

Schizo-Lucia on “Jungfraud’s Messongebuch”: The Techno-Thanatopolitics of (Mis)Diagnosis*

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“To think that such a big fat materialistic Swiss man should try to get hold of my soul!” (qtd. in Ellmann 679)

How far is it legitimate for a biographer to go in investigating the supposed mental illness of the daughter of a great writer? How much does the reading (and, perhaps more to the point, the non-reading) public need to know about a woman who spent the best part of forty years in an asylum, largely forgotten by friends and family alike? When does intellectual curiosity become unseemly prying or voyeurism? (McCourt 249)

In his unfavorable review of *To Dance in the Wake*, John McCourt, a skeptic, questions not only the legitimacy but also the validity of Carol Loeb Schloss’s willed endeavour to bring James Joyce’s troubled daughter back from a pathologized obscurity and dispute the widely accepted diagnosis of her schizophrenia: “The author’s dismissal of the conclusions of scores of Europe’s

* I wish to express my gratitude to the three anonymous reviewers for their insightful feedback and to the Ministry of Science and Technology (Taiwan) for funding this research project (MOST 108-2410-H-027-001).

finest psychologists, psychiatrists, and doctors, despite her own lack of medical expertise, is less than watertight” (252). McCourt’s skepticism towards Schloss’s revisionist biography of Lucia Joyce is justifiable, for she has failed to support her radical re-evaluation of Lucia’s condition with authoritative medical documents that would help debunk the consensus belief in Lucia’s mental illness.

However, Shloss may as well ridicule McCourt’s attack as an *argumentum ad ignorantiam*, since neither is there any surviving medical record that could verify the diagnosis of Lucia’s schizophrenia:

What had it meant to label Lucia schizophrenic? In *none of the medical records* that have survived is there mention of her having *hallucinations*, *hearing voices*, or exhibiting the language disturbances that were then believed to characterize schizophrenia, *nor is there evidence* of a “psychic break.” The one “terrifying dream” of Lucia’s that Joyce mentions did not conjure disembodied phantasms but reflected the very real fear that one of her lovers had given her *syphilis*.¹ (Shloss 304; emphasis added)

Shloss’s *mise-en-question* here is escalated by a sequence of direct quotations from Eugen Bleuler—the influential psychiatrist and eugenicist who coined the term “schizophrenia” to modify Emil Kraepelin’s medical concept of “dementia praecox”²)—that expose its arbitrary diagnostic threshold: “What one observer considers as important, another may hardly notice. . . . Indeed, it happens frequently that one physician does not note a symptom which another finds immediately striking” (*Dementia Praecox* 272-73); “It is obvious that every author of a textbook was obliged, above all, to construct his own system of classification since the systems

1) It should be noted, however, that syphilis-induced dementia used to be regarded as an important piece of evidence to support Emil Kraepelin’s hypothesis of dementia praecox/schizophrenia as a disease entity (Boyle 41-44).

2) The term “eugenicist” is indeed evocative of Nazi thanatopolitics (which will be further discussed later), if we think of the atrocities committed in the name of eugenics and its variations. As for the etymology of schizophrenia, see the *Oxford English Dictionary*: “schizo-irregularly representing Greek *σχίζειν* to split” + “Greek *φρήν* mind.”

established by his predecessors were useless to his way of thinking and to his method of observation" (*Dementia Praecox* 277); "Even within the very same school, one physician defined as paranoia what another terms a melancholia. The in-between forms, the atypical cases, had to be fitted in somewhere, if need be forcibly" (*Dementia Praecox* 277). Shloss's strategy is blatantly obvious: since the majority of medical records documenting Lucia's condition either remain confidential or have been destroyed, a more radically effective tactic to nullify psychiatrists' diagnosis would be discrediting the nosology of schizophrenia *per se*.

Even though such a tactic has hardly convinced the likes of McCourt, Shloss's revisionist biography nonetheless invites me to further her investigation into the validity of schizophrenia as a diagnostic entity. On the one hand, Shloss is by no means heretic, for medical historians, psychiatrists and neurologists have also been deconstructing Emil Kraepelin and Eugen Bleuler's troubled legacy.³⁾ On the other hand, whereas McCourt regards Shloss's attempt to challenge Lucia's psychiatrists at the Burghölzli as naïvely arrogant, it is no secret that Joyce himself was suspicious of C. G. Jung—who had been working there under Bleuler—and reluctant to entrust Lucia to him, revealing to the Giedions that "I wouldn't go to him, but maybe he can help her" (qtd. in Ellmann 676).⁴⁾ In *Finnegans Wake*—whose embryogenesis is parallel to Lucia's gradual disappearance from the public sphere—Joyce also accentuates a much-quoted polemical thrust on psychoanalysis: "Jungfraud's Messongebook" (*FW* 460.20-21). This phrase is among the most explicit within the Wakean chaosmos: we can instantly detect the Freud-Jung

3) For instance, see Boyle, *Schizophrenia: A Scientific Delusion?*; Noll, *American Madness: The Rise and Fall of Dementia Praecox*; Moskowitz and Heim, "Eugen Bleuler's Dementia Praecox or the Group of Schizophrenias (1911): A Centenary Appreciation and Reconsideration."

4) Joyce's own skeptical attitude to the Burghölzli and to the diagnosis of Lucia's condition was explicitly expressed in his letter to Harriet Shaw Weaver on 22 September 1934: "She is not at all anaemic. . . . Burgholzi [sic] sounds awful but the poor child is not a raving lunatic, just a poor girl who tried to do too much, to understand too much" (qtd. in Fordham, *James Joyce's Finnegans Wake and Lucia Joyce's Breakdown* 39; edited version in *Letters I* 346).

lineage, with the former being derided as a fraud; Joyce places Jung before Freud to pun on “*jungfrau*” (meaning “virgin” in German), while “Messonge” evokes “*mensonge*”—a French noun denoting “lie”—and intensifies his attack on the duo.

Jean-Michel Rabaté thus reads *Finnegans Wake* as a desperate defense mechanism for Joyce to protect Lucia’s mental integrity:

Joyce’s daughter Lucia’s deepening schizophrenia seemed to confirm that Joyce’s literary fascination with psychotic discourse was not purely literary. Lacan’s reading is in fact not that far from Jung’s interpretation of Joyce; like Jung, he stresses Joyce’s wish to defend Lucia against psychoanalysis so as to ward off any suggestion that his own writing could be seen as “schizophrenic” or “psychotic,” and like Jung he admits that Lucia drowns in the waters of the unconscious where a more experienced swimmer manages to reach back to the surface. (6-7)

Yet the problem, again, is that Rabaté’s reading seems, too readily, to subject Lucia and Joyce’s writing to Jung’s and Lacan’s diagnoses. It is also questionable whether Lacan himself would relish the idea of being compared to Jung, as he has hinted at his preference for Joyce over Jung (and Freud) in *The Sinthome*, wherein he grants Joyce the authority of an analyst to reduce “jungfrau” into Lewis Carroll’s ridiculous twins: “It came quite naturally to [Joyce’s] pen to qualify Freud and Jung as Tweedledum and Tweedledee” (64). Still, Rabaté might have understated a fundamental difference between Jung and Lacan as follows: we see a smug Jung—dismissed by Lucia as “the big fat materialistic Swiss man”—tagging Joyce’s writing as “schizophrenic,” whereas Lacan seems more inquisitive about the arbitrariness of diagnostic threshold in *The Sinthome*: “At what point is a person mad? The question is worth asking, but for now the question that I’m posing myself . . . is the following—was Joyce mad? . . . This is borne out by the fact that I started by writing *Écrits inspirés*” (62).

The above sequence of disputes as to whether or not the diagnosis of (Lucia’s) schizophrenia is scientifically valid culminates in an unsettling question that I aim

to tackle in this paper: what is the cultural logic behind Jung's (and perhaps also Freud's and even Lacan's) psychoanalytic theory that tends to *pathologize* the human mind yet often fails—or even *refuses* at times—to treat the symptoms (or, in Lacan's idiosyncratic spelling, *sinthomes*)? And this paradox is particularly telling when it comes to Lucia's case, as it is Jung himself who informed Joyce of the possibility that psychoanalysis might only exacerbate her schizophrenia: "[Jung] told me nobody could make any head of her but myself as she was a very exceptional case and certainly *not one for psychoanalytic treatment* which he said might provoke a *catastrophe from which she would never recover*" (qtd. in *JJIII* 681; emphasis added).

Such a cultural logic seems so dominant as to drive McCourt and Rabaté to endorse the diagnoses given by a clique of early 20th-century psychiatrists/psychoanalysts as well as the insinuations about Joyce's latent psychosis/*sinthomes*—against both of which Joyce himself has demonstrated resistance and resilience. Indeed, it could be argued that a mad man is too mad to detect his own madness, but Joyce (whether mad or not) is likely to agree with Deleuze and Guattari's claim that "a schizophrenic out for a walk is a better model than a neurotic lying on the analyst's couch" (*Anti-Oedipus* xvii), for he has expressed explicit objections to Lucia's institutionalization: "Dear Giorgio, if you had seen Lucia's condition after seven months of confinement at Nyon you would not advise me to put her back in such an institution" (*Letters III* 372). The fact that Giorgio, against Joyce's wishes, confined his own sister within the walls of one asylum after another and felt the urge to *write* her *off* the family history (as opposed to Joyce's wish to *write* her *into* the Wakean circularity) further exposes another significant aspect of the cultural logic in question: once an individual has been pathologized—namely, regarded as psychologically *abnormal*—s/he will be reduced into what Giorgio Agamben calls a *homo sacer* (which is indeed evocative of *saint homme*—a derivative homonym from *sinthome*—and will be revisited later in greater detail).

Now, it has become clearer that the cultural logic is what Michel Foucault

terms *biopolitics*, or what Roberto Esposito would reframe as *thanatopolitics*. In order to make the suggested connection between the (mis)diagnosis of schizophrenia and bio/thanatopolitics more watertight, I will carry out a Foucauldian archaeology to expose the intrinsic problematics to the nosology of schizophrenia, then reveal the latent collusion between schizophrenia diagnosis and Nazi thanatopolitics (both of which cast a shadow over Lucia), and finally investigate Joyce's *sinthomatic* writing in *Finnegans Wake* and his attempts to free Lucia from the *technology* of thanatopolitical governmentality.

I. Archaeologizing Schizophrenia

A miscellany of allusions to schizophrenia and dementia praecox can be spotted in the *Wake*: “schizophrenesis” (*FW* 123.18-19), “demented” (*FW* 463.36), “*precoxious*” (*FW* 52.14; emphasis added), “*fundementially*” (*FW* 610.10; emphasis added). Tracing through Roland McHugh's annotations, Margaret McBride, in astonishing detail, reveals “how much the *Wake*'s prolixity is marked by diction related to mental illness” as follows:

For example, the noun *rage* originally meant “Madness, insanity” (*OED*); *reportage*, *carriagehouse*, and *marriage* transmute into “reporterage” (*FW* 70.5, emphasis added), “carrageehouse” (*FW* 108.19, emphasis added) and “marrage” (*FW* 196.24, emphasis added). Modifiers like *aff*, *possessed*, *ree*, *tetched*, *witless*, and *wud* can carry undertones of madness or dementia (*OED*). They too recur (“dafft” [*FW* 225.17], “kingly leer . . . possessed” [*FW* 398.23], “O reelly!” [*FW* 512.20], “eyewitless” [*FW* 515.30], “My wud [word]!” [*FW* 183.8]). *Tetched* turns up within an echo of the song “The Night Larry was Stretched”: “laddy was *stetched* . . . *addled*” (*FW* 315.3, emphasis added). Elsewhere, the slang *pots*, which Partridge glosses as “to be mad,” replaces *pox* (“a pots on it!” [*FW* 144.32]). The invented “departamenty” (*FW* 607.26) looks like a whimsical torquing of an otherwise recognizable noun; however, the now-obsolete *amenty* meant

“Madness” (*OED*). (101)

Not only has McBride done a marvelous job locating and exegizing latent references to various forms of insanity in the *Wake*, Cheryl Herr also contends that “Joyce was himself intimately familiar with all manner of diagnostic tools and psychiatric theories in his time” because of Lucia’s condition, and that

Joyce turns *Finnegans Wake* towards the variety of linguistic characteristics associated with schizophrenic speakers, the force of his results being *not* to indicate genetically produced disorder in himself/his daughter, *nor* to represent his narrative/narrator as a schizophrenic subject, but rather to force upon the reader the experience of living within a linguistic field that systematically conditions her into the polysemous world inhabited by some schizophrenic patients. (125-26)

On the basis of what has been done by McBride (whose focus remains mainly on the exegesis of the schizoid Wakean lexicon) and Herr (who, while exposing the racist agenda intrinsic to the diagnostic tools for schizophrenia, doesn’t extend her investigation beyond colonial Ireland), I wish to have a closer encounter with schizophrenia *from within the psychiatric discipline*, so as to deconstruct its diagnostic conceptualization and historicize the anti-fascist angst looming beneath the Wakean simulation of schizoid language.

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) “is now the most widely used system for diagnosing schizophrenia and other mental disorders” (Walker et al. 404); the latest version of the DSM is the fifth edition (DSM-5), published by the American Psychiatric Association (APA) in 2013. According to the DSM-5 diagnostic criteria, “schizophrenia spectrum and other psychotic disorders” can be diagnosed when the following specifiers are indicated:

^a*Specify* if: The following course specifiers are only to be used after a 1-year duration of the disorder: First episode, currently in acute episode; First episode, currently in partial remission; First episode, currently in full

remission; Multiple episodes, currently in acute episode; Multiple episodes, currently in partial remission; Multiple episodes, currently in full remission; Continuous; Unspecified

^b*Specify* if: With catatonia . . .

^c*Specify* current severity of delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, negative symptoms, impaired cognition, depression, and mania symptoms. (xv)

If we compare the definition of schizophrenia in the DSM-5 against that provided in the previous version, the DSM-IV, we would detect three major differences: modifications in diagnostic criteria, the elimination of five schizophrenia subtypes (paranoid, disorganized, catatonic, undifferentiated, and residual), and the introduction of a new scale to assess the severity of symptom dimensions (Mattilda et al. 637).

As for diagnostic criteria, the DSM-5, in contrast to the DSM-IV, requires at least 2 characteristic symptoms to diagnose a patient with schizophrenia; the Schneider first-rank symptoms is no longer relevant in the DSM-5 due to its lack of specificity; the DSM-5 also requires at least one of the three positive symptoms –delusions, hallucinations, or disorganized speech—to diagnose schizophrenia (Mattilda et al. 637). The rationale behind the elimination of the subtypes is that they neither adequately reflected the heterogeneity of schizophrenia nor facilitated clinical practice (Mattilda et al. 637). Worse still, the subtypes lacked in diagnostic stability over time (Carpenter and Tandon 267) and failed to make accurate prognoses of the illness (Korver-Nieberg et al. 1066).

The aforementioned differences between the DSM-5 and the DSM-IV, once again, expose the fact that the study of schizophrenia “has a fascinating history characterized by major paradigm shifts” (Walker and Tessner 30). It may be argued that such significant changes in diagnostic criteria made to schizophrenia between 1994 and 2013 is testimony to science’s self-correcting nature; however, if we trace the concept of schizophrenia back to its very genesis towards the end of the 19th century, we would detect an intriguing paradox: despite the fact that the APA’s

modern definition of schizophrenia is hypothetically incompatible with Emil Kraepelin's original concept of dementia praecox,⁵⁾ such residual symptoms as catatonia nonetheless remain equally relevant to modern-day diagnostic procedure as they were in Kraepelin's time.

This paradox invites clinical psychologist Mary Boyle to offer a detailed critique of the genesis, development and maintenance of the concept and diagnosis of Kraepelin's troubled legacy in *Schizophrenia: A Scientific Delusion?* According to Boyle, two major claims have been made about the concept of schizophrenia: first, "that it is a scientific concept or, at least, that those who use it work within a scientific framework," and second, "that the term refers to a particular kind of medical pattern known as a syndrome" (1). To challenge the first claim, Boyle soon reveals an intrinsic *petitio principii* that undermines the *scientific* status of Kraepelin's concept: "he often wrote as if he had already established the validity of 'dementia praecox,' and of his use of popular lay terms of the day such as 'weak-minded' or 'degeneration,' whose referents were never specified" (56). As for the second claim, Boyle points out that Kraepelin conceived dementia praecox as a *disease entity* rather than a *syndrome* under the influence of his Platonic worldview: "Kraepelin accepted unquestioningly that the behaviour of asylum inmates was a manifestation of *biological* events, just as were the fevers, rashes and at times odd behaviours of those *infected* with various *micro-organisms* (10; emphasis added).

Psychoanalyst Andrew Lotterman has also traced the history of schizophrenia and revealed its intrinsic incompatibility: the Kraepelinian hypothesis that dementia praecox "had an early onset" and "progressed inexorably on a downhill course" was rejected by Eugen Bleuler, who believed that "the schizophrenias" should be diagnosed on the basis of "cross-sectional symptoms and the dysfunction of the

5) See Boyle: "Kraepelin clearly did not see his concept of dementia praecox, from which the modern concept of schizophrenia is derived, as being reducible to a statement about correlations between behaviours. Instead, he postulated a 'metabolic disorder' to *account for the putative correlations*" (3).

mind associated with them” (26). Instead of bridging the conceptual gap between Kraepelinian dementia praecox and Bleulerian schizophrenias, Feighner et al.—whose work later became the cornerstone of DSM-III in 1980—adopted a rather convenient diagnostic solution by combining Kraepelinian criteria of onset and duration with Bleulerian criteria of cross-sectional symptoms:

For a diagnosis of schizophrenia A through C are required.

A. Both of the following are necessary: (1) A chronic illness with *at least six months of symptoms* prior to the index evaluation without return to the premorbid level of psychosocial adjustment. . . . B. *The patient must have at least one of the following [symptoms]:* (1) Delusions or hallucinations without significant perplexity or disorientation associated with them. (2) Verbal production that makes communication difficult because of a lack of logical or understandable organization. . . . C. At least three of the following manifestations must be present for a diagnosis of “definite” schizophrenia. . . . (5) *Onset of illness prior to age 40.* (59; emphasis added)

Even though the diagnostic criteria compiled by Feighner et al. seem to be a compromise, what were developed in DSM-III “have been essentially preserved in the later versions” through DSM-IV to DSM-5 (Lotterman 27). Such *eclecticism* of diagnostic criteria, so to speak, could be underminingly problematic, as has been observed by Philip T. Ninan: “when the course of illness itself is part of the diagnostic criteria (i.e., symptoms present for at least six months in the DSM-III criteria) such arguments become inherently circular in nature, and are of limited value” (2).

Having archaeologized the evolution of schizophrenia diagnosis, we could now be fairly certain in saying that both *schizophrenia per se* and the *criteria* by which it is inferred, even today, are still contested concepts among psychiatrists and psychoanalysts. Yet if we wish to fully register Joyce’s animosity towards Kraepelin’s troubled legacy—“keep clear of all the so-called mental and moral physicians”⁶) (qtd. in Shloss 5)—we must revisit the precarious scenario wherein

the German doctor himself would be exposed as the latent cause of the Joyce girl's suffering.

II. (Mis)Diagnosis of Schizophrenia and Nazi Thanatopolitics

In *To Dance in the Wake*, Shloss sketches a hopeless Joyce striving to prevent Lucia from being reduced to a precarious existence: "With the outbreak of World War II, he found himself engaged in a desperate struggle to outwit the bureaucracies of Vichy, German-occupied France, and Switzerland in a valiant but futile effort to save her from permanent institutionalization behind enemy lines" (7). The scenario wherein Lucia's having been *diagnosed* with schizophrenia endangered her right to freedom in the Nazi-influenced Europe legitimates my investigation into the possible collusion between psychiatric power and Nazi thanatopolitics. Joyce himself has hinted at such collusion in the Wakean phrase "*Sexophonologistic Schizophrenesis*" (FW 123.18-19): the modifier evokes the loosely harmonic quartet of sex, saxophone, Saxon, and phonology, and the phrase in its entirety functions as an effective piece of textual evidence to support Len Platt's observation that "I.v places such forms of knowledge as linguistics, phrenology and sexology together in a common tradition" (37). *Joyce, Race and Finnegans Wake*—wherein Platt traces and reveals the *Wake*'s attacks on Nazism and its propaganda of eugenic racism—serves as a perfect point of departure for me to further scrutinize another closely related yet less widely known crime that the Nazi Germany committed in the name of eugenics: the genocide of psychiatric patients.

According to "Psychiatric Genocide," individuals diagnosed with schizophrenia were exposed to the danger of "systematic sterilization and killing" in Nazi

6) See Charland: "Among medical writers of the late eighteenth century, the term 'moral' is often taken to refer to what is mental as opposed to physical. This intended meaning of the term is usually translated as 'psychological'" (2).

Germany from 1934 to 1945, as Ernst Rüdin and Franz Kallmann, among others, promoted the theory that “schizophrenia was a simple Mendelian inherited disease” (Torrey and Yolken 26). At the Genealogical-Demographic Department of the German Institute for Psychiatric Research in Munich, Rüdin’s project—funded by the Rockefeller Foundation—aimed to establish an etiological connection between schizophrenia and “a Mendelian recessive gene” (26). Kallmann, once conducting his study under Rüdin’s supervision, advocated in a 1935 speech that all relatives of schizophrenics should be examined, so as to identify “nonaffected carriers” with “minor anomalies” and compulsorily sterilize such individuals (26).

It wasn’t a coincidence that Rüdin—a Swiss-born Nazi psychiatrist—actually rose to prominence under Kraepelin, whose anti-Semitism was unmistakably expressed as follows:

Any dominant influence of the Jewish spirit on German science, such as sadly came to be increasingly evident, seemed to me to pose a very grave danger indeed—a danger that needed to be countered primarily by the systematic promotion of outstanding talent within the German race. (“Emil Kraepelin’s ‘Self-Assessment’” 108)

With hindsight, we may detect a racist *ideology* that underlies Kraepelin’s hypothesis of organic *etiology* and his insistence on dementia praecox’s being a *disease entity* and an irreversible *biological* event. My juxtaposition of ideology and etiology here is more than a mere wordplay; instead, it is an echo to Roberto Esposito’s powerful observation that Nazi Germany accelerated an “uncontrollable exchange between biological norm and juridical-political norm” (*Bíos* 119-20). More explicitly speaking, Kraepelin’s hypothesis that the diagnosis of dementia praecox could be reached only when the patient was *incurable* may be interpreted as a precursor to the Nazi rhetorics of racial hygiene (*Rassenhygiene*) from Esposito’s perspective: if the damage to an individual is irreversible and inheritable, the only way to keep the *community immune* to such damage is to remove the damaged individual from the community in question. Since the Nazi immunitary

apparatus, according to Esposito, is "characterized by the absolute *normativization* of life, the double enclosure of the body, and the anticipatory suppression of life" (Campbell 14; emphasis added), the *thanatopolitical* tendency intrinsic to diagnosing—or, rather, *misdiagnosing*, in that the diagnostic criteria were highly problematic—schizophrenia become manifest. However, before I advance my discussion on the thanatopolitics of (mis)diagnosis, let me anatomize Esposito's conceptualization of thanatopolitics first.

Esposito argues, in *Bíos: Biopolitics and Philosophy*, that Foucault's biopolitical interpretation of Nazi *biocracy*⁷⁾ in "Society Must Be Defended" fails to explain away the following paradox: How did the Nazi Party, a regime that was obsessed with law (*nomos*; νόμος), convince themselves to exterminate individual life for the sake of preserving the larger life of the German community? By accrediting the coinage of *biopolitics* to Rudolf Kjellén—to whom we also owe, Esposito reminds us, "the expression 'geopolitics' that Friedrich Ratzel and Karl Haushofer will later elaborate in a decidedly racist key" (*Bíos* 16)—he subtly injects a Nazism *avant la lettre* into the genesis of the very term. It is with a rather straightforward *biological* metaphor that he illuminates the (il)logic according to which "Nazism (and only Nazism) reverse[d] the proportion between life and death in favor of the latter to the point of hypothesizing its own self-destruction":

The answer I would put forward refers again to the category of immunization because it is only immunization that lays bare the lethal paradox that pushes the protection of life over into its potential negation. Not only, but it also represents in the figure of the autoimmune illness the ultimate condition in which the protective apparatus becomes so aggressive that it turns against its own body (which is what it should protect), leading to its death. (*Bíos* 116)

7) See Caldwell: "*Biocracy* may have first been used by the physiologist Walter B. Cannon. It appeared in his 1940 presidential address to the American Association for the Advancement of Science" (137).

In a nutshell, Nazism might justify its genocide, Esposito argues, by reducing—not only metaphorically but legislatively—the Jews and the lunatics to the non-human status of bacilli and parasites that pose threats to the immune system of the German community and trigger its *degeneration*. Intriguingly, Esposito also makes the observation—which is highly pertinent to my argumentation—that “Benedict-Augustin Morel’s *Traité des dégénérescences* moves [this discourse] decisively in a psychopathological directions” (*Bios* 118). Since these degenerate human *animals* (i.e., the Jews, the lunatics and the like) are excluded from *nomos*—namely, law and normality—of Nazi *zoopolitics*, it is sophistically legal for the Nazis to dispose of these drags on the nation’s evolutionary path through the hygienic action of sterilization as a disturbing *double entendre*: sterilization means both the process of killing bacteroid human scum and the surgery to disable them from reproduction. Therefore, Nazism’s *eugenic* biopolitics of revolutionizing the German *nation* (derived from Latin verb *nasci* “to be born”) became reversed into the paradoxical thanatopolitics of *euthanizing* degenerate disposables outside the locus of *nomos*.

Such Nazi thanatopolitics has actually been coded into the following Waken passage:

Jute. — ’Zmorde!

Mutt. — Meldundleize! By the farse wave behoughted. Despond’s sung.
 And *thanacestross mound* have swollup them all. This ourth of
 years is not save brickdust and being humus the same returns.
 (*FW* 18.1-5; emphasis added)

Jute, ridiculed as an “astoneaged” (*FW* 18.15) “meandertale” (*FW* 18.22)—the Social Darwinist trope of a degenerate Neanderthaloid—shouts out “Zmorde,” a Wakeese evocative of the German verb “Mord” (murder) and the Italian noun “mòrte” (death), while his comical companion Mr Mutt alludes to Wagner’s Isolde—the prototype for Issy/Lucia the *Jungfrau*—and the all-devouring deadly (*thanasimos*) mound, which is indeed evocative of the concentration camp where

humans were forced to move *earth* or reduced to *humus*.

Let us now return to the discussion of (mis)diagnosis. According to the *Oxford English Dictionary*, the term "diagnosis" is derived from Greek *διάγνωσις*, the noun form of action *διαγιγνώσκειν* "to distinguish, discern." However, as Boyle points out, this term—whose denotation is etymologically neutral—"has come to be closely associated in the public mind with 'finding out what is wrong with someone' or with their functioning, and, indeed, has even been used in this way by some professionals" (81). For instance, Robert Evan Kendell, in *The Role of Diagnosis in Psychiatry*, defines the term's active and nounal forms respectively as "the process by which a particular disease is attributed to a particular patient" and "the decision reached, the actual illness attributed to that individual" (23). Such *pathologization*, so to speak, of *diagnosis* as a medical practice turns it into a thanatopolitical *apparatus*: individuals diagnosed with schizophrenia (and other illnesses) in Nazi-occupied Europe will be separated from *nomos* and, as a consequence, exposed to *thanatos*.

III. Joyce's *Sinthomatic* Writing Against Techno-Thanatopolitics

As the collusion between *thanatopolitical nomos* and schizophrenia diagnosis in Nazi-influenced Europe has become manifest, the pressing question to be asked is: how could we arrive at a subtler interpretation of Joyce's *sinthomatic* Wakeese against the backdrop of such a sociopolitical context wherein Lucia was forced to lead a precarious existence?

Indeed, we have been all too familiar—via the mediation of Ellmann's biography—with Jung's attempt to unknot the entangled Joyce-Lucia double helix: Jung saw her as his *anima inspiratrix* and contended that "[h]is own Anima, i.e., unconscious psyche, was so solidly identified with her, that to have her certified would have been as much as an admission that he himself had a latent psychosis" (qtd. in *JJI* 679). We also know that Jung's case study on Joyce and Lucia has

been challenged by Ellmann and Rabaté—the former insists that “she was his daughter, not his muse” (680), while the latter argues that “Lucia should not appear merely as Joyce’s ‘anima inspiratrix,’ as Jung would have it, but rather as the main addressee of the *Wake*: Joyce’s hope is that [. . .] he will gain some therapeutic leverage on his daughter’s condition” (22). In a nutshell, Jung *reads* schizophrenic symptoms *into* Joycean texts, so as to impose his occult theory of *anima* and *animus* on Lucia and her father, whereas Ellmann repudiates the possibility that her presumed schizophrenia might have contributed to the obscure *Wakese*; as for Rabaté, we may position him between Jung and Ellmann in that he reads Joyce’s simulacra of schizophrenic writing as a desperate conceitedness to save his daughter from the abyss of insanity.

However, Ellmann and Rabaté may have understated the extent to which Jung’s folklore-inspired theory of schizophrenia departed from mainstream psychiatric discourses and, even more unsettlingly, shared a set of similar beliefs with the Nazis. Richard Noll, in his polemic *The Jung Cult*, directs our attention to Jung’s candid confession—“While I was writing once I said to myself, ‘What is this I am doing, it certainly is not science, what is it?’” (202)—during his development process of *anima* theory. According to Noll, the method through which Jung attempted to understand multiple personalities and schizophrenia—often used interchangeably in Jungian psychoanalysis but described as two distinct diagnostic categories in DSM-5⁸)—is “akin to that of the *völkisch* groups who also borrowed the techniques of spiritualism in order to contact nature spirits, Teutonic ancestors, and the Germanic gods” (203). By tracing how Jung’s fascination with and appropriation of *völkisch mythology* had led to his mystical turn towards the

8) There are two theoretical traditions of schizophrenia: one is the Kraepelinian concept—in line with German psychopathology—of *dementia praecox* that emphasizes an inexorable organic degeneration towards death, while the other, represented by French clinicians, emphasizes “a *dissociation* model of the mind” and a “*polypsychism*” that culminates in multiple personalities. Despite his deep connection with German psychopathologists at the Burghölzli, Jung’s conceptualization of schizophrenia may be closer to the French clinical tradition (Noll 31).

archetypal theory, Noll reveals not only the non-scientific and Nazi-tinted undercurrents of Jung's conception of *anima* but also the curious connection between Nazi technology and völkisch mysticism.

It may seem less than convincing to juxtapose technology and mysticism on first thought, but the connection between them would be consolidated if we take into consideration one of Nazism's most powerful propaganda machines: radio. Through the technological mediation of electromagnetic waves, Nazism created not only the cultic worship of *der Führer*, the völkisch double of Almighty God—as has been ridiculed in the Wakean phrase “Almagnian Gothabobus” (*FW* 352.11)⁹—but also “a more intense biopolitical entity” of “a *technologized Volk*” that “could be addressed as one in an instant” and thus “brought ever closer to the source of the mystery” (Campbell 21). On top of the insinuated connection between the völkisch myth and broadcast propaganda, Joyce accentuates radio's maddening effects in a letter to Harriet Shaw Weaver on 1 May 1935: “Any time I turn on the radio I hear some British politician mumbling *inaneities* or his German cousin shouting and yelling like a madman” (*Letter I* 367). While using *inaneities* and *madman* rather figuratively in his letter to Weaver, Joyce's Wakean project continued to probe into the connectedness between radio as a medium of mass communication and the symptomatic outburst of collective paranoia.

Earwicker—the unusual surname Joyce endows HCE with—may help us tie up some loose ends: this particular surname is instantly evocative of “earwig” (*FW* 17.34) or “earwiggler” (*FW* 31.28), an insect that was believed to crawl through men's ear canals, nibble at their brains and drive them insane. Onto this ancient yet persistent myth, Joyce seems to have added a contemporary dimension: fascist and a variety of radio propaganda, like a modern avatar of the mythic insect, *earwigs* the listener's brain with mind-bending state ideologies.¹⁰ In a similar vein,

9) “Almagnian” puns on *Allemagne*, French for “Germany,” and God is transformed into Goth; the Almighty Goth in the 1930s was Hitler “*der Führer*” (Fordham, *Lots of Fun at Finnegans Wake* 149).

10) See “earwig, v.”: “† 3. *transitive*. To fill the head of (a person) with wild or eccentric

in *James Joyce's Finnegans Wake and Lucia Joyce's Breakdown* (blocked from publication by the James Joyce Estate), Finn Fordham detects “the modern sense of paranoia” in Joyce’s obsession with radio technology, arguing that “State-related voices will be transmitted into the mind, determining its content, an idea Joyce could easily have lifted from Huxley’s *Brave New World*” (193-94). With all the loose ends—namely, the völkisch tendency in Jungian psychoanalysis, the emerging technology of radio, and the earwiggling effects of propaganda—now tied up, the logic supporting Joyce’s cynicism about his contemporary psychiatry becomes manifest: the psychiatric power entitled to diagnose insanity might well be a vehicle channeling Nazi pseudoscience and its accomplice in persecuting presumed lunatics like Lucia. The Wakean phrase resembling a corrupted radio message—“Kukukuk Kallikak” (*FW* 137.12)—further reveals Joyce’s sneaking suspicion that white supremacy and the psychological hypothesis of mendelian inheritance were ideologically adjacent: his reference to American eugenicist Henry H. Goddard’s *The Kallikak Family*—a once influential but methodologically flawed case study—evokes the Ku Klux Klan through the repetition of K and the dangerously popular racist discourse on both sides of the Atlantic.

In addition to the problematic yet transatlantically prominent eugenic psychiatry looming behind the *Wake*, another contextual detail worth scrutiny is the link between the rise of pharmaceutical industry and Nazi thanatopolitics. When attempting to re-evaluate Lucia’s condition, Shloss reveals that she “was hooked on barbiturates” and suggests that her eccentric behaviours had been induced by this substance abuse (340). Barbiturates were introduced into clinical practice in 1904 when Friedrich Bayer & Co. commercialised the first agent of this type, diethyl-barbituric acid (López-Muñoz, Ucha-Udabe and Alamo 329). They soon became ubiquitous as prescribed sedatives and widely available as patent medicines during the 1920s. The possibility that psychiatrists’ commonly-prescribed barbiturates may cause hallucinations—the most essential diagnostic criterion for schizophrenia—hints at a tautological paradox of diagnosis and treatment during

Lucia's time: as the go-to medication, barbiturates might have been not only a reinforcer but also, more unsettlingly, the primary cause of psychotic symptoms. That is, barbiturates *created* schizophrenic patients and exposed them to the psychiatric power. A couple of historical minutiae further expose the thanatopolitical undertone of barbiturates. On the one hand, anesthetic barbiturates were perceived as, in Admiral Gordon-Taylor of the British Navy's words, "the ideal method of euthanasia" (Halford 69). On the other hand, Bayer and the other five chemical companies that merged to form IG Farben were deeply involved in the Nazi atrocities (Hayes 16).

All these loosely connected minutiae are finally leading us back to the haunting question: how to make sense of Joyce's *sinthomatic* writing in the *Wake* in relation to Lucia's presumed schizophrenia? Since certain factions of Joyce's contemporary psychiatrists were less than immune to the collective paranoia of Nazism, we may now—at long last—scrutinize the the interpretative subtlety pertaining to the Lacanian concept of *sinthome*, so as to empathize with the idiosyncratic strategy adopted by Joyce (as well as a *Wake*-inspired Lacan) to fend off the thanatopolitics of psychiatric diagnosis by means of a linguistic simulacrum of insanity.

Lacan's peculiar preference for archaic *sinthome* over standard *symptôme* in *Seminar XXIII* not only reenacts Joyce's obsession with *la linguisterie*—namely, "the interplay of a multitude of rhetorical disfigurements and subversions of conventional phonetic, orthographical, morphological and semantic principles of the language-system" (Azari 140)—but, more radically, impugns the scientific authority of modern diagnostic power, in that Lacan subjects the championed transparency of symptom-diagnosis correspondence to a literary obscurity of free associations and overdetermination. By deriving *saint homme* and *St. Thom(as Aquinas)* out of *sinthome*, Lacan "invented a Joycean portmanteau word to suggest the idea of redemption through literature" and "referred to the fact that Joyce had borrowed from St. Thomas a theory of creation derived from *claritas*" (Roudinesco 372). Lacan's references to *holy man*, *redemption* and *claritas* instantly remind us of Joyce's wordplays with Lucia's name in the *Wake*: "*luciferant*" (*FW* 35.11;

emphasis added) and “divinely *delicious*” (*FW* 148.1; emphasis added). The irony that Lucifer the light bringer is condemned to darkness haunts Joyce, as he blames himself for having given Lucia a dysfunctional name: the desired sanctity of *claritas* turns out to be the delusions of lunacy. Yet Joyce never abandons his hope to redeem Lucia from the diagnosis of schizophrenia, adamant that she is a clairvoyant that none but he himself could understand telepathically.

Lacan incorporates such biographical dimensions when addressing how Joyce *père* struggles to pass *nom-du-père* to Joyce *fille*. As Azari points out, “[f]oreclosure of the Name-of-the-Father from phallic signification lies at the root cause of the emergence of the *sinthome*, but always as an art, a *suppléance* of the author or an artist for avoiding psychosis” (6); my reference to the foreclosure of *nom-du-père* here aims not to endorse the conjecture that Lucia’s psychosis might have been triggered by her incestuous relationship with Joyce, but to introduce Lacan’s structuralization of the *sinthome* as a Borromean Knot: Lacan defines the *sinthome* as “the fourth ring” (Figure 1) in the Borromean Knot that holds together the three registers—namely, the Imaginary, the Symbolic and the Real—and prevents the subject from “falling into psychosis” (Azari 52). According to Lacan, the *sinthome* occupies a topological void—that is, the hole of the Real—and generates a *lalangue* (not unlike infantile *lallation*) that verbalizes *jouissance* in an impossible form of language where the signification chain dissolves (Lacan, *On Feminine Sexuality* 44).

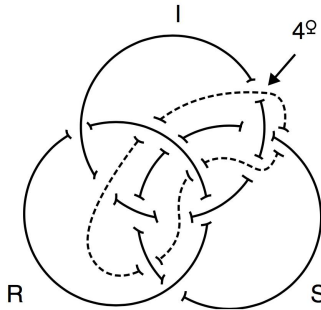


Figure 1. The *sinthome* as the fourth ring in Lacan's Borromean Knot.
(Image reproduced from Harari 61)

Lacan's obscure theorization of Joyce's *sinthome* is pressingly pertinent to our discussion about Lucia's presumed schizophrenia, for it forces us to rethink the correlation between sanity and reality under extreme conditions: if schizophrenia is, by definition, a mental disorder that alienates one from consensus reality, then what would it take for Joyce to defend Lucia against the psychiatric discourse embedded in a Nazi-influenced consensus reality? Here is the possible answer: Lacan's Joyce reveals the nonsensical core of the Real through his *sinthomatic* writing and submerges his readers—be they lay or trained—in a *Wake*-induced hallucination where they may experience the dissolution of language and empathize with Lucia's engulfing experiences. It is in this sense that the *Wake*an simulation of a schizoid's symptomatic language may serve as Joyce's idiosyncratic strategy to sabotage the diagnostic procedure of schizophrenia as an autoimmune system: if an ultra-functional mind like his could fake symptoms and fool such psychiatrists as Jung and Bleuler at the Burghölzli, then establishing diagnoses would become an impossibility, in that sanity couldn't be effectively *distinguished* from madness. In other words, the *Wake* resembles a grandiloquent precursor to the (in)famous Rosenhan experiment that discredited psychiatry in the 1970s.¹¹⁾

Finally, if we return to our discussion about the thanatopolitics of diagnosis and filter the *Wake* through Esposito's perspective for one last time, this "meanderhalltale" (*FW* 19.25) may be Joyce's ultimate *gift* to Lucia, because the Wakean chaosmos embodies his aspiration to create for Lucia a *community* without excessive *immunity*. Community, as Esposito reminds us, is composed of *cum* (with) and *munus* (law or *gift*), and one must give up one's individual identity "in a process of gradual opening from self to the other" to fully belong to "the originary *communitas*" (Esposito and Hanafi 84). By contrast, *immunitas* is what exempts one from (legal) liabilities. Therefore, by opening himself up to the other – that is, to what is excluded from *nomos* – and by writing Lucia into the Wakean circularity, Joyce refuses to see her as a liability and insists on her inclusion in the community: *cum munus*, with a *gift*. Through his *sinthomatic* Wakese, Joyce frees Lucia from thanatopolitical threats and dedicates to her a libidinous *songtom*.¹²⁾

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11) See Rosenhan, "On Being Sane in Insane Places."

12) See Dravers: "If the symptom is an event of the body then Joyce certainly makes it sing. In his own words, it is a *songtom*, the body's song, a body resonating with the effects of speech" (167).

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Abstract

Schizo-Lucia on “Jungfraud’s Messongebuch”:
The Techno-Thanatopolitics of (Mis)Diagnosis

Pingta Ku

Carol Loeb Shloss’s radical attempt to invalidate the presumed diagnoses of Lucia Joyce’s schizophrenia in *To Dance in the Wake* has attracted criticism that questions her medical expertise. With no intention to endorse Shloss’s denial of Lucia’s mental illness, this paper, however, aims to trace the flaws intrinsic to Emil Kraepelin’s conception of *dementia praecox* through a Foucauldian archaeology and expose how his troubled legacy continues to haunt Eugen Bleuler’s nosology of schizophrenia and its modern incarnation. The intriguing fact that C. G. Jung (Bleuler’s supervisee at the Burghölzli) readily diagnosed Lucia with schizophrenia (whose etiology remains unknown and whose cure is yet to be found) invites this paper to further investigate the latent collusion between Jungian psychoanalysis and Nazi thanatopolitics—both of which cast a shadow over Lucia’s precarious life and manifest in the Wakean phrase “*Sexophonologische Schizophrenesis*.” Thanatopolitics, as the dark side of Foucault’s biopolitics, is a political technology that deprives those who fail to conform to *nomos* (law and normality) of the right to proper life. By simulating Lucia’s symptomatic language and *writing* her *into* the Wakean circularity, James Joyce resists the thanatopolitical tendency to remove *write-offs* and indicates an ethical possibility to *live with* abnormality: a community free of excessive immunity.

■ **Key words** : Lucia Joyce, *Finnegans Wake*, schizophrenia, biopolitics, diagnosis, Nazism

Received November 11, 2019

Reviewed November 26, 2019

Accepted December 6, 2019