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TRABAJO DE FIN DE GRADO

Samuel Beckett's *Murphy*
and the Bethlem Royal Hospital:
Historical and Autobiographical Context

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ABSTRACT

This B. A. Thesis analyses the historical and autobiographical context of Samuel Beckett's first published novel: *Murphy* (1938). A direct relationship is established between London's Bethlem Royal Hospital and the mental health issues Beckett was experiencing at the time he wrote *Murphy*, and the mental hospital portrayed in the novel and the characters that people it. Beckett's own testimonies and those of his acquaintances will be used in conjunction with different biographical and historical sources.

KEYWORDS: Samuel Beckett; *Murphy*; mental health; Bethlem Royal; biographical; historical.

Este trabajo analiza el contexto autobiográfico e histórico de la primera novela publicada de Samuel Beckett: *Murphy* (1938). Se establece una relación directa entre el Bethlem Royal Hospital de Londres y los problemas mentales de Beckett mientras escribía *Murphy*, y el hospital mental representado en la novela y los personajes que lo habitan. Para ello se usarán los propios testimonios de Beckett y sus conocidos, junto con distintas fuentes biográficas e históricas.

PALABRAS CLAVE: Samuel Beckett; *Murphy*; salud mental; Bethlem Royal; biográficas; históricas.

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Introduction

Murphy was the first novel in English by Samuel Beckett to be published. Beckett wrote the novel partly in London and partly in Dublin, between August 1935 and June 1936, but it was not published until 1938. Taking this novel as a starting point, my aim in this B. A. Thesis will be to demonstrate that the fictional mental asylum that is depicted in the novel, the Magdalen Mental Mercyseat, stands actually for the first mental asylum in London, the Bethlem Royal Hospital; and that Murphy's mental condition is inspired by Beckett's own at the time he was writing the novel.

The novel narrates the story of Murphy, a man who after finishing his studies in Cork (Ireland) under the teaching of a man called Neary, and being engaged to Miss Counihan, moves to London. Some time after this, since Miss Counihan and Neary have no news of Murphy, they hire a private detective, Cooper, who finds out that Murphy is now living with a woman, Celia. The protagonist ends up finding a job at the Magdalen Mental Mercyseat as a male nurse; he feels that he has finally found people he can identify with and decides to abandon Celia. By the same time, Murphy's friends end up meeting Celia in London and decide to wait together for Murphy's return, but during their wait Celia is told that he has been accidentally burnt in his room because of a gas leak.

Mental health in Beckett's *Murphy* has been already studied from different perspectives. Emily Christina Murphy, for example, in her article "Beckett's Everyday Psychopathology: Reading Male Nervous Hysteria in *Murphy*" (2014) explores how mental illness is portrayed in the novel. Suzanne Desmond, in her thesis "Historical and self-imposed asylums in Samuel Beckett's *Murphy*, *Malone Dies*, and 'First Love'" (2008), tries to analyze the use and implications of mental asylums in different works by Beckett. My contribution to this matter in this B.A. Thesis will be to explore the novel from the point of view of its relationship with mental health issues and show that they are directly related to the life of the writer, by making use of different historical and autobiographical sources, such as the authorised biography of Beckett by James Knowlson: *Damned to Fame: The Life of Samuel Beckett* (1996); or Chris J. Ackerley's *Demented Particulars: The Annotated Murphy* (2004), which provides a comprehensive reference guide for the novel.

My exploration of this topic develops over three chapters. The first one deals with Beckett's mental health issues at the time he was writing *Murphy* (1935-1936) and how his personal situation affected his writing. All of this in order to later establish a relationship between his personal situation and Murphy's.

The second chapter provides information about the specific conditions of the buildings and patients at the Bethlem Royal Hospital, a necessary pre-requisite to later prove that the fictional MMM —as Beckett himself calls his fictional hospital— was depicted in imitation of the actual Bethlem Royal. It closes with the different mental health laws in England, culminating with the 1930 Act, and then establishes a relationship between the conditions of the Magdalen Mental Mercyseat and the laws related to the care of the mentally deranged at the time.

Finally, the third chapter will contain the arguments supporting the relationship between the MMM and the Bethlem Royal Hospital, on the one hand; and arguments supporting the relationship between Beckett's mental condition and Murphy's, on the other.

Beckett's Mental Health in the 1930s

*I can't imagine anything worse than the mental marasmus,
in which I totter and sweat for months*
(Beckett 2009: 397)

This confession of Samuel Beckett to his friend, the Irish novelist, playwright and film critic, Mary Manning, is a good example of the mental health issues the writer was suffering from at the time he was writing *Murphy*. Certainly, issues of mental health played an important role during most of his life and work. Because of that, it is important to talk about the causes of his mental issues, how he suffered and faced them, and especially how all that had an influence and a reflection in his works. The best way to discuss these facts in Beckett's life is to use the testimony of the writer himself, and three main authorised sources have been used for the purpose: his authorised biography *Damned to Fame: The Life of Samuel Beckett* by James Knowlson (1996); *Beckett Remembering/Remembering Beckett: A Celebration*, in which James and Elizabeth Knowlson recall different interviews with the writer and his closest friends (2006); and *The Letters of Samuel Beckett: Volume 1, 1929-1940*, edited by Martha Dow Fehsenfeld and Lois More Overbeck (2009). Our main focus of attention will fall on the different interviews given to Knowlson, and the letters written by the writer to his closest family and friends. They provide a wide and accurate background that links with aspects that will be discussed in the next chapter, and can help to a later analysis of the autobiographical elements related to mental health present in his first published novel: *Murphy*.

His latent psychological issues firstly appeared in the form of physical symptoms; as Beckett himself says, "the bad years were between when I had to crawl back home in 1932 and after my father's death in 1933" (Knowlson 172). Despite the fact that he had already had some physical symptoms before the loss of his father, as he admits here, this traumatic event was probably the most important trigger for a turning point in the mental health of the author.

Bill Beckett had always been the person Samuel had leant on the most, so the pain for his demise added to the mixture of frustration and depression he felt for not

being able to publish his first novel (*Dream of Fair to Middling Women*, 1932). Feeling that he could not go on, he started drinking heavily.

The relationship between Beckett and his mother made the situation worse. Even before Bill Beckett died, there were unexpressed tensions and quarrels whenever the author got home drunk. The family home became a place for mourning and grieving after Bill Beckett's demise; even the blinds remained down for weeks. All of this only contributed to the prolongation and intensification of the pain and sorrow that Beckett already felt, which led him to look for a small apartment where he could spend most of the day without the suffocating and damaging influence his mother had on him.

Between July and August of that same year, the writer also began to suffer from a cyst on his palm and several injuries caused by a traffic accident. However, what worried him the most during this time were the sweating and the panic attacks he suffered during the nights. On top of everything, he had an experience that made his situation explode. "I was walking up Dawson Street", says Beckett, "and I felt I couldn't go on. It was a strange experience I can't really describe. I found I couldn't go on moving." (Knowlson and Knowlson 67). After this he went to a pub in order to calm himself and there he realized he really needed help; that same night he went to visit Geoffrey Thomson, who was one of his most intimate friends and worked as a consultant physician at Dublin's Lower Baggot Street Hospital at the time.

By the time Beckett went to Geoffrey asking for help, Geoffrey was already studying psychiatry, and after examining his friend, he concluded that there was no physical problem; Beckett's illness was psychosomatic, and Thompson recommended him to undergo psychoanalytic therapy. In order to do that he would have to go to London, since psychoanalysis was illegal in Ireland (cf. Knowlson and Knowlson 71). The economic situation of the author was not good, so he kept psychoanalysis in mind for a while without taking any action, and tried to go on with his life. Nevertheless, writing became impossible for him, his mind was confused, and he only got to produce small pieces that publishers rejected once and again, like poems, and the short stories that will be eventually published as *More Pricks than Kicks*, salvaged from his failed novel *Dream of Fair to Middling Women* (published posthumously). In addition, he moved to Dalkey Harbour, together with his mother, which only contributed to make him feel more uneasy.

Beckett's physical and emotional problems increased and he began to be anguished. Therefore, he took the decision of finally going to London to start his psychotherapy. This was possible thanks to Geoffrey's support — he was also considering the idea of going to London in order to become a psychoanalyst himself, since the training he needed could not be provided in Ireland. However, it also took a lot of arguments with his mother about the matter, partly because she did not want him to be far from her, and partly because of his economic problems. Psychotherapy was expensive and Beckett only had the annual allowance he received from his father's will, which was not enough, so in the end, his mother had to pay for it.

The writer went to the Tavistock Clinic in London looking for J.A. Hadfield, following the advice of Geoffrey, who was going to be trained by this same psychoanalyst, but as Beckett himself says, he ended up with Wilfred R. Bion (cf. Knowlson and Knowlson 68).

Bion had attended the medical school at University College Hospital where he qualified as a doctor by 1930. After that, he had undergone psychoanalysis himself and only a couple of years before Beckett went to the clinic, he had been admitted there as an assistant, so Beckett was his first real patient.

Despite the fact that it was hard to deal with Beckett's personality, Bion and him got along quite well from the beginning, probably because they shared a lot of interests related to philosophy, French literature, history, and obviously psychology, which probably contributed to the respect Beckett felt for Bion as a therapist, and to the prolongation of the treatment. At the start of the therapy Beckett's situation was visibly worrisome, so he attended three weekly sessions. During his first session Bion wrote down a list of all the symptoms Beckett was experiencing, namely: "a bursting, apparently arrhythmic heart, night sweats, shudders, panic, breathlessness, and, at its most severe, total paralysis" (Knowlson 176). Apart from that, Beckett had to survive with very little money and felt terribly lonely, since he had no friends or family in London, except for his long-time friend, Thomas MacGreevy.

Knowlson (176-177) suggests that Bion could have used 'reductive analysis' with Beckett, an approach that was popular at the Tavistock Clinic at that time. It consisted on the recalling of the past of the patient in order to find the possible causes of his/her current psychological problems. This idea is based on Beckett's explanation in

an interview on how he used to lie down on a couch and recall his past, something that he admits helped him to have a better understanding of his current situation and feelings (cf. Knowlson and Knowlson 68).

Unsurprisingly, the stormy relationship between Beckett and his mother became the main focus of his psychoanalysis. His friend Geoffrey Thompson said in an interview that to understand Beckett's personality it was essential to have a deep knowledge of the kind of relationship he had with his mother (cf. Miller 3). Therefore, a great deal of his time with Bion was devoted to talking about it and exploring the powerful attachment that his mother felt for him since he was born, and how that had led him to feel a strong impulse to break free from his mother's over-protection. This had generated a kind of bond between mother and son that went from love to hate and led them to be continuously quarrelling or in a state of tension not overtly expressed.

One more reason for this complicated relationship is the fact that Beckett's mother had very settled and strict values that she stood for and tried to impose on Beckett. These values were the reason why May Beckett could not bear the idea of her son being a writer, something that she did not consider even a job, so she never gave him any support to pursue his desire of being a professional writer. In fact, many of their arguments were about his mother pressing him to find a 'real' job. One example for this is the moment when his volume of ten short stories called *More Pricks than Kicks*, whose correction had finished by the end of 1933, came out — an event that caused him both excitement and concern. He was excited because this publication brought him closer to his dream of becoming a professional writer, but he was also concerned about the effects it could have on the people he loved, especially his mother. However, her reaction was unexpected for Beckett; he thought she would totally disapprove of it, but in the end she just ignored the publication, which she did once again when, months later, she saw the publication of his collection of poems, *Echo's Bones*. This, together with the fact that she kept talking to him about getting a different job, reinforced the feeling of disapproval and lack of support in the author.

By the end of January 1934 he writes a letter to his cousin in which he informs him that he is attending therapy with Bion; he claims that he already feels a little more serene and can sleep better, since the panic attacks and sweats are less frequent. In the same letter he admits that he is totally absorbed in the therapy, which is the only thing

he can cope with, together with spending the days sitting in an armchair near a radiator reading, and visiting art galleries from time to time (cf. Beckett 2009: 183)

This relatively positive attitude towards therapy on Beckett's part, despite the fact that he had already predicted that it would take a long time, stands in stark contrast with the feelings he had in January 1935, after he had spent the Christmas holidays in Dublin, back in the family home. This time he writes a letter to his friend Thomas MacGreevy in which he tells him that since his holidays, his physical symptoms have returned, which in Beckett's words was "a kind of confirmation of the analysis" (Beckett 2009: 242). The company of his mother continued to be a handicap in the recovery of the author. In July 1935, after Beckett invited his mother to London for a road trip around the country, he seemed increasingly worried about the essence and evolution of their relationship, a matter that had been dealt with during his sessions with Bion. Bion's suggestion had been to explore his feelings about her, trying to understand them, and also trying to focus on the positive things of their solid bond and strengthening them; but Beckett was still struggling with it, even though their meetings were becoming slightly more relaxed.

The troublesome relationship with his mother was a key cause for Beckett's psychological problems, but it was not the only reason for the situation that he was going through. Another cause is seen clearly in one of his letters to his friend Thomas MacGreevy on the 10th of March of 1935, where he says:

For years I was unhappy, consciously & deliberately [...] so that I isolated myself more & more, undertook less & less & lent myself to a crescendo of disparagement of others & myself [...] The misery & solitude & apathy & the sneers were the elements of an index of superiority & guaranteed the feeling of arrogant 'otherness' [...] if the heart had not put the fear of death into me I would be still boozing & sneering & lounging around & feeling that I was too good for anything else. (Beckett 2009: 258-259)

From this letter it can be understood that he begins to establish a link between his physical symptoms and his solitary and taciturn personality, which had led him to focus more and more on himself and less on the others, which in turn caused him to feel too superior to the rest of the people to care about them. In this same letter, he reflects on how the therapy was being difficult for him, but also really helpful, because otherwise

he would not have realized that the personality he had encouraged during all his life was actually the reason for many of the physical and psychical problems that had tortured him especially during the last years. Once again, his mother could be involved in this aspect of his personality, since she over-protected him, which could have encouraged that feeling of superiority in Beckett.

This new discovery led Beckett to be very hard and judgemental on himself. Nonetheless Bion helped him to understand that it was neither worthy nor helpful to adopt that position, and what he had to do was to find a way of controlling those aspects of his personality. To achieve that, he had to socialise more and focus on kindness and concern for others, which could be relatively easy for him, given the love and concern he already felt for his friends and family.

Beckett was already interested in psychology when he first came to London. However, it was once he moved there and his therapy with Bion began, that he really focused on psychology and obviously, psychoanalysis, in order to get a better understanding of what was happening to him. There were several sources from which Beckett got to learn and explore more about this field. He read books by the American academic psychologist R. S. Woodworth, by Carl Jung, Freud, McDougall or Adler. He did not only read their books, but he also took lots of notes on each of them, sometimes highlighting things that seemed to be important for him for different reasons.

Beckett read extensively about psychoanalysis but he focused mainly on narcissism, neuroses and psychopathology. Engelberts and others, in their book *Notes Diverse Holo: Catalogues of Beckett's Reading Notes and Other Manuscripts at Trinity College Dublin, with Supporting Essays* (2006), provide an outline of the different readings of the author. Focusing on his notes on psychology books, the editors reach the conclusion that these were taken between 1933 — after his father's demise — and 1935 — when the writer returned to Dublin after his psychoanalysis therapy with Bion, that is to say, at the same moment Beckett was writing *Murphy* (158). Some of the works that appear in these outlines provided by Engelberts et al. are: Karin Stephen's *The Wish to Fall Ill*; notes on the Id, Ego & Superego, dealing with Sigmund Freud's *The Anatomy of the Mental Personality*; Alfred Adler's *Individual Psychology, The Neurotic Constitution and Practice and Theory of Individual Psychology*; C. G. Jung's *Analytic*

Psychology and Diagnostische Assoziationsstudien; Ernest Jones' Papers on Psychoanalysis and Treatment of Neuroses; and Otto Rank's Trauma of Birth.

Bion was another source for his knowledge on psychology. Beckett writes a letter to McGreevy on the 8th of October 1935 where he tells him that Bion had invited him to have dinner with him and go to a lecture by the Swiss psychiatrist and psychoanalyst who founded analytical psychology, Carl Jung, at the Institute of Psychological Medicine (cf. Beckett 2009: 282). This lecture in particular would have a great impact on Beckett and eventually on some of his works.

Last but not least, another source for the familiarity of the writer with the field of psychology was his friend, Geoffrey Thompson. Beckett felt overjoyed when, by the end of January 1935, he sends a new letter to McGreevy to tell him that Geoffrey had just arrived to London and was going to stay there at least three months, since he had “secured a post at an asylum near Beckenham.” (Beckett 2009: 242). In early February, Beckett informs McGreevy that Geoffrey was already installed at the Bethlem Royal Hospital, where he worked as Senior House Physician (cf. Beckett 2009: 246).

When Geoffrey began to work at the Bethlem Royal, Beckett became quite interested in the place; “perhaps it will be somewhere to go in the spring”, he told MacGreevy (Beckett 2009: 246). Geoffrey’s wife, Ursula Thompson, justifies this interest in the asylum on Beckett’s part with the fact that Beckett “regarded himself as a bit of a ‘loony’ and wanted to see the other ‘loonies’” (Knowlson and Knowlson 72). In the same interview she also explains how Geoffrey took Beckett to the hospital to visit its facilities and made him wear a white coat, just to satisfy Beckett’s curiosity about the patients.

The writer’s visits to the mental hospital are also recalled in his letters to McGreevy. On the 14th of February 1935, he tells his friend that he has not had many opportunities to see Geoffrey, since he was too busy taking care of the patients at the Bethlem, with his training with Hadfield, and with a ‘woman he had just met’. Then on the 20th of February he says that he had not yet seen Geoffrey, but was planning to visit him at the hospital the following Sunday. However, it is not until the 22nd of September when Beckett tells McGreevy that he has been to the Bethlem Royal and has visited the wards for the first time. The writer’s first impression was not as bad as could be expected, considering the situation of patients there — which will be explained in the

next chapter of this B.A. Thesis. He claimed he had seen “everything, from mild depression to profound dementia [...] with scarcely any sense of horror.” (Beckett 2009: 277).

James and Elizabeth Knowlson (69) recall Beckett’s words in an interview in which he also talks about his visits to Geoffrey at the Bethlem Royal, and what is more important, about how that hospital and its patients had a role in his first novel: *Murphy*. Before analyzing the influence of Beckett’s visits to his friend Geoffrey at the Bethlem Royal Hospital, and how that was reflected in this novel, we first need to know the conditions of the Bethlem Royal and its patients at the time Beckett visited it, and the mental health laws behind those conditions; all of which will be explored in the next chapter.

The Bethlem Royal Hospital and Mental Health Law

The Bethlem Royal Hospital

The Bethlem Royal Hospital was the first psychiatric hospital known in Europe and, as has been already mentioned, played a fundamental role in the first novel by Samuel Beckett that got published. In order to prove that, it is necessary to explore the conditions of the institution throughout time, especially during the years Beckett was writing *Murphy*.

The hospital that appears represented in *Murphy* is called the Magdalen Mental Mercyseat. Despite the fact that this name has nothing to do with that of the Bethlem Royal Hospital, there are several and clear evidences that lead one to think that the fictional hospital is based on this real one.

One important thing to take into account before reviewing the history of this mental institution is that there are at least four different names by which it was known. The first one was its institutional name: Bethlehem Priory/Bedlam, used since its opening in 1247 and until 1676, since the hospital was built in the first place in honour of St Mary of Bethlehem; the second one is New Bethlem, used for the new building from 1676 to 1815; the third one is the Royal Bethlem, which began to be used around 1815 when the third building was built and until 1930; and the fourth name, which has been used since 1930, is the Bethlem Royal. From the fifteenth century on, when the hospital began to take in deranged people, it began to be commonly known as 'Bedlam'. This name came up partly because most of the people in England confused its pronunciation with 'Bethlem', and partly because the word 'Bedlam' included connotations of noise and confusion (cf. Andrews et al. 1), but we should be aware of the derogatory connotations of this popular name.

The Bethlehem Priory

According to “From Bethlehem to Bedlam”, the Bethlehem Royal Hospital was created as a charitable hospital in 1247 thanks to a donation of a piece of land made by the then Sheriff of London to the bishop of Bethlehem, Simon FitzMary. It was initially called the Priory of St Mary of Bethlehem. Its main aim was the healing of sick indigents. This did not change until the fifteenth century, when the first six people were admitted on account of their insanity.

The Bethlehem hospital remained in the same location in Bishopsgate for its first 420 years of existence and it consisted on a main building surrounded by a courtyard which included a chapel in its centre. At first, it only had about twelve cells for housing patients, but it was enlarged little by little until 1667, when it could house about fifty-nine patients.

During the first years, the hospital was run by a group of monks whose main aim was to heal and take care of indigents in London. However, at some point they decided to begin to offer shelter to people suffering from some kind of mental illness and who had no one to take care of them. Some of those illnesses would be diagnosed today as schizophrenia or manic depression, but others would be closer to anxiety, epilepsy or learning disabilities, as stated in “From Bethlehem to Bedlam”. One of the various problems for the cure of this new kind of patients was that all of them received the same treatments and in the same way, regardless of the huge differences between the illnesses and their corresponding symptoms. The only difference in the treatments was their duration.

The treatments applied can be summed up as follows: a regime of severe punishments and religious fidelity, which were believed to relieve some particular conditions; a flavourless and vegetable-free diet, since it was believed that the patients’ illness was some kind of malign spirit that would die if it was not fed; the usage of chains, manacles and different instruments for body constraint; and isolation which was believed to be useful for the patients to come to their senses again, according to “From Bethlehem to Bedlam”.

In 1370 the hospital went into the hands of King Edward III; the monks left the place and were replaced by the so-called ‘keepers’, which did not improve much the

situation, since they had not any skills or knowledge regarding the treatment of insane people. In addition to that, at the beginning of the fifteenth century the hospital had lost an important part of its reputation because of increasing rumours of malpractices and corruption.

By 1546 it was Sir John Gresham (the Lord Mayor of London during this time) that took charge of the hospital. However, Henry VIII decided that the Crown would manage the institution and new keepers were selected to take care of the patients (cf. Andrews 375).

The main keeper of the hospital during the last twenty years left his position in 1589 and an inspection was carried out in order to check the conditions of both the patients and the facilities. The inspectors did not only see that the building was revolting and filthy, but also discovered the bad conditions in which the patients were kept; for example, more than twenty men had spent their last eight years imprisoned. The worst case found in the hospital was that of a man who had been locked up for more than twenty years and was in urgent need of medical attention.

A new keeper was brought who was supposed to restore the good management and care of the patients after the horrific and alarming situation in which the hospital was. Despite the trust put in him, in the end he turned out to be as bad as the previous ones, since he stole all of the food, clothes and linens that had been donated to the patients in order to sell everything and keep the money. Also, he left to starve the people who had no resources he could take advantage of.

A new inspection took place in 1631, which led to an investigation on the causes of the starvation of a great part of the patients. It was concluded that the best solution was to establish a new management system that replaced the single manager with a triad of a visiting surgeon, a pharmacist and a physician. The responsibility and powers were thus divided.

This reform resulted in a great improvement on the general condition of the facilities, and by the middle of the century the hospital was recovering its popularity and even increasing it. This led to an important increase in the number of patients demanding its services, and because of that a decision to erect a new building that could cope with the new necessities was reached. The antiquity of the building and its poor

condition were also an incentive for the construction of a new hospital. In 1667 the original Bethlem Royal Hospital closed down and abandoned its first location.

The New Bethlem

The opening of the new building in Moorfields took thirteen years, until 1676, but its luxurious aspect made up for the delay. This new aspect of the building caused it to become a kind of touristic attraction — people went there to observe or even humiliate and make fun of patients, as if it was a kind of human zoo— since the very moment in which it opened its doors (cf. Foucault 143-44). Visitors from all the social classes went there regularly to see and even interact with patients who, despite the humiliations they had to suffer in exchange for a few pennies, sometimes were even thankful for having some kind of contact with other human beings. In any case, the reality was that people from the lower class went to drink alcohol, make fun of the patients, and cause trouble and chaos in a place that was supposed to provide the patients with peace and care. Patients were also used as a lesson for visitors of what happened to you if, instead of controlling your passions and desires, you satisfied them (cf. Andrews et al. 182-3).

In contrast to that exuberant appearance, we find that the patients were not as lucky as the building itself, since they continued to be treated as prisoners and to be physically abused. The most popular ‘treatment’ during these years was to lock the patients and keep them isolated without paying any kind of attention to them, providing them only with the necessary amount of food and water to survive.

The visitors did not have unlimited access, even though they were not supervised while visiting the hospital and could have the interaction they wanted with the patients—at least those who were considered to be suitable for it. Some of those patients showed no inconvenience to the visits; others had to be forced, since they felt absolutely ashamed, a feeling that made their mental issues even worse and had to remain in the hospital for longer periods of time.

Apart from those visitors, there were also many artists, writers mostly, who went there in order to find inspiration for their works. Some of them, as was the case of Ned Ward — a satirical British writer who wrote *The London Spy* (1698) — even published some interviews with the patients (cf. Andrews et al. 9).

The regular visits went on for about ninety years, and by 1689 the New Bethlem closed its doors to the general public and became one of the most secluded and discreet hospitals in Europe.

By the end of the eighteenth century, there was a new change in management, which was introduced by John Haslam. He rejected the idea of treating the patients only by isolating them; instead, he proposed that the best cure was to cause the patients to fear the nurses through different threats and tortures, such as cold baths or rotation therapy. In some cases these threats actually worked. However, in some others the tortures were applied (cf. Andrews 212).

Haslam's management was controversial on account of this particular approach to mental treatment, and also on account of the chief surgeon he hired, Bryan Crowther. When he first came, the only thing he had to do was to take care of the injuries of the patients; but after some time working in the hospital he began to carry out different experiments with the bodies of the patients who had died, in particular with their brains. This practice was obviously illegal, but nobody was aware of it — except for Haslam — and went on for about twenty years (cf. Noll 113-14).

It was not until 1814 when Edward Wakefield (a famous philanthropist of the time) visited the New Bethlem and made the degrading situation of the patients public. Once again, people were found enchained to the walls of their rooms, naked, and showing evident signs of being undernourished. One of the patients, just like many others before him, had been in that condition for more than nine years (cf. Foucault 146).

A new investigation took place and both Haslam and Crowther had to abandon their positions. The building showed clear evidence that it was about to collapse and a public contest was organized by the governors of Bethlem in 1810 in order to see different proposals for the design of a new hospital.

The Royal Bethlem

The new building was located at London's St George's Fields, where all the patients were transferred in 1815. In this case, the building presented poor conditions from the

very beginning, the main problems being the lack of glazing of the upper windows together with the absence of a heating system (cf. Andrews 75 & 161).

The number of patients increased quite rapidly and the Royal Bethlem, as it was now called, soon became overcrowded. To cope with this increase, the facility was extended with the construction of additional wings, including a criminal one. As a result, almost two hundred additional patients could be treated at Bethlem.

In the 1850s, the hiring of Doctor William Hood and the introduction of his particular opinion regarding the treatment of mentally ill patients caused a huge change in the methodology that the hospital had followed since it had begun to deal with mental health. The doctor was against the use of any kind of instrument for the restriction of the bodies of the patients. Hood understood that the solution for the mental problems of the patients was to provide them with peace and different ways by which they could entertain themselves, rather than using any kind of punishment. For Hood, the most important goal in the treatments was the rehabilitation of the patient.

Apart from that, Hood also brought back the visits of the general public to the hospital. However, that was only allowed during the 'Bethlem Balls' that were held every month. In this case, the visits avoided the humiliations that were common in previous periods. Nonetheless, the purpose of bringing back the visits was not only to make the patients feel better, but also to show the good conditions in which patients were held, and show the evolution that the hospital had experienced, both to the general public and to the public authorities.

After the transfer of the patients that were considered the most violent to a different hospital for the treatment of the criminally insane, Bethlem became a safer and nicer place; and it also stopped being the centre of attention because of its controversial methods.

Everything went on without incident until the Act of Parliament in 1926, which sanctioned the transfer of the hospital to the rural Beckenham region.

The Bethlem Royal

The last time that the Bethlem Royal Hospital was transferred was in 1930. Beckenham is the place where it has remained until today (cf. Noll 55). The rural environment

provided the patients with additional peace and comfort. Not only the surroundings of the hospital contributed to the well-being of the patients, but also the interior of the building; the rooms in particular gave patients the feeling that they were at home. The use of devices for the restraint of the body continued to be avoided, substituted by the other treatments that will be described later in this chapter (electroconvulsive therapy or lobotomy).

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The birth of the National Health Service in 1948 improved the conditions of patients of the Bethlem Royal, especially those who left the institution when they had completed their treatment, but still needed to be monitored.

Nowadays, the hospital is still in operation at this same location, and in its official webpage we read that they deal with people with mental health problems and people with addictions to drugs or alcohol. So, we conclude that its main purpose is still the same it was six centuries ago.

Despite the reputation and good treatment of this institution nowadays, and the slow but clear improvements in mental health observed throughout the years, it can be said that the Bethlem Royal Hospital will be always remembered because of the aberrant and inhuman treatment that thousands of patients received for centuries. However, instead of trying to hide or forget this dark past, the current Bethlem includes a museum within its facilities called the Museum of the Mind, where it is possible to visit different collections of archives, art and historic objects. These collections are meant to give evidence of the history of mental health care and the treatments used for it in the institution.

Most of the things here mentioned about this particular mental institution on account of its close link with Beckett's novel could be also applied to any other mental institution in England at the time. The main reason for that was the enforcement of a new mental health law in 1930, to which we now turn our attention.

Mental Health Laws: Their Evolution

The Bethlem Royal Hospital is a good case study of mental health care evolution and a good illustration of what the 1930 Mental Treatment Act entailed — the law in force at the time Beckett visited the institution. However, that Act was the result of many progressive changes in mental health law and it would not be possible to notice those changes without learning about the Act's antecedents and their effect on mental institutions and the care of their patients.

Before the Madhouse Act of 1774 in England, the mentally deranged were in the hands of either relatives or non-licensed practitioners who were more interested in the possible benefits of this enterprise than in the health of the patients. Before that date, some families preferred to pay private 'madhouses', mainly for discretion, so not many records of the patients were kept. In the seventeenth century, when asylums were first created, there was little or no knowledge of different psychiatric conditions and how to provide an appropriate and specific treatment for each different case, as we read in "Mental Institutions".

The lack of knowledge of the practitioners was not the only problem, but the inadequacy of the staff was a major issue as well, both because there were not enough of them and because of their lack of tenderness or affection to deal with the patients. Some of the artefacts discovered in this kind of places show that the most popular practice to deal with the patients whenever it was not possible to keep them calm and/or occupied was to use different tools such as shackles for legs and wrists to restrain or impede their mobility. There were also padded cells where the most dangerous patients (dangerous either for themselves or for others) were kept and restrained by using straightjackets, fingerless gloves, etc. aimed to prevent any possible harm.

Together with physical abuse, it can be said that there was little or no privacy for the patients; most of the time their meals were scarce and inadequate; there were not activities, nor facilities where they could keep themselves entertained; and they were constantly under surveillance, since in the early days of some 'madhouses', if some patient escaped, the nurse in charge of taking care of him/her was monetarily penalised, as we read in "The History of the Asylum".

However, after the 1774 Madhouses Act, the treatment and housing of lunatics could only be in the hands of those with a license; and the facilities had an annual inspection to check the conditions in which the patients lived, according to Andrew Roberts' "Mental Health History Timeline".

In the 1790s, moral treatment spread as a new practice which consisted mainly in surveillance rather than coercion and physical restraint. Some relevant physicians and businessmen such as William Tuck (founder of The York Retreat Asylum), expressed their concern that the treatments applied to the patients were more appropriate for prisoners than for the mentally ill. Nonetheless, this new treatment had a religious, rather than a medical basis, so it was not effective enough, even though the condition of the patients was improved (cf. "Mental Institutions").

At the beginning of the nineteenth century it was evident that private madhouses and charity centres (local parishes, but also workhouses, houses of correction or even prisons) could not cope with the care and treatments required by the mentally ill. It was realised that patients not only needed to be housed in specific places according to their conditions, but also to be cured. Furthermore, it was considered that every single county should build and control their own asylums; that their size should be increased, even though their size could not be too excessive either; and that they should be located near large towns, instead of being totally isolated, to increase the possibilities of finding better physicians.

All these conclusions led to the County Asylum Act of 1808, which gave the counties permission to levy a tax in order to collect enough money to begin to build the first public institutions, since indigents and those who could not afford to pay to stay in these asylums in general, were the major concern at that time. Nevertheless, it was not until 1845 that it became compulsory for counties to make new facilities available for the housing and mental health care of citizens (cf. Stewart, "The History of Mental Health and Community Care").

After this moment and until the early twentieth century there was a noteworthy increase in the number of asylums around England, but also in the amount of patients they could house. Although buildings with around 2,000 beds were not uncommon, it was also usual that they became overcrowded. It can be said that there were several improvements on mental health care, both in the architecture of the buildings set aside

for the purpose — they were better illuminated, more spacious, there were green areas, healthier environments, etc. — and in the quality of the staff in charge of the patients — they were systematically trained by the Medico-Psychological Association, and they were required to obtain a certificate in mental nursing. Also, some universities began to offer Diplomas in Psychological Medicine, and eventually they became compulsory for medical officers in order to work in asylums, as explained by Alexander Walk in “The Evolution of Mental Health Law”.

In 1890 the Lunacy Act came into force and that meant a lot of new changes regarding mental health care and private madhouses and asylums. In Part II, “Care and Treatment”, the Act stipulates the following: private patients who had not been diagnosed as being lunatics by inquisition could not be admitted in asylums destined for lunatics unless a judicial authority ordered it; in case a private patient was admitted by a judicial authority, the patient had the right to be examined by the same authority; any police, or relieving officer, or supervisor of a parish aware of the existence of any mentally ill person within the district who was not receiving proper care and control, or who was being inhumanly treated or abandoned by those in charge of him/her, had the obligation to inform the corresponding judicial authority; mechanical means for the restraint of the body could not be applied unless it was necessary for any kind of surgery or medical treatment, or to impede the patients from hurting themselves or someone else.

At the beginning of the twentieth century the term ‘mental health’ became popular in the field of the care of the mentally ill. Many former patients, physicians, and social reformers wanted to avoid the term ‘mental illness’, since it increased the negative connotations and the negative vision of those suffering from some mental problem.

Despite remarkable improvements during the first half of the twentieth century, new asylums also became a testing ground for a number of polemic practices such as lobotomy — defined by *The Oxford Dictionary* as “a surgical operation involving incision into the prefrontal lobe of the brain, formerly used to treat mental illness” — or electroconvulsive therapy — “relating to the treatment of mental illness by the application of electric shocks to the brain” — according to *The Oxford Dictionary* as well. Even though these methods were useful in order to help some patients, their use

reinforced the vision of asylums as highly undesirable and even feared places, (cf. “Mental Institutions”).

At the same time that these methods were first applied, The Mental Treatment Act of 1930 came into force and it meant some significant changes in mental health care once again. To begin with, the term ‘mental hospital’ began to be generally used instead of ‘asylum’, ‘madhouse’ etc, and it was legally recognized; the intervention of the state and of the social welfare was better organized; and health policy was developed in order to apply psychological treatments at an earlier stage or even to prevent mental problems before they arose. In addition, the Act authorized the reception of voluntary patients if they wrote an application to the person in charge without a medical recommendation, except for those cases in which the certification was necessary (“The Mental Treatment Act, 1930”). According to Nicola Glover-Thomas, the main reason behind that change was that the need for certification before the admission of a patient to a mental hospital was disliked by those involved in psychiatry, and that there was a huge stigma behind ‘being certified’, a stigma they tried to avoid by allowing patients to be treated voluntarily. Glover-Thomas also explains that these voluntary patients were allowed to leave the hospital whenever they wanted to, as long as they gave seventy-two hours’ notice, and could not be given any treatment without their consent. Another innovation was the Temporary Treatment Order, which could be used to provide temporary treatment to patients who “were incompetent and could neither assent nor dissent” (Glover-Thomas 21).

This Law is responsible for the conditions of both the Bethlem Royal Hospital and its patients between 1935-1936, when Beckett visited the institution and wrote his novel *Murphy*. Now that I have analysed the mental health and personal conditions of the writer during those years, and the conditions of the Bethlem Royal and the laws behind them, in the next and last chapter I will establish a relationship between what has been said in the first two chapters of this B. A. Thesis and the novel.

The Bethlem Royal Hospital and Beckett's Mental Health as reflected in *Murphy*

As mentioned throughout this B. A. Thesis, there are some different elements of the personal life of Samuel Beckett, as well as the historical and legal context of the Bethlem Royal, that clearly influenced the writer's first published novel, *Murphy*, especially from chapter nine onwards, when Murphy begins to work at the Magdalen Mental Mercyseat, a sanatorium for the mentally ill.

In this chapter a number of arguments are going to be provided in order to prove those links. For this purpose, our study is going to be divided into two parts, corresponding to the following topics: the Bethlem Royal Hospital and Geoffrey Thomson on the one hand, in which the main sources used in order to establish a relationship between the real hospital and the fictional one will be C. J. Ackerley's *Demented Particulars: The Annotated "Murphy"* (2004), and the two previous chapters of this B.A. Thesis; and Beckett's psychotherapy with Bion, his relationship with his parents and his extensive reading on psychology, on the other.

The Bethlem Royal Hospital and Geoffrey Thompson

In the novel, the first reference to a mental hospital is to an Irish institution, the popular St John of God's in Dublin. Two of Murphy's friends get into trouble with a Civic Guard, and one of them justifies the behaviour of the other by apologising with these words: "John o' God's. Hundred per cent harmless" (Beckett 1938: 28). Nonetheless, the fictional Magdalen Mental Mercyseat is the real protagonist in the novel, and the Bethlem Royal Hospital was the model for its depiction, in terms of its location and layout; admission and care procedures; members of the staff and their tasks at the hospital; and patients and their behaviour patterns.

Location and Layout

When Murphy goes to the MMM for the first time, at the beginning of chapter nine of the novel, the hospital is described as being “on the boundary of two counties” (Beckett 1938: 90), and it is a fact that the wards at Bethlem Royal Hospital were for the most part in Surrey, but one of them was in Kent, as it continues to be nowadays. As for the layout, we read in the novel about “two large buildings, one for males, the other for females” (92), corresponding to the two separate sleeping quarters for both male and female nurses and patients that existed at the Bethlem Royal — it was not until 1948 when wards began to be mixed-gender, as we read in “Bethlem”. Regarding the outside aspect of the MMM, in the novel it is also mentioned “a bijou edifice of mellow brick with a forecourt of lawn and flowers” (94): the mortuary at Bethlem Royal was indeed brick, as the rest of the building. However, experts do not agree on whether this building was a mix between the real mortuary at the hospital and the brick chapel located nearby the Bethlem Royal or not (cf. Ackerley 149).

Moving forward, the narrator says:

Skinner’s was a long, grey, two-storeyed building, dilated at both ends like a double obelisk. The females were thrown all together to the west, the males to the east, and on the strength of this it was called a mixed house, as distinct from the two convalescent houses. (95)

Skinner’s House is the fictional recreation of the Tyson House at the Bethlem Royal in terms of its double obelisk shape and the fact that it combined male and female patients. Moreover, there is a further description of the wards in *Murphy*, in which the narrator says that they “consisted of two long corridors, intersecting to form a T, or more correctly a decapitated potence” (95); Ackerley highlights Patricia Allderidge’s confirmation of the resemblance of Tyson Houses West and East with a Latin cross (150). The fictional Skinner’s House created by Beckett is defined in the novel as having the terms and orientation of those representative of church architecture: the Tyson East wing at the asylum, as Ackerley clarifies, would be seen by the narrator as having its own nave and transepts. The convalescent houses mentioned in the novel

were in reality Gresham House for male patients and Fitzmary House for women. Tyson, Gresham and Fitzmary Houses have kept the same names until nowadays.

Paying attention now to the inside of the hospital, the similarities continue to be many. For example, the rooms of the patients in *Murphy* are called “cells, or as Boswell said, mansions” (96), and Ackerley states that the rooms of the patients at the Bethlem Royal were actually called ‘mansions’ by those who visited the hospital at this time because of the luxurious aspect of the facilities in the eighteenth century, which has been already mentioned in the second chapter of this B.A. Thesis. Beckett’s source of reference is Boswell’s *Life of Johnson* (1791), which he annotated heavily. Also, the name ‘pads’ is used in the novel to refer to those rooms dedicated to the cases that were most difficult to deal with, rooms which were especially meant for those who might attempt suicide and which were present not only in the Bethlem Royal, but in most of the asylums since the eighteenth century, as has also been previously commented in page 18 of this paper.

In the same way, a correspondence between the fictional asylum, The Magdalen Mental Mercyseat, and the real one, The Bethlem Royal Hospital, can be established with elements such as “the post-mortem room” (146), where Murphy was kept after he had been found dead until his funeral, which stands for the one at the Bethlem Royal, one of the three rooms that made up the mortuary; or Cooper’s “turning into the station” (154) on leaving the MMM carrying Murphy’s ashes, which recalls the real station of Eden Park’s, which was ten minutes away from the Bethlem Royal.

Admission and Care Procedures

In terms of the procedures existent in the hospital regarding the treatment of the mentally ill, some similarities between both mental hospitals are found. For example, at the beginning of chapter nine of the novel, the head male nurse of the Magdalen, Mr Thomas (‘Bim’) Clinch, explains to Murphy how things work at the hospital, and he says that “no patient was dead till the doctor had seen him” (92); this matches a note written by Beckett during one of his visits to the Bethlem Royal in a notebook that he called ‘Whoroscope’, where the origin of *Murphy* was first drafted.

In this same conversation between Bim and Murphy, the protagonist asks Bim: “are they all certified?” (92), and after that conversation, the narrator tells us that “Murphy learned later that about 15 per cent of the patients were certified” (92), in other words, that they were not there voluntarily. This is a clear allusion to the 1930 Mental Treatment Act which allowed the admission of voluntary patients without a certification by a doctor, as already explained in page 21 of this B.A. Thesis. It is also mentioned in the novel that the hospital “admitted only those cases whose prognoses were not hopeless” (92), which agrees with the 1930 Mental Treatment Act’s emphasis on the “preventive treatment of incipient mental illness” (“The Mental Treatment Act, 1930” 139)

At the beginning of chapter eleven, regarding the recording of the visits to the patients made by the nurses during night-time, we read: “the indicator was most ingenious. The indicator recorded the visit, together with the hours, minutes and seconds at which it was paid, on a switchboard in Bom’s apartment” (133). Once again, a note by Beckett is found in the ‘Whoroscope’ Notebook where he says that visits to check the condition of the patients at the Bethlem during the night were every fifteen or twenty minutes, and nurses had to press a switch in order to record the exact time of the visit, so that the corresponding authority could check the following morning if the established periods of times for visits had been followed.

In addition, regarding the treatment of patients, in the novel it is said:

Bom was what is vulgarly called a sadist and encouraged what is vulgarly called sadism in his assistants. If during the day this energy could not be discharged with any great freedom even on those patients who submitted to it as a part and parcel of the therapeutic voodoo, with still less freedom could it be discharged on those who regarded it as *hors d’oeuvre*. These latter were reported to the RMS as ‘uncooperative’, ‘not cooperating in the routine of the wards’ or, in extreme cases, ‘resistive’. They were liable to get hell at night. (133)

Ackerley informs us that the phrases written between quotation marks are also found in the manuscript ‘Whoroscope’ Notebook and are part of the notes taken by Beckett at the Bethlem Royal during one of his visits there (189).

This description of the abusive treatment of the patients matches the one described in the previous chapter of this paper where examples were mentioned of

patients being subjected to different ways of torture, such as lobotomy or electroconvulsive therapy; being tied and/or locked up; and being generally humiliated.

Staff Members and Patients

Some of the characters represented in the novel as workers of the Magdalen Mental Mercyseat correspond to those working at the Bethlem Royal, according to Bryan Ryder from the University of Reading (quoted in Ackerley 204-205). That is the case of Mr Thomas ('Bim') Clinch, the head male nurse at the MMM, who could stand for the figure of Kenneth Cattle — the head nurse in charge of the wards at the Bethlem Royal—; or Dr. Angus Killiekrankie, who might be the senior assistant physician, whose real name was Murdo Mckenzie; or the character of the county coroner that appears during Murphy's funeral, inspired by Dr John Porter-Phillips, the Physician-Superintendent at the Bethlem Royal. All of this shows that Beckett did not only portray the condition of the facilities or even the patients in his novel, but he also used the figure of some of the staff members that he met during his visits to the hospital.

Regarding the tasks of the staff at the MMM, these are summarized in the novel at the beginning of chapter nine, when Murphy is told by the head male nurse the activities he would be expected to carry out during his workday. The passage says:

He would be expected to make beds, carry trays, clean up regular messes, clean up casual messes, read thermometers, write charts, wash the bedridden, give medicine, hound down its effects, warm bedpans, cool fevers, boil gags, sterilize when in doubt, honour and obey the male sister, wait hand, foot and mouth on the doctor when he came, look pleasant. (91)

Most of the tasks mentioned above can be found in the notes written by Beckett in the 'Whoroscope' Notebook derived not only from his visits to the Bethlem Royal, but also from his talks both with his friend Geoffrey Thompson and from his multiple questions to a nurse, whose name he does not mention (Knowlson 209).

When it comes to the depiction of the patients and their different behaviours, there is a particular case of a patient who stands out: Mr Endon. James and Elizabeth Knowlson reproduce an interview with Beckett in which the writer himself admits that

he paid some visits to his friend Geoffrey at the hospital and wrote about one of Geoffrey's patients in *Murphy*; "Mr Endon was loosely based on him", Beckett says (Knowlson and Knowlson 69). Apart from that, during an interview recalled by Knowlson in *Damned to Fame*, Beckett remembers standing in front of a schizophrenic who caught his attention because "he was like a hunk of meat. There was no one there. He was absent" (Beckett quoted in Knowlson 209). Beckett depicted this man in the novel as "an emaciated schizoid, petrified in a toppling attitude as though condemned to an eternal tableau vivant" (96).

In this same passage of the novel the narrator describes the first time that Murphy sees the patients at the MMM, and it can be seen that Beckett had a deep knowledge of the different categories that patients belonged to and their behaviour according to the mental illness they suffered from:

Melancholics, motionless and brooding, holding their heads or bellies according to type.
Paranoids, feverishly covering sheets of paper with complaints against their treatment or verbatim reports of their inner voices [...] A hypomanic teaching slosh to a Korsakow's syndrome. An emaciated schizoid (96)

Knowlson (208) justifies the accuracy and realism of the facts presented in the novel on the basis of Beckett's own psychotherapy with Bion, but he had always paid much attention to other people's mental health as well as to his own.

Therefore, even though it is not true that Beckett himself worked in a mental asylum, as some sources have pointed out, it is obvious how his thorough observation of patients and staff at the Bethlem Royal, and the profound interest he showed in the process of psychotherapy and mental illnesses were enough for him to provide precise details in the descriptions within the novel regarding the Magdalen Mental Mercyseat.

Beckett's Psychoanalysis and his Relation with his Parents

As well as the novel's heavy dependence on the writer's acquaintance with the Bethlem Royal, there are some specific aspects of Beckett's life that also served as a source of inspiration for *Murphy*. Beckett's description of Murphy's mind is a case in point.

“Murphy’s mind pictured itself as a large hollow sphere, hermetically closed to the universe without” (63), Beckett says, and he establishes a division of Murphy’s mind into three different zones: light, half light and dark. Murphy descends several times into the dark zone, where “he was not free, but a mote in the dark of absolute freedom. He did not move, he was a point in the ceaseless unconditioned generation and passing away of line” (66). Knowlson suggests that this division of Murphy’s mind is the result of multiple readings in philosophy, psychology and psychoanalysis by Beckett, readings already mentioned in page 8 of this Thesis; and the descents of Murphy into the dark zone could be related to the writer’s own exploration of the dark zone of his mind during his sessions with Bion. Another example of the influence of Beckett’s psychotherapy in the novel can be seen when the treatments applied to the patients at the Magdalen are referred to as “the therapeutic voodoo” (133) — an ironic look, perhaps, on his own psychoanalytic therapy with Bion thus compared with the pre-scientific rituals carried out in creole cults that can be healing but also damaging.

The long periods of time that Beckett spent with Bion obviously influenced him and served him to expand his knowledge on psychology and psychotherapy, but Bion also introduced Beckett to Carl Jung. Bion invited the writer to one of the lectures of the Swiss psychiatrist and psychoanalyst, as we have already mentioned in page 9 of this paper, and so Beckett began to become familiar with his theories and psychological practices. One of these practices involved asking his patients to have their horoscopes cast, something that caught Bion’s attention, and which led him to ask Beckett to get his own (cf. Ackerley 61). In the case of *Murphy*, Knowlson points out that Beckett wrote some notes in the ‘Whoroscope’ Notebook trying to figure out how to cast the main character’s horoscope and how to make it relevant in his life (208). At the beginning of the novel, Murphy’s horoscope resembles a kind of guide he uses in order to have a notion of what he should do, but in the end it is “no longer a guide to be consulted but a force to be obeyed” (Beckett’s ‘Whoroscope’ Notebook, quoted in Knowlson 208).

Some of the physical manifestations of the mental problems that Beckett was experiencing during the process of writing *Murphy* can also be seen in the main character of the novel. In the opening scene of the novel, we see Murphy “sat naked in his rocking-chair”, which “gave him pleasure” and “appeased his body” (5-6). This scene matches the description of Beckett’s days in London at the beginning of 1934,

when he spent his days sitting in an armchair reading, as he told this cousin in a letter already mentioned in page 7 of this B.A. Thesis.

The narrator also describes Murphy's heart as being "irrational" (6) and Ackerley claims that Murphy's condition is based upon Beckett's own (34), given the nightly arrhythmias he suffered from, which became more and more frequent and kept him awake all night, and were soon accompanied by cold sweats and panic attacks; all of these resulted from his fear of suffering from heart problems and fear of death in the aftermath of his father's recent demise, as has been previously explained. By the same token, at the beginning of chapter six, during an argument between Murphy and his girlfriend Celia, Murphy claims to be in a "marasmus" (80); and in fact, there is a passage in a letter sent by Beckett to the Irish novelist, playwright and film critic, Mary Manning, in which he says:

The physical mess is trivial, beside the emotional mess. I do not care, and don't know, whether they are connected or not. It is enough that I can't imagine anything worse than the *mental marasmus*, in which I totter and sweat for months (Beckett 2009: 397; italics mine).

We have discussed in the first chapter of this paper how Beckett's readings in psychology and psychoanalysis gave him a better understanding of his psychosomatic problems and put the nature of his relationship with his mother to the fore. There are a couple of references in the novel to both Murphy's birth and his parents, but they are not given any relevant role in the novel. At the beginning of chapter five, however, there is a statement about Celia's "desire to make a man of Murphy" (41). According to Knowlson (215), those are the exact words that May Beckett had said to her son during one of their multiple arguments over Beckett's desire to become a writer. The narrator's words after Murphy has walked out on his girlfriend Celia can be said of the writer's own frustration and anger towards his mother's attempts to make him quit writing and find a job that was more 'appropriate' for a man:

How her efforts to make a man of him had made him more than ever Murphy; and how by insisting on trying to change him she had lost him, as he had warned her she would. (107)

These words could be Beckett's own after his mother's cold reception of the publication of his volume of short stories *More Pricks than Kicks*, or of his collection of short poems *Echo's Bones*, as we mentioned in page 6 of this paper. The fictional lovers Murphy and Celia would be reproducing the real mother and son relationship; a relationship that made the writer 'more than ever Beckett'.

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Beckett's psychological problems, the fact that his best friend ended up working in a mental hospital, his therapy with Bion... all the topics discussed above could be considered of equal importance in the process of writing *Murphy*, given that each of them shows a particular aspect of Beckett's life in that particular moment. They all have a common feature, though: mental health, and Beckett's strong interest in this topic since his years as a student in Trinity College between 1923 and 1927.

That *Murphy* contains so many details belonging to the personal life of the author in terms of mental health cannot be considered just a coincidence, or something that only influenced *Murphy* superficially. According to Ian Miller, the novel's main importance derives from the fact that it served Beckett as a kind of 'psychic retreat' to liberate his mind from all of his anxieties and thus start to focus on something different (120). Indeed the novel was useful for the consolidation of Beckett as a writer, helping him to overcome some of his insecurities in this regard; but most of all, *Murphy* helped Beckett to deal with all the psychosomatic and psychological problems that had led him to Bion in the first place.

Conclusions

As has been stated in the Introduction, my aim in this B. A. Thesis was to prove that the fictional asylum created by Beckett in his 1935 novel *Murphy*, the Magdalen Mental Mercyseat, corresponded actually to the Bethlem Royal Hospital, in London, the first institution to specialize in the treatment of mental illnesses. I also set out to prove that Beckett's mental health and personal conditions at the time he was writing *Murphy* are clearly reflected in the novel.

On the one hand, the correspondence between both hospitals has been found in the common elements shared by both mental institutions — the fictional and the real— which the historical sources consulted have confirmed. The hospital's location and layout, admission criteria and care procedures, and the staff members at the hospitals as well as the patients — these are some of the most evident coincidences between both institutions that I have been able to track.

On the other hand, the correspondence between Beckett's mental health issues and personal circumstances and those of the novel's protagonist has also been confirmed, in this case, thanks to the (auto)biographical sources consulted — a term loosely including the writer's letters, interviews, manuscript notebook, and scholarly notes, as well as his authorised biography. These sources have allowed me to establish a parallelism between Beckett's psychosomatic symptoms resulting from the death of his father, the complicated relationship with his mother, and his insecurities and frustrations in the process of becoming a writer, on the one hand; and the symptoms that Murphy suffers from, on the other. In the same way, the relationship between Beckett and his mother can be said to be replicated in Murphy's relationship with Celia.

Therefore, it can be concluded that Beckett's personal experiences related to mental health — his friendship with Geoffrey Thomson, that led him to undertake psychoanalytic therapy and to visit the Bethlem Royal Hospital; and his psychological problems caused by family and career problems — are clearly reflected in his novel *Murphy*.

To conclude, I would like to point out the fact that in this B. A. Thesis I have explored just one example of the correspondence between a fictional mental hospital created by Beckett and a real one. Given that this kind of institution is not an isolated case in Beckett's novels, I consider that it could be interesting to try to explore the

presence of this and other asylums in some of the other works of the writer, such as his 1946 novellas, in order to know if this was a kind of pattern followed in all the works in which he mentions or portrays a mental institution.

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