghost* (2003), in: Textual Practice 33:6 (2019), pp. 917–939; Stuart Murray: Medical Humanities and Disability Studies. In/Disciplines, London 2023, esp. chapter 3: Disability/Bodies/Health/Medicine, pp. 93–115; Alexander Henry: Cripping ›Unexplained‹ Chronic Illness in 21st Century British Women's Writing. PhD Diss. Leeds 2022, esp. chapter three: ›My speech turned into a symptom‹: Ignorance, Suspicion and Chronicity in Hilary Mantel's *Giving Up the Ghost*, pp. 117–153. The (recent) scholarship on *Giving Up the Ghost* from within more ›traditional‹ literary studies has focused on autobiographical form and the peculiar position the text holds within Mantel's oeuvre, thereby, in a sense, circumventing the issue of illness and its adaptation in literature. See: Victoria Bennett: Subjectivity in Process: Writing and the ›I‹ in *Giving Up the Ghost* and *Ink In The Blood*, in: Eileen Pollard/Ginette Carpenter (eds.): Hilary Mantel: Contemporary Critical Perspectives, London 2018, pp. 73–86; Eileen Pollard: Origin and Ellipsis in the Writing of Hilary Mantel, New York 2019, esp. pp. 97–119; Lucy Arnold: Reading Hilary Mantel: Haunted Decades, London 2021, esp. pp. 13–42.

8 On this nexus see esp. Murray: Medical Humanities and Disability Studies, pp. 93–115. As Murray compellingly argues, in the case of chronically painful conditions such as en-

broader medical and cultural concerns reflected in the memoir, many aspects of how the text narratively represents issues of chronic ill health remain unexplored. One of these aspects is the rendering of clinical settings: despite the conspicuous recurrence of such spaces – the protagonist visits numerous GPs' offices, student health services, psychiatric facilities and London's St George's Hospital – no study has specifically addressed clinical settings as one of the text's central poetological features.

Against this background, this paper considers *Giving Up the Ghost* with a focus on clinical space(s). I begin with some general observations about the text's narrative structure and discuss its status as a ›memoir‹. Taking my cues from the narratology of space, I then analyse the portrayal of ›concrete spaces‹[9] – from family homes to various outpatient clinical spaces to hospital space. Throughout these sections, I argue that the text effectively conveys a sense of a life disabled by the absence of adequate care through different forms of spatial narration: from haunted houses to uncaring clinical settings and upsetting hospital space, *Giving Up the Ghost* tells an unsettling story of the role of space in creating and sustaining the protagonist's distress.

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dometriosis, the social model of disability, which views disability largely as the result of societal barriers, loses some of its explanatory force: pain, as an immediate, physical experience cannot be ›reasoned away‹ merely by way of a theory of social construction. However, as my analysis will also show, Mantel's memoir, while exploring both the physical symptoms and the affective and social dimensions of her illness, emphasises particularly the role of medicine and society at large in failing to attend to and stigmatising her bodily experience and thus creating and sustaining an experience of disability. On chronic illnesses such as endometriosis in the context of disability theory more generally, see also: Susan Wendell: Unhealthy Disabled: Treating Chronic Illnesses as Disabilities, in: Hypatia 16:4 (2001), pp. 17–33.

9 ›Concrete space‹ is a term that I adopt from narratological theory on the textual representation of space. In contrast to metaphorical concepts of space, concrete space describes the physical environment (such as buildings, cities or landscapes) in which characters move and act. See Katrin Dennerlein: Narratologie des Raumes, Berlin 2009, p. 68; Caroline Frank: Raum und Erzählen, Würzburg 2017, p. 71. For reasons of readability, I use concrete space synonymously with the more conventional ›setting‹, which also refers to the physical surroundings of characters. See Marie-Laure Ryan: Space, in: Peter Hühn/Jan Christoph Meister/John Pier/Wolf Schmid (eds.): The Handbook of Narratology, 2nd ed., Berlin/Boston 2014, p. 797. By ›clinical spaces‹ I mean spaces in which clinical encounters – contacts between a subject/patient and a healthcare practitioner – take place.

2. *Giving Up* on genre? A novelist's ›memoir‹

Hilary Mantel is renowned for her historical novels, particularly the *Wolf Hall* trilogy.[10] That *Giving Up the Ghost* should instead be read as a text that falls into the broad category of autobiographical writing is signalled to the reader by various (para)textual elements. The subtitle ›a memoir‹ associates the text with a specific autobiographical genre often characterised by a more focused scope than classic autobiographies, concentrating on a specific period, event or theme in the author's life.[11] That the autodiegetic narrator shares Mantel's name further suggests that the narrated life story can be presumed to align with the author herself.[12] Finally, this reading is reinforced by paratextual evidence: in journalistic writings that followed the publication of *Giving Up the Ghost*, Mantel elaborates on some of the events alluded to in the memoir, particularly her experience of chronic pain and late diagnosis with endometriosis, thus corroborating that her literary account is based on real-life experience.[13] Based on these markers in and beyond the primary text, Mantel's work could indeed be understood as a memoir in the classic sense, as it recounts in her experience with chronic illness a particularly influential and complicated aspect of the author's life.

In other parts of its formal structure, however, *Giving Up the Ghost* transgresses the generic boundaries it subscribes to in its subtitle. Instead of presenting the protagonist's life story chronologically and coherently – as memoirs typically would –, the narrative unfolds in the episodic form of five loosely linked, achronologically organised chapters. Notably, the text contains extensive passages in which memories from early childhood are recounted in great detail, beginning with the age at which the protagonist

10 Mantel was awarded the Man Booker Prize twice – for *Wolf Hall* (2009) and the sequel *Bring Up the Bodies* (2012).

11 See G. Thomas Couser: Memoir: An Introduction, Oxford 2012, esp. pp. 1–32.

12 Through the ›identity‹ of author, narrator and protagonist, the reader is offered the conclusion of an ›autobiographical (or: ›referential‹) pact‹. See Philippe Lejeune: Le Pacte Autobiographique, Paris 1996 [1975]. Please note: Because of said identity of names as well as for reasons of brevity I use ›Hilary Mantel‹, ›narrator‹ and ›protagonist‹ interchangeably in this article to denote the memoir's narrating instance. This does not mean that I am unaware of the difference between the empirical author Hilary Mantel and the protagonist-narrator featured in her memoir.

13 See e.g. Hilary Mantel: Every part of my body hurt, in: The Guardian, 7.7.2004, www.theguardian.com/society/2004/jun/07/health.genderissues (22.2.2024); How much pain is too much pain?, in: International Association for the Study of Pain Insight Magazine 2:1 (2013), pp. 8–12.

was »sitting up in my pram« (p. 27). With this detailed representation of a toddler's inner life, Mantel obviously toys with the limits of recall, moving her narrative between the boundaries of non-fiction and fiction.[14] In addition to this, *Giving Up the Ghost* includes a meta-commentary on the act of writing that not only examines the constructed nature of the memoir as a product of language but provides further clues to its fictionality. In these self-reflective passages, Mantel presents herself as highly sceptical of the autobiographical genre. »I used to think that autobiography was a form of weakness, and perhaps I still do«, she writes (p. 6), characterising the autobiographical as a substitute genre much inferior to the novel. Her main concern with the genre, however, lies not in its presumed literary ›weakness‹ but in its potential for deception. While ›purely‹ fictional texts such as novels inherently involve imagined events, autobiographical texts exist in a grey area where fiction can masquerade as fact. Early in the book, Mantel acknowledges the challenge of writing truthfully about herself and, referencing George Orwell's aim to craft prose as clear as a »window-pane«, lists »strategies« to guard against »deception« and »persiflage«. In the subsequent section, however, she abandons these ideals:

> But do I take my own advice? Not a bit. Persiflage is my ›nom de guerre‹. […] How about some nice net curtains, so I can look out but you can't see in? How about shutters, or a chaste Roman blind? Besides, window-pane prose is no guarantee of truthfulness. Some deceptive sights are seen through glass, and *the best liars tell lies in plain words*. (p. 5, emphasis added)

Considering the text's overall narrative structure, this passage extends beyond general postmodern concerns about narrative self-fashioning and the limits of ›truth‹ in representation. The doubts the narrator here fuels regarding her reliability contribute to the text offering two contrasting interpretations to the reader: one where the text is read autobiographically and one where it is read as a highly distorted, ultimately invented life story. In allowing this ambiguity that is characteristic of ›hybrid‹ or ›autofictional‹ forms of life writing,[15] it is

14 With Zipfel, the narration of events or states of consciousness that surpass the norms of our lived reality are ›indices of fictionality‹. In a text usually read as non-fiction – such as a memoir – indices of fictionality represent a crossing of generic boundaries that lends itself to interpretation. See Frank Zipfel: Fiktion, Fiktivität, Fiktionalität: Analysen zur Fiktion in der Literatur und zum Fiktionsbegriff in der Literaturwissenschaft, Berlin 2001, esp. pp. 232–247. On the interplay between autobiographical and autofictional modes of writing in *Giving Up the Ghost*, see also Bennett: Subjectivity in Process and Pollard: Origin and Ellipsis.

15 On the ›hybrid‹ combinations of fact and fiction in autofictional writing, see also Frank Zipfel: Autofiktion. Zwischen den Grenzen von Faktualität, Fiktionalität und Literarität?, in:

significant that Mantel parallels her writing with the telling of lies. Thus, she introduces not only a notion of border crossing or transgression in a broader sense, which can be read as working in parallel with and emphasising the protagonist's struggle with a complex condition that constantly positions her outside of the parameters of medically or socially established ›normalcy‹. She also decidedly introduces a notion of the possible deceptiveness of words that runs, as will be seen, as a red thread throughout the entire text.

3. Spatial structures I: Haunted homes

Giving Up the Ghost begins and ends with a mention of houses. In its opening passage, the middle-aged protagonist is in »Reepham, Norfolk, at Owl Cottage«; and she and her husband are trying to sell the place (p. 1). The couple walks through the premises and inspects its furnishings, and Mantel thinks back to the day when they had bought the cottage almost a decade ago in high spirits, »[climbing] the stairs to a room papered the pale yellow of a weak sunshine: better people already, calmer, kinder« (p. 16). The final chapter, titled ›Afterlife‹, also commences by talking about houses. »When we came home from Saudi-Arabia, we had various houses« (p. 233), the chapter begins, going on to recount several memories associated with the buildings and specific pieces of furniture, from the »Edwardian bathtub« to the »monster boiler« (p. 234f.). That the different houses mentioned in the memoir are intricately intertwined with the narrator's identity, as they symbolise different periods and aspects of her life, is evident not only from their prominent placement at the beginning and end but also through the extensive use of spatial metaphors that link ›houses‹ to concepts of the self. For instance, contemplating the disastrous effects years of illness had on her, Mantel likens herself to a »shabby old building in an area of heavy shelling, which the inhabitants have vacated years ago« (p. 222).

But there is something peculiar about houses as homes in Mantel's memoir: they are all haunted. In keeping with Mantel's fictional works, frequently categorised as ›gothic fiction‹, homes in *Giving Up the Ghost* are populated by various kinds of spectres; from peculiar occurrences bordering on visual or auditory misperceptions to »minor poltergeists« (p. 233) and the return of the deceased. Sometimes visible to the narrator, other times only vaguely

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Fotis Jannidis/Gerhard Lauer/Simone Winko (eds.): Grenzen der Literatur. Zu Begriff und Phänomen des Literarischen, Berlin 2009, pp. 285–314.

sensed by her, the ›presence‹ of these ghostly figures is a recurrent theme in *Giving Up the Ghost*; a theme which is of course alluded to in the colloquial humour of the book's title as well. Considering the manifold ways in which supernatural appearances seem to irritate the protagonist, stop her in an action or alter her plans and thus change the narrative unfolding of events, Lucy Arnold's dictum of ghosts as »a ›disorganizing principle‹ that suffuses the entire body of [Mantel's] work]«[16] seems particularly apt for the memoir too.

In relation to the previous discussion on genre, the notion of spectrality which Mantel here transfers from her novels to *Giving Up the Ghost* contributes to the memoir offering itself to the reader as a fictionalised life story rather than a strictly referential text. As to the significance of inhabited spaces, ghostly appearances severely interrupt notions of homeliness and safety for the protagonist: while houses are depicted as essential in shaping her identity, it is especially through their hosting of ghostly figures that they become highly ambivalent locations – places one can never feel too safe in.[17]

4. Spatial structures II: Disabling clinical spaces

These two themes – the deception of an addressee by a speaker and the ambivalent meanings of concrete buildings – come together in another type of space portrayed in the memoir: clinical space. That clinical space holds a significant role in the narrative is hinted at early on in a remarkable scene in which Mantel parallels one of her earliest childhood memories with a situation in hospital:

> This is the first thing I remember. I am sitting up in my pram. [...] I feel dizzied. The entire world is sound, movement. Many years later, when there was a suspicion about my heart, I was sent to hospital for a test called an echocardiogram. [...] I heard the same sound, the vast, pulsing, universal roar; my own blood in my veins. (27f.)

16 Lucy Arnold: Reading Hilary Mantel, p. 2.

17 As Hilary Mantel has written elsewhere (in relation to her fictional writing): »Homes are very unsafe places to linger«. Hilary Mantel: Author, author, in: The Guardian, 24.5.2008, www.theguardian.com/books/2008/may/24/1 (22.2.2024). On the significance of houses in *Giving Up the Ghost*, and in particular how these relate to questions of gender, see also Neil Vickers: Hilary Mantel and the Space of Life Writing, in: Eveline Kilian/Hope Wolf (eds.): Life Writing and Space, London 2016, pp. 57–71.

The scene begins in present tense, bringing the reader close to the ›experiencing I‹ in the pram, then switching to past tense, re-establishing narrative distance. By connecting early childhood memories to a heart ultrasound, the scene functions as an (implicit) prolepsis: already at the beginning of her life there is a foreboding of later years shaped by illness and series of medical interventions.

Ill health is indeed a part of the protagonist's life from childhood onwards. When the often-sickly Hilary is six years old, the local GP starts calling her »Little Miss Neverwell«; a telling nickname soon adopted by other family members (p. 82). Importantly, as Neil Vickers has argued, illness and pain are depicted as experiences that are, from an early age on, deeply gendered.[18] In her stepfather, also nicknamed as »Mr Neverill« (p. 142), the protagonist finds an example of a man who never shows bodily weakness; for him, being ill is a female privilege. Notions of (bodily) suffering are deeply enmeshed with Catholic beliefs, too, as both the upbringing at home and education at the local convent school instill in her the belief that pain is a part of life and that »short of crucifixion, you shouldn't really complain« (p. 209). Another »fact« of her life (p. 157) is her family's low social status. In the working-class family that Mantel was born into, doctors were seen as belonging to an entirely foreign, higher social class. »[Y]ou cleaned the house before they arrived« (p. 226), Mantel notes.

It is a combination of these various intersectional factors that comes together in Mantel's portrayal of clinical spaces, which she depicts as hierarchically structured, often openly hostile spheres of human interaction. Consider e.g. the following passage, which tells about the six-year-old protagonist's recurring fevers:

> My arms and legs ache with a singing pain. The doctor says it is growing pains. One day I find I cannot breathe. The doctor says if I didn't think about breathing I'd be able to do it. (p. 82)

The passage provides little spatial details, recounting appointments at the GP's office or home visits. In either case, there is a stark contrast between the patient's bodily sensations (›ache‹, ›difficulty breathing‹) and the doctor's verbal actions (›says‹), establishing a clear hierarchy where the doctor's spoken words hold authoritative sway. While the patient inhabits a physical body, the doctor possesses the power of verbalising, thereby naming/categorising (and downplaying) her symptoms.

18 See Neil Vickers: Illness and Femininity; Hilary Mantel and the Space of Life Writing.

This type of medical encounter recurs throughout the book. During her teenage and early adult years, the protagonist continues to grapple with illness, now facing more severe symptoms, including intense (menstrual) pain and fatigue – symptoms that, a decade later, come to be seen as caused by endometriosis. Mantel's literary rendering of her severe, debilitating pain, which often left her bedridden for weeks, poignantly showcases, for one, the immense physical toll of endometriosis as a chronic gynaecological condition.[19] At the same time, the text emphasizes the experience of living undiagnosed, of enduring medically ›unexplained‹ symptoms that in various clinical and other social settings are dismissed as feigned or attributed to psychiatric causes, thereby placing emphasis on the role of society in perpetuating the protagonist's disability.[20] On a spatial level, the memoir showcases how Mantel was withheld adequate care – and therefore, effectively disabled – in two linked ways. For one, it chronicles the protagonist's fruitless search for help and a diagnosis in numerous clinical spaces, including various GPs' offices, a Student Health Service, a psychiatrist's office, and a psychiatric clinic. At the same time, despite telling of the visits to these various sites, the text invokes regarding clinical spaces what the narrator herself terms »a featureless landscape of humiliation and loss« (p. 167). This is because unlike other settings portrayed in Mantel's memoir, clinical spaces lack almost any spatial characteristics – they are narrated largely without mention of architectural or interior details, or even sensory information. Instead, clinical spaces, from the doctor's office to the psychiatric clinic, are narrated as hierarchically organised communicative settings, similar to the encounter with the GP mentioned earlier. Consider e.g. the following scene at the ›Sheffield University's Student Health Service‹:

> ›Sick?‹ said the doctor, down at the Student Health Service. ›Throw up? I'm hardly surprised. You do know that taking six aspirin is no more effective than taking three?‹
> I didn't. As it was double the ordinary pain, I'd thought I could double the aspirin. […]

19 Endometriosis is a poorly understood gynaecological condition in which uterine tissue grows outside of the womb and can cause manifold symptoms. For a discussion on the medical implications of endometriosis with regard to disability theory, see: Stuart Murray: Medical Humanities and Disability Studies, pp. 93–115.

20 On the ›inexplicability‹ of Mantel's condition as depicted in the memoir, see also: Alexander Henry: Cripping ›Unexplained‹ Chronic Illness, pp. 117–153.

> ›Well, Miss –‹ said the doctor. He glanced down at his file, and a little jolt shot through him, as if he were electrified. ›Mrs‹ he said. ›Mrs? You've got married? Pregnant, are you?‹
> I hope not, I thought. […] (p. 168)

Numerous similar encounters with medical personnel could be cited, e.g. with staff in the psychiatric clinic where the protagonist is sent for her ›mysterious‹ pains. The structure of these encounters remains the same: an unnamed, male doctor speaks to or at her; she remains unresponsive and mostly immersed in thought. The opposition between patient and doctor is signalled graphically by the quotes that mark the doctor's speech acts while missing for the patient's ›responses‹ that take place only in thought. The conversation, or monologue, is at the centre of the scene; information on the visual, haptic or auditory characteristics of the surrounding environment is largely missing – except for minor details that allude to a medical setting, such as the ›file‹ the doctor glances at. In addition, except for Dr G., Mantel's later psychiatrist, medical characters remain nameless and are referred to only by their function: doctor, nurse, psychiatrist. Thus, clinical spaces are portrayed as de-individualised, highly standardised and functionalist sites in which the medically ›difficult‹ protagonist, who falls outside of conventional diagnostic categories, is subjected to paternalistic monologues, lacks agency, and is withheld the necessary care and interventions. Seen in this way, *Giving Up the Ghost* can be read as illustrating, in a scenic mode, how disabling spaces[21] function and feel to the individual.

5. Spatial structures III: Hospital space

However, there is one clinical space that stands out and adds a different layer to the text's exploration of illness and disability: the hospital where the protagonist eventually undergoes a hysterectomy[22]. In many ways, the atmosphere of the clinical ›landscape‹ does not change: in the hospital too, until

21 With Peter Freund, I use the term ›disabling spaces‹ to designate spaces that hinder access to care rather than provide access. Peter Freund: Bodies, Disability and Spaces: The Social Model and Disabling Spatial Organisations, in: Disability & Society 16:5 (2001), pp. 689–706. Employing Rosemarie Garland-Thomson's notion of the ›normate‹, one can think of these disabling spaces as assigning the protagonist an inferior, ›non-normate‹ subject position in which she is denied authority over her own body and experience. Rosemarie Garland-Thomson: Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature, New York 1996, p. 8 and passim.

22 Hysterectomy is the surgical removal of the uterus (womb).

the very moment of diagnosis through biopsy, the protagonist is disbelieved to be in ›real‹ pain, even when she herself suspects endometriosis (p. 189f.). In other aspects, however, the portrayal of the hospital diverges notably from previous clinical spaces; a divergence that adds depth and complexity to the significance of the hospital setting within the narrative.

To begin with, the hospital is the only clinical space whose real-world referent as well as the exact time of narrated events are clearly indicated in the text: »Christmas week 1979. I was twenty-seven years old [and] in St George's Hospital in London« (p. 185). Interestingly, Mantel's stay coincides with the move of St George's Hospital at Hyde Park Corner to its new location in Tooting – a move which in contemporary public discourse was portrayed as a hugely exciting step to a »new hospital and teaching complex, which will be the largest and most modern in Britain«[23]. Mantel's account, however, foregrounds the chaotic, somewhat absurd experience of being a patient in a medical centre that is moving house from one side of the Thames to the other:

> Two days after I was admitted I needed to have an ultrasonic scan. For this I needed to cross London. St George's Hospital at Hyde Park Corner was in its last weeks of occupation; it was gaunt, grubby and nearly empty. My ward was almost the last to be kept open, I was told, and for the hi-tech stuff I needed to go to the new St George's at Tooting. I expected them to bring my clothes up the ward, but I was told, no, you have to go in your dressing gown, that's how patients go […] (p. 195)

In contrast to the previous ›featureless‹ clinical settings, the hospital is portrayed in much more spatial detail, not dissimilar to the family homes analysed earlier; the text mentions various subspaces within the hospital, such as different wards, nurses' stations, and an ultrasound room. The hospital is also, again akin to the family homes, a diffusely ›haunted‹ space, with hospital staff with »stricken« faces in »ashy hues« roaming the ward in the »silence of the night« and carrying stretchers with the »aspects of a bier« (p. 204). One day on her way to an examination, the protagonist stops at the »liver unit« where she sees a group of other patients waiting. These patients appear and act strangely – i.e., broadly speaking, somewhat ghostly:

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23 Anonymous: Hyde Park Corner Without St George's Hospital – It's Coming!, in: Chelsea News and General Advertiser, 25.5.1973, n.p. Despite this apparent initial enthusiasm in the press, moving St George's from Hyde Park to Tooting was a year-long affair that took about a decade longer than initially planned. See e.g. Garry B. Carruthers and Lesley A. Carruthers: A History of Britain's Hospitals, and the Background to the Medical, Nursing, and Allied Professions, Sussex 2005, esp. p. 72f.

> They were yellow, bloated people, who resembled each other, who seemed to have joined the same family. None of them spoke to me. They just looked. They were stooped, like me. They held their abdomens draped over their forearms, holding up their own swags of flesh: like debutants scooping up their trains to nip out of Buckingham palace after their presentation.[24]

There would be more to say about the polysemous nature of the hospital in *Giving Up the Ghost*, where several other events take place that allude to a ›ghostliness‹ in combination with an ›Englishness‹ that makes the protagonist uneasy.[25] For reasons of brevity, I want to highlight one scene set in hospital space that is remarkable for both its narration of hospital experience and for its loadedness with symbolic meaning in relation to the politics of disability: the telling of the hysterectomy.

The operation in the narrative is marked by two specific points in time. On p. 203, it is »the eve of my surgery«, on p. 208 it is »a day later« when »they came to tell me what they had done«. The time span in between, i.e. the event of surgery and the situation of unconsciousness under anaesthesia, is narrated in the form of a Catholic prayer known as the ›Litany for a Happy Death‹.[26] Throughout this segment, excerpts from the prayer are interspersed with the narrator's contemplations on suffering, pain and dying in the context of Catholic faith:

> […] When my face, pale and livid, shall inspire the beholders with pity and dismay; when my hair, bathed in the sweat of death, and stiffening on my head, shall forebode my approaching end, *Merciful Jesus, have mercy on me*. When my ears, soon to be for ever shut to the discourse of men, shall be open to hear the irrevocable decree, which is to fix my doom for all eternity, *Merciful Jesus, have mercy on me*. […]
> I admire particularly the phrase about the hair stiffening on the head. This road to dissolution, the good Catholic was encouraged to walk regularly, following Christ to Calvary. St Peter, we were taught, was crucified upside down; this was more

24 See also the autobiographical short story *Meeting the Devil* (later published as *Ink in the Blood: A Hospital Diary*), in which Mantel writes about another hospital stay. It features, somewhat unsurprisingly, a ghost. Hilary Mantel: Meeting the Devil, in: Alan Bennett (ed.): Meeting the Devil: A Book of Memoir from the London Review of Books, London 2013, pp. 3–16.

25 Hilary Mantel felt ambivalent about her English identity. With Irish descent, she preferred to be called a ›European‹ writer. See: Hilary Mantel: No Passes or Documents Are Needed. The Writer at Home in Europe, in: Zachary Leader (ed.): On Modern British Fiction, Oxford 2002, pp. 93–106.

26 The ›Litany for a Happy Death‹ is a Christian prayer associated with the Catholic tradition. It is also known as ›Litany of a Happy Death‹ or ›Litany for the Dying‹ and circulates in several versions. The version that Mantel quotes seems to be among the most popular ones, published, inter alia, in *The Purgatorian Manual*, a Catholic prayer book from 1946.

> merciful for him, since he would have lost consciousness. I was told this three times during my high school education, by the same woman, and each time in my mind I rehearsed her solemn upending, as if she were a geometrical figure that I had been asked to envisage in some other position. I think she believed Peter had got off lightly.
> When the last tear, the forerunner of my dissolution, shall drop from mine eyes […] (p. 206f.)

Mantel here employs a technique of montage, weaving together religious language deeply connected to the faith and values that had accompanied her throughout her life with personal comments. In the commentary, she criticises the rigidity of Catholic teachings on the endurance of pain and suffering in a darkly humorous, mocking tone, hereby undermining the supposed authority of the litany.

What narrating the situation of unconsciousness under anaesthesia in the form of a critical engagement with a Catholic prayer means in this instance is vastly interpretable. Encountering death is undeniably one of the central themes in these passages, as the hysterectomy symbolises various literal and metaphorical deaths for the narrator: her own potential death under anaesthesia, the loss of her unborn child, and the end of her aspirations to become a mother. But the scene also carries implications related to the politics of disability. This is because the narrated prayer comprises yet another type of ›deception‹ – with religious connotations in this case. Similar to the encounters with various doctors in GPs' offices, student healthcare facilities and psychiatric clinics, here, too, it is another instance that ›does the talking‹ and dictates her relationship to her body in pain.[27] Hence, again a form of disabling takes place, which however this time is ›actively‹ confronted by the protagonist: unlike in the clinical spaces analysed before, she enters into dialogue with her ›opponent‹, responding bit by bit to the litany's sayings in a humorous and self-confident tone. In contrast to the conversations with medical personnel, there are no quotation marks that indicate a hierarchy between

27 A detailed exploration of the profound implications the cited passage encompasses, particularly concerning Catholic conceptions of suffering and their broader impact on cultural notions of (female) pain, is beyond the scope of this discussion. In both the memoir and her journalistic works on pain, Mantel points to the influence of her religious upbringing as contributing to her downplaying and concealing her endometriosis-related symptoms for years. See e.g.: Mantel: Giving Up the Ghost, pp. 132–135; Mantel: How much pain is too much pain. Moreover, it is worth noting that Catholicism for Mantel held significance beyond religious beliefs. Being raised Catholic contributed to her feeling estranged from English society, with ›Englishness‹ in her view being a »white, male, southern, Protestant, and middle class« condition. Hilary Mantel: No Passes or Documents Are Needed, p. 96.

spoken words and inner thoughts. Moreover, it is important to note that the final words in the dialogue stem from the protagonist, not the litany. In these final comments, she once more forcefully rejects the notion of living »in the shadow« of Catholicism and its idea of a »happy«, ›uncontested‹ death (p. 207f.) before waking up from an operation that in later passages is described as having (at least temporarily) led to some significant improvements in her overall health. In all its ambivalence, hospital space in Mantel's memoir thus functions – at least in part – as a space of tentative liberation.

6. Conclusion

This paper considered Hilary Mantel's *Giving Up the Ghost* with a focus on clinical spaces. My analysis showed that clinical spaces, from GPs' offices to outpatient clinics and hospital space, hold a significant role within the narrative. It is specifically through narrating these clinical spaces as hierarchically organised social settings dominated by deceptive speech acts that the memoir effectively conveys a sense of a life profoundly disabled by societal factors, medical neglect and verdicts of religion – whilst also telling of the tentative, difficult emancipation from all these forces. In this process of the protagonist's emancipation, hospital space is of paramount importance. Hospital space not only ›contains‹, but powerfully integrates reflections on issues as diverse as self- and motherhood, medical authority, religion, and death, thus giving material form to the culmination of the memoir's central negotiations.

In addition to having added to our understanding of Mantel's memoir, I hope to have shown that spatial analysis provides a useful methodological starting point for scholarly work on narratives of illness and disability more broadly. Future work on clinical spaces in pathographies and other genres of illness writing can build on, and extend, the methods employed in this article. And perhaps there lies an additional value in *close reading* per se (whether with attention to spatial or other phenomena) that relates back to this paper's initial remarks: paying meticulous attention to individual texts – as literary scholars are well equipped to do – may helpfully nuance our current understanding of cultural negotiations surrounding health, illness and disability.

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