
Electronic Thesis and Dissertation Repository

6-13-2022 10:45 AM

The Ghosts of Madwomen Past: Historical and Psychiatric Madness on the Late Twentieth-Century Opera Stage

Diana Wu, *The University of Western Ontario*

Supervisor: Ansari, Emily A., *The University of Western Ontario*

A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree
in Music

© Diana Wu 2022

Follow this and additional works at: <https://ir.lib.uwo.ca/etd>



Part of the [Musicology Commons](#)

Recommended Citation

Wu, Diana, "The Ghosts of Madwomen Past: Historical and Psychiatric Madness on the Late Twentieth-Century Opera Stage" (2022). *Electronic Thesis and Dissertation Repository*. 8633.
<https://ir.lib.uwo.ca/etd/8633>

This Dissertation/Thesis is brought to you for free and open access by Scholarship@Western. It has been accepted for inclusion in Electronic Thesis and Dissertation Repository by an authorized administrator of Scholarship@Western. For more information, please contact wlsadmin@uwo.ca.

Abstract

Insanity has been important to opera since the genre's inception. For four hundred years, operas have featured characters driven mad by love, jealousy, and shame. In this same time period, however, cultural understandings of what it means to be insane have changed many times. This dissertation explores nine post-1945 British and American operas with mad characters: Gian Carlo Menotti's *The Medium*, Igor Stravinsky's *The Rake's Progress*, Benjamin Britten's *Curlew River*, Peter Maxwell Davies's *Eight Songs for a Mad King* and Miss Donnithorne's *Maggot*, Dominick Argento's *The Voyage of Edgar Allan Poe* and *Miss Havisham's Fire*, Philip Glass's *The Fall of the House of Usher*, and Michael Tippett's *New Year*. In these operas, modern understandings of insanity and mental illness contend with a centuries-old heritage of operatic and theatrical madness. These partially medicalized portrayals of madness demonstrate the growing centrality of medical perspectives to the concept of insanity, and provide new insight into lay understandings of madness in the under-explored second half of the twentieth century.

This dissertation is divided into four chapters, each of which explores a specific convergence of medical thought and operatic imagination. Chapter 1 "The Medical Model," lays the foundation for later chapters in its discussion of the rising dominance of the medical model in British and American culture, and the consequent structural shift in the dramatic function of operatic madness. Chapter 2, "Hearing Voices," turns to a specific sonic aspect of twentieth-century mad opera: the hearing of disembodied voices as a fundamental aspect of madness, which I connect to the rising prominence of schizophrenia as a psychiatric diagnosis. Chapter 3, "The Self-Confined Protagonist and the Shadow of the Asylum," explores the symbolic resonance between self-confined operatic protagonists and the involuntary confinement of insane asylums in the context of the de-institutionalization movement of the mid-twentieth century. Chapter 4, "Alcoholism, Degeneracy, and the Specter of Eugenics," investigates the processes by which two American operas, *The Medium* and *The Voyage of Edgar Allan Poe*, collapse alcoholism, madness, and poverty into a single conceptual entity, creating heavily moralized narratives, which demonstrate the hidden legacy of eugenic thinking within American culture.

Keywords

Opera, Twentieth-Century, Disability Studies, Madness, Mad Scenes, Mad Opera, Medical Humanities, Schizophrenia, Alcoholism, Eugenics

Summary for Lay Audience

Insanity has been important to opera since the genre's inception. For four hundred years, operas have featured characters driven mad by love, jealousy, and shame. In this same time period, however, cultural understandings of what it means to be insane have changed many times. This dissertation explores nine twentieth-century British and American operas with mad characters: Gian Carlo Menotti's *The Medium*, Igor Stravinsky's *The Rake's Progress*, Benjamin Britten's *Curlew River*, Peter Maxwell Davies's *Eight Songs for a Mad King* and *Miss Donnithorne's Maggot*, Dominick Argento's *The Voyage of Edgar Allan Poe* and *Miss Havisham's Fire*, Philip Glass's *The Fall of the House of Usher*, and Michael Tippett's *New Year*. In these operas, modern understandings of insanity and mental illness combine with a centuries-old heritage of operatic and theatrical madness. These partially medicalized portrayals of madness demonstrate the growing dominance of medical definitions of insanity, and provide insight into lay understandings of madness in the twentieth century.

This dissertation is divided into four chapters, each of which explores a specific convergence of medical thought and operatic imagination. Chapter One "The Medical Model," lays the foundation for later chapters in its discussion of the rising dominance of medical perspectives in British and American culture, and the consequent structural shift in the dramatic function of operatic madness. Chapter Two, "Hearing Voices," turns to a specific sonic aspect of twentieth century mad opera: the hearing of disembodied voices as a fundamental aspect of madness, which I connect to the rising prominence of schizophrenia as a psychiatric diagnosis. Chapter Three, "The Self-Confined Protagonist and the Shadow of the Asylum," explores the symbolic resonance between mad operatic protagonists locked in their homes, and the involuntary confinement of insane asylums. I contextualize this within the decline of insane asylums in the mid-twentieth century. Chapter Four, "Alcoholism, Degeneracy, and

the Specter of Eugenics,” investigates the processes by which two American operas, *The Medium* and *The Voyage of Edgar Allan Poe*, collapse alcoholism, madness, and poverty into a single conceptual entity, creating heavily moralized narratives, which demonstrate the hidden legacy of eugenic thinking within American culture.

Acknowledgments

Though dissertation writing tends to be a fairly solitary activity, I have been exceptionally privileged in the support I have received from many people here at the Don Wright Faculty of Music and beyond. I am in particular deeply grateful for Dr. Emily Ansari, whose unwavering guidance and support, and keen editorial eye have been crucial to my development as a scholar and writer, and to the creation of this dissertation. So many of the opportunities I have had these past five years have been the direct result of her work. I feel deeply fortunate to have worked with her. I am also very grateful to Dr. Ed Goehring, whose deep and thorough reading of my work has always pushed my writing to higher levels. His comments have strengthened this dissertation, and expanded the horizons of my potential work on this topic enormously.

Enormous thanks are also due to the Society of American Music. I am honored and grateful to have been the recipient of the Robert Walser and Susan McClary Fellowship, which has supported my work this past year. I am likewise deeply appreciative of the inspiration and community I have found among the society's members. It has been a genuine pleasure to work alongside so many kind, dedicated, and brilliant people.

I am also extremely grateful for the community I have found among my friends and colleagues here at Western. Dr. April Morris, Mark McCorkle, and Ala Krivov, my advising group, were the first readers to see most of this dissertation, and their feedback and perspective was essential to the eventual shape of the project. This dissertation is likewise shaped by the perspective of my performer collaborators Dr. Brianna DeSantis, Dr. Chad Louwerse, Megaria Halim, and Dr. Sophie Roland. My fellow students Julie Ann Nord, Dr. Chantal Lemire, Steven Janisse, Andrew Noseworthy, Mitchell Glover, and Martin Ross likewise have given me so much support not only as colleagues but as dear friends.

This would be a much poorer dissertation without the assistance of the wonderful librarians here at Western's Music Library. I am particularly grateful to Lisa Philpott for her always excellent advice, and to Brian McMillan for his guidance and for his expertise in finding unfindable scores and recordings in the midst of the pandemic.

Finally, I want to thank my family, for their unwavering support throughout this process. I am deeply grateful to my parents, for their faith in me and for their counsel over the years. Thanks also to my sister Taia, who created Figures 2.7 and 2.8, and whose dedication to science and the truth are a constant inspiration to me.

Table of Contents

Abstract	ii
Keywords	iii
Summary for Lay Audience	iii
Acknowledgments	v
Table of Contents	vii
List of Figures	ix
List of Appendices	x
Introduction	1
Terminology	3
Literature Review	7
Setting the Stage	15
Chapter 1 : The Medical Model	23
Introduction	23
The Medical Model of Disability	25
Medicalized Madness in Popular Culture	28
Medicalized Opera	32
Madness as Pathology	33
Madness and Narrative Structure	52
Unframed: Chronic Madness and Modernist Aesthetics	62
Conclusion	67
Chapter 2 : Hearing Voices	70
Introduction	70
Schizophrenia	70
Opera and Disembodied Sound	75
Hearing Voices as Madness	78
Hallucinations as symptom: <i>Miss Havisham's Fire</i>	79
Hallucinations and Epistemic Uncertainty: <i>The Medium</i>	91

Hallucinations as Divine Presence: <i>Curlew River</i>	107
Conclusion	118
Chapter 3 : The Self-Confined Protagonist and the Shadow of the Asylum	120
Introduction	120
Deinstitutionalization: The Fall of the Insane Asylum	123
Asylums and Opera: a Conspicuous Absence	129
The Mad Miss Havisham: Femininity and Reclusion in the Victorian Era and the 1970s	131
The Enormous Stone House: Victorian Manor Houses and Asylum Imagery	147
Modern Agoraphobia: <i>New Year</i>	159
Conclusion	167
Chapter 4 : Alcoholism, Degeneracy, and the Specter of Eugenics	170
Introduction	170
Champagne Songs: Alcohol on the Operatic Stage	171
Alcoholism	173
Ambiguous Madness and Explicit Alcoholism	178
Social Isolation	179
Loss of Control	192
Conclusion	203
Conclusion	209
Bibliography	215
Appendices: Opera Synopses	226
Curriculum Vitae	247

List of Figures

Figure 2.1: Timeline of Hallucinated Characters in <i>Miss Havisham's Wedding Night</i>	81
Figure 2.2: <i>Miss Havisham's Wedding Night</i> , Rehearsal 24 (above), and <i>Miss Havisham's Fire</i> “Act I, Scene 3: Miss Havisham’s Wedding Day (1810),” Rehearsal 63 mm. 14– R. 64 mm. 6 and R. 65 mm. 4–9 (Below).....	83
Figure 2.3: <i>Miss Havisham’s Wedding Night</i> , Rehearsal 25 mm. 1-3	85
Figure 2.4: <i>Miss Havisham's Wedding Night</i> , Rehearsal 10 mm. 1–4 (above), and <i>Miss Havisham's Fire</i> “Act I, Scene 3: Miss Havisham’s Wedding Day (1810),” Rehearsal 43 mm. 1–4 (below)	86
Figure 2.5: <i>Miss Havisham's Wedding Night</i> , Rehearsal 17 mm. 1–8 (above), and <i>Miss Havisham's Fire</i> “Act I, Scene 3: Miss Havisham’s Wedding Day (1810),” Rehearsal 66 p. 2–3 (unmeasured) (below).	87
Figure 2.6: <i>The Medium</i> Act I, Rehearsal 35.	93
Figure 2.7: Dynamic levels in <i>The Medium</i> Act II, Rehearsal 31–36 mm. 6	99
Figure 2.8: Tempo and dynamic levels in <i>The Medium</i> Act II, Rehearsal 31–36 mm. 6	100
Figure 2.9: <i>The Medium</i> Act II, Rehearsal 34.....	103
Figure 3.1: <i>Miss Havisham’s Wedding Night</i> , Rehearsal 12, mm. 1–2.	144
Figure 3.2 <i>Miss Donnithorne's Maggot</i> 7. "Recitative" T1 mm. 2–5.	145
Figure 3.3: <i>The Fall of the House of Usher</i> Act I, Scene 5 mm. 112–126	157

List of Appendices

Appendix A: <i>The Medium: Tragic Opera in Two Acts</i>	226
Appendix B: <i>The Rake's Progress: Opera in Three Acts</i>	228
Appendix C: <i>Curlew River: A Parable for Church Performance</i>	230
Appendix D: <i>Eight Songs for a Mad King: Music-Theatre Work for Male Voice and Ensemble</i>	232
Appendix E: <i>Miss Donnithorne's Maggot: Music-Theatre Work for Mezzo-Soprano and Ensemble</i>	235
Appendix F: <i>The Voyage of Edgar Allan Poe: Opera in Two Acts</i>	239
Appendix G: <i>Miss Havisham's Fire: Opera in Two Acts</i>	241
Appendix H: <i>The Fall of the House of Usher: An Opera in Two Acts</i>	243
Appendix I: <i>New Year: An Opera in Three Acts</i>	245

Introduction

In 1990, a few days before the premiere of a new production of *The Voyage of Edgar Allan Poe* (premiered 1976) at the Lyric Opera of Chicago, composer Dominick Argento gave an interview, along with librettist Charles Nolte, stage director Frank Galati, and conductor Christopher Keene. In the course of the discussion, Argento was asked what made Edgar Allan Poe an attractive subject for a new opera. Argento replied “The extreme aspects of his character: the depression, the exhilaration. The ideal stuff for me of music is what goes beyond speech. There is a spectrum of speech, and at either extreme, either in joy and passion, or at the opposite end, of mourning, I feel it has to turn into music, and in the case of Poe, he’s a character who lives at those edges.”¹ The idea of music as the ideal art form for all that is beyond speech is, of course, a very familiar one. However, these extremes, which Argento describes as joy and mourning in the interview, are treated within his opera as something else entirely: on the one hand as genius, and on the other, as madness.

Madness looms large within the operatic canon. Composers and librettists since the sixteenth century have placed dramatic interpretations of divergent mental states center-stage, and in doing so have given us some of opera’s most enduring and iconic characters. The trope of operatic madness both refers and contributes to a broad lay understanding of madness that exists outside of medical discourse, shaping stereotypes and influencing public perception of insanity in subtle, often un-observed ways. For example, although male mad characters have been a consistent feature of mad opera, appearing with equal frequency to female mad characters in some time periods,² the trope of the mad operatic character has become closely associated with soprano heroines,

¹ “Act II,” disc 2 on Dominick Argento, *The Voyage of Edgar Allan Poe*, Chicago Lyric Opera conducted by Christopher Keene, House of Opera, 1990, compact disc, 51:14.

² Mary Ann Smart, “Dalla Tomba Uscita: Representations of Madness in Nineteenth-Century Italian Opera” (PhD diss., Cornell University, 1994), 197.

reflecting and strengthening the cultural construction of madness as a concept inherently tied to femininity. While the best known of these portrayals belong to the nineteenth century, and to the bel canto era specifically, mad scenes and mad characters, particularly mad women, have remained a persistently popular operatic subject, and have continued to generate new works and revival productions in both the twentieth and twenty-first centuries.

Since the late 1980s, operatic madness has also become the subject of significant scholarship, particularly within feminist musicology. The publication of Catherine Clément's *Opera, or the Undoing of Women* and Susan McClary's *Feminine Endings*, in 1987 and 1991 respectively, laid the groundwork and formed the first major contributions to what would, over the next thirty years, become a significant exploration of the cultural implications of opera's enduring engagement with madness. Strauss's *Salome* (1905) and Donizetti's *Lucia di Lammermoor* (1835) have been particularly popular objects of scrutiny within this repertoire.

Although this body of scholarship has provided significant and important commentary on the performed canon of operatic madness, the mad operas written after World War II have received very little attention. My dissertation addresses this gap by exploring nine operas and large-scale music theater works by British and American composers that premiered between 1946 and 1989, all of which include mad characters, many of whom are explicitly named as such.³ My analysis of these nine works centers around one essential question: how do operatic portrayals of madness in the second half of the twentieth century reconcile themselves both with the long tradition of operatic madness

³ Of the nine works that I have chosen, technically only six are full operas. Of the remaining three, two, Peter Maxwell Davies's *Eight Songs for a Mad King* and *Miss Donnithorne's Maggot* are narrative song cycles for solo vocal performance and small instrumental ensemble. The third, Benjamin Britten's *Curlew River*, is a church parable with a vocal cast of thirteen and a small instrumental ensemble. Although these three works are smaller in scale than most operas, they are theatrical works performed in the classical vocal style and can therefore be productively understood within the operatic genre.

and with the contemporaneous paradigm of medicalized madness, and what dramatic and musical features are characteristic of this reconciliation?

Terminology

Opera is a fundamentally interdisciplinary art form, and my dissertation likewise sits at a nexus of several different fields of study. Disability studies, literary history, the medical humanities, and musicology all offer important insights into this topic. This has required a fairly wide scope of secondary source reading. On a more basic level, however, both the interdisciplinarity and the sensitivity of this topic demand that I begin by laying out a few crucial terms, which form the background and foundation for my study.

Madness

First and most obviously in need of discussion is madness itself. The term ‘mad,’ which I will be using throughout this dissertation interchangeably with ‘insane,’ refers here to a lay understanding of non-normative mental states that is heavily gendered, historically flexible, stigmatized, and independent of medically understood mental illness. I have chosen it precisely because it is imprecise, non-medical, and stigmatized; indeed, the imprecision and stigma associated with lay understandings of non-normative states of mind are the subject of my study. I will use this term to discuss the identity category of ‘mad’ within art and culture, and therefore my observations have extremely limited, if any, applicability to the actual lived experience of madness, and are not meant to be representative of the views of either the modern medical establishment or Mad (as in Mad Pride)⁴ or mentally ill individuals. This choice of term also reflects current practice

⁴ This term refers to an activist community who seek to reclaim terms including “mad,” “nutter,” “crazy,” “lunatic,” “maniac,” and “psycho,” who advocate for rights and against discrimination, and who develop and empower Mad communities. They use “Mad” as an umbrella term under which many labels and identities may be used. For more information on this movement, see “What is Mad Pride?,” Toronto Mad Pride, Accessed March 3, 2022, <http://www.torontomadpride.com/what-is-mp/>

within the field of disability studies. I have chosen not to use the term “mentally ill,” which is generally preferred today as a less stigmatized term, for four reasons. Firstly, I believe its euphemistic quality attempts to hide the all-too-real stigma associated with madness, and as this stigma is a primary focus of my study, the use of this term would be counterproductive. Secondly, the inclusion of the word “ill” in “mentally ill” implies that madness is inherently a medical concept. It is my intention to interrogate the relationship between medical and lay understandings of madness within artistic discourse. My terminology must therefore reflect my view that the medical construction of madness participates in, but does not fully define, its social and cultural construction. Thirdly, the use of the terminology currently considered preferable and correct in North America would necessarily refer to specifically and inherently twenty-first century constructions of madness, and would consequently be anachronistic when applied to the people and particularly the characters of other historical periods, when cultural understandings of normal and abnormal mental states were very different. Finally, the term madness must be central to my research because it is central to the operatic tradition with which I engage. Opera does not have “mentally ill scenes;” it has “mad scenes.”

Mad Scenes

Although madness has been a popular operatic topic since the inception of the genre, the formal entity of the mad scene is most closely associated with the nineteenth century, and with Italian bel canto opera specifically. At its most structured, the mad scene takes the form of a double aria, a slow movement followed by a cabaletta, which functions as both a dramatic high point within the operatic narrative, and a showcase for the performer’s vocal abilities. Mad scenes usually feature difficult, impressive displays of coloratura, and sometimes push (though rarely break) tonal boundaries through chromaticism. The most famous and definitive example of the mad scene is “Il dolce sono,” for the titular

Lucia of Donizetti's *Lucia di Lammermoor*.⁵ As Chapter 1 discusses, twentieth-century operatic madness gradually moved away from the mad scene as a formal entity, but sometimes borrowed stylistic attributes, particularly florid coloratura writing, from the bel canto mad scene to indicate a character's state of mind. Scholarship on twentieth-century mad scenes, including my own, tends to understand twentieth-century operatic madness in terms of its adherence to, and departures from, nineteenth-century mad scene conventions, and "Il dolce sono" specifically.

Models of Disability

There is no single, clearly defined, historically stable entity that is madness. The same is true of disability generally. Disability studies is a relatively new field, which seeks to unpack centuries of ideas about human bodies, minds, and normality, all of which are culturally contingent. It can be taken for granted that all human beings have different bodies and minds, which have different capabilities and skills. What is frequently also taken for granted, and should not be, is that some of these skills and capabilities are designated as fundamental and necessary for participation in human society, while others are not. The unspoken designation of some abilities as prerequisite for comfortable interaction with one's culture renders all those who do not possess those specific abilities as disabled. A person who cannot see well in the dark is normal in this respect, but a person who cannot see clearly at a distance (like myself) is disabled by a society in which both long-distance reading and driving are commonly expected activities.

Disability studies locates disability not in the bodies and minds of individual people, but in the cultures which construct certain abilities as the price of admission. This model,

⁵ Donizetti wrote several important mad scenes, and his work in this genre (particularly Lucia, whose centrality to this concept cannot be overstated) is generally considered to be definitive. Incidentally, Donizetti himself went mad at the end of his life due to tertiary syphilis, which has led some scholars, particularly those outside of musicology, to conclude that he had special knowledge of madness and composed his famous mad scenes from his own experience. The timeline of his illness makes this unlikely.

however, is far from universal, or even widely accepted within our culture. The culturally dominant model for most of the twentieth century, which is still very much in use today, is the medical model. The medical model understands disabilities as problems, often diseases or disorders, which exist within the individual, are often biological in nature, and can in many cases be “cured” or “fixed” through medical intervention. The idea of a medical model (also referred to as the medical paradigm) is both complex and very important to this dissertation; it is explored in much greater depth as the primary focus of Chapter 1.

Given the strangeness of the current political climate I feel compelled to mention that I am not contesting the reality of disease or the validity of science in general. What interests me is, rather, the way that the growing importance of the medical paradigm to twentieth-century Western culture effected a transformation of meaning in many areas of culture to which medicine actually has fairly limited applicability. Medicine contributes to the cultural construction of madness, but it is only one of several interlocutors. Opera is another, and the adoption of medical models within the decidedly unscientific space of the operatic imagination speaks, I believe, to a deep and important cultural shift within Western society generally.

The DSM and the ICD

As the adoption of the medical paradigm by operatic creators is one of my primary subjects, a basic understanding of current or contemporaneous psychiatric ideas is frequently needed. Consequently, throughout this dissertation I frequently reference various editions of both the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Disease (ICD). The Diagnostic and Statistical Manual of Mental Disorders (DSM) is published by the American Psychiatric Association (APA) and provides the diagnostic standard for psychiatric conditions in the eyes of the American medical and legal communities. It is, as of 2013, in its fifth edition,

referred to as the DSM-5. Previous editions are the DSM-1 (1952), the DSM-II (1968), the DSM-III (1980), the DSM-III-R (1987), and the DSM-IV (1994).

The International Classification of Disease (ICD) is put out by the World Health Organization, and is, as its name would imply, not limited to psychiatric diagnoses. The ICD is much older than the DSM and was initially used to categorize causes of death. The first edition that is relevant to this dissertation is the ICD-6, published in 1949. The ICD-6 represented a major overhaul of the classification system to include morbidity conditions (illnesses, injuries, and harmful conditions that are not necessarily fatal) as well as causes of death. It was, consequently, the first edition of the ICD to include psychiatric diagnoses. The ICD provides standard diagnoses to the global psychiatric community and is therefore the relevant document for contemporaneous psychiatric thought in the United Kingdom.

Literature Review

My dissertation speaks to a recently established body of scholarship on operatic madness, which it extends in its discussion of operas composed after 1950. Although mad scenes are a much-sensationalized and well-known attribute of the operatic canon, madness and mad scenes have only become a subject of significant musicological exploration within the last thirty years, and what scholarship does exist tends to focus on operas of the long nineteenth century. Stephen Ace Willier's 1987 PhD dissertation "Early Nineteenth-Century Opera and the Impact of the Gothic" is one of the first in-depth scholarly explorations of the genre.⁶ Willier explores the presence of gothic literary elements in Romantic operas, which he argues are pervasive, and pays particular attention to the mad scene as "the clearest projection of gothic concerns," as mad scenes deal directly with the ideas of repression and freedom, which are dealt with extensively in gothic fiction and

⁶ Stephen Ace Willier, "Early Nineteenth-Century Opera and the Impact of the Gothic" (PhD diss., University of Illinois at Urbana Champaign, 1987), 531.

were primary social concerns in the nineteenth century.⁷ He provides an overview of literary and operatic madness before the romantic era, but focuses primarily on detailed examinations of several Italian mad operas premiered between 1800 and 1850. His conclusion also provides commentary on the ongoing interest in madness in twentieth-century opera, which he argues extends portrayals of madness beyond the confines of the mad scene, but also, at times, makes use of stylistic touchstones from the Romantic period to evoke madness. Willier's article "'Madness, the Gothic, and Bellini's *Il pirata*" provides a condensed perspective on the same subject, focusing primarily on the beginnings of Gothic opera, and on Bellini's 1827 *Il pirata*.⁸

Prior to Willier's dissertation, most discussions of mad scenes are somewhat fragmented and tend to focus on single operas with only limited engagement with broader formal trends. Jonas Barish's "Madness, Hallucination, and Sleepwalking," from *Verdi's Macbeth: A Sourcebook* (1984), provides a brief summary of key mad scene conventions as they have also been applied to scenes of sleepwalking, such as emphasis on recitative and frequent and sudden changes of key, tempo, and mood.⁹ He asserts, however, that the sleepwalking scene in *Macbeth* breaks significantly with these traditions and instead avoids musical madness conventions. "Mozart's Mad Scene," by James Parakilas, reinterprets "Non piu di Fiori" from *La Clemenza di Tito* as a mad scene.¹⁰ Parakilas is less interested in the musical conventions of mad scenes and defines them instead by the presence of "delirium," which is indicated by some form of misaddress between the singer and the object of their address. He also cites rapid changes in musical style as a hallmark of the mad scene. Muriel Hebert Wolf and Stuart L. Keill engage with

⁷ Willier, "Early Nineteenth-Century Opera and the Impact of the Gothic," 531.

⁸ Stephen Ace Willier, "Madness, the Gothic, and Bellini's *Il Pirata*," *The Opera Quarterly* 6, no. 4 (1989): 7–23.

⁹ Jonas Barish, "Madness, Hallucination, and Sleepwalking," in *Verdi's Macbeth: A Sourcebook*, ed. David Rosen and Andrew Porter (New York: W. W. Norton & Co., 1984), 149–155.

¹⁰ James Parakilas, "Mozart's Mad Scene," *Soundings* 10 (1983): 3–17.

production and reception history in a wide variety of operas in their article “Opera as a Forum for the Insanity Defense,” which interprets the opera performance as a courtroom, in which audience functions as a jury that may or may not judge a character guilty of murder, or may find them not guilty by reason of mental defect, depending on the details of the production.¹¹ Although not primarily focused on operatic madness, Catherine Clément’s *Opera, or the Undoing of Women*, is also a very important early work within this body of scholarship.¹² Clément surveys a wide swathe of the operatic canon, organized around collections of female characters whom she finds narratively similar, with particular attention paid to the nature and cause of their deaths. Her analysis discusses several operatic mad characters, with particular attention paid to Lucia. Clément paints a vivid picture of opera’s place within society, and women’s place within the operatic narrative.

Susan McClary’s *Feminine Endings* brings the field of social history into conversation with opera in her chapter “Excess and Frame: The Musical Representation of Madwomen.”¹³ She draws on the works of Michel Foucault, Klaus Doerner, and Elaine Showalter to examine parallels between mad scenes and the lectures on madness by neurologist Jean-Martin Charcot, where an insane woman is displayed by a rational man for the titillating pleasure of the audience. McClary demonstrates this structure in three chronological musical examples: Monteverdi’s madrigal *Lamento della Ninfa*, Donizetti’s *Lucia di Lammermoor*, and Strauss’s *Salome*. In each she demonstrates how the madness of the titular character is contained both musically and narratively by a frame of masculine rationality. She also draws parallels between Freudian psychoanalysis

¹¹ Muriel Hebert Wolf and Stuart L. Keill, “Opera as a Forum for the Insanity Defense,” *Opera Quarterly* 3, no. 2 (1985): 14–24, <https://doi.org/10.1093/oq/3.2.14>.

¹² Catherine Clément, *Opera, or the Undoing of Women*, trans. Betsy Wing (London: Tauris, 1997).

¹³ Susan McClary, “Excess and Frame: The Musical Representation of Madwomen,” in *Feminine Endings: Music, Gender, and Sexuality: With a New Introduction* (Minneapolis: University of Minnesota Press, 2002), 80–111.

and the music analyses of Schenker and Schoenberg, which she says similarly attempt to impose rational frameworks on mad and feminine dissonances.

Feminine Endings was the first of many critical explorations of the mad scene in the 1990s. Ellen Rosand's "Operatic Madness: a Challenge to Convention" is contemporary to McClary's book, and focuses primarily on madness in very early opera, from Monteverdi's Deidamia in *La Finta Pazzo* (1641) to Handel's *Orlando* (1711).¹⁴ Her discussion understands madness primarily in terms of subordination of musical logic to textual illogic, and rapid shifts in mood. Paolo Fabbri's "On the Origins of an Operatic Topos: The Mad Scene" also examines early operatic madness, focusing specifically on the use of conventions from the *commedia dell'arte* and other spoken theater on operatic madness in Monteverdi.¹⁵ Emilio Sala's "Women Crazy by Love: An Aspect of Romantic Opera" discusses the use of love as a primary cause of insanity in Romantic opera.¹⁶ He attributes this convention to the influences of the *larmoyant* genre of opera buffa and to French *mélodrame*, and explores the musical attributes of some characteristic examples. Although connections between insanity and sexuality, particularly among women, are extremely common within psychiatric texts of this period, Sala does not engage significantly with non-theatrical sources in his examination of this trope. Stephen Meyer's "Marschner's Villains, Monomania, and the Fantasy of Deviance," from the *Cambridge Opera Journal*, shows many similar themes to the scholarship of Stephen Ace Willier.¹⁷ It discusses the works of Heinrich Marschner, in

¹⁴ Ellen Rosand, "Operatic Madness: a Challenge to Convention," in *Music and Text: Critical Inquiries*, ed. Steven Paul Scher (Cambridge: Cambridge University Press, 1992), 241–287.

¹⁵ Paolo Fabbri, "On the Origins of an Operatic Topos: The Mad Scene," in *Con che soavità: Studies in Opera, Song, and Dance, 1580-1740*, ed. Iain Fenlon and Tim Carter (Oxford: Clarendon Press, 1995), 157–195.

¹⁶ Emilio Sala, "Women Crazy by Love: An Aspect of Romantic Opera," *The Opera Quarterly* 10, no. 3 (1994) 19–41, <https://doi.org/10.1093/oq/10.3.19>

¹⁷ Stephen Meyer, "Marschner's Villains, Monomania, and the Fantasy of Deviance," *Cambridge Opera Journal* 12, no. 2 (2000): 109–134.

particular his operatic villains, in the context of contemporaneous understandings of “monomania,” a psychiatric diagnosis. He relates these to the theme of the Byronic hero and to wider social concerns of the nineteenth century. This article is particularly significant for its treatment of German opera, which is less well represented in discussions of operatic madness than its Italian counterpart.

Perhaps the most in-depth examination of mad scenes, however, is Mary Ann Smart’s 1994 dissertation, “Dalla tomba uscita: Representations of madness in nineteenth-century Italian opera,” which displays a similarly deep engagement with feminist discourse.¹⁸ Smart expands significantly on McClary’s engagement with non-musicological sources in her case studies of five prominent examples of operatic depictions of madness: *Lucia di Lammermoor*, *I Puritani*, *I Pazzi per Progetto*, *Maria Padilla*, and *Il Trovatore*. The choice of these five operas provides Smart with a diverse collection of approaches to operatic madness, thereby giving the reader a sense of the scope of operatic madness within bel canto opera. Much of the scholarship on madness, particularly prior to the mid-1990s, has centered its understanding of the trope directly on the mad scene in *Lucia di Lammermoor*, and often structured its discussion of other mad scenes and mad characters around comparisons to Lucia. Smart does engage critically with this *locus classicus* of the form; she explores the feminist debates surrounding this opera, pushing back against Catherine Clément’s characterization of Lucia’s madness as a sort of escape, and expanding on McClary’s discussion of the masculine framing of feminine madness. She accomplishes this largely through a close reading of Lucia’s coloratura and orchestration in the context of conventional bel canto scene structure, which allows her a nuanced and detailed evaluation of Lucia’s madness. However, as Smart engages with four other case studies as well, she is able to provide a much broader view of bel canto madness, which includes numerous perspectives and surprising insights. She points out that although within medicine madness has traditionally been treated as primarily affecting women, and

¹⁸ Smart, “Dalla Tomba Uscita.”

the mad scene is usually understood as a soprano vehicle, in fact nearly half of the mad scenes composed between 1800 and 1850 were for men. Her analysis of madness in *Maria Padilla* is a rare example of scholarship on a male mad scene.

Opera: Desire, Disease, Death, by Linda and Michael Hutcheon, provides yet another perspective on operatic madness within an explicitly medicalized context.¹⁹ Neither author is a musicologist. She is a literary theorist and he is a physician, and their book includes two chapters that engage directly with the presence of syphilis in opera. They argue that both Wagner's *Parsifal*, Berg's *Lulu*, and Stravinsky's *The Rake's Progress* feature narratives of illness that are implicitly related to contemporaneous understandings of syphilitic infection. In the case of *The Rake's Progress*, the title character ends his days in an insane asylum after his demon patron takes his sanity. However, the dissipated sexualized lifestyle of Tom Rakewell, both in the opera and in the paintings on which it is based, have caused his insanity to be frequently associated with the neurological symptoms characteristic of tertiary syphilis. Hutcheon and Hutcheon discuss a number of coded references to syphilis in both the opera and the paintings, and provide both medical details of Rakewell's probable illness and a discussion of the social significance of syphilis within nineteenth- and twentieth-century public discourse.

The past decade has yielded several new dissertation-level engagements with operatic madness, which build on previous, primarily feminist, scholarship. Megan Jenkins's dissertation "Madness, Sexuality, and Gender in Early Twentieth-Century Music Theater Works: Four Interpretive Essays" provides explicitly queer readings of Schoenberg's *Erwartung*, Strauss's *Salome*, and Stravinsky's *The Rake's Progress*, as well as Kurt Weill's *ballet chanté, Anna-Anna*.²⁰ Jenkins extends previous feminist analyses of the inherently gendered nature of madness, and asserts that "the portrayal of characters in

¹⁹ Linda Hutcheon and Michael Hutcheon, *Opera: Desire, Disease, Death* (Lincoln: University of Nebraska Press, 1996).

²⁰ Megan B. Jenkins, "Madness, Sexuality And Gender In Early Twentieth-century Music Theater Pieces: Four Interpretive Essays" (PhD diss., City University of New York, 2010).

music theater as mad relies on contemporaneous understanding of mental illness, as often resulting from, or expressed in transgression of normative gender roles or heteronormativity.”²¹ Sean Parr’s “Melismatic Madness: Coloratura and Female Vocality in Mid Nineteenth-Century French and Italian Opera” evaluates the changing function of coloratura in mid-nineteenth-century opera as it gained increasingly marked dramaturgical meaning and became almost exclusively female.²² He includes a chapter on operatic madness as one of the primary marked meanings of coloratura. He draws parallels between Charcot’s “hysteric’s cry” and the coloratura of the operatic madwoman, based in a cultural context where both are understood as an excess of femininity.²³ Colette Patricia Simonot’s “Unraveling Voices of Fear: Hysteria in Francis Poulenc’s *Dialogues des Carmélites*” pushes against previous feminist discourse in her evaluation of madness and anxiety in *Dialogues des Carmélites* by challenging prevailing interpretations of operatic madness that center primarily on sexuality.²⁴ Her reading of this opera interprets both the Prioress and the protagonist Blanche as hysterics, but in doing so focuses primarily on models of hysteria that are related to social degeneration (in the case of the Prioress) and mysticism (in the case of Blanche).

In addition to the three musicological dissertations mentioned above, operatic madness has also been the subject of several dissertations by performers. Charlotte Pipes’s “A Study of Six Selected Coloratura Soprano ‘Mad Scenes’ in Nineteenth Century Opera” surveys six mad scenes from French and Italian nineteenth-century operas: “Al dolce guidami” from *Anna Bolena* and “Ardon gli incensi” from *Lucia di Lammermoor* by Gaetano Donizetti, “Ah! Non credea mirarti” from *La Sonnambula* and “Qui la voce”

²¹ Jenkins, “Madness, Sexuality and Gender in Early Twentieth-century Music Theater Pieces,” iv.

²² Sean M. Parr, “Melismatic Madness: Coloratura and Female Vocality in Mid Nineteenth-Century French and Italian Opera” (Ph.D. diss., Columbia University, 2009).

²³ Parr, “Melismatic Madness,” 179.

²⁴ Colette Patricia Simonot, “Unraveling Voices of Fear: Hysteria in Francis Poulenc’s *Dialogues des Carmélites*,” (Ph.D. diss., McGill University, 2010).

from *I Puritani* by Vincenzo Bellini, “Ombra leggiera” from *Dinorah* by Giacomo Meyerbeer, and “Ah vos yeux, mes amis,” from *Hamlet* by Ambroise Thomas.²⁵ This study pairs discussion of the dramatic impact of these mad scenes with comments on musical style. Peter N. Freisinger provides a rare discussion of male madness in his DMA dissertation “Three Operatic Madmen in Twentieth-Century Opera: A Comparison and Analysis of *Wozzeck*, *Peter Grimes*, and *The Rake’s Progress*.”²⁶ His analysis compares and contrasts these three operas with particular attention paid to their harmonic content and dramatic structure. Jammieca Mott’s “A Performer’s Analysis of Dominick Argento’s *Miss Havisham’s Wedding Night*” and Susan Savage-Day’s “Miss Havisham’s Wedding Night: Dominick Argento and the Mad Scene Tradition” both deal specifically with a single instance of twentieth-century operatic madness, *Miss Havisham’s Wedding Night*, which is a monodrama for solo soprano excerpted from Dominick Argento’s 1979 opera *Miss Havisham’s Fire*.²⁷ Savage-Day’s dissertation is unfortunately not available for view or purchase, but Mott’s is accessible, and is a particularly significant resource, as studies of twentieth-century mad scenes are rarer than their nineteenth-century counterparts. Mott’s dissertation includes interviews from Erie Mills and Rita Shane, who have both performed the role of Miss Havisham; Julius Rudel, who conducted *Miss Havisham’s Fire* at the New York City Opera; and Dominick Argento, who composed both *Miss Havisham’s Fire* and *Miss Havisham’s Wedding Night*. Mott’s analysis explores the music of this monodrama from a performer’s perspective and situates Miss

²⁵ Charlotte F. Pipes, “A study of six selected coloratura soprano ‘mad scenes’ in nineteenth century opera,” (DMA monograph, Louisiana State University, 1990).

²⁶ Peter N. Freisinger, “Three Operatic Madmen in Twentieth -Century Opera: A Comparison and Analysis of *Wozzeck*, *Peter Grimes*, and *the Rake’s Progress*,” (DMA diss., University of Cincinnati, 1999).

²⁷ Jammieca D. Mott, “A Performer’s Analysis of Dominick Argento’s *Miss Havisham’s Wedding Night*” (DMA diss., University of North Texas, 2010); Susan Savage-Day, “Miss Havisham’s Wedding Night: Dominick Argento and The Mad Scene Tradition” (DMA diss., University of Wisconsin-Madison, 2001).

Havisham's madness within the tradition of operatic madness through a discussion of this work's musical attributes.

Although there does now exist a significant body of scholarly work concerning operatic madness, there is relatively little concerning operatic madness after World War II. The work of Peter Maxwell Davies has, however, generated some discussion on this topic, in particular "Madness in the Music Theater Works of Peter Maxwell Davies" by Alan E. Williams, and "'I'm Not Ill, I'm Nervous': Madness in the Music of Sir Peter Maxwell Davies" by Ruud Welten.²⁸ These are both fairly short discussions of Davies's modernist compositional oeuvre and thus far there exists no examination of post-1950s operatic madness that goes beyond an individual composer to offer analyses across a group of composers and works. My dissertation seeks to address this gap, providing an analysis of late twentieth-century operatic madness that is centred on and structured by concepts rather than individual operas.

For nearly all of the operas included in this dissertation, my dissertation is the first scholarly contribution to address the portrayals of madness that they include, and for some it will be the first in-depth discussion of any aspect of the work. Although my dissertation is structured around the conceptual changes to madness that these operas enact, it also contributes to the literature on these operas and composers, given the currently sparse engagement with late twentieth-century opera in general.

Setting the Stage

In my examination of these operas and vocal works, I explore their portrayals of madness not only in relation to the long tradition of operatic madness in Europe but also within the

²⁸ Alan E. Williams, "Madness in the Music Theater Works of Peter Maxwell Davies," *Perspectives of New Music* 38, no. 1 (2000): 77–100; Ruud Welten, "'I'm Not Ill, I'm Nervous': Madness in the Music of Sir Peter Maxwell Davies," *Tempo* New Series, no. 196 (1996): 21–24, <http://www.jstor.org/stable/944456>.

rapidly changing contemporaneous medical understanding of madness. The second half of the twentieth century is marked by the rise of medical psychiatry and psychology, as evidenced by the addition of “mental disorders” to the sixth edition of the ICD in 1949 and the publication of the first edition of the DSM by the American Psychiatric Association in 1952.²⁹ I argue that the growth and popularization of the medical paradigm of madness in the United States and the United Kingdom (as well as elsewhere) had a noticeable impact on less formal lay understandings of madness and that operatic portrayals of mad characters both demonstrate and contribute to this change. For example, as Chapters 1 and 2 respectively discuss, mad operas in the later twentieth century deal more extensively with madness as a chronic condition and give greater priority to auditory hallucinations as a characteristic symptom of madness—reflective of the rise of schizophrenia as a popular and widely known diagnosis. Operatic madness prior to this time period is usually treated as a dramatic event, beginning during the opera and concluding with either the cure of that character or their death. This narrative structure is so characteristic of the mad scene that it is used in the introduction to *The Oxford Handbook of Music and Disability Studies* as the principal illustration of the cure narrative:

Beyond the direct representation of disability, music has also been shown to embody certain narrative trajectories that engage disability, most commonly through the “cure or kill” paradigm. For example, in *Lucia Di Lammermoor*, Lucia’s madness presents Act III with an extreme problem, one that disrupts the normal social order: her subsequent death rehabilitates this chaos. In opera, we might think of the many mad characters in opera who regain their reason just

²⁹ Heinz Katschnig, “Are psychiatrists an endangered species? Observations on internal and external challenges to the profession,” *World Psychiatry* 9, no. 1 (February 2010): 22. doi:10.1002/j.2051-5545.2010.tb00257.x

before curtain call (Handel's *Orlando* or Paisiello's *Nina*). We might also think of the many mad characters who do not last that long (*Wozzeck* or *Peter Grimes*).³⁰

Although many late twentieth-century operas do include cure narratives, there are others that instead engage with a narrative of treatment. Operas of this type include characters who are mad for the duration of the opera, and sometimes include explicit acknowledgement of the medical paradigm with the presence of doctors who seek to treat them.

The medical paradigm, however, is not the only understanding of madness with which operatic portrayals must be reconciled. The dramatic and musical conventions of operatic madness from centuries past—such as fragmented vocal lines and extreme displays of coloratura and extended vocal techniques—remain active and important in this body of work. Furthermore, in the second half of the twentieth century (especially between 1950 and 1990), simultaneous to this rapid change to medical understanding of madness, many composers and librettists chose to engage explicitly with the conceptions of madness of prior centuries through their portrayals of characters drawn from the art, literature, and history of previous eras.

The nine works I have chosen to explore make explicit reference to distinctive time periods from across the past thousand years of British and U.S. history and art. Benjamin Britten's *Curlew River* explicitly situates itself within the medieval period through stylistic references to medieval chant and religious dramas.³¹ Perhaps the most well-known of my chosen works, Igor Stravinsky's *The Rake's Progress* (1951), draws its narrative from the series of paintings by the same name by William Hogarth, which were

³⁰ Blake Howe, Stephanie Jensen-Moulton, Neil Lerner, and Joseph Straus, "Introduction: Disability Studies in Music, Music in Disability Studies," in *The Oxford Handbook of Music and Disability Studies*, (New York: Oxford University Press, 2016), 5, <https://doi.org/10.1093/oxfordhb/9780199331444.013.1>.

³¹ Mikiko Ishii, "The Weeping Mothers in *Sumidagawa*, *Curlew River*, and Medieval European Religious Plays," *Comparative Drama* 39, no. 3 (Fall/Winter 2005–06): 291.

painted and published in the 1730s. Peter Maxwell Davies's *Eight Songs for a Mad King* (1969) is the most historically rooted of these works, as it is based on the life of Britain's King George III (1738–1820). The next four works are based on literary sources.

Dominick Argento's *The Voyage of Edgar Allen Poe* explores an imagined journey for the Romantic author near the end of his life in 1849, while Phillip Glass's *The Fall of the House of Usher* (1988) is a setting of Poe's short story of the same title, published in 1839. Both Peter Maxwell Davies's *Miss Donnithorne's Maggot* (1974) and Dominick Argento's *Miss Havisham's Fire* (1979) (and its excerpted monodrama *Miss Havisham's Wedding Night* (1981)) deal with madness in the Victorian era, and with Charles Dickens's iconic character Miss Havisham from his 1861 novel *Great Expectations*.³²

These works do not necessarily accurately portray historical constructions of madness (although some, particularly the literary works, may be influenced by the earlier understandings of madness preserved in their source material), but this explicit engagement with previous time periods brings the question of madness's dramatic heritage to the forefront. These engagements with mad historical characters and figures demonstrate an interest in the historical reality of madness that the intertwined disciplines of opera, theater, and literature preserve, and that stands as a counter-discourse to the contemporary psychiatric paradigm. In *Feminine Endings*, Susan McClary asserted that music "serves as a public forum within which various models of gender organization (along with many other aspects of social life) are asserted, adopted, contested, and negotiated."³³ I argue that the works that I have chosen demonstrate that the operatic

³² These seven operas, incidentally, have an approximately even gender distribution for mad characters (three madwomen to four madmen). Including the two contemporary operas, the gender distribution is exactly even, with five mad characters of each gender (*New Year* has two characters that can be analyzed in this framework). This follows the available statistics for operas of the nineteenth century, which similarly had a roughly even distribution, although the madwomen are much more well-remembered than the madmen. (Smart, "Dalla Tomba Uscita," 7)

³³ McClary, *Feminine Endings*, 8.

stage served and continues to serve as a similar public forum for the reconciliation of modern lay madness with both medical and historical paradigms.

The final two operas in this dissertation were chosen for their explicit use of the contemporaneous medical paradigm in their construction of madness. Gian Carlo Menotti's *The Medium* is set contemporaneously to its 1946 premiere. Although the dramatic structure of the titular character's madness bears many similarities to the madness of earlier operas, it is also informed by her alcoholism, which is explicitly portrayed throughout the story. Baba (the medium) never refers to herself as mad, but near the end of the opera repeatedly describes herself as "sick."³⁴ Michael Tippett's *New Year*, premiered in 1989, deals heavily with time travel and takes place partially in the future, but is likewise primarily set contemporaneously, and is particularly dependent on contemporaneous understandings of psychology. Much of this opera centres around then-new cultural constructions of post-traumatic stress disorder, added to the DSM less than ten years before. Furthermore, the protagonist Joann explicitly hopes to become a child psychologist.

The main body of this dissertation is organized into four chapters, each of which deals with a specific convergence of medical thought and operatic imagination. It is not my claim that these are the only, or even the most important characteristics of mad opera in the twentieth century; a full cataloguing of this broad and exceptionally complex topic would be well beyond the scope of any dissertation, and likely beyond the capacity of any single scholar. Instead, I have chosen to explore these four ideas because I believe that they are representative of broader changes, not only within operatic or psychiatric thinking, but within the deep structures of British and U.S. society.

Chapter 1, "The Medical Model," is foundational to everything that follows. Unlike later chapters, it does not deal with specific psychiatric ideas but instead examines the rising

³⁴ Gian Carlo Menotti, *The Medium: Tragedy in Two Acts*, 1997 ed. (New York: G Schirmer, 1997), 210, 221.

importance of the medical model of disability within British and American culture, and specifically the adoption of psychiatric language and thought by the lay public over the course of the twentieth century. I argue that the growing dominance of psychiatry within cultural constructions of madness transformed operatic madness in several ways. Mad scenes were partially phased out, replaced by chronic or progressive madness that influences a character's dramatic and musical portrayal for most or all of the opera in question. Doctors and medical treatment became a frequent feature, a stark contrast from Romantic operatic portrayals of madness that were cured (or not) via true love. Consequently the dramatic function of madness changed significantly. I specifically examine *The Fall of the House of Usher*, *The Voyage of Edgar Allan Poe*, and *Eight Songs for a Mad King*, all of which include doctors who attempt to cure or treat the title character; *The Rake's Progress*, which concludes with its title character committed indefinitely to Bedlam; and *New Year*, whose protagonist is a child psychologist. I furthermore explore the varied dramatic structures that are facilitated by constructing madness as a chronic state rather than a narrative event. In this context I deal with all nine of my chosen works, with particular emphasis given to the relationship between chronic madness and modernist aesthetics in Peter Maxwell Davies's *Eight Songs for a Mad King* and *Miss Donnithorne's Maggot*.

Chapter 2, "Hearing Voices," turns to a specific sonic aspect of twentieth century mad opera: the prominent featuring of disembodied voices as a fundamental aspect of madness. I use a case studies model in this chapter, using three of my chosen works (Argento's *Miss Havisham's Fire*, Menotti's *The Medium*, and Britten's *Curlew River* (1964)) to create a continuum of explanations for the disembodied voices that are heard by their mad characters (and the audience). *Miss Havisham's Fire* uses extended auditory hallucinations, which are realized only in the orchestra, to create a pathologized portrayal its title character. In *Curlew River*, a disembodied voice is heard not only by a character called The Madwoman, but also by a large number of presumably sane onlookers, heralding the arrival of a ghostly saint. This shared experience of the divine creates empathy and community between The Madwoman and the other characters, and is both a

metaphorical and literal cure, rather than a symptom, of madness. *The Medium* lies between these two extremes; the audience shares the experience of hearing a disembodied voice with the title character and, like the title character, is never able to determine whether this voice is a hallucination or a vengeful ghost. This ambiguity is at the centre of the work's dramatic conflict, and it remains unresolved at its conclusion. I argue that the importance of disembodied voices in these operas can be read as a response to the rising prominence of schizophrenia as a psychiatric diagnosis, while the diverse interpretations of those voices highlight the historical contingency of the schizophrenic interpretation.

Chapter Three, "The Self-Confined Protagonist and the Shadow of the Asylum," explores the symbolic resonance between self-confined operatic protagonists and the involuntary confinement of insane asylums. I discuss four works, *Miss Donnithorne's Maggot*, *Miss Havisham's Fire*, *The Fall of the House of Usher*, and *New Year*, all of which feature a protagonist who refuses to leave their home. Mad scenes in the nineteenth century often demonstrated a characters' madness through shameless, inappropriate behaviour before onlookers, so the sequestering of these mad characters is a significant departure from tradition. I connect this sudden preponderance of self-confined opera protagonists with the de-institutionalization movement of the mid-twentieth century. I find it significant that as the medical community divested significantly from insane asylums as a means of treatment for madness, operas began to feature confinement as a central aspect of their portrayals of madness. I also explore the transformation of agoraphobia from an exclusively male to a primarily female diagnosis, in relationship to the construction of a mad Miss Havisham, who was treated as eccentric but sane in Dickens's *Great Expectations*. I argue that both are emblematic of the shifting place of women in society between the Victorian era and the mid-twentieth century.

Chapter Four, "Alcoholism, Degeneracy, and the Spectre of Eugenics," is focused solely on *The Medium* and *The Voyage of Edgar Allan Poe*, both of which are unusual not only within mad opera, but within the entire operatic genre, in that they feature alcohol-

addicted title characters. I argue that the relationship that these operas create between alcohol, madness, and disreputable poverty places their treatment of madness within the eugenic conceptual space of degeneracy. Despite the fact that degeneracy was a decidedly out of date and no longer socially acceptable theory in the latter half of the twentieth century, it has had an enduring and noticeable cultural legacy in the construction of alcoholism as a moral failing, even as medicine has long since moved to treat it as a disease process. I argue that both of these operas collapse alcoholism, madness, and poverty into a single conceptual entity, creating a heavily moralized narrative framework in which both protagonists are culpable for the violence and death that surrounds them, due to their failures of self-control. This failure of self-control is, furthermore, the driving terror of both operas (for both are horror operas at their core), and demonstrative of a particularly puritan and capitalist need for self-control, which is distinctively culturally characteristic of the United States.

Twentieth-century operas have been less frequently performed and studied than their earlier counterparts, and consequently I know that many if not most of these works will be new to most readers. I have done my best to integrate explanations of all essential details into my argument, but I do believe that a broad sense of the plots (and sometimes compositional origins) of these operas will provide helpful orientation. I have therefore provided basic background and plot synopses of each of the operas discussed here as an appendix, which can be found at the end of this dissertation.

Chapter 1 : The Medical Model

Introduction

I will begin with something profoundly obvious: opera and medicine are not the same thing. They serve different cultural ends and purposes, and have profoundly different methodologies and epistemic values. Within the conceptual space of madness, however, these two very different ways of knowing are sometimes placed into conversation, particularly in the twentieth century, as medical psychiatry gradually became the primary interlocutor of madness even within lay society. The gradual adoption of medical vocabulary and ways of thinking by opera's creators over the course of the twentieth century has had profound structural consequences for operatic madness, which this chapter will explore.

Although there have been attempts by scholars to render operatic madness medically legible,³⁵ composers and librettists are not doctors, and their understandings (and thus portrayals) of madness have thus been those of the lay public rather than the medical community. Mad scenes are theatrical artifacts rather than medical documents, and are governed primarily by theatrical and musical conventions, and by lay constructions of broadly defined madness. In her dissertation on nineteenth-century Italian operatic madness, Mary Ann Smart comments:

Madness in opera, and especially in Italian opera in the first half of the nineteenth century, serves as an intensification of states of extreme emotion that are the stock-in-trade of the genre. Operatic madness will thus have more in common

³⁵ See for example: A. Erfurth and P. Hoff, "Mad Scenes in Early 19th-Century Opera," *Acta Psychiatrica Scandinavica* 102, no. 4 (2000): 310–13, <https://doi.org/10.1034/j.1600-0447.2000.102004310.x>; E. Peschel and R. Peschel, "Donizetti and the Music of Mental Derangement: Anna Bolena, Lucia Di Lammermoor, and the Composer's Neurobiological Illness," *Yale Journal of Biology and Medicine* 65, no. 3 (1992): 189–200.

with the sadness of a character like Norma, or the rage of Medea, than with an actual hysteric or manic-depressive. Similarly, the mad scene is a musical structure that resembles, and can be compared to, other musical structures... operatic madness represents a highly stylized version of the affliction.³⁶

Twentieth-century mad opera remained both unscientific and stylized, even as the specific conventions of the bel canto mad scene structure were largely abandoned. The extant published sources on the operas with which I deal make no mention of either composers or librettists consulting medical sources in their construction of their mad characters. It is, of course, possible that medical sources were consulted (particularly by the librettists, whose work processes have received far less attention than their composer counterparts in the secondary source literature on these operas), but if medical research was done, it was not deemed important enough to merit comment, either by the composers or by previous scholars who studied these operas.³⁷ Just as in the nineteenth century and earlier, medical realism was not a priority to the creators of twentieth-century mad operas. Despite this, colloquial use of medical ideas is an important feature of twentieth-century mad opera.

The increased use of medical models of madness within operatic madness during the twentieth century, which this dissertation explores, is thus to be understood largely as a consequence of the increased awareness of and familiarity with medical madness by the general public. Whether or not the composers and librettists of these operas conducted significant research into contemporaneous medical understandings of psychiatry, they lived and worked in a society where psychiatry was a rapidly growing medical discipline, and in which madness was increasingly seen as a medical concern. This medical understanding of madness was made available to audiences outside of the medical

³⁶ Smart, "Dalla Tomba Uscita," 5.

³⁷ If medical research was done, an examination of the composers' and librettists' correspondence might reveal this. I had initially hoped to consult the collections of at least some of my chosen composers and librettists, but pandemic-related travel restrictions have prevented this.

community via mass media that engaged directly with medical paradigms. I argue that by mid-century, lay constructions of madness were increasingly informed by the medical model of disability. Consequently, operatic madness of this period makes increasing use of medical imagery and ideas, which must then be reconciled with the theatrical and musical conventions of mad opera upon which the genre has so long relied.

This increasingly medicalized operatic madness is particularly legible in the libretti and overarching dramatic structures of the operas discussed in this dissertation. Subsequent chapters will explore specific features of twentieth-century madness that have clear resonance with contemporaneous psychiatric constructions. Perhaps the most direct consequence of this changed understanding, however, is the presence of medicine itself within these operas. Unlike operas of previous centuries, many of the operas in these case studies have characters who are doctors, who attempt to treat or cure the opera's mad protagonist. The idea that operatic madness is a medical problem with a medical solution is a significant departure from previous understandings of operatic madness, where true love is a far more popular cure than the intervention of a medical professional. The medicalization of operatic madness, with its attendant focus on biological causes and cures, radically alters the structural function of operatic madness as both a plot device and symbol, forcing a complete restructuring of operatic plot tropes that rely on madness as a source and outlet for dramatic tension.

The Medical Model of Disability

The medical model of disability, in which disabilities are understood primarily as individual biological problems, is today so dominant that it may at first appear to be both timeless and inherent to disability as a concept. Neither of these things is accurate. In fact, the operatic artform is significantly older than the medical model of disability, and the current repertoire of commonly performed works include many that pre-date the medical model, and thus preserve pre-medical understandings of disability and madness in particular. The growing ubiquity of the medical model, which had by the mid-

twentieth century become the primary model for not only doctors but also the lay public, consequently effected significant structural transformations within operatic madness, the pre-medical paradigms of which were gradually becoming somewhat culturally illegible to twentieth-century audiences.

In the *Encyclopedia of American Disability History*, Richard K. Scotch dates the medical model of disability to the beginning of the mid-nineteenth century, where it dovetails with the development of scientific medicine. As he states, this model has been definitional to disability for the past 150 years, where it is ubiquitous in both public and private institutions. He defines the model thusly:

the medical model defines disability as a product of biology, in which a congenital or chronic illness, injury, or some other departure from “normal” biomedical structure or functioning has consequences for an individual’s activities of daily living and, ultimately, for that individual’s ability to participate in society...

By focusing on impairment and its medical aspects, the medical model tends to attribute the problems faced by people with disabilities to their impairments... it is a model based on deficit, with the assumption that impairment affects every aspect of the life of people with disabilities, invariably in a negative manner. Thus, having a disability is associated with the need for medical treatment, financial help, and psychological and social support. Physicians and other clinicians ... the primary experts on disability and its consequences.³⁸

The medical model stands in contrast to the social model of disability, which is preferred by most disability rights activists. The social model understands disability as coming into being at the intersection of impairment and the cultural and physical environments that

³⁸ Richard K. Scotch, “Medical Model of Disability,” in *Encyclopedia of American Disability History*, ed. Susan Burch (New York: Facts on File, 2009), 602.

serve to stigmatize and disable those with that impairment. While the existence of impairment is not contested, the social model of disability marks those places where impairment is stigmatized rather than accommodated, at which point impairment becomes disability.

Scotch notes that even in the nineteenth century, systems of classification were being developed to delimit madness, and to institutionalize those deemed imbeciles or insane. The confinement of the mad to medical institutions was central to treatment paradigms from the mid-nineteenth to the mid-twentieth century, when drastic erosion of public trust in mental hospitals led to a widespread movement towards de-institutionalization (for more on this, see Chapter 3).

Although the medical model of madness has been dominant since the mid-nineteenth century, in the 1920s and 1930s there was a major shift within psychiatry towards physiological treatments. Invasive medical interventions such as insulin therapy, electroconvulsive therapy, and lobotomy were all used as treatments for insanity during this period. By the 1950s, widespread acceptance and use of tranquilizing drugs such as reserpine and chlorpromazine in a psychiatric context had reinforced the conceptual link between psychiatry and physical medicine, leading to the development of more psychotropic drugs as treatments for madness. In his article “Origins of the ‘Third Psychiatric Revolution’: The Community Mental Health Centers Act of 1963,” David A. Rochefort comments “because of the efficacy of drug treatments, for some observers the disorder now seemed to belong less in the intrapsychic realm of psychoanalytic psychology and more in the biochemical realm of modern science.”³⁹ The dominance of the medical model of madness in the first half of the twentieth century was thus

³⁹ D. A. Rochefort, “Origins of the ‘Third Psychiatric Revolution’: The Community Mental Health Centers Act of 1963,” *Journal of Health Politics, Policy and Law* 9, no. 1 (1984): 6, <https://doi.org/10.1215/03616878-9-1-1>.

compounded by a shift to increasingly biological models of psychiatry itself, which de-emphasized social and biographical explanations for madness.

Medicalized Madness in Popular Culture

Simultaneous to this shift toward a biological conceptualization of madness was another shift, from widespread public indifference to psychology to significant engagement and mass-media attention, such that people who were neither medical professionals nor mad themselves would have had significant exposure to major trends within the psychiatric field. In her book *Mental Health in the United States*, written in 1961, Nina Ridenour notes that within the first quarter of the twentieth century, attempts at public education by what was then called the mental hygiene movement were marked by a distinct lack of interest amongst the general public. “Writers, reporters, government officials, civic leaders—even educators—were conspicuous in their absence.”⁴⁰ This changed, however, in the 1940s, with the advent of what would later become the de-institutionalization movement (discussed further in Chapter 3), when conditions in mental hospitals became the focus of widespread mass-media attention.

According to Ridenour, this sea-change in public interest in psychiatric issues was precipitated by World War II, when many conscientious objectors to the war were assigned by the Selective Service System to work as attendants in mental hospitals, where they were appalled by the living conditions of their patients. They concluded that these conditions were due primarily to insufficient funding, which was in turn due to general public indifference. Consequently, they collected more than 1,400 firsthand reports and photographs, which were then made available to journalists.⁴¹

⁴⁰ Nina Ridenour, “That He Who Runs May Read: Public Education, Public Relations, and Fund-Raising,” in *Mental Health and the United States* (Cambridge, MA: Harvard University Press, 1961), 94, <https://doi-org.proxy1.lib.uwo.ca/10.4159/harvard.9780674420267.c12>.

⁴¹ Ridenour, “That He Who Runs May Read,” 104–107

The press coverage that resulted from these reports triggered a national scandal. In 1946, *Life* magazine ran a feature article, “Bedlam, 1946,” which was reprinted two months later as the lead article in *Readers Digest*, this time with the title “The Shame of Our Mental Hospitals.”⁴² Ridenour comments, “These two articles, appearing in two of the magazines with widest circulation in the United States, triggered a volcano of exposés and feature articles in other magazines and the daily press which continued for several years.”⁴³ As Rochefort elaborates, major newspapers including the *Cleveland Daily Press*, *Chicago Daily News*, *San Francisco News*, and *St Paul Dispatch* had reporters assigned to local state hospitals in order to provide regular coverage.⁴⁴ Clearly, the question of psychiatric treatment had caught the attention of both the American press and the American people. In the decades that followed, similar scandals (particularly the Ely Hospital scandal) drew media attention and provoked public outcry in the United Kingdom, where American de-institutionalization literature (particularly that of Erving Goffman) had already found an audience.

This widespread scandal precipitated a comprehensive and systemic re-evaluation of in-patient psychiatric practice, and eventually a complete restructuring of psychiatric care systems on a national level in both the United States and the United Kingdom. This is discussed in detail in Chapter 3. Additionally, this scandal and the national conversation that it sparked became part of a widespread public engagement with the concepts of mental health and psychiatry, which extended well beyond the de-institutionalization movement. Ridenour notes that, during this same period, newspapers and magazines began to run regular columns by “mental health experts,” some of which attained national

⁴² Albert Q. Maisel, “BEDLAM 1946,” *Life*, May 6, 1946.; Albert Q. Maisel, “The Shame of Our Mental Hospitals,” *The Reader’s Digest*, 1946.

⁴³ Ridenour, “That He Who Runs May Read,” 107.

⁴⁴ Rochefort, “Origins of the ‘Third Psychiatric Revolution,’” 4.

readership. Catherine Mackenzie's "Parent and Child" for the *New York Times Magazine* was a particularly ground-breaking example, but far from the only one of its kind.⁴⁵

Public engagement with psychiatric ideas extended well beyond the 1940s. In 1963, when John F. Kennedy released a special message to Congress detailing his plans for a national mental health program, overhauling the existing system, this message was also released "to all newspapers, radio, and TV stations," indicating that this particular piece of legislation was newsworthy and of interest to the general public.⁴⁶

Nor was this public engagement confined only to the issue of deinstitutionalization. Even before the 1940s, popular media was an active and influential participant in the growing lay discourse on psychiatric issues. In his book *The Protest Psychosis: How Schizophrenia Became a Black Disease*, Jonathan M. Metzl traces the changing definition and demographics of schizophrenia from the 1920s through the start of the twenty-first century. He finds that during this time period, and principally during the civil rights era of the 1960s and 1970s, the clinical definition of schizophrenia shifted in concert with growing cultural anxieties. A disease that had been previously assumed primarily to affect white, middle class housewives came to be disproportionately diagnosed in black men; this was still the case when the book was published in 2009. What was once a nonthreatening condition marked by docility became a condition defined by aggression and rage.⁴⁷ To demonstrate this phenomenon, Metzl draws on diagnostic records, and psychiatric textbooks and journals, but he also engages in close readings of sources from the popular press, which participated in this shift as an interlocutor between the psychiatric community and the general public. He remarks

⁴⁵ Ridenour, "That He Who Runs May Read," 109.

⁴⁶ John F. Kennedy, "Special Message on Mental Illness and Mental Retardation" (Presidential Papers. President's Office Files. Legislative Files. Series 04., February 5, 1963), 1, <https://www.jfklibrary.org/asset-viewer/archives/JFKPOF/052/JFKPOF-052-012>.

⁴⁷ Jonathan Metzl, *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2009), xii–xiii.

leading mainstream American newspapers in the 1920s to the 1950s similarly described schizophrenia as an illness that occurred “in the seclusive, sensitive person with few friends who has been the model of behaviour in childhood,” or that afflicted white women or intellectuals. In 1935, for instance, the *New York Times* described how many white poets and novelists demonstrated a symptom called “grandiloquence,”... Meanwhile, popular magazines such as *Ladies Home Journal* and *Better Homes and Gardens* wrote of unhappily married, middle-class white women whose schizophrenic mood swings were suggestive of “Doctor Jekyll and Mrs. Hyde.”⁴⁸

In the 1960s and 1970s, mainstream newspapers continued to engage with the question of schizophrenia’s demographics, and in so doing documented the shift in stereotypical schizophrenia. Metzl cites a *Chicago Tribune* headline from 1966, which creates a conceptual link between schizophrenia and violent crime as it warns readers of “Leroy Ambrosia Frazier, an extremely dangerous and mentally unbalanced schizophrenic escapee from a mental institution, who has a lengthy criminal record and a history of violent assaults.”⁴⁹ Metzl also mentions the 1963 film *Shock Corridor* as likewise drawing a connection between schizophrenia and black men, particularly those involved in civil rights protests. While the overwhelming whiteness of the operatic canon renders this racial dynamic less directly relevant to this dissertation, it is striking to me that in these moments of social upheaval, mainstream news and mass entertainment media reached for the language of psychiatry to express cultural conflicts.

The public outrage over the state of mental hospitals and these popular media depictions of schizophrenia’s changing social meaning both serve as demonstrations of a broader trend: increasing public engagement with psychiatric concepts over the course of the twentieth century. Readers of the *New York Times* and *Ladies Home Journal* were for the

⁴⁸ Metzl, *The Protest Psychosis*, xiii.

⁴⁹ Metzl, *The Protest Psychosis*, xv.

most part not engaged with psychiatry and psychology, either as patients or as doctors, and yet they were at minimum consumers of psychiatric discourse, if not active participants. It can furthermore be assumed that, as a topic of widespread media coverage, psychiatric topics were also the subject of casual conversation between friends and over dinner tables, leading to the establishment and perpetuation of a non-professional discourse of psychiatry and of madness generally.

Medicalized Opera

The first, and perhaps most obvious demonstration of this changing understanding of madness within opera is the inclusion of medical professionals and medical treatments as a response to a character's madness. This development is not exclusively confined to operas of the later twentieth century: in Alban Berg's 1925 opera *Wozzeck*, for example, the title character is treated by a doctor, who appears to be using an experimental treatment on him. The presence of doctors is, however, a growing trend in the second half of the century. Three of the operatic works discussed in this dissertation either show or reference medical professionals who are attempting to cure the works' mad characters: Peter Maxwell Davies's *Eight Songs for a Mad King* (1969), Dominick Argento's *The Voyage of Edgar Allen Poe* (1975), and Philip Glass's *The Fall of the House of Usher* (1988). It can furthermore be assumed that Tom Rakewell, the title character of Igor Stravinsky's *The Rake's Progress*, is receiving some kind of treatment from the insane asylum where he is confined at the end of the opera, although his caretaker is named "Keeper" rather than doctor,⁵⁰ and no treatments are specifically mentioned. Finally, Jo Ann, the protagonist of Michael Tippett's *New Year* (1989), is a particularly twentieth-century portrayal of madness, legible as mad in the context of twentieth-century psychiatry, but not in reference to the traditions of mad opera, and is additionally a child psychologist herself, demonstrating that, by the end of the century, the framing of

⁵⁰ Igor Stravinsky, *The Rake's Progress* (New York: Boosey & Hawkes, 1951), 375, https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cscore%7C309266.

operatic madness in medical terms had become not only common, but a default assumption. This increased medical presence demonstrates the growing dominance of the medical paradigm for madness, which in turn had significant structural consequences for the operas in which it is featured.

Madness as Pathology

This medicalized understanding of madness is made explicit by the inclusion of medical doctors in several of the operas considered in this dissertation. While these doctors are not always major characters, their presence within the story indicates a reconceptualization of the operatic trope of madness. If madness is understood as a physiological or neurological disorder, it can no longer be solved via narrative resolution, as madness sometimes is in pre-twentieth century opera, and its function as an expression and source of narrative conflict is thus undermined.

The most prominent example of this pathologizing medical presence among the operas examined in this dissertation is Dominick Argento's *The Voyage of Edgar Allan Poe*. Most of this opera is an extended dream sequence: it begins in Act I, Scene 1, when Poe is ushered aboard a ghostly ship, despite the insistence of other characters that no ship sails that night, and continues until the end of Act II, Scene 10, the penultimate scene of the opera. Everything that happens between these points is understood as taking place inside of Poe's mind as he wanders the docks in a state of delirium. During the voyage, a theater director and troupe of actors stage an extended re-enactment of key scenes from Poe's life, which gradually draws Poe in, becoming real to him as he becomes a participant. However, the voyage is set within a narrative frame; the moment of Poe's departure is initially staged as a recollection by a character referred to as Doctor. The character of the Doctor (who is given no personal name), serves as the narrator for the story. He appears throughout the opera, both as a hallucination within Poe's dream, and as himself in the prologue, epilogue, and in Act I, Scene 1, where he arrives at the dock too late to prevent Poe from embarking on the fatal voyage of discovery. The doctor also

makes various appearances throughout the voyage, but as the voyage is understood to be an extended hallucination for Poe, taking place entirely inside his mind, the doctor in these scenes is understood as a figment of Poe's imagination. He is the first character to appear or speak in the opera, which he opens with the words "I last saw Poe alive in Richmond here, a week before he died. He wished to sail for Baltimore that very night, and came to beg my help and seek advice."⁵¹ At this point, a lighting change reveals Poe, who begins to pleading with the doctor for help, as he is in distress. Over the course of the prologue, Poe describes his anguish in a scattered monologue, and the Doctor narrates the scene. Frequently, he quotes Poe's monologue homorhythmically with that monologue, as when he sings "His wife was dead" simultaneously with Poe singing "my wife is dead," and shortly thereafter "he seemed haunted" as Poe sings "I am haunted."⁵² Throughout the prologue, the Doctor exists fluidly in time, both narrating the scene in past tense, and interacting with Poe within the scene.

The prologue immediately places the opera in a decidedly medicalized context, by pathologizing Poe's anguish. In addition to locating the story within the memories of Poe's doctor, the discussion between Poe and the Doctor places the focus of the story upon Poe's vaguely defined mental distress. Poe's first words in the opera are

I am distraught. I sink in darkness, Help me! Help me, I beg you! Give me peace of mind. They murder me with silent whispers all around. The air is poisoned with their jealous lies. My wife is dead. She's dead and gone. And worse than that, my genius, too! I cannot write and yet I must! I am haunted!⁵³

The Doctor's response to Poe's anguished declaration places his pain in a biological framework. His interaction with Poe begins with a piece of medical advice, when he tells

⁵¹ Dominick Argento, *The Voyage of Edgar Allan Poe: Opera in Two Acts*, libretto by Charles Nolte, Vocal Score (New York: Boosey & Hawkes, 1979), 1.

⁵² Argento, *The Voyage of Edgar Allan Poe*, 2.

⁵³ Argento, *The Voyage of Edgar Allan Poe*, 1–2.

Poe that he should not be drinking, as it “excites the brain.”⁵⁴ He repeats this admonition against drinking near the end of the prologue. The doctor’s advice is the first in a series of criticisms of Poe’s drinking by various characters throughout the opera, which is discussed further in Chapter 4. Poe’s grief and writer’s block are thus presented within a framework that understands them primarily as a biochemical problem, the result of an “excited brain” caused by his drinking.

The doctor’s description of Poe also foregrounds the idea of Poe’s mental difference as an essential feature of his character and an important theme for the opera. Following his first admonition of Poe’s drinking, the doctor comments, “He did not seem as other men... he did not hear as others hear,” in harmony with Poe’s own declaration that “I have not been as other men... I do not hear as others hear.”⁵⁵ While Poe moves on to other subjects, however, the doctor repeats this observation twice more, singing “He did not seem as other men... he did not hear as others heard... he did not see...” over Poe’s words “a voyage of discovery, a voyage of the heart. I must hurry on to seek...”⁵⁶ The Doctor’s music is sober and declamatory throughout the prologue, accompanied principally by slow, steady timpani beats. When the Doctor and Poe argue, first about Poe’s drinking, and later about Poe’s literary agent Griswold, both sing over each other in brief, rapid exchanges. These moments do not last long, however, and the Doctor quickly returns to his slow, declamatory style. Poe’s music is more varied, bridging the gap between the Doctor’s somber declarations and the beguiling, lyrical style of the chorus, who can already be heard luring Poe away to the ship. Though the nature of Poe’s mental difference is extremely nebulous within the world of the opera, the choice to present it through the Doctor’s eyes suggests a medical interpretive lens for the opera as a whole.

⁵⁴ Argento, *The Voyage of Edgar Allan Poe*, 2.

⁵⁵ Argento, *The Voyage of Edgar Allan Poe*, 3.

⁵⁶ Argento, *The Voyage of Edgar Allan Poe*, 4–6.

The prologue concludes with a final medicalization of Poe's state, as Poe declares, "I am ill... dangerously ill..." while the Doctor sings "he was ill" in harmony with the first half of his declaration.⁵⁷ This is the last thing said by Poe before he departs. The Doctor repeats these claims of Poe's illness in Act I, Scene 1, when he arrives at the docks too late to prevent Poe's departure. As the ship, onto which Poe has recently boarded "gradually recedes into ghostly blackness as sound recedes,"⁵⁸ the Doctor arrives looking for Poe, and speaks with Griswold, Poe's literary executor, who has remained behind on the dock. As Griswold introduces himself as a ship's captain and says that he has never heard of Poe, the Doctor says "I must find him. He is dangerously ill. He wished to sail for Baltimore some time tonight... where can he be? He took my fine malacca cane. He is ill, dangerously ill..."⁵⁹ As he says this, he disappears into blackness and Griswold narrates the transition to the setting in the ship's passenger lounge.

The Doctor's fears for Poe are eventually shown to be well-founded. In the epilogue, following the hallucinated voyage that makes up the majority of the opera, Poe is revealed wandering on the docks with no ship in sight. Poe appears disoriented, asking "Whose clothes are these I wear?" and repeatedly singing "I must take a ship."⁶⁰ Finally, he sings a duet with the disembodied voice of his dead wife Virginia, before dropping dead on the dock with a final plea, "Lord help my poor soul."⁶¹ Griswold, who has been observing Poe since he entered the scene, steps forward to survey the body, and is found moments later by the Doctor, who enters while calling for Poe, having apparently searched for him all night. He then asks Griswold "Have you seen Poe? A man dressed in

⁵⁷ Argento, *The Voyage of Edgar Allan Poe*, 11–12.

⁵⁸ Argento, *The Voyage of Edgar Allan Poe*, 38.

⁵⁹ Argento, *The Voyage of Edgar Allan Poe*, 40.

⁶⁰ Argento, *The Voyage of Edgar Allan Poe*, 397.

⁶¹ Argento, *The Voyage of Edgar Allan Poe*, 400–401.

black? Dangerously ill. He must be helped.”⁶² Griswold points out the body, and the Doctor listens for a heartbeat before confirming that Poe is “cold as ice.”⁶³ The two men have a very brief exchange of words before Griswold collects the dropped pages of Poe’s manuscript and departs, leaving the Doctor alone with Poe as the final curtain falls. Thus, although the Doctor does not experience the extended dream sequence of Poe’s voyage, it is his perspective that bounds and bookends the opera, placing Poe’s voyage and eventual death firmly within the context of the Doctor’s medical assessment. The Doctor sees Poe as dangerously ill, repeating this assessment several times, and Poe’s death at the end of the opera supports this interpretation.

Though this is not shown in the events of the opera, it is implied that the Doctor wanders the docks all night in search of Poe, as he fears for his health and safety. He does not find Poe until the morning, when Poe’s journey is complete and Poe has died. The medical lens through which Poe’s unspecified ailment is interpreted, however, pervades the entirety of the opera. The Doctor himself appears repeatedly throughout the hallucinated voyage, often to echo his assertions from the prologue. As the ship’s passengers stage re-enactments of pivotal moments in Poe’s life, the Doctor is frequently among them, often the only person present who is not a member of Poe’s immediate family. At these moments, he offers unflattering assessments of Poe’s character, declaring “I hear he drinks and holds it poorly. He gambles too. Such a gentleman indeed! They say he has an eye for girls, the fairer sex.”⁶⁴ At numerous points he also asserts that Poe “must be mad.”⁶⁵ The Doctor’s presence and commentary on Poe’s character throughout these scenes establishes a ubiquitously pathologized context for Poe’s memories, suggesting

⁶² Argento, *The Voyage of Edgar Allan Poe*, 402.

⁶³ Argento, *The Voyage of Edgar Allan Poe*, 402.

⁶⁴ Argento, *The Voyage of Edgar Allan Poe*, 75–78.

⁶⁵ Argento, *The Voyage of Edgar Allan Poe*, 112.

that Poe's financial, artistic, and romantic difficulties, and the madness that is the suggested cause of these difficulties, might be interpreted as primarily medical problems.

The Doctor is furthermore far from the only character to place Poe's experiences in an explicitly medical context. Over the course of the re-enactment, Poe's family members likewise accuse him of madness. At the start of Act II, Poe is berated simultaneously by the Doctor, Mrs. Allan, Mrs. Poe, and Mrs. Clemm. Mrs. Allan in particular declares "Lunatic. I say he's madder than... I think he's mad. It runs in his family, they say," while the Doctor says "He should be shut away! Locked up! His eyes are staring; you must be careful how you speak to him!"⁶⁶ Outside of the re-enactment, the voyage's passengers put Poe on trial for madness; they state "quite clearly mad, clearly mad. He has visions. Insane hallucinations!" Poe has no real defense against these accusations, and instead chooses to reject the entire premise of sanity, stating "I welcome visions! I cast out reason! Is this a crime? To go into the private world of visionary art?"⁶⁷

The voyage of discovery itself is likewise presented in specifically medicalized terms. As Poe is drawn up the gangway by the ship's shadowy passengers, Griswold, Poe's literary agent, declares "a heart that hates annihilation like the tomb must gather the past into hallucination. Must gather the past into hallucination."⁶⁸ The importance of hallucination to twentieth century mad opera is discussed in greater detail in Chapter 2. In this case, the choice of a medical term to describe Poe's imminent experience pathologizes the remainder of the opera; Poe's voyage is presented medically, not as a dream or a haunting, but as the product of a diseased mind. Over the course of the voyage, the stage action fluctuates between the appearance of reality, and surreal, nightmarish grotesquerie; at times, Poe is drawn into the re-enactment of his life, appearing to re-live these important moments as a hallucination within a hallucination. This medicalization of Poe's

⁶⁶ Argento, *The Voyage of Edgar Allan Poe*, 223–224.

⁶⁷ Argento, *The Voyage of Edgar Allan Poe*, 251–253.

⁶⁸ Argento, *The Voyage of Edgar Allan Poe*, 36–37.

perspective in the opera is thus present not only within the world of the opera, but also outside of it.

Despite the fluctuations in the dreamlike atmosphere, however, the totality of the voyage takes place within Poe's subconscious. Consequently, Poe's many antagonists throughout the voyage must be understood as manifestations of Poe's secret self, and the repeated accusations of madness and depravity by both the Doctor and Poe's family members must be understood as Poe's own doubts and fears regarding his mental state. This dramatic framework, in which Poe is hounded by subconscious manifestations of his fears, over which he has no control, for nearly two hours and unto his own death, is decidedly Freudian in its outlook. Poe's own understanding of his mental state seems to be similarly constructed in psychoanalytic terms; The re-enactment of his life emphasizes the shaping effect of childhood experience and parental relationships, and particularly on a rotating cast of mother figures including not only Poe's biological mother (who dies in the first re-enacted scene), but also his Aunt Nancy, his adoptive mother Mrs. Allan, and his mother-in-law Mrs. Clemm. These maternal relationships have an unsettling, oedipal quality; all of Poe's surrogate mothers treat him in a potentially sexual way at various point in the opera: Immediately following his mother's death, Aunt Nancy and Mrs. Allan inspect Poe and remark on his marriageable qualities and physical attributes, declaring "our Eddie is so well made."⁶⁹ Near the end of the opera, the actresses portraying Poe's mother figures all re-appear, this time to offer themselves as potential muses and replacements for his dead wife.⁷⁰ Poe is furthermore repeatedly distressed by the sight of his biological mother engaging in sexual behavior with Griswold (Poe's literary executor and primary antagonist). This sexualization of quasi-parental relationships similarly couches Poe's mental struggles in specifically Freudian terms.

⁶⁹ Argento, *The Voyage of Edgar Allan Poe*, 74.

⁷⁰ Argento, *The Voyage of Edgar Allan Poe*, 304–318.

The framing presence of the Doctor in *Voyage*'s opening and closing scenes establishes a professionalized, medicalized outlook for the opera as a whole. The pervasive medical and Freudian perspective within the eponymous voyage, however, suggests that not only Poe's doctor, but in fact Poe himself, understands his life and works within a psychoanalytic framework. This is anachronistic; Poe's mysterious voyage and death occurred seven years before Sigmund Freud's birth, and decades before the publication of his psychoanalytic work, so Poe the historical figure would have been unlikely to define his experiences in Freudian terms. The imposition of a medical, psychiatric framework on Poe's understanding of his own life and mind thus demonstrates the pervasiveness of the medical framework within the lay culture of the later twentieth century.

The Voyage of Edgar Allan Poe is the most thorough of the operas examined in this dissertation in its medicalization of its mad protagonist's experiences. It is, however, far from the only example of this medicalization. Philip Glass's *The Fall of the House of Usher*, likewise an opera on an Edgar Allan Poe subject—this time one of the writer's short stories—also features a character who is named in the score as “Physician,”⁷¹ who is understood to be the doctor for the Usher family. This is particularly striking, as *The Fall of the House of Usher* has a cast of only five: William, Roderick Usher, Madeline Usher, an unnamed Servant, and this Physician. Furthermore, unlike the Doctor in *The Voyage of Edgar Allan Poe*, the Usher family Physician is shown to be actively engaged in treating Roderick Usher for the unspecified nervous complaint that plagues him. Moments before William enters Roderick's study for the first time, the Usher Physician appears in the doorway and questions William about the gift that William has for Roderick. He then advises William to not upset the household, and to leave the next morning.⁷² William vows to stay as long as is necessary to help Roderick, and the Physician hurries away. The Physician appears twice more over the course of the opera.

⁷¹ Philip Glass, *The Fall of the House of Usher: An Opera in Two Acts*, Libretto by Arthur Yorinks based on the story by Edgar Allan Poe (Bryn Mawr: Dunvagen Music Publishers Inc, 1988), iv.

⁷² Glass, *The Fall of the House of Usher*, 20–22.

Once, in Act I, Scene 6, he visits Roderick in his studio momentarily. He exchanges glances with Roderick, who motions for him to leave before commenting to William that he “feels better.”⁷³ He makes a third and final appearance in Act II, Scene 2, this time as a direct response to Roderick’s behaviour. Following the entombment of Roderick’s twin sister Madeline, Roderick and William have dinner, during which Roderick becomes agitated. He accuses William of having ulterior motives for visiting and then smashes his glass on the floor when William attempts to calm him. At this point, the Physician enters and “attempts to help Roderick.”⁷⁴ Roderick declares that the Physician murdered Madeline, and commands both him and the servant to leave, which they do.

The staging notes in the vocal score for *The Fall of the House of Usher* are minimal throughout and do not mention what exactly the Physician might do in his attempt to help Roderick. Reviews of past productions, however, suggest that several have greatly expanded the visibility of the Physician’s role and placed emphasis on his medical work through design choices. A *Christian Science Monitor* review of the premier production by Hilary DeVries describes the doctor’s role as “omnipresent” and notes that he is “dressed for the operating room in sunglasses and a rubber apron.”⁷⁵ A review of the 2009 production by Nashville Opera by William Engel for *The Edgar Allan Poe Review* furthermore notes that, in this production, “on several occasions when Roderick appears agitated, the doctor takes a huge syringe out of his medical bag to inject him with what would seem to be an opiate.”⁷⁶ At least these two productions have therefore used the doctor’s medical interventions into Roderick and Madeline’s lives as an occasion for visual spectacle. Furthermore, the procedures suggested by the images in these reviews—

⁷³ Glass, *The Fall of the House of Usher*, 70.

⁷⁴ Glass, *The Fall of the House of Usher*, 99.

⁷⁵ Hilary DeVries, “House of Usher Falls with a Thud. Glass, Foreman, Poe: Three Sensibilities at Odds on Stage,” *Christian Science Monitor*, July 11, 1988, <https://www.csmonitor.com/1988/0711/lusher.html>

⁷⁶ William E. Engel, “The Nashville Opera’s Production of Philip Glass’ ‘The Fall of the House of Usher,’” *The Edgar Allan Poe Review* 10, no. 3 (2009): 124, <https://www.jstor.org/stable/41506374>.

surgery and injection of narcotics—are particularly invasive and suggest a biological rather than behavioural treatment paradigm. It can therefore be inferred that the medicalization of Roderick Usher’s ill-defined psychic complaint—which one review refers to as “neurasthenia” (an extremely dated categorization in 2013 when this review was published)—and the role played by the Physician in the stage action of this opera are both more pronounced and prominent than the published score indicates.

Peter Maxwell Davies’s *Eight Songs for a Mad King* is a work for a single male vocalist (the titular mad king, King George III of England) and ensemble. As Randolph Stow states in his foreword to the score,

The songs are to be understood as the King’s monologue while listening to his birds perform, and incorporate some sentences actually spoken by George III. The quotations, and a description of most of the incidents to which reference is made, can be found in the chapters on George III in *The Court at Windsor* by Christopher Hibbert (Longmans and Penguin Books).⁷⁷

Because *Eight Songs for a Mad King* is written for a single voice, it does not feature a role for a physician who treats the mad title character, unlike both *The Fall of the House of Usher* and *The Voyage of Edgar Allen Poe*. Three of the songs, however, do include details of the King’s treatment and care.

The sixth song in the cycle, “The Counterfeit,” is a direct quotation of words spoken by George III, as recorded by courtier Fanny Burney in her diary,⁷⁸ and then quoted in *The Court at Windsor*, which is presumably where Maxwell Davies and Stow encountered it. In this song, the king describes his condition, declaring “I am nervous. I am not ill, but I

⁷⁷ Peter Maxwell Davies, *Eight Songs for a Mad King: Music-Theatre Work for Male Voice and Ensemble*, text by Randolph Stow and George III (London: Boosey & Hawkes, 2005), “a note on the text.”

⁷⁸ Christopher Hibbert, *The Court at Windsor: A Domestic History*, revised ed. (London: Allen Lane, 1977), 112.

am nervous.”⁷⁹ This song also includes a mention of medical personnel, when the king declares “I love Doctor Heberden best; for he has not told me a lie.”⁸⁰

Despite his declaration of fondness for Doctor Heberden, however, the details included in other songs in the cycle imagine the king as being both poorly treated and very unhappy with his treatment. In the fifth song of the cycle, “The Phantom Queen,” the king addresses an imagined Queen Esther and says, “Have they chained you, too, my darling, in a stable? Do they starve you, strike you, scorn you, ape your howls?” The inclusion of “too” here suggests that the unspecified “they” have done all of these things to the king. These accusations are repeated in the final song, “The Review,” in which the king describes his madness in third person. “Poor fellow, he went mad. He talked with trees, attacked his eldest son, disowned his wife, to make a ghost his Queen – a ghost his Queen. So they seized him (yes!) and they whipped him (ach! yes!), starved him, jeered in his face, while he talked he talked he talked he talked he talked.”⁸¹ It is unclear, however, whether the king’s description of his treatment is meant to be understood as a delusion or Stow and Maxwell Davies’s imagining of the circumstances; *The Court at Windsor*, which is the only source mentioned in Stow’s “a note on the text,” does not explicitly describe the king as being chained or beaten. It is possible that Stow and Maxwell Davies drew this impression that the king was starved and beaten from Hibbert’s description of the “painful and humiliating” treatments used on the king, which did include purges, emetics, straight-jackets, and the extremely painful blistering of his shaven head.⁸² Hibbert notes that the King’s pages responded to his behaviour by “behaving with a degree of familiarity and insolence that often irritated and hurt him.”⁸³

⁷⁹ Maxwell Davies, *Eight Songs for a Mad King*, 25.

⁸⁰ Maxwell Davies, *Eight Songs for a Mad King*, 27.

⁸¹ Maxwell Davies, *Eight Songs for a Mad King* 34–5.

⁸² Hibbert, *The Court at Windsor*, 112.

⁸³ Hibbert, *The Court at Windsor*, 113.

No specific mention is made, however, of starvation or beating. It is therefore not completely clear from where Stow and Maxwell Davies drew these particular details. It is entirely possible that their research for this work involved a much broader collection of historical sources, of which Stow chose to mention only one in his published notes. It is likewise possible that these details were instead the result of artistic license by Stow and Maxwell Davies, or that they are intended to be understood as delusions rather than real events, even within the world of the work. Whatever the case may be, the King's treatment as a madman is a dominant theme in the second half of the song cycle, appearing as a major topic in three out of four songs, including the last song of the cycle, "The Review," which is constructed as a third person elegy for the king in his madness and describes both his behaviour and the court's subsequent treatment of him.

The historical origins of *Eight Songs for a Mad King*, the reign and madness of King George III of England, set this work between 1790 and 1820, an era with decidedly different understandings of both madness and medicine than 1969, when *Eight Songs for a Mad King* was composed. The treatments described within the text of the work (starvation, beating, chains) would not be considered therapeutic or even medical by twentieth-century standards, but do line up with common practice for the late eighteenth century. *Eight Songs for a Mad King* does not apply a modern medical paradigm in its description of the King's treatment by his courtiers. However, the emphasis placed on treatment in the second half of the work does imply a particular focus on treatment as an inseparable, inevitable part of the experience of madness. The idea that madness goes hand in hand with treatment for madness does place madness firmly within a medical paradigm, suggesting that doctors are the primary definers and arbiters of mad experiences and mad lives, even if the treatments described in this work bear little resemblance to those used in the later twentieth century.

The pairing of eighteenth-century treatment protocols with twentieth-century understanding of madness and treatment as inextricably linked concepts can also be seen in Stravinsky's *The Rake's Progress*. As previously mentioned, the title character, Tom

Rakewell, is struck mad as a result of his Faustian bargain with Nick Shadow, and spends the opera's final scenes confined to Bedlam, where he dies. *The Rakes Progress* is thus an extremely rare example of an opera that includes an insane asylum as an explicit setting. (This is discussed in greater detail in Chapter 3). The specification of this setting as Bedlam further anchors Tom's madness to the medical paradigm and medical treatment, as it ties Tom's final moments not only to the idea of a mental hospital, but to the decidedly real Bethlem Royal Hospital, which has been an active psychiatric care facility for well over 600 years, and was already notorious at the time of both the opera's setting (ostensibly the mid-1700s, contemporaneous to the paintings on which the opera is based) and the opera's premier in 1951.

Like *Eight Songs for a Mad King*, *The Rake's Progress* does not feature anything that would have been considered appropriate treatment for madness at any point in the twentieth century. Tom is instead shown to interact primarily with the other patients at the mental hospital, played by the opera's chorus, and with Anne Trulove, who he believes to be Venus when she comes to visit him. There is, however, a character labeled "Keeper," who brings Anne in to see Tom and describes his condition to her. He comments, "have no fear. He is not dangerous. He believes that he is Adonis and will answer to no other name. Humor him in that, and you will find him easy to manage."⁸⁴ This description implies that the Keeper has had some amount of interaction with Tom that is not shown in the opera, and that the Keeper is perhaps usually responsible for managing him. What methods the Keeper uses to do this are never specified, but upon his arrival, the chorus of madmen exclaims "Hark! Minos comes who cruel is and strong; Beware! Away! His whip is keen and long."⁸⁵ The choice to refer to the Keeper as Minos (the mythological king of Crete and stepfather of the minotaur) is ostensibly part of Tom's delusion that he is the mythological Greek hero Adonis. However, as having a

⁸⁴ Stravinsky, *The Rakes Progress*, 375.

⁸⁵ Stravinsky, *The Rakes Progress*, 374.

whip does not appear to be an important part of Minos's mythology, it is possible that the declaration that "his whip is keen and long" refers not to Tom's delusion but rather to the treatment of the patients by the asylum staff, and might therefore be a reference to the poor conditions and abuse in American mental hospitals, which were at the time the subject of widespread, horrified media attention. If this is the case, it would align closely with Stow and Maxwell Davies's construction of King George III's treatment by his pages and courtiers.

Tom Rakewell's death in Bedlam is drawn directly from the series of Hogarth paintings on which the opera is based, the last of which is titled "The Madhouse," and features a depiction of Bethlem Royal Hospital. Nevertheless, its inclusion in the opera is of particular interest for several reasons. The first is that it is one of few aspects of Hogarth's *A Rake's Progress* that has a direct counterpart in Stravinsky's *The Rake's Progress*. While the general outline of the story provided in the paintings is followed for the most part, many of the scenes depicted are omitted entirely or significantly modified. Paintings "I: The Heir," "III: The Orgy," "V: The Marriage," and "VIII: The Madhouse" all have counterpart scenes in the opera (Although both "The Heir" and "The Marriage" feature significant changes), but "II: The Levée," "IV: The Arrest," "VI: The Gaming House," and "VI: The Prison" do not. The choice to end the opera in Bedlam can consequently be viewed as a choice made by Stravinsky and Auden, rather than simply a preservation of Hogarth's decision. This is particularly significant because *The Rake's Progress* is unique among well-known operas for its inclusion of an insane asylum as a setting. This is discussed in greater detail in Chapter 3.

Although *The Rake's Progress* does not show any scenes of Tom's treatment, by making Bethlem Hospital the primary setting in which Tom's madness is performed, the opera characterizes that madness as an essentially medical condition, which requires an institutional, rather than social response. In the tradition of operatic madness, Anne Trulove's visit to the asylum and her declaration of her continued love for Tom (complete with a love duet between the two) should be sufficient to cure him of his madness. In this

case, however, her help is shown to be entirely insufficient and she herself concludes that Tom is better left in the care of professionals. Anne concludes her visit by singing a lullaby for Tom, which has a soothing effect on both him and the other patients, but is by no means curative. Following this, while Tom is sleeping, her father arrives to collect her, saying, “Anne, my dear, the tale is ended now. Come home.”⁸⁶ She does so, and her final words to Tom are “Tom, my vow holds ever but it is no longer I you need. Sleep well my dearest dear. Goodbye.”⁸⁷ Anne does not specify whom she believes Tom now needs if not her, but as she leaves him in the care of the keepers at Bedlam, it is reasonable to assume that her words refer to them. Her departure can consequently be read as a tacit endorsement of the asylum as the appropriate place for Tom, given his condition, by both Anne and the opera’s moral paradigm. Despite the lack of visible medical procedures within the score of *The Rake’s Progress*, Tom’s placement within a medical institution (for Bethlem Royal Hospital is in fact a hospital and always has been, despite the conceptual distance between eighteenth-century medical practices and those of today) removes his madness from a social, religious, or biographical context, and constructs it as a primarily medical problem. Despite the fact that Tom’s madness has its origins in a demonic bargain and his own romantic transgressions, it is medicine that is given the final word on his condition.

It is worth considering that though medical treatment is a featured aspect of all of the operas discussed thus far in this chapter, none of these treatments are successful. Despite the best efforts of their physicians, neither Roderick Usher nor Edgar Allan Poe show any signs of increasing sanity. Instead, they become progressively more and more mad until they die at the end of their respective operas. The people responsible for treating Tom Rakewell and King George III, furthermore, employ techniques that contemporary audiences are likely to interpret as torture, despite the fact that these techniques would be

⁸⁶ Stravinsky, *The Rake’s Progress*, 386.

⁸⁷ Stravinsky, *The Rake’s Progress*, 386.

in line with the contemporaneous treatment protocols of their respective historical settings. These operas exemplify a view of madness that is inextricably linked to treatment, but the apparent inevitability of this treatment seems to be completely separate from any likelihood of success. I read in this an expression of significant societal anxiety surrounding the question of psychiatric practice, even as psychiatric viewpoints and vocabulary were normalized. Though the later twentieth-century was marked by progressively greater dominance of the medical paradigm within lay British and American society, this was not an era of strong public trust in psychiatry. In fact, as Chapter 3 will discuss, fear and outrage at psychiatric abuses in mental institutions in the mid-century led to a complete overhaul of both British and American psychiatric care on a national level. In this cultural context, it is striking that opera composers and librettists engaged so significantly with not only the presence but also the fallibility of historical psychiatric practice, which had previously been conspicuously absent from depictions of operatic madness.

The final opera that I will discuss in this section, *New Year*, is unusual in that its protagonist, rather than being treated by psychiatric professionals, is one herself. The central conflict of *New Year* concerns Jo Ann, a young woman whose childhood experiences as an orphan have left her terrified of leaving her home; she has earned a degree in child psychology and hopes to “help and comfort all the other orphans in the world outside,”⁸⁸ but is struggling to begin her career due to this fear. *New Year*, and Jo Ann’s struggle to overcome her fear and go outside, are discussed in-depth in Chapter 3, but the work is worth discussing here as well for the degree to which it demonstrates the normalization of the psychiatric paradigm of madness.

⁸⁸ Michael Tippett, *New Year: An Opera in Three Acts* (London: Schott, 1989), “Synopsis of the action.”

Jo Ann is described in the List of Characters as a “trainee children’s doctor,”⁸⁹ and the opera’s provided synopsis specifies that she “majored in child psychology.”⁹⁰ Jo Ann’s desire to work as a child psychologist is treated as synonymous with her desire to help the suffering children of the town where she lives (referred to as the terror town by the opera’s characters and narrator), where she was once a suffering child herself. Jo Ann’s desire to help the children of the terror town is a subject of frequent commentary within the opera; however, neither the libretto nor the stage directions for the opera ever mention psychology or even medicine directly. Her interest in child psychology is instead confined to the opera’s notes and synopsis. Consequently, an audience member who views or listens to *New Year* would not have any way of knowing that Jo Ann’s intention to help the children of the terror town is meant to be achieved by her working as a psychologist, instead of as a social worker or foster parent or any other means of providing aid to orphans. The presence of the psychological profession is thus available only to readers of the score, unless the design team of a particular production choose to suggest Jo Ann’s profession through other means.

The choice to leave the specifics of Jo Ann’s profession out of the opera’s libretto may or may not have been fully intentional. Most of *New Year*’s libretto is metaphorical and non-specific. For example, in Act I, Scene 1, when Jo Ann’s foster mother Nan critiques Jo Ann’s methods of caring for her foster brother Donny, her words read as follows:

If I’ve no children of my body then you and he become my own. I grew to care for both of you: and you know that. Difficult to care well for Donny: you know that too. To leave him free yet never let the love deflect the judgement Ah Ah.

So what of you Jo Ann, his sister, what of you now you’ve left home? Of course you love him, of course you care for Donny Donny. When he’s done wrong you

⁸⁹ Tippett, *New Year*, “List of Characters.”

⁹⁰ Tippett, *New Year*, “Synopsis of the action.”

hide him here in a cocoon of love alone for Donny. You may destroy him with your love, your Donny, Donny.⁹¹

This text is about as specific as it gets for this opera. When Nan arrives to collect Donny for the final time in Act III, Scene 1, the text (below) is abstract to the point of being unclear.

Jo Ann: Must I lose him, Nan, to you?

Nan: Was he ever yours to lose?

Jo Ann: Have I failed for all my love?

Nan: Love for all Jo Ann, try that

Jo Ann and Nan together: When the dreaded moment comes we enact a scripted scene.⁹²

It is therefore possible that the omission of Jo Ann's specific career within the opera's libretto is a stylistic choice, in keeping with the generally abstract and metaphorical tone of the opera as a whole, which has a decidedly allegorical quality in its storytelling. Jo Ann's interest in psychology is one of many details that are specified in the opera's synopsis but not explicitly mentioned in the libretto. It is also possible, however, that Jo Ann's interest in psychology is seen as a default for someone with her desire to help vulnerable children. Truthfully, the fact that Jo Ann is a child psychologist has no real bearing on the opera's dramatic structure, beyond her struggle to work in a career that demands she leave her home.

⁹¹ Tippett, *New Year*, 36–38.

⁹² Tippett, *New Year*, 247–48.

It is the apparent default nature of Jo Ann's designation as a child psychologist that appears to me to be particularly illustrative of the status of psychology within the eyes of the lay community and the operatic community specifically. Much of this opera's dramatic material focuses primarily on the idea of childhood trauma and its impact on the adult psyche. As previously mentioned, Jo Ann's fear of leaving her home, which appears to be directly caused by her painful childhood, is the driving conflict of the opera. This fear is closely aligned with the then-growing diagnosis of agoraphobia and is discussed in detail in Chapter 3. Additionally, Jo Ann's foster brother Donny displays a variety of behaviours that seem to suggest that he, too, is mad, and that his madness is directly related to his lack of healthy role-models, particularly the absence of any kind of father figure.⁹³ Donny's struggles find no narrative resolution in the opera, but instead inform the audience's understanding of Jo Ann's fear, and her desire to help other children where she has failed to help Donny. Given the predominance of psychological trauma and its after-effects within this opera, Jo Ann's position as an aspiring psychologist seems as though it ought to be a major feature of the opera. In fact, Jo Ann's desire to help children is mentioned often, and is an important factor in her struggle to leave her apartment. How she intends to help children, though, is never specified. Jo Ann sings "Children of the terror town... crowd around me, round and round to dream of paradise."⁹⁴ If this is meant to be interpreted as a description of psychological work, it is too abstract to really be legible.

The lack of more specific text to this effect means that the opera provides no direct connection between Jo Ann's field of study and her and Donny's childhood trauma, and the audience is left to make their own assumptions. I do not find it plausible that Tippett would name Jo Ann as a children's doctor/child psychologist in both the opera's synopsis and the character list if he felt it was a superfluous detail. The fact that it is mentioned

⁹³ Unfortunately, Tippett's portrayal of Donny often falls into harmful stereotypes of Black people, in ways that make him difficult to productively analyze as a character.

⁹⁴ Tippett, *New Year*, 17–19.

nowhere in the opera's libretto, therefore, seems to suggest that Tippett felt that this particular detail could go without saying. If the audience is meant to infer that Jo Ann is a psychologist only from the juxtaposition of traumatic childhoods and mad adults, this suggests a view of madness for which the totality of the concept is encompassed by the medical paradigm, within the exclusive purview of medical professionals. In mad operas of the early twentieth century (e.g. *Wozzeck*), the presence of a doctor was a notable feature and a sign of changing understandings of madness, but by 1989, when *New Year* premiered, it would seem that the presence of a psychologist was so much the default that a psychologist's presence could be implied by the mere presence of a mad character—in this case, unusually but strikingly, within one and the same person.

Madness and Narrative Structure

The frequent inclusion of doctors who might attempt to cure an opera's mad character represents a significant change to the way that madness functions as a dramatic device within these operas. By placing their mad characters into the care of doctors, these operas assert the possibility of a medical solution to the character's madness, thus precluding the possibility that a character might instead be cured through the resolution of narrative conflict, as is usually the case in operas of earlier centuries. Pre-twentieth century mad operatic characters, both male and female, usually go mad as the direct result of a traumatic event that occurs within the opera, often a loss of or conflict with that character's lover.⁹⁵ Many of these characters—including opera's most famous mad heroine, Lucia of *Lucia di Lammermoor*—subsequently die before the opera's conclusion, having never recovered their sanity. Others, however, survive and are cured. This is what disability studies scholars in many fields of media have termed the “cure or kill” paradigm, in which a character's disability represents a narrative problem that must be

⁹⁵ Romantic conflict is not generally thought of as fundamentally traumatic in real life, but opera has for centuries relied on jilting or sexual humiliation as a standard cause for madness. This relates closely to the pre-twentieth century construction of madness as closely tied to female sexual excess. For more on this, see McClary, *Feminine Endings*, 80–111.

solved in order for the story to be satisfactorily concluded. This resolution can be achieved either by the curing of the character's disability, or by killing that character, which thus "cures" the narrative of their disability. The "cure or kill" paradigm is a form of what Mitchell and Snyder have termed "narrative prosthesis," a storytelling trope wherein disability is used as a source of narrative conflict, which renders the subsequent resolution of that conflict both defined and desirable through counterexample.⁹⁶

When pre-twentieth century mad characters are cured, however, this is not accomplished through medical interventions. No psychotropic drugs or moral management treatment protocols are used. Instead, these characters are cured through the resolution of the narrative conflict that caused their madness in the first place. In Bellini's *I Puritani*, the soprano heroine Elvira goes mad at the end of Part 1, when her fiancé Arturo appears to have left her. Her sanity is restored by his return in Part 3. Donizetti's *Linda di Chamounix* follows a similar formula. In Act II the title character Linda, who has been living in a home in Paris paid for by her betrothed Carlo, is rejected by her father on the assumption that she is Carlo's mistress, and simultaneously presented with the news that Carlo is engaged to another woman. The combined stress of these two revelations causes her to go mad. In Act III, however, some months later, Carlo reveals that he has persuaded his mother to allow him to marry Linda as he had originally intended. He then cures Linda by singing the music of their Act I duet. As Carlo implores Linda to "hear this voice, which first made your heart race" and begs for her forgiveness, Linda gradually recognizes him. When she remains uncertain, Carlo reprises the first two lines of "A consolarmi affrettisi," the pair's love duet from Act I, after which Linda cries out and the chorus declares "She's cured!"⁹⁷

⁹⁶ Howe et al., "Introduction: Disability Studies in Music, Music in Disability Studies," 3.

⁹⁷ Gaetano Donizetti, liner notes to *Linda Di Chamounix*, Orchestra and Chorus of the Maggio Musicale Fiorentino, conducted by Michele Gamba, with Jessica Pratt, Teresa Iervolino, Francesco Demuro et al., recorded January 15, 2021, Dynamic CDS7911.03, 3 compact discs, 65–66.

True love is not a generally respected treatment for madness now, nor was it in the nineteenth century when these operas were first premiered. *Linda di Chamounix*, *I Puritani*, and other operas that follow similar formulas most likely adopted this plot structure because it is dramatically compelling, rather than as a reflection of contemporaneous constructions of madness outside of the opera house. Twentieth-century operatic madness is likewise far more of a dramatic device than a document of disabled life, either as understood by the medical community or by mad people themselves. Despite this, however, the narrative structures of madness within opera have changed significantly since the mid-nineteenth century. True love no longer appears to function as an acceptable cure for madness, even on the thoroughly unrealistic operatic stage.

The end of true love as a cure for operatic madness is part of a larger change in the structure of madness within operatic narratives, one that disrupts the cure or kill paradigm by constructing madness as a chronic condition that extends beyond the boundaries of the narrative. Twentieth-century operas will often include traumatic events, and cures or deaths of mad characters, but rarely the full progression of events, thus significantly altering the dramatic function of operatic madness. Some characters go mad during the opera and survive until the end, neither cured nor killed. Others die before the opera's conclusion, but are mad from the beginning, suggesting a cultural construction of madness as a chronic, ongoing condition rather than a plot event.

Of the operas examined in this dissertation, Igor Stravinsky's *The Rake's Progress* (1951) bears the closest structural resemblance to pre-twentieth century mad operas. Near the end of Act III, the protagonist Tom Rakewell, guided by his love for Anne Trulove, defeats Nick Shadow (the devil) in a game of cards, saving his soul from damnation. Shadow, furious at his loss, uses magic to render Tom permanently insane.⁹⁸ The final scene of the opera shows Tom in Bedlam (Bethlem Royal Hospital), where he is visited

⁹⁸ Stravinsky, *The Rake's Progress*, 357–8.

by Anne.⁹⁹ Her presence, however, is not enough to restore Tom to sanity. Although he does recognize her as his love, he addresses her as Venus, the romantic counterpart to Adonis, whom he believes himself to be. Throughout this final scene, he does not appear to know where or who he is, or have any memory of his former life. After Anne finally lulls Tom to sleep with a lullaby, she leaves the asylum with her father, never to return. Shortly thereafter, Tom awakens and, finding his “Venus” gone, dies of a broken heart. This plot does closely parallel narrative structures in earlier operas, as Tom’s madness has a clear origin in a traumatic event, and concludes with his death at the end of the opera. However, the narrative function of his madness is quite different. Tom’s romance with Anne, which saves him from damnation, is neither cause nor cure of his madness. More significantly, rather than providing a narrative problem which must be solved in order for the opera to conclude, Tom’s madness is a narrative consequence of Tom’s Faustian bargain with Nick Shadow, and thus functions as the *resolution* of the opera’s central conflict, standing in as an alternative to the salvation or damnation that defines the conclusion of most Faust stories.

Gian Carlo Menotti’s *The Medium* also bears close structural resemblance to the mad operas of the nineteenth century, in that its protagonist, the titular medium Baba, goes mad as the direct result of a traumatic experience in Act I, and has an extended mad scene at the climax of Act II, just before the opera’s conclusion. However, despite its many conventional structural features, *The Medium* includes major departures from the traditional structure as well. Unlike most mad opera characters of the nineteenth century and earlier, the traumatic experience that initiates Baba’s madness is not in any way related to sexuality or romance. Rather, Baba feels a disembodied hand on her throat during a fake séance she is running as a scam, which leads her to wonder whether she might be haunted. Furthermore, Baba’s madness is progressive, growing increasingly pronounced over the course of the opera. Most pre-twentieth century operas that feature

⁹⁹ Stravinsky, *The Rakes Progress*, 361.

mad characters treat madness and sanity as binary states; a character is either entirely sane or entirely mad. Perhaps the most important structural departure in *The Medium*, however, is that Baba does not die at the opera's conclusion, nor is she cured. Like opera's most famous mad heroine, Lucia, Baba's madness culminates in murder, when she shoots a member of her household whom she has mistaken for a ghost. Unlike Lucia, however, she does not subsequently die. The opera concludes with Baba's daughter Monica fleeing their apartment, screaming for help, while Baba crouches over the body of her murder victim. The last words of the opera are her whispered "was it you? Was it you?"¹⁰⁰ Throughout the opera, the driving force in Baba's growing madness is her doubt, as she loses the ability to trust her own senses in the face of a possible haunting. By ending the opera with this expression of doubt, as Baba demands answers from a dead child, Menotti demonstrates the ongoing nature of Baba's madness, which extends past the final conclusion to whatever unknown fate awaits Baba.

Four of the operas discussed in this dissertation do provide narrative resolutions to their characters' madness, either through cure or through the death of that character. The Madwoman from Benjamin Britten's *Curlew River*, and Jo Ann, the protagonist of *New Year*, are both cured of their madness at the conclusion of their respective operas, Jo Ann through a metaphorical ritual of remembering and The Madwoman as the result of a divine miracle. Roderick Usher, of Philip Glass's *The Fall of the House of Usher*, dies in the opera's final moments, crushed to death by his sister, while Dominick Argento's Miss Havisham dies offstage at the end of Act I, Scene 1 (much of this opera is set as flashbacks). Here as well, however, the growing dominance of the medical model of madness is legible in the changes to the introduction of these mad characters, all of which are presented as mad from the outset of their operas, suggesting that these operas construct madness as a chronic condition.

¹⁰⁰ Menotti, *The Medium*, 232.

For both Jo Ann of *New Year* and Roderick Usher, furthermore, the conventional structure of pre-twentieth century mad scenes is further undermined by the lack of a defined origin event for the characters' madness. Jo Ann's disabling fear of leaving her home and of her own memories is heavily informed by contemporaneous understandings of trauma, but unlike most pre-twentieth century mad characters, the opera does not include this causal traumatic event, or even specify what the nature of that causal trauma might be, except in the vaguest terms. Michael Tippett's "Synopsis of the action" reads, "Donny's delinquent behaviour and Jo Ann's own memories of being an orphan have now made her fearful of going out into the world."¹⁰¹ This description, and the many references throughout the opera to Jo Ann's memories, suggests that her fear is not the result of a single traumatic event, but rather a response to a broad set of negative childhood experiences. There are furthermore no hints at what these negative memories might be, beyond their connection to Jo Ann's status as an orphan.

The origin of Roderick Usher's madness is even vaguer. In his opening monologue, Roderick says "The years have eroded my soul, layer upon layer, and I find that when I look into my heart it is laid bare, its blanket of flesh worn thin."¹⁰² The opera does not provide any explicit explanation for Roderick's growing mental distress, and the possible causes suggested by the narrative are not traumatic events at all, but rather Roderick's environment. His request for a visit from his old friend William, which he believes will lift his spirits, suggests that perhaps his social isolation to blame. Roderick's comments also suggest a possible link between his failing health and the decrepit state of his house. When William asks what he can do to help Roderick, Roderick replies, "I cannot leave this house. As the stones grey and dim my life drains."¹⁰³ William likewise believes that the house is the cause of Roderick's distress. In Act II, Scene 4, the penultimate scene of

¹⁰¹ Michael Tippett, *New Year*, "Synopsis of the action."

¹⁰² Glass, *The Fall of the House of Usher*, 1.

¹⁰³ Glass, *The Fall of the House of Usher*, 32–33.

the opera, William declares “I’ve taken enough, this house has smothered you, enough, tomorrow we’ll both leave here. The House of Usher can go to the devil but I’m taking you away.”¹⁰⁴ Roderick’s madness, which, like Baba’s, appears to grow more pronounced over the course of the opera, thus has no obvious causal event or clear beginning of any kind.

Miss Havisham and *Curlew River*’s Madwoman are slightly more conventional in that both have clearly defined traumatic events by which they were rendered mad. The Madwoman attributes her own madness to the kidnapping of her son, for whom she is searching. She declares, “Clear as a sky without a cloud May be a mother’s mind, But darker than a starless night with not one gleam, not one, no gleam to show the way. All is clear but unclear too, love for my child confuses me: where is my darling now? Does he know his mother’s grief?”¹⁰⁵ The clarity of The Madwoman’s speech and music go against the usual conventions of operatic madness, which will be discussed in Chapter 2. In terms of narrative structure however, the only major departure of her madness from the conventional cure-or-kill narratives of pre-twentieth century opera is the fact that the traumatic event that causes her madness happens more than a year before the events shown onstage, so that she enters the story as a madwoman from the beginning.

The traumatic event that causes Miss Havisham’s madness is even more specific; at 9:00 AM on her wedding morning, she received a letter from her fiancé Matthew Compeyson, informing her that he was breaking their engagement. She immediately destroyed all of the clocks in her house, and from that moment forward refused to leave her house, change her clothes, or permit her wedding banquet, already laid out on the table, to be cleaned up. She therefore remained partially dressed, wearing one shoe, with the remains of her wedding feast rotting on the table in her dining room, for several decades until her

¹⁰⁴ Glass, *The Fall of the House of Usher*, 112–113.

¹⁰⁵ Benjamin Britten, *Curlew River: A Parable for Church Performance Op. 71*, Libretto based on the medieval Japanese No-play “Sumidagawa” of Juro Motomasa (1395-1431) by William Plomer (London: Faber Music Limited, 1964), 28–29.

eventual death. The nature of Miss Havisham's trauma, humiliating abandonment by her fiancé, is actually the most conventional cause of operatic madness for any of the mad characters in this dissertation. The structure of this madness within the narrative, however, is far less conventional. Despite being the title character and the centre of the narrative, Miss Havisham dies in Act I, Scene 1 of *Miss Havisham's Fire* (or the prologue in the un-revised version). The remaining scenes of the opera alternate between the present, where an examiner questions Miss Havisham's family regarding the circumstances of her death, and a series of flashbacks, which show Miss Havisham at a number of different points throughout her life. The earliest of these flashback scenes, Act I, Scene 3 "Miss Havisham's Wedding Day (1810)," shows Miss Havisham getting dressed on her wedding morning and then receiving the letter that ended her engagement, thus allowing the audience to witness the traumatic event that triggered Miss Havisham's madness, though this event takes place decades before all of the opera's other scenes. In performance, this scene is sung by a different, younger singer, a "young Miss Havisham," thus emphasizing the significant temporal distance between this scene and the others in the opera. This scene is reprised at the end of the opera; during the epilogue mad scene, which is set in 1846, the old Miss Havisham re-lives the morning of her wedding, up to and including the moment of her abandonment. During this time she speaks to the imagined figure of her nanny, using the same music that was originally sung by the young Miss Havisham in Act I, Scene 3. The scene of her abandonment, in which she reads the letter and subsequently destroys the clock in her dressing room with a poker, is musically identical in both scenes, and is the climax of the epilogue mad scene.

Although *Miss Havisham's Fire* provides what could be considered a conventional operatic narrative of madness—a woman is abandoned by her lover, goes mad, and eventually dies tragically—the out of order presentation of this narrative, as well as the emphasis placed on the enormous span of time between the onset of Miss Havisham's madness and her death, profoundly undermines the conventional narrative function of madness in this opera. Miss Havisham's death cannot be seen as a resolution of narrative conflict, because it occurs in the first scene of the opera, when the work's conflicts have

been only hinted at. Furthermore, Miss Havisham's madness functions more as a setting than an actual narrative conflict in its own right. Act I, Scene 3, "Miss Havisham's Wedding Day (1810)" is the only scene that shows Miss Havisham before the onset of her madness, and functions more as a prologue to the actual conflict, which is focused on the doomed romance of Pip and Miss Havisham's ward Estella, in which Miss Havisham plays a decisive role. Within the narrative, this conflict begins some thirty-six years after the events of Act I, Scene 3, when the young Pip is brought to Satis house and compelled to fall in love with the young Estella. There are no scenes that show the timespan between 1810 and 1846. Instead, the remaining scenes show moments between 1846 and Miss Havisham's death in 1860, during which Estella and Pip grow to adulthood, and Estella marries and is subsequently abandoned by Bentley Drummle. Miss Havisham, Pip, Estella, and Miss Havisham's nanny Grace-Helen Broome are each portrayed by two different singers, one older and one younger, placing significant emphasis on the passage of time during this opera.

Although Miss Havisham is dead from the outset of the opera, it is she who is given the final word. The opera concludes with an epilogue, titled "Miss Havisham's Wedding Night," which has also been published for performance as a stand-alone monodrama for solo soprano, and in fact is far more frequently performed than *Miss Havisham's Fire*. This epilogue is an extended solo mad scene, which shows Miss Havisham alone on a night in 1846, finding ways to occupy herself until Estella arrives in the morning.¹⁰⁶ This mad scene was intended as a vocal showcase for Beverly Sills, for whom *Miss Havisham's Fire* was commissioned by the New York City Opera. Consequently, it is written in an exceptionally virtuosic style, with demanding coloratura sections. The style is heavily influenced by the bel canto operatic roles (several of them mad) that formed a crucial part of Sills's performing repertoire and for which she was quite famous. In an interview with Jammieca Mott in 2008, Argento commented that he had studied many of

¹⁰⁶ Miss Havisham is the only one to sing in this scene, but in the last two minutes she is interrupted by the silent arrival of a chambermaid, and of Young Estella.

Sills's Bellini and Donizetti roles in order to write Miss Havisham, while also bringing his own style to the work. The result is a dramatic showpiece that prioritizes the role and perspective of Miss Havisham within the opera, while also emphasizing her madness as an essential aspect of her character.

Despite the many clear parallels between Miss Havisham's madness and the more traditional madness of bel canto opera, however, she is in many ways the clearest expression of the structural shift towards a more medicalized madness within opera due to the lengthy duration of her madness. As previously mentioned, most pre-twentieth century mad operas construct madness as a narrative event, which is consequently relatively brief. Lucia is mad for only a few minutes before her death, and even Linda di Chamounix, whose madness stretches over a time-jump between acts, is mad for only a few months. Miss Havisham is mad for fifty years, from her wedding in 1810 until her death in 1860, a fact which is specified by the dates provided in both the score and in the costuming notes. Because she was "a young woman"¹⁰⁷ at the time of her marriage, it can consequently be surmised that she was mad for at least two thirds of her life. The scale of this timespan is emphasized within the opera both by the change of singers for her character between the young Miss Havisham of Act I, Scene 3, and the older Miss Havisham of the rest of the opera, and by the focus on childrearing. Pip and Estella, who are introduced into the opera as teenagers, have grown to adulthood, and Estella has been both married and abandoned, in a timespan that comprises less than half of the time that Miss Havisham has been mad. This prominent featuring of the passage of time, which is further emphasized by the changing fashions of the costumes, the presence of the destroyed clock as an important set piece, and the use of flashback scenes throughout the opera, highlights a medicalized understanding of madness as a chronic and possibly

¹⁰⁷ Dominick Argento, *Miss Havisham's Fire: Opera in Two Acts, Libretto (after Dickens)*, Libretto by John Olon-Scrymgeour (New York: Boosey & Hawkes, 1979), 3.

permanent condition, which is a major departure from pre-twentieth century operatic treatments of madness as a plot event.

Unframed: Chronic Madness and Modernist Aesthetics

The two shortest works in this dissertation, Peter Maxwell Davies's *Eight Songs for a Mad King* and *Miss Donnithorne's Maggot*, provide the clearest example of chronic or permanent madness, as both works present title characters who are never portrayed as sane. Both portray actual, nonfictional historical characters; *Eight Songs for a Mad King* imagines the final years of King George III of Britain, who is known to have suffered from a debilitating, undiagnosed mental condition, which recurred throughout his life and became permanent in 1810, a decade before his death in 1820. *Miss Donnithorne's Maggot* is far more speculative. It portrays the reclusive Sydney aristocrat Emily Eliza Donnithorne, who is assumed to have been one of the primary inspirations for Dickens's Miss Havisham (this is discussed in detail in Chapter 3). As librettist Randolph Stow points out, almost nothing is known about Miss Donnithorne's actual life, and the portrayal of her solitary life created by Stow and Maxwell Davies has no basis in historical fact. "No one knows what she did in the extraordinary privacy of her own home."¹⁰⁸ Both of these song cycles portray the solitary activities of a title character who exists in a state of permanent madness. Consequently, madness in these works functions not as a plot device, but as a setting and aesthetic resource, which defines the sound of both song cycles.

The all-encompassing place of madness in these two works is in sharp contrast with both the more aesthetically conservative works in this dissertation, and with the operatic madness of previous eras, so much so that it productively challenges the conceptual structures through which that madness is usually understood, particularly Susan

¹⁰⁸ Peter Maxwell Davies, *Miss Donnithorne's Maggot: Music-Theatre Work for Mezzo-Soprano and Ensemble*, text by Randolph Stow (London: Boosey & Hawkes, 2000), Historical Note.

McClary's idea of madness as framed. As McClary argues, madwomen in opera tend to be "framed" by (usually male) observers, who serve as interlocutors between the audience and the mad character, thus providing a layer of protection from her frightening and potentially contagious madness. This frame is also manifested sonically, where the virtuosity and chromaticism of the mad scene are juxtaposed against (and sometimes infect) the more constrained, saner music of other characters and scenes within the opera. This sonic frame provides a necessary contrast to the excesses of the mad scene, for, as McClary points out, many of the musical hallmarks of pre-twentieth century operatic madness—such as chromaticism, virtuosity, and excessive ornamentation—are far from exclusive to mad scenes, and in other contexts can be interpreted as indications of genius.¹⁰⁹ As Ruud Welten and Alan E. Williams have both discussed, Maxwell Davies has repeatedly explored madness over the course of his compositional career, which Welten understands as a one outcome of an aesthetic tendency towards post-modernism.¹¹⁰ Indeed, these two works are easily the most avant-garde and aesthetically challenging of all those discussed in this dissertation. Both are largely atonal, extremely dissonant, and *Eight Songs for a Mad King* in particular makes substantial use of extended vocal techniques that are suggestive of extreme pain. Originally written for the unique vocal talents of Roy Hart, *Eight Songs* calls for shrieking, an exceptionally wide pitch range, sprechstimme, and frequent vocal multiphonics.¹¹¹ In an interview included on Psappha's 2004 recording of these two song cycles, Maxwell Davies states that Roy Hart's teacher had learned multiphonic vocal production "literally from soldiers dying on the field in World War I. He had heard these sounds coming out of their mouths as they

¹⁰⁹ McClary, *Feminine Endings*, 82.

¹¹⁰ Welten, "'I'm Not Ill, I'm Nervous': Madness in the Music of Sir Peter Maxwell Davies"; Williams, "Madness in the Music Theater Works of Peter Maxwell Davies."

¹¹¹ Roy Hart unfortunately died having never recorded this work, so his specific version is lost to time. Maxwell Davies remarked "nobody else has actually ever made them [the vocal multiphonics] like Roy Hart did at the first performances." ("Sir Peter Maxwell Davies in Conversation," Apple Music, track 17 on Peter Maxwell Davies, *Davies: Eight Songs for a Mad King*, Psappha, 2004.)

died, and he thought they were particularly expressive.”¹¹² Maxwell Davies used some of these sounds in *Eight Songs*, where, as reviewer Edward Venn describes it, the noises of physical torment are translated into a depiction of mental torment.¹¹³ *Miss Donnithorne’s Maggot*, written five years after *Eight Songs* as a sort of comic sequel, is more lyrical and less intensely discordant than *Eight Songs*, but likewise demands occasional use of sprechstimme and unusual vocal techniques including shrieking, groaning, ululating, gargling, and “wagging ‘adams apple’ between finger and thumb.”¹¹⁴

Although both works make frequent references to stylistic features of other musical periods, neither work provides an aesthetic or narrative frame in which madness might be situated. Instead, madness saturates both works from beginning to end both narratively and aesthetically, providing no sane perspective to interpret the mad character for the audience, and no stylistic anchor to sanity by which the audience may orient themselves. Within these works, madness is all-encompassing.

The use of madness as an aesthetic foundation for these works, and indeed for a substantial portion of Maxwell Davies’s compositional oeuvre as a whole, resonates strongly with Tobin Siebers’s theory of disability aesthetics; Siebers argues that within the art of the twentieth century, disability becomes a crucial aesthetic resource, one which underpins much of modernism. In his ground-breaking book, *Disability Aesthetics*, Siebers

conceives of the disabled body and mind as playing significant roles in the evolution of modern aesthetics, theorizing disability as a unique resource discovered by modern art and then embraced by it as one of its defining

¹¹² Maxwell Davies, “Sir Peter Maxwell Davies in Conversation.”

¹¹³ Edward Venn, “Review: Maxwell Davies: *Miss Donnithorne’s Maggot*; *Eight Songs for a Mad King* by Maxwell Davies, Jane Manning and Kelvin Thomas; Maxwell Davies: *Naxos Quartets* Nos. 1 and 2 by Maxwell Davies and Maggini Quartet,” *Tempo* 59, no. 233 (2005): 79, <https://www.jstor.org/stable/3878565>.

¹¹⁴ Maxwell Davies, *Miss Donnithorne’s Maggot*, 27, 22, 19, 26.

concepts...To what concept, other than the idea of disability, might be referred modern art's love affair with misshapen and twisted bodies, stunning variety of human forms, intense representation of traumatic injury and psychological alienation, and unyielding preoccupation with wounds and tormented flesh?¹¹⁵

Siebers's work is primarily concerned with visual art (though he does also address performance artworks that have tactile and olfactory components), but his theories can likewise be applied to the music of the twentieth century, and to productive ends. In the context of Peter Maxwell Davies, the aesthetic possibilities of madness are foundational to both of these song cycles, providing a venue in which to explore the expressive capacity of the human voice in extremity. While this appears to have been a long-running preoccupation within Maxwell Davies's work, it is far from unique to him; the reliance of modernist composers on madness as a creative resource is a well-documented phenomenon, particularly in the early twentieth century.

Though the other operas discussed in this dissertation are far less sonically avant-garde than those of Maxwell Davies and Stow, many of the composers and librettists I discuss have made use of modernist techniques in the dramatic structures of the operas in question, often in ways that bolster the structural changes discussed in the previous section of this chapter. *Miss Havisham* is perhaps the most obvious of these: though Argento's compositional style is far more conservative than Maxwell Davies, and though *Miss Havisham* is both surrounded by sane characters and shown as a sane young woman

¹¹⁵ Tobin Siebers, *Disability Aesthetics* (Ann Arbor: University of Michigan Press, 2010), 2–4.

near the start of the opera, her madness runs through the opera from beginning to end, providing the setting in which the tragedy of Pip and Estella's failed romance unfolds. The dramatic structure of *Miss Havisham's Fire* is also heavily modernist. The story is fragmented, with the majority of the opera told in flashbacks, and the scenes in a decidedly non-chronological order. It also prioritizes memories, and the past actions of the characters, in a manner reminiscent of the works of Virginia Woolf. Even *The Medium*, arguably the most musically conservative of all the works considered in this dissertation, displays modernist structural characteristics in its pervasive epistemic uncertainty and lack of narrative closure.

The reliance of artistic modernism on disability and madness specifically is furthermore reflective of a fundamentally altered view of madness's place in both art and society, which is characteristic of the early and mid-twentieth century. As previously discussed, madness within opera is closely associated with a loosely defined idea of trauma, both in the twentieth century and before. To pre-twentieth century mad opera, trauma is an aberration and a rupture, in which the imminently mad character is abruptly severed from both their sanity and their societal norms. McClary's sane "frame" of (usually male) observer characters serves to define a normalized, non-traumatized subject position with which this traumatized madness is contrasted. The vanishing of the non-traumatized subject position in some of the operas in this dissertation, and the lack of a clear traumatic event, constructs a paradigm in which sanity itself is not a given, and trauma can be readily assumed even in the absence of explanation. Tobin Siebers, in his chapter "Trauma Art," posits that the prominence of the disabled and wounded human body in

visual art functions as a symbol of the trauma of modern life, and thus speaks to a perception that modern existence is increasingly traumatic. He cites visual studies criticism, where trauma is treated “as a major concept for understanding media society. Trauma is the proper response, they say, to the panic culture produced by global capitalism.”¹¹⁶ While physical wounding and bodily disability have not been major areas of focus within my dissertation, I believe that the construction of madness as chronic, and the consequent restructuring of operatic madness narratives, are similarly suggestive of a worldview in which trauma is assumed to be pervasive.

Conclusion

Across a century that witnessed the increasing medicalization of madness within lay culture, operatic portrayals of madness transformed in a wide variety of ways. The subsequent chapters of this dissertation will explore some of the more specific symbolic resonances between twentieth-century lay understandings of madness, and twentieth-century operatic portrayals of madness. The presence of the medical profession and its treatments, however, also represents an important transformation of the centuries-old trope of operatic madness, one that required a reconceptualization of operatic madness as an entity, and a restructuring of operatic plots that deal with madness. As madness became increasingly seen as the purview of doctors within lay society, doctors became an increasingly common feature of operas that dealt with madness. Placing madness within the medical domain, however, had significant implications for the role that madness could play within operas as a trope and a plot device. A conceptualization of madness that understands it as a physiological problem with a chemical solution is not easily

¹¹⁶ Siebers, *Disability Aesthetics*, 103.

reconciled with plot structures where true love might function as both madness's cause and its cure.

It is perhaps for this reason that operatic plot structures which involve madness are quite varied in the twentieth century. For some of these operas, madness is constructed as a chronic condition, which is not temporally bounded by the opera's beginning and ending. Operas such as *New Year*, *The Voyage of Edgar Allan Poe*, and *The Fall of the House of Usher*, as well as the song cycle *Eight Songs for a Mad King*, all portray mad characters who have been mad for un-defined lengths of time at the start of the opera, and whose madness has no clear origin point. The chronic nature of madness is also emphasized in *Miss Havisham's Fire* and *Miss Donnithorne's Maggot*, both of which present mad title characters who have been mad for decades. Some operas discussed in this dissertation also disrupt the normative cure or kill model, such as *The Medium*, whose protagonist survives the opera without any noticeable change to her mental state, and no sense of resolution to the narrative conflict which caused her madness in the first place. Song cycles *Eight Songs for a Mad King* and *Miss Donnithorne's Maggot* both also present characters at a midpoint of their madness. They are both mad from the beginning of their song cycles to end, and neither dies or appears as though they will die imminently. *Eight Songs for a Mad King* in particular calls attention to this somewhat in the final song of the cycle, "The Review," which serves as a kind of eulogy for the still-living king. This song opens with the words "My people: I come before you in mourning, on my breast a star. The King is dead."¹¹⁷ This text serves to draw attention to the fact that the king is still living, for he is giving his own eulogy, and his belief that he is dead acts as evidence for his madness. The final words of this song (consequently the final words of the song cycle) affirm the king's status as a living person. While all the preceding words of this

¹¹⁷ Maxwell Davies, *Eight Songs for a Mad King*, 33.

song refer to the king in the past tense, the final two lines speak of the king's death in the future tense. "He will die howling. Howling."¹¹⁸

Opera has never been an art form particularly concerned with the specific details of contemporaneous or historical medical practice, despite the fact that illness and madness have functioned as primary generators of narrative conflict within many of the genre's most famous works. This remains true in operas of the later twentieth century; there is no mention in published sources that any of the composers or librettists whose works I discuss ever consulted medical sources in their construction of mad characters. Despite this, as lay society increasingly viewed madness as a fundamentally medical concept, operas likewise created greater space for the medical paradigm within their libretti and structures, with transformative consequences.

¹¹⁸ Maxwell Davies, *Eight Songs for a Mad King*, 35.

Chapter 2 : Hearing Voices

Introduction

While auditory and visual hallucinations do make appearances in operas of the nineteenth century and earlier, they take on new significance and prominence in operas of the twentieth century. For many mad operas of this period, the presence of hallucinations is a defining characteristic of the madness presented and one of the primary signals to the audience that a character is mad. This is not surprising, as hallucinations, in particular auditory hallucinations, also became far more important to cultural constructions of madness outside of opera in the early and mid-twentieth century, with the rise of schizophrenia as a popular psychiatric diagnosis.

Schizophrenia

I will begin by pointing out that, like all psychiatric diagnoses, schizophrenia is not a biological entity, but a descriptive category. Psychiatric diagnoses in general, and schizophrenia in particular, cannot be confirmed by lab tests or the presence of biological markers. Diagnostic manuals attempt to provide specific and precise criteria, but the application of those criteria is ultimately dependent on the subjective judgement of the clinician, based on observed signs and symptoms.¹¹⁹ For schizophrenia in particular, those criteria have also changed significantly in the century since the diagnosis was first described.

¹¹⁹ Joel Paris, *The Intelligent Clinician's Guide to the DSM-5RG* (Oxford: Oxford University Press, 2013), 9.

“Schizophrenia” is a psychiatric diagnosis that was first defined by Swiss psychiatrist Eugene Bleuler in 1911; it replaced an earlier diagnosis called “*dementia praecox*.”¹ Bleuler’s construction of schizophrenia did not view hallucination as fundamental to the diagnosis,² but did describe hallucinations as an important and characteristic symptom:

In hospitalized schizophrenics it is mainly the delusions and particularly the hallucinations which stand in the forefront of the picture... Characteristic of schizophrenic hallucinations is the preference for the auditory sphere and for the sphere of the body sensations. Almost every schizophrenic who is hospitalized hears “voices” occasionally or continually.³

Diagnostic criteria for schizophrenia have been exceptionally variable over the past century; many competing schools of thought have provided conflicting descriptions of the condition and its primary symptoms. In a 1981 editorial titled “Where have all the catatonics gone?” Dr. B. Mahendra noted that diagnoses of catatonia, which had been a sub-category of *dementia praecox* and an undisputed type of schizophrenia in its early decades, had been in the decline since the 1930s, and were virtually nonexistent in psychiatric units at the time of writing.¹²⁰ However, hallucinations have remained a conceptually important aspect of schizophrenia. Mahendra’s editorial lists three symptoms which “are often taught as cardinal, even pathognomonic, features of conditions like schizophrenia—namely, speech disorder, hallucination, alienation of thought.”¹²¹ Indeed, the introduction to the DSM-III chapter on schizophrenic disorders states, “At some phase of the illness Schizophrenia always involves delusions, hallucinations, or certain disturbances in the form of thought,”¹²² while the contemporary DSM-V states that schizophrenia spectrum disorders “are defined by abnormalities in one

¹²⁰B. Mahendra, “Where Have All the Catatonics Gone?,” *Psychological Medicine* 11, no. 4 (1981): 669, <https://doi.org/10.1017/S0033291700041155>.

¹²¹ Mahendra., “Where have all the catatonics gone?,” 670.

¹²² American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. (Washington,: American Psychiatric Association, 1980).181.

or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behaviour (including catatonia), and negative symptoms.”¹²³ Non-professional sources give even greater priority to hallucinations as an important symptom, indicating that hallucination features particularly prominently in non-medical impressions of schizophrenia. Both the *Encyclopædia Britannica* and popular online encyclopedia Wikipedia name hallucinations first in their lists of common and major symptoms, and Wikipedia specifically names “hearing voices” as typical.¹²⁴ The *Oxford English Dictionary*’s definition of schizophrenia similarly lists hallucination as one of only four symptoms that it names.¹²⁵

In the first half of the twentieth century, as schizophrenia gained widespread acceptance within the psychiatric community, this acceptance was reflected in contemporaneous art and literature. Portrayals of schizophrenia gained prominence and, like earlier portrayals of madness in art, had significantly gendered implications. Elaine Showalter explores this in *The Female Malady* and asserts “The schizophrenic woman has become as central a cultural figure for the twentieth century as the hysteric was for the nineteenth. Modernist literary movements have appropriated the schizophrenic woman as the symbol of linguistic, religious, and sexual breakdown and rebellion.”¹²⁶ The potent symbolism of schizophrenia, furthermore, was not limited to questions of gender. Rather, in the arts, schizophrenia was used throughout the twentieth century as a medium through which cultural struggles were described and evaluated. Angela Woods, in her book *The Sublime*

¹²³ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 5th ed. (Arlington, VA: American Psychiatric Association, 2013), <https://doi.org/>” <https://doi-org.proxy1.lib.uwo.ca/10.1176/appi.books.9780890425596.dsm02>.

¹²⁴ “Schizophrenia,” in *Britannica Academic* (*Encyclopædia Britannica*, 2020), academic-eb-com.proxy1.lib.uwo.ca/levels/collegiate/article/schizophrenia/66141; “Schizophrenia,” in *Wikipedia* (Wikimedia Foundation, Inc., 2022), <https://en.wikipedia.org/wiki/Schizophrenia>.

¹²⁵ “Schizophrenia, N.,” in *OED Online* (Oxford University Press, 2021).

¹²⁶ Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830–1980* (New York: Penguin Books, 1985), 204.

Object of Psychiatry: Schizophrenia in Clinical and Cultural Theory, has called it “one of the most potent and politicized topoi, or themes, in the cultural theory of the late twentieth century.”¹²⁷

Troublingly, schizophrenia’s function as a space for contesting large-scale cultural conflicts also seems to have been expressed in clinical practice, both through the gradual shifting of diagnostic criteria, and in the demographics of people who were most frequently diagnosed (psychiatric diagnoses being inherently somewhat subjective and dependent upon the psychiatrist’s judgement). Between and immediately after the world wars, schizophrenia was primarily understood to affect middle-class white women but increasingly was applied to poor Black men during the civil rights movement. In his book, *The Protest Psychosis: How Schizophrenia Became a Black Disease*, Joseph Metzl explores this phenomenon. He notes that not only the demographics of schizophrenia, but also the diagnostic criteria shifted dramatically in the 1960s. Between the 1920s and 1950s, popular sources understood schizophrenia as a psychoanalytic condition connected to neurosis, and closely associated with middle class housewives. Beginning in the 1960s, however, both medical and popular sources began to associate schizophrenia with Black men, asserting that “the black forms of the illness were marked by volatility and aggression.”¹²⁸

This re-defining of schizophrenia has had profound and far-reaching consequences within clinical psychology. Metzl cites a number of studies that show significantly greater frequency of schizophrenia diagnoses among African American patients than white patients. The most recent of these was a 2005 government study that analyzed the largest American registry of psychiatric patient records. It found that African American patients,

¹²⁷ Angela Woods, *The Sublime Object of Psychiatry* (Oxford: Oxford University Press, 2013), 3, <https://doi.org/10.1093/med/9780199583959.001.0001>.

¹²⁸ Metzl, *The Protest Psychosis*, xiii.

and African American men in particular, were diagnosed with schizophrenia four times as often as white patients.¹²⁹

Both the neurotic middle-class housewife and the aggressive, volatile Black man are images of schizophrenia that relate directly to major twentieth-century cultural conflicts. In these moments of cultural anxiety, the category of schizophrenia has been used to police the boundaries of normative society and enforce social order. The cultural construction of schizophrenia thus also offers an important interpretive lens for twentieth-century art. Joseph Straus interprets the entirety of artistic modernism as conceptually tangled with schizophrenia: “I will think of Bleulerian schizophrenia and modernist art as similar and mutually reinforcing responses to certain conditions of modernity (Thiher 1999). Both are concerned with the splitting of consciousness (sometimes manifested in hallucinations) and the resultant loss of unity.”¹³⁰ As Straus notes, Bleuler prioritized the concept of splitting in his coining of the term “schizophrenia,” which he derived from the Greek *schizein*, indicating splitting, and *phren*, meaning mind.¹³¹ This etymological structure has led many people, particularly within the lay public, to mistakenly assume that schizophrenia is synonymous with dissociative identity disorder (previously known as multiple personality disorder), but it appears that Bleuler intended for *schizein* to describe the splitting of psychic *functions* rather than personalities.¹³²

In closer proximity to opera, Elaine Showalter has noted that beginning in the 1960s, portrayals and analysis of Shakespeare’s Ophelia increasingly interpreted her as

¹²⁹ Metzl, *The Protest Psychosis*, x.

¹³⁰ Joseph N. Straus, “Madness,” in *Broken Beauty: Musical Modernism and the Representation of Disability* (New York: Oxford University Press, 2018), 5, <https://doi.org/10.1093/oso/9780190871208.001.0001>.

¹³¹ Roland Kuhn and Charles H. Cahn, “Eugen Bleuler’s Concepts of Psychopathology,” *History of Psychiatry* 15, no. 3 (2004): 362, <https://doi.org/10.1177/0957154X04044603>.

¹³² Kieran McNally, “Schizophrenia as Split Personality/Jekyll and Hyde: The Origins of the Informal Usage in the English Language,” *Journal of the History of the Behavioral Sciences* 43, no. 1 (2007): 69–70, <https://doi.org/10.1002/jhbs.20209>.

schizophrenic rather than hysterical. She partially attributes this shift to the writings of R. D. Laing, who used Ophelia as an example in his book *The Divided Self*.¹³³ She also cites stagings of *Hamlet* by director Jonathan Miller in 1974, where Ophelia sucked her thumb, and in 1981 where “she began the play with a set of nervous tics and tuggings of hair which by the mad scene had become a full set of schizophrenic routines—head banging, twitching, wincing, grimacing, and drooling.”¹³⁴

The changes to operatic madness during the twentieth century are reflective of this broader cultural shift. Although medical accuracy has never been a primary attribute of operatic madness, it seems significant that twentieth-century opera composers and librettists so often rely on hallucinations to establish their characters as mad, and to communicate that madness to their audience. The greater emphasis on hallucination, and particularly the hearing of disembodied voices as a defining aspect of mad scenes, suggests that twentieth-century composers and librettists understood madness at least partially as schizophrenia and composed their works accordingly. These disembodied voices are furthermore manifested both textually and musically, suggesting that librettists and composers were generally in agreement as to the importance of these voices as both dramatic and musical devices.

Opera and Disembodied Sound

The structure of the operatic medium makes it uniquely well suited to seamless portrayals of auditory hallucinations, due to the necessary presence of mutually dependent music and theatre that is definitional to the genre. Within music, opera is unique for its default treatment of performing bodies as discrete entities with individual consciousness and agency, and its consequent ability to accommodate and communicate the experiences of

¹³³ Elaine Showalter, “Representing Ophelia: Women, Madness, and the Responsibilities of Feminist Criticism,” in *Shakespeare and the Question of Theory*, ed. Geoffrey H. Hartman and Patricia Parker (London: Taylor & Francis Group, 1986), 90.

¹³⁴ Showalter, “Representing Ophelia,” 91.

multiple characters with separate points of view without causing confusion. Songs and other similar vocal genres may portray multiple characters in conversation with each other, but as Edward T. Cone demonstrates in *The Composer's Voice*, point of view in song can often be ambiguous. He argues that in both “Der Erlkönig” and “Der Tod und das Mädchen,” “Schubert’s setting invites us to hear the poem not as a dialogue directly presented but as one quoted by a persona; a persona musically represented by a single voice.”¹³⁵ The number of speakers present in Schubert’s songs, for example, is thus heavily dependent on the composer’s setting of the text, and somewhat open to interpretation. Despite the dramatic form of Claudius’s poem “Der Tod und Das Mädchen,” both points of view are subsumed by Schubert into a single narratorial voice. This ambiguity of point of view is in stark contrast to opera, where multiple points of view are assumed, and made clear by the presence of multiple performing bodies, each of which is assumed to inhabit an individuated character.

Instrumental music is even more ambiguous in its presentation of characters and viewpoints. Indeed, many instrumental works have neither. Even where instrumental music is understood as having a point of view, the presence and characterization of that point of view tends to be fairly fluid. Cone demonstrates this in Chapter 5 of *The Composer's Voice*, “A Lesson from Berlioz.” He asserts that an instrumental work may present the subjective inner life of a single point of view, as in *Symphonie Fantastique*, where “the experience the music records is not the event described by the program; it is the reaction of the subject to that event, a reaction that may be largely or entirely subconscious.”¹³⁶ Furthermore, subsidiary points of view can emerge from the texture to become agents in their own right on a fluid basis. Cone calls these “unitary virtual agents,” and notes that while some, such as the solo viola in *Harold in Italy*, are permanent fixtures of their works, most are temporary, and may be individuated for only

¹³⁵ Edward T. Cone, *The Composer's Voice* (Berkeley, CA: University of California Press, 1975), 9.

¹³⁶ Cone, *The Composers Voice*, 84.

a few bars before those instruments shift function.¹³⁷ Under these circumstances, it may be difficult to distinguish between an auditory hallucination and the arrival of a new speaker, because the differentiation between these two things requires that the listener have access to portrayed events that are unfiltered by the musical subject, or at least access to a second point of view.

Opera avoids these challenges because it conventionally associates visible performing bodies with independent consciousnesses within the musical work. Dramatic function depends on the individuation of characters, whose conflicting needs, opinions, and desires drive the plot forward. These characters are tied explicitly to the performers who portray them. This does not include the orchestral performers, who are obscured from view and not understood to portray continuously individuated consciousnesses, although they may, from time to time, become temporary agents, just as they do occasionally in orchestral concert music. In a performance of *The Rake's Progress*, it is understood that the singer in the role of Tom Rakewell will always sing as Tom Rakewell, and never as Nick Shadow or Anne Trulove.¹³⁸ Likewise, no other character will sing with the voice of Tom Rakewell. Even when characters break the fourth wall to comment on the events of the opera, as all of the principal characters do at the end of *The Rake's Progress*, it is understood that they do so “in character” and maintain their own personalities and separate consciousnesses. This is such an obvious aspect of opera that it may seem wholly unremarkable, but this explicit designation of separate consciousnesses is a crucial condition for the operatic portrayal of hallucinations. Because individual characters are understood to have individuated experiences, the operatic medium is able

¹³⁷ Cone, *The Composers Voice*, 89–91.

¹³⁸ For minor characters, a single singer may sometimes play multiple roles, but when this occurs the actor must exit the stage as their first character and re-enter as their new character, usually in a different costume. The pains taken to differentiate multiple characters portrayed by a single singer illustrates the default assumption of one character per singer.

to easily accommodate a dramatic scenario in which one character hears voices which are silent to all others on the stage.

This pro-forma division of consciousness among performing bodies is also the default expectation in theatre of all kinds, which thus makes the portrayal of hallucinations relatively straightforward in theatre of all kinds. Auditory hallucinations, however, can be portrayed more subtly in opera due to opera's conventional use of continuous non-diegetic music. Although some other forms of theatre, particularly musicals, contain sections of non-diegetic sound and music, the continuous presence of non-diegetic music in opera is definitional to the art form and thus the default expectation.¹³⁹ The audience in an opera expects to continuously hear sounds (the orchestration) that are unavailable to the singers, but are also well accustomed to transitioning to diegetic orchestration (as in ball scenes) with minimal dramatic indication that this shift in orchestral role has occurred. The presence of sounds that can be heard by only one character are thus easily integrated into the texture with minimal disruption to the form of the work, and the audience may infer the presence of diegetic sounds with only the behaviour of the characters on-stage to suggest who is or is not able to hear these sounds.

Hearing Voices as Madness

Although the presence of intruding voices or sounds is a characteristic feature of twentieth-century operatic madness, the presentation of these sounds varies widely from opera to opera, and composer to composer. This chapter will explore a number of different methods by which this is accomplished. I will begin with the most

¹³⁹ Some musicals do likewise feature continuous non-diegetic orchestration, but the genre of the musical encompasses works with significant variation in the pervasiveness of music, with some including continuous or near continuous singing and orchestration, and others featuring strict division between accompanied song and dance numbers, and unsung, unaccompanied dramatic scenes. For musicals featuring continuous music, unobtrusive disembodied sounds would therefore be possible, as they are in opera. The less integrated the music, however, the more conspicuous these disembodied sounds would be.

straightforward, in which disembodied voices and sounds are presented as a clear symptom of the madness and are used to convey the extent of the character's non-normative state of mind. This section will use Argento's *Miss Havisham's Fire* as a case study. In many operas, however, the use of disembodied voices as proof of madness is somewhat ambiguous. In some cases, the narrative provides support for the idea that the voices, though disembodied, may not in fact be the product of the mad character's mind, but evidence of supernatural presences. I will present two different operas in which this occurs, with contrasting degrees of narrative validation for the perspective of the mad or haunted character: Menotti's *The Medium* and Britten's *Curlew River*. Although both of these operas independently establish their mad characters as mad or at least ill, both of their narratives also offer alternative explanations for the voices that the characters hear. *The Medium* allows the audience to wonder whether its title character is genuinely mad or actually being haunted by a ghost, and it concludes on a decidedly ambiguous note. The audience thus must choose for themselves whether Baba is mad or whether the ghost is real. *Curlew River* provides full narrative validation for the character named "The Madwoman," and explicitly states that the voice she hears is not the product of her mind, but the divine presence of her dead son.

Hallucinations as symptom: *Miss Havisham's Fire*

Dominick Argento's full-length opera *Miss Havisham's Fire* concludes with a thirty-minute mad scene, which functions as an epilogue to the drama and was excerpted in 1981 as a monodrama for solo soprano titled *Miss Havisham's Wedding Night*. This epilogue/monodrama is the primary focus of this section, as it is the most definitive presentation of Miss Havisham as mad in this opera and makes extensive use of hallucinations to define her madness. In previous sections of the full-length opera, Miss Havisham is described as mad by other characters, particularly the Coroner and Estella. In Act II, Scene 4, titled "The Inquest Concludes (1860)," the Coroner speaks his findings, which begin "Very well. Here was a woman. Mad. Quite mad. Shut herself

away for years. Leaves behind her dust and ruin.”¹⁴⁰ In Act I, Scene 1, “Remorse in the garden (1860)”, Miss Havisham tells Pip, “Estella came back. He left her. She said I was mad. I sent her away.”¹⁴¹

Miss Havisham's Fire underwent significant revisions in 1995, and the scene in which Estella calls Miss Havisham mad was cut. (See the appendix for a brief discussion of Argento's revisions to *Miss Havisham's Fire*.) The score for the original production does not appear to be available anywhere. However, the libretto of the original production was published, and this libretto does include Miss Havisham's argument with Estella. In Act I, Scene 4, *The Quarrel in the Mirror Room*, the aged Miss Havisham quarrels with Estella, who laments “Why—of all the unwanted waifs in this crowded world was I the chosen of a woman who is mad?”¹⁴² This is also the only scene in the primary drama in which Miss Havisham appears to hallucinate, interrupting Estella to say “No. No. Wait. Don't take a breath. Do you hear it? Hist! Do you hear a ticking?”¹⁴³ When Estella calls her mad, Miss Havisham strenuously objects, and calls Estella ungrateful. In the epilogue, however, Miss Havisham repeatedly describes herself as mad, and converses with a number of disembodied (though sometimes audible) characters, including her nanny, her father, her servant Orlick, and her fiancé Matthew Compeyson.

Interactions with these hallucinated characters serve both to persuade the audience of Miss Havisham's madness, and to structure the narrative of the epilogue mad scene. Two of these characters, Nanny and Orlick, are characters who appear elsewhere in the opera. In this mad scene, both of these characters participate in a re-enactment of the morning of Miss Havisham's wedding day up to and including the moment she learns of Matthew

¹⁴⁰ Dominick Argento, *Miss Havisham's Fire: Opera in Two Acts*, Libretto (after Dickens) by John Olon-Scrymgeour, full score. (London: Boosey & Hawkes, 1996), 251.

¹⁴¹ Argento, *Miss Havisham's Fire (Score)*, 6–7.

¹⁴² Argento, *Miss Havisham's Fire (Libretto)*, 17.

¹⁴³ Argento, *Miss Havisham's Fire (Libretto)*, 17.

Compeyson's betrayal. The audience of *Miss Havisham's Fire* (although not *Miss Havisham's Wedding Night*) will have already seen this re-enacted morning in Act I, Scene 3: *Miss Havisham's Wedding Day, 1810*, and the lines sung by Miss Havisham in this section are only slightly modifications of those sung by Young Miss Havisham in this earlier scene. The two other characters, Miss Havisham's father and her fiancé Matthew Compeyson, however, appear only in this epilogue, and are neither visible nor audible. A timeline of these hallucinations is shown below in Figure 2.1.

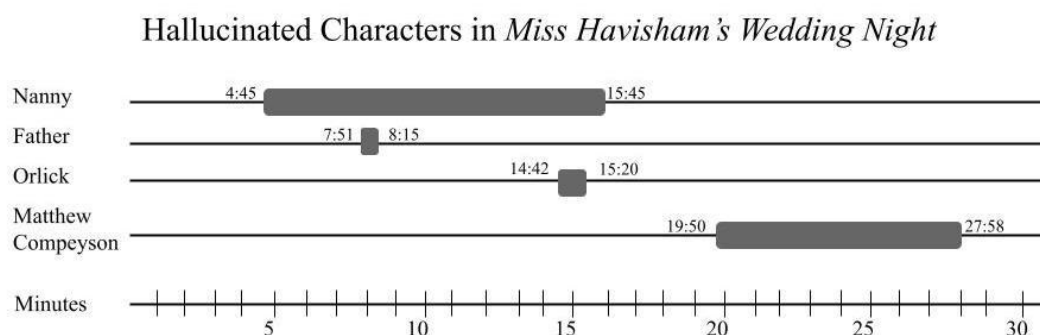


Figure 2.1: Timeline of Hallucinated Characters in *Miss Havisham's Wedding Night*
 The duration and timing of Miss Havisham's interactions with hallucinated characters are shown on the timeline with grey boxes. Timestamps provided for the onset and end of each hallucinated interaction are drawn from the recording of *Miss Havisham's Wedding Night: an Opera in One Act* by Linda Mabbs (Soprano), and the Sinfonia of St. Cecilia conducted by Sara Watkins.¹⁴⁴

These prominently featured hallucinations are a significant modification of Miss Havisham's character from her original appearance in *Great Expectations*, a change that demonstrates the twentieth century's new diagnostic approach to madness. The literary Miss Havisham never appears to experience hallucinations of any kind. This is part of a larger cultural shift that transformed the arguably sane but eccentric Miss Havisham of *Great Expectations* into the self-identified and unambiguously mad Miss Havisham of

¹⁴⁴ Dominick Argento, "Miss Havisham's Wedding Night: an Opera in One Act," track 2 on *A Waterbird Talk: an Opera in One Act; Miss Havisham's Wedding Night: an Opera in One Act*, with Linda Mabbs, Sara Watkins, and the Sinfonia of St. Cecilia, Koch International Classics, 1995, compact disc.

Miss Havisham's Fire, which will be further discussed in Chapter 3. The choice to have Miss Havisham hallucinate nearly continuously throughout this mad scene supports her declaration that she is “mad, quite mad,”¹⁴⁵ and renders this madness in terms that are familiar and easily identified to a twentieth-century audience.

Among the hallucinations presented above in Figure 2.1, Miss Havisham's interactions with Orlick and Nanny are particularly significant, as Argento chooses to manifest their presence orchestrally, thereby rendering them audible (though not visible) to the audience. In the first half of the epilogue, Miss Havisham re-enacts the morning of her wedding day as it appears in Act I, Scene 3, and converses with the disembodied presences of her father, Orlick, and Nanny. Her father appears nowhere else in the opera, but both Nanny and Orlick's interactions are drawn primarily from Act I, Scene 3, although Nanny's has been significantly expanded. Argento borrows music from both of these characters' earlier appearance, thus rendering them present and audible to the audience, without the implication of their real-ness that an on-stage presence would imply. For Orlick, this is done in two ways. When Miss Havisham instructs Nanny to answer the door, the bassoon plays a short sixteenth-note figure, which is repeated after Miss Havisham speaks to Orlick. This theme is a slightly truncated version of Orlick's orchestral accompaniment for his entrance and exit in Act I, Scene 3, played on bass clarinet. Both moments are shown below in Figure 2.2.

¹⁴⁵ Dominick Argento, *Miss Havisham's Wedding Night: Opera in One Act*, Libretto (after Dickens) by John Olon-Scrymgeour, full score (London: Boosey & Hawkes, 1987), 60–61.

The figure displays three staves of musical notation, comparing two different scenes from the opera *Miss Havisham's Fire*. The top staff is for the Bassoon in "Miss Havisham's Wedding Night" (Rehearsal 24), featuring a melody in 2/4 time with a tempo of Andante (♩ = 60). The middle staff is for the Bass Clarinet in "Miss Havisham's Fire" (Act I, Scene 3, Rehearsal 63 mm. 14–R. 64 mm. 6 and R. 65 mm. 4–9), also in 2/4 time and Andante. The bottom staff is for the Bass Clarinet in "Miss Havisham's Fire" (Act I, Scene 3, Rehearsal 63 mm. 14–R. 64 mm. 6 and R. 65 mm. 4–9), also in 2/4 time and Andante. The notation includes various dynamics (mp, mf, p, f, rall.) and lyrics. Black boxes highlight points of similarity in the musical notation.

Figure 2.2: *Miss Havisham's Wedding Night*, Rehearsal 24 (above), and *Miss Havisham's Fire* "Act I, Scene 3: Miss Havisham's Wedding Day (1810)," Rehearsal 63 mm. 14– R. 64 mm. 6 and R. 65 mm. 4–9 (Below).

The bassoon line for *Miss Havisham's Wedding Night* is taken from the bass clarinet line in Act I, Scene 3 of *Miss Havisham's Fire*. Black boxes highlight points of similarity

"Miss Havisham's Wedding Night" by Dominic Argento

© 1987 By Boosey & Hawkes, Inc.

All Rights Reserved. For The Sole Use Of Diana Wu, University Of Western Ontario.

"Miss Havisham's Fire" by Dominic Argento

© 1979, 1996 by Boosey & Hawkes, Inc.

Copyright for All Countries.

All Rights Reserved. For The Sole Use Of Diana Wu, University Of Western Ontario.

In an interview with Kevin Suetterlin, Argento commented, “Orlick was a rather important character in the full opera. He’s cut out in the revision... He doesn’t appear in *Wedding Night*. But Nanny, when she remembers him, I just had to use the same theme music that I had when he was in the opera.”¹⁴⁶ In the 1995 revised version of *Miss Havisham’s Fire*, Orlick never sings this theme, although an examination of the original 1979 version might reveal instances where he does. Despite this, the bassoon theme does function as an auditory suggestion of Orlick’s physical presence. As Kevin Suetterlin notes in his dissertation, “An Analysis and Conductor’s Guide to Dominick Argento’s *Miss Havisham’s Wedding Night*,” “Orlick is a rough and slouching character, and is perfectly described in the grumbly low bassoon register.”¹⁴⁷ Furthermore, although the bassoon solo at this moment does not match Orlick’s vocal line in Act I, Scene 3, the shape of the theme, and its placement in long rests before and after Miss Havisham speaks to Orlick, nevertheless give the impression of a male voice in conversation with Miss Havisham’s own.

The second orchestral manifestation of Orlick’s presence is a direct imitation of Orlick’s vocal line. After Orlick departs, Miss Havisham mockingly imitates his speech, as she does in Act I, Scene 3. She repeats his line “I hope Miss Havisham has a most joyous ceremony” with the same rhythmic and melodic contour as his line to her younger self. At this moment, she is accompanied by the cello and bass sections, which play the same line below her, a perfect fourth apart. This is shown below in Figure 2.3. Audiences of *Miss Havisham’s Wedding Night* will thus hear a simulacrum of Orlick’s low voice singing along with Miss Havisham’s own. For audiences of *Miss Havisham’s Fire*, this moment provides an even more vivid auditory impression of Orlick’s presence; they have actually heard him sing this line in Act I, Scene 3, accompanied by clarinet and bass clarinet.

¹⁴⁶ Kevin Frank Eric Suetterlin, “An Analysis and Conductor’s Guide to Dominick Argento’s *Miss Havisham’s Wedding Night*” (DMA diss., University of Memphis, 2017), 159.

¹⁴⁷ Suetterlin, “An Analysis and Conductor’s Guide to Dominick Argento’s *Miss Havisham’s Wedding Night*,” 98.

Figure 2.3: *Miss Havisham's Wedding Night, Rehearsal 25 mm. 1-3*

The cello and bass lines (highlighted with a black box) supply a simulacrum of Orlick's voice in parallel with Miss Havisham's imitation of him.

"Miss Havisham's Wedding Night" by Dominic Argento

© 1987 By Boosey & Hawkes, Inc.

All Rights Reserved. For The Sole Use Of Diana Wu, University Of Western Ontario.

Nanny, who is treated by Miss Havisham as a continuous presence for most of the first half of the mad scene, is rendered present in the orchestra with music that is drawn from her Act I, Scene 3 vocal line. Significant modifications have been made to her interactions with Miss Havisham in the mad scene when compared to those same interactions in Act I, Scene 3; new sections have been added, and quartet sections between Nanny, Miss Havisham, and the maids have been cut. However, two duet sections between Miss Havisham and Nanny remain, and in these sections Nanny's vocal line is prominently featured as it is passed between different instruments. Parts of both of these moments are shown below in Figures 2.4 and 2.5, with their corresponding Act I, Scene 3 sections for comparison. With the exception of the lack of text, these instrumental lines are near-exact replicas of Nanny's earlier vocal lines, featuring the same contour, pitch classes (and with the exception of the cello sections, the same pitches), and rhythm throughout.

Quasi largo $\text{♩} = 46 \text{ CA}$
(She rises)

p serio *mp*

Miss Havisham: look at me... Will I do?

Violin I: *mp* *cresc.*

Viola: *p* *mp* *cresc.*

Violoncello: *mp con calore* *cresc.*

Contrabass: *p* *mp* *cresc.*

Quasi largo, rubato $\text{♩} = 46 \text{ ca.}$
(She rises.)

p serio *mp*

Miss Havisham: look at me... Will I do?

Nanny: *mp con affetto* *mp* *f*
I look at you and my heart melts with-in me. Will you do? There is none in this beaut-ous world to

Piano: *mp con calore* *poco più* *f* *mp*

Figure 2.4: Miss Havisham's Wedding Night, Rehearsal 10 mm. 1–4 (above), and Miss Havisham's Fire "Act I, Scene 3: Miss Havisham's Wedding Day (1810)," Rehearsal 43 mm. 1–4 (below)

In *Miss Havisham's Wedding Night*, Nanny's vocal line from *Miss Havisham's Fire* is passed between the cello and violin I lines. This is highlighted with a black box.

"Miss Havisham's Wedding Night" by Dominic Argento

© 1987 By Boosey & Hawkes, Inc.

All Rights Reserved. For The Sole Use Of Diana Wu, University Of Western Ontario.

"Miss Havisham's Fire" by Dominic Argento

© 1979, 1996 by Boosey & Hawkes, Inc.

Copyright for All Countries.

All Rights Reserved. For The Sole Use Of Diana Wu, University Of Western Ontario.

Meno mosso, ma poco a poco incalzando

Flute

Oboe

Miss Havisham

Viola

Fl.

Ob.

H.

Vla.

Meno mosso

Miss Havisham

Nanny

Viola

H.

N.

Vla.

dim. colla voci

Rehearsal 17 mm. 1-8 (above)

Rehearsal 66 p. 2-3 (unmeasured) (below)

Figure 2.5: Miss Havisham's Wedding Night, Rehearsal 17 mm. 1–8 (above), and Miss Havisham's Fire "Act I, Scene 3: Miss Havisham's Wedding Day (1810)," Rehearsal 66 p. 2–3 (unmeasured) (below).

In Miss Havisham's Wedding Night, Nanny's vocal line from *Miss Havisham's Fire* is played by the oboe. This is highlighted with a black box.

“Miss Havisham’s Wedding Night” by Dominic Argento

© 1987 By Boosey & Hawkes, Inc.

All Rights Reserved. For The Sole Use Of Diana Wu, University Of Western Ontario.

“Miss Havisham’s Fire” by Dominic Argento

© 1979, 1996 by Boosey & Hawkes, Inc.

Copyright for All Countries.

All Rights Reserved. For The Sole Use Of Diana Wu, University Of Western Ontario.

By providing audible manifestations of Nanny and Orlick, Argento and Scrymgeour briefly situate the audience inside of Miss Havisham’s mind, inviting them to hear shadows of the voices with which she converses. However, these audible manifestations are neither pervasive throughout this mad scene, nor as pronounced as they might have been. Throughout the mad scene, a conceptual distance is enforced between Miss Havisham and the audience, who primarily observe, rather than experience, her madness.

Argento and Scrymgeour also provide a vivid depiction of auditory hallucination that is not drawn from Act I, Scene 3, just before the climax of the mad scene. Immediately following Nanny’s departure, just before the end of the mad scene’s first half, Miss Havisham sings about a number of sounds from the outside world that she can apparently hear. Her text reads “sometimes I hear... something... whoosh, whoosh, whoosh, whoosh... Wind, is it? Or peep, peep... a bird? Or a brook flowing... girlish laughter round the rocks.”¹⁴⁸ This nature imagery is decidedly separate from Miss Havisham’s auditory world, as she has by this point not left her house for over a decade. At this point once again the audience is brought inside of her madness via imitative orchestral writing. This entire section is marked *imitando*, and each sound is mimicked as it is mentioned. The words “whoosh, whoosh,” are set to short glissandi with no determined end pitch, and the entire discussion of wind is accompanied by rising sixteenth note figures in the harp and celesta.

¹⁴⁸ Argento, *Miss Havisham’s Wedding Night*, 47–49.

Following this, between the words “peep, peep” and “a bird,” there is a three-measure section marked *a piacere* with no text. The vocal line for this section is comprised of trilled and staccato figures of a high tessitura, accompanied by woodwinds, and reminiscent of bird calls. Finally, immediately following the mention of “girlish laughter round the rocks,” the singer is instructed to make sounds “imitating a loud cackle” at approximately G5. The rapid figuration in the full orchestra at this point is not as obvious an imitation as the earlier wind and bird call sounds; however, the use of short, repeated figures in all of the instruments may call to mind the fragmented splashing of water over rocks.

Miss Havisham’s descriptions of these nature sounds are directly preceded by her interaction with Orlick, and both occur approximately halfway through the scene, just before its climax. Orlick arrives at 14:42, and Miss Havisham’s imitation of him continues to 15:20. Miss Havisham begins her discussion of the “something else” that she can hear outside thirty-eight seconds later at 15:58; it continues for thirty seconds, and is immediately followed by the scene’s climax, which begins at 16:32, when Miss Havisham opens the letter Orlick has delivered.¹⁴⁹ I find it significant that although the hallucinated characters are present throughout the mad scene, the auditory hallucinations are most prominent and most available to the audience in the moments immediately prior to the dramatic climax. The largely unsung letter section, with Miss Havisham’s palpable distress and destructive behavior, is the most dramatic display of her madness in both *Miss Havisham’s Wedding Night* and *Miss Havisham’s Fire*. Argento, by providing musical evidence of this madness in the sections immediately preceding this scene, anticipates the mad scene’s climax and suggests a trajectory in which she grows increasingly insane in the sections prior to her climactic madness, before returning to greater lucidity in the second half of the scene. Furthermore, by juxtaposing these audible hallucinations closely with the climactic madness of the letter section, Argento further

¹⁴⁹ Argento, “Miss Havisham’s Wedding Night: an Opera in One Act,” compact disc.

foregrounds an interpretation of Miss Havisham's madness that indexes schizophrenia. Hallucinations are prominently featured throughout the mad scene as a central feature of the drama, but by lending conspicuous orchestral support to Miss Havisham's delusions near the climax of the scene, Argento strengthens the impression of Miss Havisham as a specifically schizophrenic madwoman, with characteristic auditory hallucinations. Argento's reliance on schizophrenic characteristics to express Miss Havisham's madness to his audience indicates an understanding of madness in which schizophrenia is the primary referent, and furthermore demonstrates the availability of the vocabulary of schizophrenia outside of the medical community. Unlike other composers of mad opera during the latter half of the twentieth century, however, he does not at any point suggest that these disembodied voices might exist outside of Miss Havisham's mind. Although the audience is provided with orchestral facsimiles of the voices she hears, this is to be understood as a depiction of Miss Havisham's interior life, and not an implication that these voices have an independent presence within the opera.

Although these nature sounds and Orlick and Nanny's voices are suggested by the orchestral writing in these sections, it is important to note that these are the exception rather than the rule for this opera, which firmly locates these sounds within Miss Havisham's mind and at no point suggests they might be audible outside of it. Furthermore, many of the hallucinated sounds are not audible to the audience at all. The appearances of Father, Orlick, and Nanny are announced by imagined knocks at the door, which are specified in the stage directions but not the score and therefore not heard by the audience. The stage directions at those points read "as though there were a knock"¹⁵⁰ or "a knock seems to be heard,"¹⁵¹ indicating that no actual knock can be heard by the audience, who must instead infer the knocks based on Miss Havisham's reactions to them. Furthermore, two out of four hallucinated characters, Father and Matthew

¹⁵⁰ Argento, *Miss Havisham's Wedding Night*, 5, 26.

¹⁵¹ Argento, *Miss Havisham's Wedding Night*, 43.

Compeyson, are given no orchestral voice at all. This separation of the audience from most of Miss Havisham's hallucinated sounds, and the unobtrusiveness of their presence in the orchestra, provides the audience with a degree of separation from her experience. The audience has access to these sounds, and thus to Miss Havisham's interior experiences, but the audience viewpoint is placed outside of her perspective. Her experience of these sounds is thus clearly portrayed as an aspect of her madness, foregrounding a schizophrenic reading of Miss Havisham's character. Although Miss Havisham is a character drawn from Victorian literature, Argento and Olon-Scrymgeour's Miss Havisham is constructed primarily in reference to twentieth-century understandings of madness as schizophrenia. This is a significant contrast from both *The Medium* and *Curlew River*, where the audience hears fully realized disembodied voices and sounds, which are implied to have an independent presence and agency within the opera and thus reference much older understandings of both the disembodied voice and madness itself.

Hallucinations and Epistemic Uncertainty: *The Medium*

Unlike *Miss Havisham's Fire*, Menotti's *The Medium* treats the disembodied voices heard by the title character ambiguously. The audience is, as in *Miss Havisham's Fire*, made privy to the interior life of the protagonist Baba and able to hear the disembodied voices as she does, despite these sounds being inaudible to the other characters in the opera. These voices are in fact rendered even more clearly than those in *Miss Havisham's Fire*. *Miss Havisham's Fire* confines the disembodied voices and sounds to the orchestra, where they are available to the audience, but also explicitly separate from the stage action. *The Medium*, however, uses an actual human voice in those sections where Baba believes the ghost is speaking to her.

The central conflict of *The Medium* is one of epistemics, and the survivable limits of doubt. Baba, who has been earning money by staging fake seances for grief-stricken people, feels a disembodied hand touch her throat in the darkness, and begins to hear

voices similar to those she manufactures for her clients. She searches for a mundane answer with increasing desperation, driven by terror that her exploitation of her clients' belief in the supernatural has attracted the attention of an actual ghost. Baba's terrified reaction to this haunting is sharply contrasted with that of her clients, for whom hearing disembodied voices and feeling ghostly touches are normal and comforting parts of their lives.

The musical material for the disembodied voices is initially embodied and grounded in Baba's fake seance. In Act I, Baba hosts three clients, Mrs. Nolan and Mr. and Mrs. Gobineau, all of whom are parents who have lost a child. As Baba pretends to go into a trance, her daughter Monica creates the voices of the client's dead children. She sings first as Doodly, Mrs. Nolan's recently deceased sixteen-year-old daughter, and then creates childlike laughter sounds for the Gobineaus, who are seeking contact with their two-year-old son. At this first appearance, both sounds are very clearly shown to come from Monica, so that the audience is as certain of their earthly provenance as Baba is. In the midst of this fake séance, however, Baba has a frightening encounter. The stage notes at this moment read "there is a long pause. Suddenly, with a loud gasp, Baba clutches at her throat with both hands." Baba, terror stricken, ends the séance early, shouting "who is there" and "who touched me" as she searches for an assailant but finds no one. Met with her clients' bewilderment, she explains, "No, no, you don't understand. A hand touched me in the dark." Her clients, however, find this entirely unremarkable, given their previous experiences with Baba's seances.¹⁵²

After this encounter, the sounds from the séance return, audible only to Baba and clearly not sung by Monica. This first occurs at the end of Act I, when Monica attempts to lull a drunk and frightened Baba to sleep by singing a lullaby, "Black Swan." Baba begins to calm down and sings the third verse with Monica. A new line labeled Voice off-stage, however, interrupts their duet, repeating Monica's vocal line from the seance. A note in

¹⁵² Menotti, *The Medium*, 68–73.

the score says “laughter is heard” simultaneously to the singing. This is shown in Figure 2.6. Baba can hear the voice and exclaims “Sh!... listen... listen... can’t you hear?” Monica replies “what? Again you’re imagining things.”¹⁵³ This time only Baba and the audience are able to hear the voice. The voice also returns in Act II, near the conclusion of the opera, when Baba is alone.

107

35 Adagio

(laughter is heard) (Monica shakes her head.)

*Voice off-stage: Moth - er, moth - er, are you there? Moth - er, moth - er, are you there? Moth - er, moth - er, are you there?

M. (parlato) born. What?

Baba (decl.) Sh! Lis - ten, lis - ten ... Can't you hear?

Allegro agitato ♩ = 144

Fl. *p* *f secco*

Ob. *p* *f secco*

B♭ Cl. *p* *f secco*

M. A - gain you're im - ag - in - ing things.

Baba No, no, I'm sure I heard a voice like

Allegro agitato ♩ = 144

Vn. I *p*

Vn. II *sf* *p* *f*

Figure 2.6: *The Medium* Act I, Rehearsal 35.

Monica and Baba’s duet of “Black Swan” is interrupted by a new line labeled “voice off-stage,” which sings the opening of Monica’s impersonation of Mrs. Nolan’s daughter. Baba hears this voice, but Monica cannot.

THE MEDIUM

By Gian Carlo Menotti

Copyright © 1947 (Renewed) by G. Schirmer, Inc. (ASCAP)

International Copyright Secured. All Rights Reserved.

Used by Permission.

¹⁵³ Menotti, *The Medium*, 107.

The opera centers on Baba's terror at the appearance of sounds and touches that she cannot explain. Her fear drives her to attack her mute servant child Toby in the hope that he will confess to touching her or to seeing something (a mundane explanation for the experience), and to return all of the money she has taken from the Gobineaus and Mrs. Nolan (assuming a supernatural explanation for the experience). When she attempts to return her client's money, however, they refuse it. Despite Baba insisting that the entire seance has been a trick, and showing them all of the devices she has used to create the seance effects, they insist that she has real supernatural capabilities and beg her to perform another seance. When they hear Monica repeat her imitations of their children's voices, they insist it is not the same voice, and Mr. Gobineau declares "It might well be you thought you were cheating all the while, but you were not."¹⁵⁴ The frightening and inexplicable experience that has driven Baba to abandon her livelihood, and will cause her to murder Toby at the end of the opera, is to them a completely normal part of their lives, and a source of comfort and joy. For the Gobineaus in particular, who have attended weekly seances with Baba for almost two years, her experience seems completely unremarkable. When she feels the hand on her throat at the end of the Act I seance, they attempt to calm her by saying "but why be afraid? There is nothing strange about that. It often happened before." When Baba insists that she felt a hand in the dark, Mr. Gobineau replies "oh yes, that has often happened to me," and Mrs. Gobineau adds "Me too; I always feel Mickey's hand on my hair."¹⁵⁵ This is supported by Mrs. Gobineau's actions in the seance, when, near the end of her son's visitation, she says "kiss me" and the stage directions read "Mrs. Gobineau lifts her face as if to receive the kisses of her ghostly child."¹⁵⁶ Unlike the voices they hear, which are provided by

¹⁵⁴ Menotti, *The Medium*, 174–75, 179–80.

¹⁵⁵ Menotti, *The Medium*, 71–73.

¹⁵⁶ Menotti, *The Medium*, 67.

Monica, there is no mundane explanation provided for the Gobineau's experience of their child's touch.

The normalization of the supernatural provided by the Gobineaus and Mrs. Nolan is crucial framing for the audience's experience of Baba's struggle. Like Baba, the audience is presented with a disembodied voice which they must then explain, and for which the narrative presents multiple possible explanations. Baba's increasingly erratic music and the prominent featuring of her alcoholism (discussed in Chapter 4) are suggestive of a possible psychological explanation: Baba may be mad. The central, unresolved question of the opera, however, is not 'is she mad' but rather 'is she haunted.' In other operas, this would not be a default assumption, but Baba's creation and sale of fake ghosts for her clients, and their insistence that those fake ghosts are real, makes the supernatural not only available but primary as a possible explanation for Baba's experiences.

Unlike the Gobineaus and Mrs. Nolan, furthermore, Baba's ghost demands an explanation because it appears to be malevolent and dangerous. To the Gobineaus and Mrs. Nolan, their ghosts are their loved ones, and their presence is completely positive. The ghosts say kind words, and Mrs. Gobineau's son gives her kisses. Baba's ghost, however, places a hand on her throat. In some productions, Baba's actress rears back and struggles at this moment, as though she is being choked. This unexplained touch on her throat therefore represents a possible threat to Baba's life, which must be immediately addressed lest it return.

Because Baba and her clients have their eyes closed, and Monica and Toby are hidden, only the audience is able to see the events of the seance. It is therefore only the audience who know for certain that no embodied person touched Baba's throat. Toby knows that he did not touch Baba's throat, but Baba does not trust him enough to believe him. The audience is therefore forced to judge Baba's experiences for themselves. Her experience is certainly not a mundane prank, but can be interpreted as caused either by madness or by the actual presence of a ghost. The narrative does not provide definitive proof of either. The opera ends with Baba standing over Toby's dead body, whispering "was it

you? Was it you?”¹⁵⁷ This question remains unanswered, and neither Baba nor the audience will ever get a clear explanation for Baba’s experience.

The Voice off-stage, which in some productions is a recording of Monica and in others is sung by the singer portraying Mrs. Gobineau,¹⁵⁸ starkly contrasts with the orchestral simulacra of Nanny and Orlick created by Argento for *Miss Havisham’s Fire*, and in so doing is illustrative of the differing roles usually played by voices and orchestral sounds in the operatic form. As discussed in the introduction to this chapter, opera tends to assign discrete character-personhood to individual performing bodies and voices. The appearance of a disembodied voice in the moment shown in Figure 2.6 leverages this connection to stoke the audience’s fear and support the ghostly explanation. Although visually unavailable, the sounding body of the performer playing the Voice off-stage is rendered aurally present, and thus gains a degree of agency and personhood within the narrative of the opera. Had Menotti chosen instead to give this melody to an instrument, such as a violin or a flute, the effect would be quite different. Operatic orchestras, particularly since the nineteenth century, have often been used to offer commentary on the interior states of characters. Had Menotti quoted Monica’s ghost melody with a solo violin, the audience would be rendered observers of Baba’s mental state, as is the case for audiences of *Miss Havisham’s Fire*. By placing this melody in a human voice instead, the audience shares in Baba’s experiences, rather than simply observing them. The Voice is as real to the audience as it is to Baba.

Although the audience is granted full access to the voices that haunt Baba throughout the opera, perhaps lending support to the idea that Baba is being haunted, *The Medium* also makes use of older operatic conventions that support a mad interpretation of her experience. Previous scholarship on Menotti has remarked on his conservative style,

¹⁵⁷ Menotti, *The Medium*, 232.

¹⁵⁸ The stage notes at this moment read “Mrs. Gobineau may sing this part off-stage,” but different productions have made different choices regarding who sings this part. (Menotti, *The Medium*, 107).

which draws on the conventions of nineteenth-century Italian opera and is particularly reminiscent of Puccini.¹⁵⁹ The dramatic structure of *The Medium* is similarly suggestive of pre-twentieth century mad opera conventions. As discussed in Chapter 1, madness in twentieth-century operas is frequently treated as a condition rather than an event. Unlike the operas of previous centuries, a character who is shown as mad in a twentieth-century opera will often be mad throughout the opera. *The Medium* is the exception to this rule. Although there are hints that Baba has been in poor health and alcoholic for a significant period of time, the hand on her throat during the seance and the voices she hears afterwards are both new experiences for her, and ones that accompany and drive significant changes in her behaviour. This madness is thus treated as an event with a definitive beginning point. Furthermore, just before the climax of the opera, Baba performs a long solo scene that displays many characteristics of a conventional mad scene.

After Baba dismisses all of her clients, evicts Toby from her home, and locks Monica in her room, the disembodied voice returns for the final time. Baba shouts at it, first saying “who’s there? Is it you Monica?” When the voice sings again five measures later she shouts “stop it!”¹⁶⁰ This begins a five-minute solo aria in which she recounts the horrors she has seen in her life, praying for forgiveness as she becomes increasingly drunk and erratic.

Throughout this scene, Baba attempts to restore a sense of normalcy by denying her own experiences and fears. She begins with a dirge-like section in which she asks “am I afraid? Madame Flora afraid! Can it be that I’m afraid?”¹⁶¹ She goes on to describe the

¹⁵⁹ See for example John Ardoin, *The Stages of Menotti* (New York: Doubleday, 1985); John Gruen, *Menotti: A Biography* (New York: Macmillan, 1978); Bruce Archibald, “Menotti, Gian Carlo (opera),” *Grove Music Online*, 2007, accessed March 31, 2022, <https://doi-org.proxy1.lib.uwo.ca/10.1093/gmo/9781561592630.article.O005231>.

¹⁶⁰ Menotti, *The Medium*, 201–3.

¹⁶¹ Menotti, *The Medium*, 204–5.

many terrible things she witnessed in her youth, declaring that witnessing those terrible things did not make her afraid. She then asks God for forgiveness and peace, as she is “sick and old.”¹⁶² This does not reassure her, however. Her prayer is followed by a *piu mosso* section in which she asks “What ill wind shakes my hand? What unseen ghost stands by my side? No, no, it cannot be the dead... the dead never come back.”¹⁶³ When her insistence that the dead are gone forever also fails to reassure her, she attempts to comfort herself by singing snatches of Monica’s lullaby, and then by laughing at the ghost. In the early sections of this scene, Baba appears fully lucid and self-aware. She comments on her own fear with a sense of ironic distance from it, and attempts to quantify it in relation to other more frightening experiences that she has survived without issue. As the scene progresses, however, she becomes increasingly drunk, and both the music and her behaviour increasingly conform to the dramatic conventions of the mad scene.

In particular, this scene features dramatic shifts in style and tempo, which are characteristic of conventional mad opera, as several early explorations of the genre note. In his chapter “Madness, Hallucination, and Sleepwalking” from *Verdi’s Macbeth: A Sourcebook*, Jonas Barish lists six of the most famous bel canto mad scenes, those from *Il pirata*, *I puritani*, *Lucia di Lammermoor*, *Linda di Chamounix*, *Anna Bolena*, and Thomas’s *Hamlet*, and remarks that

what these scenes have in common is an attempt, sometimes primitive, to register madness, or enact it, by emphasizing recitative; by breaking up the vocal line with alternations of feverish agitation and unearthly calm; by sudden changes of tempo (skittish speedings up and slowing down...); by unforeseen changes of key and mode; by unaccompanied singing...and by a good deal of fioratura.¹⁶⁴

¹⁶² Menotti, *The Medium*, 210.

¹⁶³ Menotti, *The Medium*, 211–13.

¹⁶⁴ Barish, “Madness, Hallucination, and Sleepwalking,” 151.

Ellen Rosand similarly emphasizes the importance of rapid shifts in mood and style as crucial indicators of madness in earlier operatic works.¹⁶⁵ The abrupt and extreme shifts in Baba's musical style in this scene thus serves not only to categorize her as emotionally volatile, but to render her madness within the genre and lineage of the operatic mad scene.

These shifts primarily mark transitions between sections, but also occur within sections, and become increasingly pronounced as the scene progresses. These sectional divisions and shifts can be seen in Figures 2.7 and 2.8.

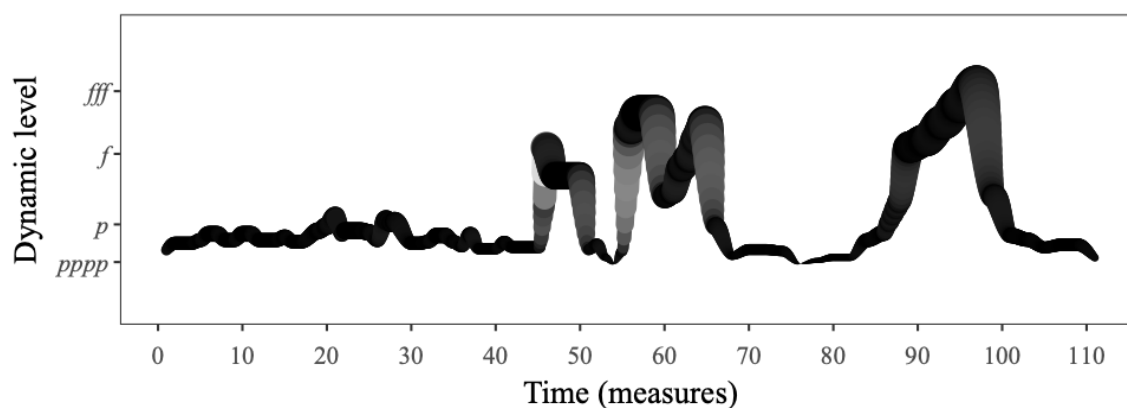


Figure 2.7: Dynamic levels in *The Medium* Act II, Rehearsal 31–36 mm. 6

Line height indicates marked dynamic level, while line thickness indicates the sounding volume adjusted the number of instruments playing at the indicated dynamic level. Increasingly abrupt shifts and extreme levels are shown by the pronounced jumps in line height and thickness.

¹⁶⁵ Rosand, "Operatic Madness" 241–287.

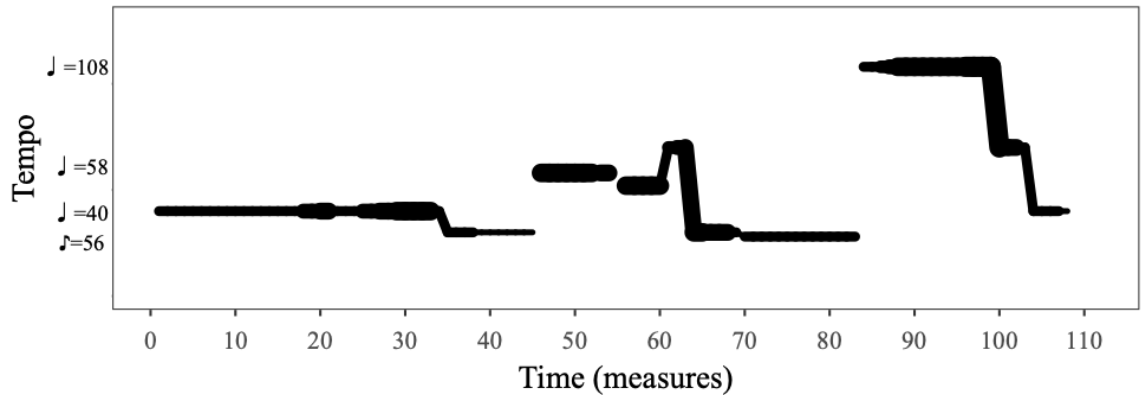


Figure 2.8: Tempo and dynamic levels in *The Medium* Act II, Rehearsal 31–36 mm. 6 Line height indicates suggested tempo markings, while line thickness indicates the corresponding dynamic level, which is also shown in Figure 2.7. Line breaks indicate abrupt changes in tempo without any indicated *accelerando* or *decelerando* in the score. As the scene progresses, jumps in tempo become increasingly pronounced, with wider extremes.

As these graphs demonstrate, abrupt jumps in both tempo and dynamic level occur throughout this scene, and become increasingly pronounced towards the end, as Baba becomes drunker and less lucid. This creates a sense of musical discontinuity, which is a marker of madness in many operatic settings. As Ellen Rosand notes in “Operatic Madness: A Challenge to Convention,” “music can be independently, actively mad; that is, it can ignore or subvert its own laws of structure and syntax with discontinuities or unconventional juxtapositions.”¹⁶⁶ Baba’s repeated jumps between disparate tempos and dynamic levels can furthermore be read as an evocation of the double aria form (a slow movement followed by a cabaletta) that have historically been the most common form for mad scenes.¹⁶⁷ These also reflect similar rapid shifts in Baba’s mood, as she moves between incredulity, repentance, terror, and defiance.

The use of diegetic singing in Baba’s reprisal of Monica’s lullaby “Black Swan” is also reflective of historical theatrical madness conventions that date back to Renaissance

¹⁶⁶ Rosand, “Operatic Madness,” 243.

¹⁶⁷ Smart, “Dalla Tomba Uscita,” 34.

spoken theatre, in which mad characters perform their madness by singing. Shakespeare's Ophelia, possibly the most enduring and famous mad character in English-language theatre, is also the most famous English-language example of this convention. Maurice and Hanna Charney in their article "The Language of Madwomen in Shakespeare and his Fellow Dramatists," note that Ophelia "in the 'Bad' Quarto of 1603 comes on stage 'playing on a Lute, and her hair downe singing.' Music, especially the singing of old, wistful, sentimental, and sometimes bawdy ballads, is both a frequent accompaniment of madness (an indication that rational discourse has broken down) and one of the specific cures for disordered wits."¹⁶⁸ Although the operatic form is defined by the continuous singing of its performers, even in opera diegetic singing is used to mark mad characters. Baba's fragmented reprise of "Black Swan" (shown in Figure 2.9) suggests her loss of control both through the fracturing of this familiar melody, and through the use of this centuries-old convention.¹⁶⁹

¹⁶⁸ Maurice Charney and Hanna Charney, "The Language of Madwomen in Shakespeare and His Fellow Dramatists," *Signs: Journal of Women in Culture and Society* 3, no. 2 (1977): 452, <https://doi.org/10.1086/493476>.

¹⁶⁹ For more on song as a sign of madness in opera, see Smart, "Dalla Tomba Uscita," 35–36.

216

[34] *poco rall. Largamente* ♩ = 56

Fl.

Ob.

B♭ Cl.

Bn.

Hn.
in F

Tpt.
in C

P.

Pno.

S.

Baba

noth-ing, noth-ing. "O black swan, where, oh, where — is my lov-er gone?"

(she walks back to the table, drowsily and a little drunkenly)

(Wheeling about in her chair, she breaks off the song with a startled cry.)

[34] *poco rall. Largamente* ♩ = 56

I

Vn.

II

Va.

Vc.

Cb.

pp

pizz.

p

Figure 2.9: The Medium Act II, Rehearsal 34

Baba interrupts her own drunken reprise of “Black Swan” twice with shouted interjections that appear to be in response to some unheard sound. These interjections are followed by moments of total silence, in which both singer and instrumentalists are instructed to pause for an unspecified length of time.

Figure 2.9: The Medium Act II, Rehearsal 34

Baba interrupts her own drunken reprise of “Black Swan” twice with shouted interjections that appear to be in response to some unheard sound. These interjections are followed by moments of total silence, in which both singer and instrumentalists are instructed to pause for an unspecified length of time.

THE MEDIUM

By Gian Carlo Menotti

Copyright © 1947 (Renewed) by G. Schirmer, Inc. (ASCAP)

International Copyright Secured. All Rights Reserved.

Used by Permission.

Baba’s fractured performance of “Black Swan” carries a second significance in the context of her madness, this one suggestive of a decidedly twentieth-century psychiatric paradigm. As previously discussed, the original, complete performance of “Black Swan” in Act I is also the first appearance of the ghostly voice that haunts Baba throughout the opera. In the first appearance of this voice, the audience is also able to hear the ghostly singing, although Monica is not. In this reprise of “Black Swan,” Baba repeatedly

interrupts herself with shouted interjections of “Who’s there?” And “What?” The stage notes at this point indicate that these interjections are in response to sounds that Baba hears. She is instructed to “wheel in her chair, breaking off the song with a startled cry,” indicating that she is reacting to something that she cannot see, and expects to be behind her. When she is unable to see anything out of the ordinary, she shouts “who’s there?” The stage notes for this shout read “she stares fixedly into the darkness and listens.” This emphasis on listening further suggests that she is reacting to something that she hears. The audience, however, hears nothing out of the ordinary at this point. At all other points in this opera where Baba appears to hear a disembodied voice, the audience can also hear that voice. Now, however, there is no disembodied voice in the score. In fact, these moments include significantly less sound than the norm for this operatic setting. When Baba breaks off her singing to shout into the dark, all of the accompanying instruments fall silent. Her shouted interjections are followed by rests with fermatas for all parts, in which there is no notated sound at all. The fracturing of her song with no audible support for her experiences in this moment partially withdraws the narrative validation for Baba’s experiences, making her seem madder and less credible to the audience. Her performance of hearing voices here is more in line with Miss Havisham’s similar performance and reads similarly as a symptom of madness rather than evidence of a ghostly presence.

The offstage voice that both Baba and the audience hear, which is audibly, but not visibly, embodied, can be read either as a symptom of madness or as a ghost, just as Baba may be read as either mad or haunted. By the end of the opera, Baba might even be both, driven to madness by the hounding of a malevolent spirit. In *Miss Havisham’s Fire*, however, the orchestrated disembodied voices read unambiguously as a symptom of her explicit madness. This contrast demonstrates the importance of the authorial point of view in opera’s narrative function. As previously discussed, among musical genres opera is particularly well suited to portraying moments of perceptual disagreements between characters, because it is understood that operatic characters retain separate and independent personhood within the narrative. There remains, however, one additional

consciousness that is implied in opera's form, and which now becomes essential: the authorial consciousness.

In chapter 2 of *The Composers Voice*, "Persona, Protagonist, and Characters," Cone states that

every song (or opera) can be heard in two ways: as the experience on the one hand of the composer's persona (the implicit musical persona), and on the other of the vocal protagonist (or characters). The resulting tension between the motivations of the composer's persona (toward "form") and those of the characters (toward "freedom of personal expression") is especially noticeable in opera, where the theatrical illusion helps to establish and maintain the concrete individuality of characters.¹⁷⁰

Opera's emphasis on the supposed individuality of characters facilitates its portrayal of moments when characters have markedly different experiences of events (such as Baba hearing a voice that Monica cannot), but the audience's experience of these moments is heavily influenced by what Cone calls the composer's persona, which has its own point of view and perspective on the events of the opera. Cone is particularly interested in the musical consequences of this perspective, hence his focus on the composer, but it is important to remember that most operas are jointly authored by a composer and a librettist. For some operas, including *The Medium* these are the same person; Menotti wrote all of his own librettos. For most, however, including *Miss Havisham's Fire*, the librettist is a separate person, and the implicit musical persona of the opera as a whole is a synthetic persona, representing the result of the collaboration between the composer and the librettist. Cone's conceptualization of this persona as the composer is in line with most opera scholarship, which tends to treat composers as the sole or primary authors of

¹⁷⁰ Cone, *The Composer's Voice*, 25–6.

their operas, but also indicates that this perspective is usually communicated primarily through musical signals.

As Cone points out, the composer's persona shapes the presentation of events within the opera, offering an omniscient perspective that functions independently of the opera's characters. He particularly mentions the works of Wagner (who also wrote all of his own librettos), where "the continuity of the orchestral sound and the musical design constantly refers to an all-inclusive persona surveying the entire action from a single point of view."¹⁷¹ Cone further states that "the instrumental persona, like an omniscient author, understands the motivations of all of the participants... the orchestra can reveal who Siegmund's father really was, and can prophesy the occasion on which Siegfried will experience fear."¹⁷² This omniscient persona, I argue, is furthermore capable of arbitrating conflicts between characters. Both the musical setting of an operatic event and the progression of the narrative can offer support or justification to a particular character.

By allowing the audience to hear Baba's ghosts, Menotti gives greater priority to her perspective than Argento gives to Miss Havisham. The eerie, creepy quality of *The Medium*'s overall musical aesthetic encourages the audience to share, and consequently sympathize with Baba's fear; unlike the audience of *Miss Havisham's Fire*, who are largely shielded from the madness of Miss Havisham's inner life, audiences of *The Medium* hear the same ghostly voice and experience the same urgent need for answers that Baba does. However, the authorial perspective in *The Medium* provides only partial validation for Baba's position. Throughout the opera, she is shown to take advantage of vulnerable people routinely, both in her exploitation of the grief of the Gobineaus and Mrs. Nolan, and in her abuse and cruelty towards Toby. The audience is thus encouraged to view her with less sympathy than they otherwise might. Furthermore, in the final moments of the opera, Baba mistakes Toby for the ghost that has tormented her and

¹⁷¹ Cone, *The Composer's Voice*, 29.

¹⁷² Cone, *The Composers Voice*, 35.

murders him in a moment of desperation. Despite the previous narrative and musical support for Baba's haunting, the opera concludes with a demonstration of her fallibility and her doubt. The opera's last image is Baba hunched over Toby's dead body, asking "was it you? Was it you?"¹⁷³ She has no clear explanation for her experiences, and the audience is similarly left with questions rather than answers. Baba attempts to convince herself that she is being pranked, while desperately denying her own fears that she is being haunted. The audience knows she is not being pranked, but must ask itself whether the voices are hallucinations or ghosts. These paired questions drive the dramatic events of the opera, but remain unanswered at its conclusion.

Hallucinations as Divine Presence: *Curlew River*

This driving uncertainty in *The Medium* is a stark contrast to Benjamin Britten's *Curlew River*, which explicitly validates the perspective of its "mad" heroine and provides an unambiguous explanation for its disembodied voice. "The Madwoman" as she is named both by the other characters and in stage directions, does not suffer from auditory hallucinations. Instead, the voice that she hears (as do the audience and other characters) praying in her son's tomb is that of her dead son, who appears before the onlookers and transforms his mother in a divine miracle.

Britten and his librettist William Plomer name their protagonist The Madwoman, thus encouraging their audience to interpret her actions through the lens of madness. None of the characters in *Curlew River* have names; they are all referred to by titles which indicate their role in the drama. The Abbot establishes the context of the frame tale,¹⁷⁴ in which the parable of Curlew River is being presented to a congregation and provides

¹⁷³ Menotti, *The Medium*, 232.

¹⁷⁴ A common literary device, used in this opera, in which an introductory story or fictional setting (the frame tale) is used to frame one or more additional stories, which are often presented as stories being told by the characters within the frame tale. In this case, the tale of Curlew River is presented as a sermon within the frame setting of a mass at a medieval monastery.

narration and commentary on the events of the parable. The Chorus plays a dual role as monks and acolytes in the frame tale and pilgrims within the parable. The Ferryman transports The Traveller, The Chorus, and The Madwoman across the Curlew River. All of these characters consequently bear witness to The Madwoman's reunion with The Spirit of her dead son and return to sanity. By naming her "The Madwoman," Britten and Plomer prioritize her madness as the lens through which her actions and music should be interpreted.

Despite her name, however, The Madwoman's behaviour does not suggest or easily accommodate a mad reading of her character. Throughout the opera, she appears lucid, aware of her surroundings and of social propriety. She is in significant emotional distress, but this is easily attributable to the fact that she is searching for her kidnapped son, who has been missing for over a year. By classifying her as a mad character (for not only Britten and Plomer, but also the opera's other characters and even The Madwoman herself identify her in this way), Britten and Plomer present a challenge to the entire category of "mad," and suggest that her madness is not inherent to her, but rather created by the opera's other characters in their stigmatization of her actions.

Though much of the opera undermines her categorization as mad, Britten and Plomer take great pains to establish a mad interpretive lens for The Madwoman in her first appearance, both through the words and actions of the other characters, and through the use of theatrical conventions. As in *The Medium*, diegetic singing is used to suggest her non-normative state of mind. She is heard singing from off-stage before her first appearance, and when the Ferryman asks "What is that strange noise up the highway there? May I ask, did you see who it is that is singing?"¹⁷⁵ The Traveller responds "Yes, the people were watching a woman in the road who seems to be crazy."¹⁷⁶ When The Madwoman appears onstage, the Ferryman, Traveller, and Chorus all participate in

¹⁷⁵ Britten, *Curlew River*, 22–3.

¹⁷⁶ Britten, *Curlew River*, 23–4.

mocking her. They treat her singing (and thus her madness) as a source of entertainment, saying “we wish to hear her singing. We will laugh at her Crazy singing. She wanders, raving, raving, and all alone.”¹⁷⁷ The Ferryman in particular refuses to help her unless she performs her madness for him. He declares “Any fool can see Your feet are wand’ring, Your thoughts are wand’ring, wand’ring too. I will not take you across the Curlew unless you entertain us with your singing!”¹⁷⁸ Her madness is thus established as her defining characteristic, both within the drama and to the other characters in the story. Their demands to be entertained by her singing, and the Ferryman’s declaration that he “should like to see her,”¹⁷⁹ furthermore references the long history in Europe, and Britain in particular, of using mad people as a source of voyeuristic entertainment.¹⁸⁰

Following this introduction, however, The Madwoman’s behaviour and speech become increasingly lucid over the course of the opera, even before the appearance of her son restores her sanity. In her first appearance, quoted below, she sings of her destination in riddles, saying

you mock me! you ask me! Whither I, whither I go. Whither I, whither I go.

You mock me! You ask me! How should I, how should I know?

Where the nest of the curlew is not filled with snow,

where the eyes of the lamb are un-torn by the crow, the carrion crow,

there let me go there let me go!

Let me in! Let me out! Tell me the, tell me the way! Tell me the, tell me the way!

¹⁷⁷ Britten, *Curlew River*, 26–27.

¹⁷⁸ Britten, *Curlew River*, 38–9.

¹⁷⁹ Britten, *Curlew River*, 25.

¹⁸⁰ For more on this see: McClary, *Feminine Endings*, 83–86, and Showalter, *The Female Malady*, 38–40.

Let me in! Let me out! How can you, how can you say

Why the point of an arrow Divideth the day?

Why to live is to warm an image of clay dark as the day?

Let me in! Let me out! I turn me, I turn me, I turn me away!¹⁸¹

The other characters interpret these lines as “raving,” and shortly thereafter she comments on her own mental state, saying “love for my child confuses me.”¹⁸² The Ferryman’s text further indicates that her lines are diegetic song, which is, as previously discussed, a characteristic trait of operatic and theatrical madness. However, despite this admittedly somewhat unusual behaviour, The Madwoman very rarely behaves in a manner suggestive of insanity after this first appearance. In her discussions with The Ferryman for the remainder of the opera, she appears lucid and aware of both her surroundings and herself. She retains a sense of personal identity and station that is clearly demonstrated when The Ferryman and his passengers mock her. She responds “Ignorant man! You refuse a passage to me, a noble woman! It ill becomes you, Curlew ferryman, such incivility.”¹⁸³ This passage is marked “calmly” in the stage notes, and has a *piano* dynamic. She is shown to be in significant emotional distress throughout the opera, but as she is searching for her son, who was “seiz’d as a sale by a stranger, a foreigner”¹⁸⁴ and has been missing for over a year, this is completely understandable and not necessarily a mark of madness. In fact, The Madwoman’s behaviour overall exhibits so few traits of theatrical madness that it would not be plausible to interpret her as a mad character had Britten and Plomer not named her as such.

¹⁸¹ Britten, *Curlew River*, 23–7.

¹⁸² Britten, *Curlew River*, 29.

¹⁸³ Britten, *Curlew River*, 41.

¹⁸⁴ Britten, *Curlew River*, 33.

As I have previously discussed, in many operas of this period, hearing disembodied voices would be a clear demonstration of a character's madness, as it is for Miss Havisham and might be for Baba. For *The Madwoman*, however, the narrative clearly indicates that the disembodied voice she hears is not the result of her madness, and in fact is a crucial part of its cure. At the climax of the opera, the characters all discover that *The Madwoman's* missing son has died the previous year on the shores of the Curlew and has since been venerated as a saint by the local populace. When *The Madwoman* arrives at his tomb, *The Traveller* and *The Ferryman* persuade her to pray for her child, and all of the other characters join her in prayer. *The Madwoman* halts her prayer to say "From the river, I hear voices, Like souls abandoned Curlews are calling, curlews are calling. 'Birds of the Fenland, though you float or fly, wild birds I cannot understand your cry. Tell me, does the one I love in this world still live?'"¹⁸⁵ She is immediately answered by the first entrance of the Spirit of the Boy, whose voice is heard from inside the tomb, praying in Latin.¹⁸⁶ He is audible to both the audience and *The Madwoman*, who says "I thought I heard the voice of my child. I thought I heard him praying in his grave."¹⁸⁷ Crucially, however, he is also audible to the other characters in the scene, which is immediately made clear. *The Ferryman* replies, "We also heard it" and *The Traveller* adds, "The voice of the child."¹⁸⁸ The boy's voice is therefore shown not to be a hallucination, as it is equally accessible to all characters present at the scene. Furthermore, the shared experience of hearing the voice together connects *The Madwoman's* experiences and perceptions of her world to those of the other characters in the opera. These other characters withdraw so that *The Madwoman* may say her prayer alone, and moments later, "The SPIRIT of the BOY appears in full view above the tomb" and "circles slowly

¹⁸⁵ Britten, *Curlew River*, 120–3

¹⁸⁶ Britten, *Curlew River*, 124.

¹⁸⁷ Britten, *Curlew River*, 125–6.

¹⁸⁸ Britten, *Curlew River*, 129.

round the MADWOMAN, who appears transformed.”¹⁸⁹ He is visible not only to the audience and The Madwoman, but to the other characters as well, who exclaim “See, there is his shape!”¹⁹⁰ The Spirit is only onstage for nine measures before he returns to the tomb, and is silent during this time. Following his departure, however, he sings a benediction to his mother, to which the Ferryman, Traveller, Abbot, and Chorus respond “Amen.”¹⁹¹ This concludes the transformation of the Madwoman, who joins the other characters on a final “Amen.”¹⁹² She is now completely cured of her madness, and the label on her vocal line reads “MOTHER, now freed from her madness.”¹⁹³ Her character has been so completely altered that even her name is different; she is no longer The Madwoman, but The Mother.

The fact that the other characters are equally able to hear the voice of the Spirit provides total and unambiguous support for The Madwoman’s subject position. While in most cases, hearing a disembodied voice would be a primary indication of The Madwoman’s madness, in this case it is explicitly separated from that madness, and instead functions as both evidence and cause of her sanity. The voice of the child, heard by all, both transforms The Madwoman and re-integrates her to the society of pilgrims. Her return to sanity at the conclusion of the opera is a common narrative device in mad operas of previous centuries, particularly among those that are comic rather than tragic, and closely aligns with the cure or kill narrative paradigm of disability. As has been previously discussed in Chapter 1, the cure or kill paradigm is less predominant in mad operas of the twentieth century, but many, including *Curlew River*, still make use of this narrative

¹⁸⁹ Britten, *Curlew River*, 130–1.

¹⁹⁰ Britten, *Curlew River*, 130.

¹⁹¹ Britten, *Curlew River*, 133.

¹⁹² Britten, *Curlew River*, 134.

¹⁹³ Britten, *Curlew River*, 134.

structure. The transformation of The Madwoman into The Mother resolves the central narrative conflict, and is thus necessary for narrative closure.

Unlike more typical cure or kill narratives, however, the curing of The Madwoman is only half of the narrative resolution that The Spirit's appearance effects. When the voice of The Spirit is first heard, it is heard not only by The Madwoman, but also by The Abbot narrator, The Traveler, The Ferryman, and The Pilgrims who form the chorus. All of these characters had previously behaved cruelly towards her by mocking her and denying her assistance. They would not allow her to cross the river with them unless she entertained them by singing. Thus they exploited her madness and socially isolated her, despite the fact that they were all traveling together to the same destination. When the other characters hear the voice of The Spirit, they share in The Madwoman's experiences, and thus re-integrate her within their society.

As previously mentioned, the majority of The Madwoman's behaviour does not mark her as particularly mad. She is generally lucid in both her thoughts and behaviour throughout the opera. What defines her madness, therefore, is the fact that her actions are stigmatized and marked as mad by the other characters in the opera. This is reflective of the complexity of madness as a conceptual category throughout history, both within and outside of opera. Human beings in any society display an enormous variety of beliefs and behaviours, some of which are stigmatized as signs of madness, while others are tolerated as merely unusual. Madness as a conceptual category is formed from those behaviours and patterns of thought which a society defines as intolerably abnormal, and is thus defined by rejection, otherization, and stigmatization. Susan McClary notes in *Feminine Endings* that "Cultural anthropologists and historians have demonstrated that there is no essential or ideologically neutral condition that is 'the mad.' Rather, because each society values certain types of behaviour, each defines deviance according to very different criteria."¹⁹⁴ In *Curlew River*, The Madwoman's madness has as much or more

¹⁹⁴ McClary, *Feminine Endings*, 84.

to do with the other characters' reactions to her as it does with her own behavior, creating a narrative framework that highlights the social negotiations surrounding the category of mad. Furthermore, both the setting of the opera and the divine cure provided by The Madwoman's son reference a medieval construction of voice-hearing that was interpreted in divine, rather than medical, terms, thus further demonstrating the cultural contingency of contemporary definitions of madness.

It is worth noting that in 1964 when *Curlew River* premiered, its composer Benjamin Britten, as a gay man, would himself have been considered mad. "Homosexuality" was classified as a psychoneurotic disorder in the then-current DSM I; it was a subtype of the diagnosis "Sexual deviation," which also included "transvestism, pedophilia, fetishism, and sexual sadism (including rape, sexual assault, mutilation)."¹⁹⁵ It would continue to appear in diagnostic manuals through two more editions of the DSM, until it was removed in 1980, four years after Britten's death. The World Health Organization's *International Classification of Diseases* (ICD) similarly classified homosexuality as a subcategory of sexual deviation at the time, but listed it under "disorders of character, behaviour, and intelligence" as a subtype of "Pathological personality."¹⁹⁶ Furthermore, "homosexual acts" were illegal at the time in all parts of the United Kingdom. Though a majority of British people at the time felt that homosexual acts in private should not be criminal, and homosexual acts in England and Wales (though not Scotland, Northern Ireland, and the Channel Islands) were legalized in 1967 by the Sexual Offences Act, a 1965 National Opinion Poll by the *Daily Mail* showed that 93% of British people

¹⁹⁵ American Psychiatric Association, *Diagnostic and Statistical Manual [for] Mental Disorders, with Special Supplement on Plans for Revision*, 1st ed. (Washington, DC: American Psychiatric Association, 1952), 38–39.

¹⁹⁶ World Health Organization (WHO), *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death: Based on the Recommendations of the Seventh Revision Conference, 1955, and Adopted by the Ninth World Health Assembly under the WHO Nomenclature Regulations* (Geneva: World Health Organization, 1957), 121–22.

believed that homosexuals were in need of medical or psychiatric treatment.¹⁹⁷ As a gay man in a long-term romantic relationship with another man, Britten was himself both a criminal and mad by the standards of his time in the society in which he lived.

In his famous history of madness, Michel Foucault argues that Western culture has historically depended upon madness as the construction that allows it to define rational thought.

The perception that Western man has of his own time and space allows a structure of refusal to appear, on the basis of which a discourse is denounced as not being a language, a gesture as not being an oeuvre, a figure as having no rightful place in history. This structure is constitutive of what is sense and nonsense, or rather of that reciprocity through which the one is bound to the other; it alone can account for the general fact that in our culture there can be no reason without madness, even though the rational knowledge that we have of madness reduces it and disarms it by lending it the slender status of pathological accident.¹⁹⁸

This process of defining rationality through the rejection of madness can be seen in the behaviour of the other characters towards *The Madwoman*. When they reject her as mad, they define a conceptual space of sanity, in which they are all included by virtue of their exclusion of her. Conversely, when the Pilgrims, Traveller, and Ferryman share in the experience of *The Spirit's* presence, they cease to otherize and reject her experiences, and thus to define her as mad. *The Spirit* transforms her character entirely through a divine miracle a few measures later, but her social transformation occurs earlier, when her experiences are accepted and validated by the society in which she dwells.

¹⁹⁷ Vicky Iglikowski-Broad, "The Passing of the 1967 Sexual Offences Act," The National Archives, accessed February 17, 2021, <https://blog.nationalarchives.gov.uk/sexual-offences-act/>.

¹⁹⁸ Michel Foucault, *History of Madness*, ed. Jean Khalfa, trans. Jonathan Murphey and Jean Khalfa (London: Taylor & Francis Group, 2006), xxxii.

Although Britten and Plomer name their heroine “The Madwoman,” suggesting an unambiguous portrayal of a definitively mad character, the actual treatment of her character draws attention to the historically and culturally contingent nature of madness. Although rejected and mocked by the other characters, The Madwoman appears sane and lucid for the majority of the opera. Furthermore, the aspect of her character that is most closely associated with madness in the twentieth century instead here functions as evidence and cause of her sanity. The medieval setting and divine focus of *Curlew River* also draws attention to the historically varied significance of hearing voices within western culture.

The concept of schizophrenia has existed for a little over a century, but both the experience and the idea of hearing disembodied voices are of course much older. The presence of these voices has furthermore been subject to an extremely wide variety of interpretations, both contemporaneously and retroactively. Plato spoke of divine madness, which may create prophets or inspire poets, and which was widespread in Greek culture prior to his time.¹⁹⁹ In medieval Europe, hearing voices was often interpreted as a sign of possession, but might also have been seen as divine in nature. In “Reasoning with Unreason: Visions, Witchcraft, and Madness in Early Modern England,” Katharine Hodgkin points out “the question of how to interpret encounters with spirits did not pose itself entirely, or even primarily, in terms of the difference between madness and sanity. A further set of differences was organized around the meaning of the spirits themselves – good or bad, angels or devils? – and around the identity of the person – a witch, a saint, possessed? Genuine, deluded, dissembling?”²⁰⁰ Prophecy and visions make up an important sub-category of saints’ miracles, and some of

¹⁹⁹ Theocharis Chr Kyziridis, “Notes on the History of Schizophrenia,” *The German Journal of Psychiatry* 8, no. 3 (2005): 43.

²⁰⁰ Katharine Hodgkin, “Reasoning with Unreason: Visions, Witchcraft, and Madness in Early Modern England,” in *Languages of Witchcraft: Narrative, Ideology, and Meaning in Early Modern Culture*, ed. Stuart Clark (Basingstoke: Macmillan, 2001), 218.

these visions also speak.²⁰¹ Joan of Arc is perhaps the most famous hearer of divine voices, but she is far from alone. Saints can furthermore appear in visions, both during their lives and posthumously. St. Margaret of Scotland, who has twenty-nine described miracles involving her visionary appearance, exemplifies this. Robert Bartlett, in his book *Why Can the Dead do Such Great Things?* describes her miracles thusly:

the usual pattern is for [St. Margaret]—"a woman clothed in snow-white garments," "shining with inexpressible splendour"—to appear while the pilgrim is asleep in her church, identify herself ("I am Margaret, queen of the Scots"), and then, perhaps by touching, cure the suppliant.¹⁹¹ The frequency of visionary appearances is clearly related to the frequency of such overnight cures.²⁰²

Despite its invocation of madness in its character naming conventions, *Curlew River*'s invocation of visions and voices is clearly modelled on this medieval, divine understanding rather than a modern, medical explanation. The Spirit appears at his grave-site, which the local people have been venerating him as a saint. The Ferryman reports "The river folk believe the boy was a saint. They take earth from his grave To heal their sickness. They report many cures."²⁰³ His appearance at the end of the opera, in which he is heard praying, and then appears visually to cure the Madwoman, engages with disembodied voices in an explicitly divine context, thus demonstrating the enduring relevance of this historical perspective, and the historical contingency of the schizophrenic interpretation.

²⁰¹ For more information on this, see Robert Bartlett, "Miracles: Visions, Prophecy, and Rapture" in *Why Can the Dead Do Such Great Things?: Saints and Worshippers from the Martyrs to the Reformation* (Princeton: Princeton University Press, 2013), 368–378. <https://doi.org/10.1515/9781400848782>.

²⁰² Bartlett, *Why Can the Dead Do Such Great Things?*, 370.

²⁰³ Britten, *Curlew River*, 69.

This is not to say that *Curlew River* precisely portrays medieval beliefs regarding divine voices, or that divine interpretations of disembodied voices retain the same level of cultural salience in twentieth-century western society as they previously held. However, despite the fact that heard voices are no longer commonly believed to come from God, the idea that a saint or prophet might hear the voice of God remains culturally familiar. Biblical records of prophets and more recent stories of saints, in particular Joan of Arc, preserve the cultural relevance of this concept long beyond its accepted applicability within everyday life, and inspire numerous references within secular media. Whether or not a person believes in the existence of the divine or the possibility of a divine voice, contact with western art and media will almost certainly familiarize them with the concept. By engaging directly with this historical understanding of disembodied voices, which is no longer generally accepted but still very familiar, Britten and Plomer demonstrate the cultural and historical contingency of the modern schizophrenic explanation. The modern construction of madness as a purely or primarily medical entity is thus placed under scrutiny and into negotiation with historically-based cultural tropes.

Conclusion

Taken together, *Miss Havisham's Wedding Night*, *The Medium*, and *Curlew River* form a continuum of explanations for the disembodied voices that their characters experience. In *Miss Havisham's Wedding Night*, these voices are hallucinations; they are barely accessible to the audience, and a primary symptom of her explicitly addressed madness. *Curlew River* makes no use of modern medical explanations and instead showcases a historical belief that disembodied voices may be divine in origin. *The Medium* is intentionally and explicitly ambiguous. A medical explanation is certainly possible, and to a modern eye Baba's alcoholism functions as a referent to generally understood mental illness; however, the opera sets up an alternative explanation for the disembodied voices and touches that Baba experiences. *The Medium* places a medical understanding of the voices as hallucinations directly into conversation with a supernatural understanding of the voices as ghosts and displays both as equally valid possibilities within the narrative.

Neither option is given final narrative validation, and the audience is left to decide for themselves whether Baba was mad or haunted.

In nonfictional settings within modern western society, disembodied voices are constructed as symptoms of mental illness. Ghosts and spirits, whether divine or malevolent in origin, are not generally accepted as valid explanations. Despite this, the idea that a voice might come from a spirit, a demon, or directly from God remains culturally familiar, and troubles the concept of the exclusively medical disembodied voice. In these circumstances, these operas give voice to this unspoken cultural tension, serving as a public forum in which the modern construction of schizophrenia must be reconciled with the long history and many meanings of voice-hearing as a symbolically potent cultural entity.

Chapter 3 : The Self-Confined Protagonist and the Shadow of the Asylum

Introduction

In 1974, Mary Thomas premiered *Miss Donnithorne's Maggot*, a music-theatre work for mezzo-soprano and ensemble composed by Peter Maxwell Davies, with text by Randolph Stow.²⁰⁴ The work, which had been conceived five years earlier at the premier party for *Eight Songs for a Mad King* as a sort of comedic sequel, is a mad scene in eight sections that portrays Eliza Emily Donnithorne, an Australian woman who is believed to have been one of the primary inspirations for Charles Dickens's Miss Havisham.²⁰⁵ Randolph Stow, in his "Historical Note" that is included in the vocal score for the work, quotes "various contemporaries," who described Miss Donnithorne's life. Like the fictional Miss Havisham, Miss Donnithorne was jilted on the morning of her wedding, after which she never again left her house, keeping a chain on her front door that only allowed it to be opened a few inches. Also like Miss Havisham, Miss Donnithorne continued to wear her bridal costume, and left the wedding breakfast on the table to rot until the day of her death in 1886.²⁰⁶

Three years later, in 1977, Dominick Argento was commissioned by the New York City Opera to compose a new work for operatic soprano Beverly Sills's final performance. After first considering Empress Carlotta of Mexico as a subject, Argento and Sills ultimately chose to pursue a full-length opera based on John Olon-Scrymgeour's monodrama libretto *Miss Havisham's Wedding Night*. Sills was very enthusiastic about

²⁰⁴ "Miss Donnithorne's Maggot," Boosey & Hawkes, 2020, <https://www.boosey.com/pages/opera/moreDetails?musicID=3787>.

²⁰⁵ Maxwell Davies, *Miss Donnithorne's Maggot*, "Composers Note."

²⁰⁶ Maxwell Davies, *Miss Donnithorne's Maggot*, "Historical Note."

an operatic adaptation of the character of Miss Havisham, whom she described as a “folle d’amour,” or “woman mad with love,” similar to many of the characters that she had portrayed throughout her career.²⁰⁷ Though Sills’s health prevented her from ever performing this character, this commission would result in two large-scale music-theatre works: *Miss Havisham’s Fire*, premiered in 1979 by the New York City Opera, and the excerpted *Miss Havisham’s Wedding Night*, a monodrama for solo soprano and ensemble, premiered two years later in 1981.

My research has not revealed when or why John Olon-Scrymgeour decided to write his original libretto for *Miss Havisham’s Wedding Night*, which was apparently already complete and of which Argento was already aware in the fall of 1977, as he suggested it to Sills during a meeting to discuss the commission.²⁰⁸ It is certainly possible that Olon-Scrymgeour attended or heard of a performance of *Miss Donnithorne’s Maggot*, which inspired him to write *Miss Havisham’s Wedding Night*. Maxwell Davies’s chamber music group, *The Fires of London*, had begun their first North American tour the previous year, beginning in Brooklyn, NY on October 27th, 1976, and had programmed *Miss Donnithorne’s Maggot* on this tour. Given the timeline, however, it seems to me likewise possible that Olon-Scrymgeour wrote *Miss Havisham’s Wedding Night* with no knowledge of *Miss Donnithorne’s Maggot*, or before *Donnithorne’s* premier in 1974.

Whether Olon-Scrymgeour was inspired by *Miss Donnithorne’s Maggot* or not, it is nevertheless striking to me that these two completely separate creative teams on opposite sides of the Atlantic Ocean chose to write large-scale music-theatre works on nearly identical subjects within the same decade, more than a century after the publication of *Great Expectations*. Miss Havisham is certainly a popular and well known literary figure,

²⁰⁷ Dominick Argento, *Catalogue Raisonné as Memoir: A Composer’s Life* (Minneapolis: University of Minnesota Press, 2004), 92.

²⁰⁸ Argento, *Catalogue Raisonné as Memoir*, 91–92.

but prior to the 1970s she had not received any operatic treatment. Why then this sudden interest?

It is difficult if not impossible to say with a high degree of certainty why Miss Havisham became an attractive subject for two sets of operatic composers and librettists, and that is not the aim of this chapter.²⁰⁹ Instead, I will interpret these works as part of a larger operatic engagement with the concept of sequestration. This chapter places *Miss Havisham's Fire* (and *Wedding Night*) and *Miss Donnithorne's Maggot* into conversation with two other operas that premiered in the 1980s: Phillip Glass's *The Fall of the House of Usher* (1988), and Michael Tippett's *New Year* (1989), both of which also feature protagonists who have voluntarily sequestered themselves within their homes. These self-confined protagonists represent a major departure from traditional operatic mad characters, who are far more likely to display their madness in public interaction with other characters. This increased interest in confinement as a key aspect of theatrical and operatic madness seems to me to be particularly significant in light of the profound changes to psychiatric care which took place in the preceding decades, when a strong movement towards de-institutionalization, combined with the revelation of widespread and severe abuse within inpatient psychiatric institutions, resulted in the closing of many long-term psychiatric care facilities.²¹⁰ The insane asylum still looms large within our cultural memory, but these operas premiered in an era when these institutions were shifting out of practical use and into historical relic-hood. This chapter will explore the

²⁰⁹ I am aware that there was also a TV movie version of *Great Expectations* released in November 1974, but as this is after the premier of *Miss Donnithorne's Maggot*, it seems to me to be a further instance of this phenomenon, rather than a plausible cause.

²¹⁰ Note that this did not actually end the practice of confinement for those who display non-normative states of mind. In the absence of available inpatient psychiatric care, those with chronic severe mental conditions often end up in prison. At the end of the 20th century, there were more mentally ill people in U.S. prisons than in mental hospitals (Donna R. Kemp, *Mental Health in America: A Reference Handbook* (Santa Barbara, CA: ABC-CLIO, 2007), 66).

symbolic resonance between the self-confined protagonists of these operas and the cultural memory of these institutions in this moment of transition.

Deinstitutionalization: The Fall of the Insane Asylum

Mental hospitals and insane asylums loom large within both the public imagination and the history of psychiatric care. Prior to the 1960s, state-run mental hospitals were the primary means of psychiatric treatment in both the United States and the United Kingdom, and housed a large and growing population. This reached its zenith in the mid-1950s. In 1955, there were 559,000 patients in United States mental hospitals,²¹¹ and British hospitals reached a similar peak in the mid-1950s,²¹² with an average daily population of 147,300 in-patients for the decade as a whole.²¹³ Despite being an era of high use, however, the 1950s were also an era of growing public mistrust of large mental institutions, which precipitated rapid and substantial change in the 1960s.

In 1962, the Hospital Plan for England and Wales, overseen by Minister of Health Enoch Powell, “predicted the closure of half of all mental health beds by 1975.”²¹⁴ Nine years later, in 1971, the Department of Health and Social Security published “Hospital Services for the Mentally Ill,” which called for the abolition of the mental hospital system and for psychiatric services to be instead provided by district general hospitals in conjunction with social services and general practitioners. Within the district general hospitals, psychiatric services were provided in both inpatient and outpatient formats, just as in

²¹¹ David A. Rochefort, *From Poorhouses to Homelessness: Policy Analysis and Mental Health Care* (Westport, CN: Auburn House, 1993), 213.

²¹² Douglas Bennett and Isobel Morris, “Deinstitutionalization in the United Kingdom,” *International Journal of Mental Health* 11, no. 4 (1982/3): 5, <http://www.jstor.com/stable/41344296>.

²¹³ John Turner et al., “The History of Mental Health Services in Modern England: Practitioner Memories and the Direction of Future Research,” *Medical History* 59, no. 4 (2015): 605, <https://doi.org/10.1017/mdh.2015.48>.

²¹⁴ Helen Killaspy, “From the Asylum to Community Care: Learning from Experience,” *British Medical Bulletin* 79–80, no. 1 (2006): 249, <https://doi.org/10.1093/bmb/ldl017>.

other hospital disciplines. This made outpatient psychiatry a key component of psychiatric care, as opposed to its previous function as triage.²¹⁵

In 1963, one year after Enoch Powell published *The Hospital Plan for England and Wales*, President John F. Kennedy signed the Community Mental Health Centers Act. In his “Special Message on Mental Illness and Mental Retardation,” which was addressed to the U.S. Congress and released “to all newspapers, radio, and TV stations”²¹⁶ on February 5, 1963, Kennedy declared, “If we launch a broad new mental health program now, it will be possible within a decade or two to reduce the number of patients now under custodial care by 50% or more. Many more mentally ill can be helped to remain in their own homes without hardship to themselves or their families. Those who are hospitalized can be helped to return to their own communities.”²¹⁷ Over the course of the next decade Kennedy’s call for deinstitutionalization was answered beyond even his hopes. David Rochefort, author of *From Poorhouses to Homelessness: policy analysis and mental health care*, comments

When President Kennedy launched his national community mental health program in the early 1960s calling for a 50 percent reduction in the number of mental patients under custodial care over the next two decades, it seemed to be an ambitious goal (Kennedy, 1963). In reality, the process of deinstitutionalization proceeded even more quickly and more extensively than that. By 1975, the number of patients in state and county mental hospitals had declined by 62 percent from the time of President Kennedy’s famous message to the Congress (65 percent from the peak of 559,000 in 1955). Falling further still over the next decade, the institutional census contracted to 110,000 in 1985 (NIMK, 1989), this

²¹⁵ Killaspy “From the Asylum to Community Care,” 249.

²¹⁶ Kennedy, “Special Message on Mental Illness and Mental Retardation,” 1.

²¹⁷ Kennedy, “Special Message on Mental Illness and Mental Retardation,” 4.

despite growth in the U.S. population and irrespective of the increasing number of mental hospital admissions over much of the period.²¹⁸

These sweeping changes to psychiatric care policy in both the United States and the United Kingdom were precipitated by a number of factors, both cultural and medical. The introduction of early psychotropic drugs, including reserpine and chlorpromazine, created a spirit of increased optimism about the treatment and care of the mentally ill, and renewed faith in psychiatry as a medical discipline. In the aftermath of World War II, this was particularly important in the United States,²¹⁹ as cultural awareness of the prevalence of mental illness had been greatly increased. Between those rejected from the armed services during screening for neurological or psychiatric reasons, and those later discharged for neuropsychiatric problems, the American military lost more than 2,000,000 otherwise eligible soldiers. This raised the question of possibly similar numbers of undiagnosed civilian mental illness cases and also pushed the armed services to develop new methods of treatment for the war's psychiatric casualties. The prevalence of mentally disabled veterans during the post-war era furthermore served to lessen (although not obliterate) the stigma that had long been associated with madness, and that endures in changed form to this day. While this would not hold necessarily true for subsequent wars, this cultural shift precipitated a desire for substantial policy changes in care for the mentally ill.²²⁰

The final major factor leading to deinstitutionalization, and the most relevant to this dissertation, is the wave of scandals regarding abuse and poor living conditions within mental hospitals, which significantly eroded public trust in mental hospitals as places of

²¹⁸ Rochefort, *From Poorhouses to Homelessness*, 213.

²¹⁹ My sources on deinstitutionalization in the United Kingdom do not mention the cultural impact of World War II there.

²²⁰ For a more in-depth discussion of the cultural factors leading to deinstitutionalization, see Rochefort, "The third psychiatric revolution," Bennett and Morris, "Deinstitutionalization in the United Kingdom," and Killaspy, "From the Asylum to Community Care."

care. Beginning in the late 1940s, a large number of critiques of mental hospitals were published, for both scholarly and popular audiences. In the United States, a widespread journalistic campaign printed numerous exposés on conditions within mental hospitals, including “Bedlam USA” for *Life* magazine, which was reprinted as “The Shame of Our Mental Hospitals” for *Reader’s Digest*, in May and July of 1946 respectively. The impact of these two publications was significant, as Nina Ridenour describes in *Mental Health in the United States*. “These two articles, appearing in two of the magazines with the widest circulation in the United States, triggered a volcano of exposés and feature articles in other magazines and the daily press which continued for several years.”²²¹ Articles on deinstitutionalization in the United Kingdom primarily cite the work of sociologist Erving Goffman, whose *Asylums: essays on the social situation of mental patients and other inmates* was published in 1961, as a major motivator of the social movement against asylums in the United Kingdom, and also mention *Institutionalism and Schizophrenia: A comparative study of three mental hospitals, 1960–1968*, by J.K. Wing and G.W. Brown, which examined three British mental hospitals in order to quantify the impact of institutionalization on patients with chronic schizophrenia. The United States likewise had a boom in the publication of academic studies of the impact of asylums on their patients, in which *Asylums* was also a frequently cited source. (Goffman was Canadian-born, but his research included a stint undercover as an assistant to the physical education instructor at St. Elizabeth’s Hospital in Washington, DC.)²²² These studies dovetailed closely with those in popular print; their findings suggested that the mental hospital itself was a cause of mental illness, rather than a place of therapy and treatment. Rochefort comments, “by somewhat different routes, then, popular and scholarly writers

²²¹ Ridenour, “That He Who Runs May Read,” 107.

²²² John Adlam et al., “Perspectives on Erving Goffman’s ‘Asylums’ Fifty Years On,” *Medicine, Health Care and Philosophy* 16, no. 3 (2013): 605, <https://doi.org/10.1007/s11019-012-9410-z>.

arrived at the same ironic conclusion: Mental hospitals as currently organized were making worse the very problems they were intended to remedy.”²²³

In addition to being an era of significant reform in psychiatric treatment and public health policy, the mid-twentieth century also featured important new literary portrayals of madness and institutionalization as a response to madness specifically. Sylvia Plath’s *The Bell Jar* was first published in the United Kingdom in 1963 (although it was not published in the United States until 1971). It provided a semi-autobiographical portrait of psychiatric treatment. Ken Kesey’s *One Flew Over the Cuckoo’s Nest*, published one year earlier in 1962, likewise provided a vivid portrait of the contemporaneous insane asylum, based on the author’s experiences working in a veterans’ hospital as a nurse’s aid on the psychiatric ward. Both remain prominent works within the canon of English-language literature, and *One Flew over the Cuckoo’s Nest* in particular has attained a high level of recognition within popular culture, inspiring a stage adaptation which remains widely produced, and an extremely well-known 1975 film, starring Jack Nicholson, which won five Academy Awards.²²⁴

This era also featured a resurgence of autobiographical asylum narratives, particularly within feminist literature, beginning with Mary Jane Ward’s *The Snake Pit*, which was published in 1946 and made into an Oscar-winning film in 1948. Other books in this genre include Joanne Greenberg’s *I Never Promised you a Rose Garden*, Lara Jefferson’s *These Are My Sisters*, Ellen Wolfe’s *Aftershock: The Story of a Psychotic Episode*, and Sylvia Plath’s previously mentioned *The Bell Jar*, which remains well-known to this day. This renewed feminist interest in asylum narratives of both the explicitly autobiographical and semi-autobiographical variety “appropriated the renewed attention to mental health reform and the language of radical psychiatry to interrogate the

²²³ Rochefort, “Origins of the ‘Third Psychiatric Revolution,’” 5.

²²⁴ David A. Rochefort, “Reimagining the Cuckoo’s Nest,” *Journal of Medical Humanities* 39, no. 1 (2018): 5, <https://doi.org/10.1007/s10912-017-9481-1>.

implications of both for women,” as Marta Caminero-Santangelo observes in *The Madwoman Can’t Speak*.²²⁵

Madness and institutionalization within mid-twentieth century fiction has been a subject of particular interest within literary scholarship, but the presence of insane asylums in literature and art was by no means a new phenomenon. As Caminero-Santangelo points out, “Autobiographical asylum narratives have been around for almost as long as the asylum itself,”²²⁶ and fictional representations of asylums and mental hospitals have maintained a presence in literature and theatre for centuries. Bethlem Royal Hospital appears as a stage setting as early as 1605, in Thomas Dekker’s *The Honest Whore, Part One*. In his book *Separate Theaters: Bethlem (“Bedlam”) Hospital and the Shakespearean Stage*, Ken Jackson explores a connection between the theatre works of Ben Johnson, William Shakespeare, and their contemporaries, and the practice of displaying the mad residents of Bethlem hospital to visitors that appears to have begun around the year 1600 as a form of fundraising.²²⁷ More than two centuries later, Charles Dickens attended a similar display at St. Luke’s Hospital, and published an account of his visit titled “A Curious Dance round a Curious Tree” in the 17 January 1852 edition of *Household Worlds*.²²⁸ This was one of several visits to insane asylums that Dickens made over the course of his adult life. During his trip to the United States in 1842, he sought out and visited asylums in New York, Boston, and Hartford, Connecticut, which he described in his book *American Notes*.²²⁹ He also planned a visit to ‘Bedlam’ in June

²²⁵ Marta Caminero-Santangelo, *The Madwoman Can’t Speak: Or Why Insanity Is Not Subversive* (Ithaca, NY: Cornell University Press, 1998), 10.

²²⁶ Caminero-Santangelo, *The Madwoman Can’t Speak*, 10.

²²⁷ Ken Jackson, *Separate Theaters: Bethlem (“Bedlam”) Hospital and the Shakespearean Stage* (Newark: University of Delaware Press, 2005), 16–18.

²²⁸ Mitsuharu Matsuoka, “Bedlam Revisited: Dickens and Notions of Madness,” *The Dickensian* 109, no. 3 (2013): 230–31.

²²⁹ Charles Dickens, *American Notes* (London: Hazell, Watson, & Viney Ltd., n.d.), 42–45, 63–66, 78–79. <http://www.canadiana.ca.proxy1.lib.uwo.ca/view/oocihm.61628/68?r=0&s=1>

of 1836 with John Macron, although there is no evidence that this visit actually occurred.²³⁰ Although Dickens does not make significant use of mental hospital settings in his novels, Bethlem hospital in particular occupies conceptual space within his oeuvre, as characters including Scrooge (*A Christmas Carol*), Mr. Dick (*David Copperfield*), and Mrs. Clennam (*Little Dorrit*) all invoke “Bedlam” by name.²³¹

Asylums and Opera: a Conspicuous Absence

Despite the long tradition of asylum settings in theatre and literature and the importance of madness within the operatic canon, operas do not generally make use of the insane asylum as a setting. This may be at least partially due to the decidedly non-medical construction of pre-twentieth century operatic madness, as discussed in Chapter 1. If madness is treated as a medical condition, which the introduction of institutional treatment would imply, this undermines the popular dramatic structure in which madness is caused by the loss of one’s beloved and can be restored (if the opera is a comedy) by the return of the beloved and the requital of affection. Despite their increased use of medical imagery and vocabulary, furthermore, twentieth-century mad operas have still generally featured mad characters outside of institutional settings. *The Rake’s Progress*, which concludes with its main character permanently institutionalized, is decidedly the exception rather than the rule in this regard. Even Berg’s *Wozzeck*, who is shown to be undergoing some sort of experimental medical treatment related to his behaviour, is being treated outside of a hospital. Whatever the reason, this lack of asylum settings within opera is both pronounced and surprising.

Although mad operatic characters are rarely confined to institutions, the 1970s and 1980s provide us with several examples of operatic characters who self-identify as mad, and

²³⁰ Charles Dickens, *The Letters of Charles Dickens: 1820–1870*, ed. Madeline House, Graham Storey, and Kathleen Tillotson, 2nd Release (Charlottesville, VA: InteLex Corporation, 2002), 153.

²³¹ Matsuoka, “Bedlam Revisited: Dickens and Notions of Madness,” 230, 233, 236.

who have voluntarily confined themselves within their homes, often in a manner that invokes the archetype of the asylum. This chapter explores four operatic works that prominently feature self-confined mad characters, usually as protagonists: *Miss Donnithorne's Maggot* (1974) by Peter Maxwell Davies, *Miss Havisham's Fire* (1979) by Dominick Argento, *The Fall of the House of Usher* (1988) by Philip Glass, and *New Year* (1989) by Michael Tippett.

While the interest in self-confined mad characters appears to have been a relatively new phenomenon within opera at this time, three of the four operas I explore here are drawn from mid-nineteenth century sources. *Miss Donnithorne's Maggot* is, as previously discussed, closely based on the life of Emily Eliza Donnithorne, a historical figure who lived from 1821 to 1886 and is best known as a likely inspiration for Charles Dickens's Miss Havisham, upon whom Argento's *Miss Havisham's Fire* is based. Philip Glass's *The Fall of the House of Usher* is likewise drawn from nineteenth century literature, in this case Edgar Allan Poe's 1839 short story of the same title. It is worth noting here that both nineteenth-century authors whose characters are featured in these operas also featured insane asylums in their other works. Dickens's engagement with mental hospitals is discussed above, and Poe made use of an insane asylum setting in his short story "The system of Doctor Tarr and Professor Fether," published in 1845, which satirizes the then-popular moral management treatment method.²³² Incidentally, some believe that the narrator of "The system of Doctor Tarr and Professor Fether" is a likewise satirical portrait of Charles Dickens, with whom Poe was acquainted.²³³

The use of nineteenth-century literary sources in these three operas allows for a potent, cross-temporal engagement with the symbolic entity of the insane asylum. Like the mid-twentieth century, the mid-nineteenth century was an era of profound cultural anxiety

²³² William Whipple, "Poe's Two-Edged Satiric Tale," *Nineteenth-Century Fiction* 9, no. 2 (1954): 122. doi:10.2307/3044324.

²³³ Whipple, "Poe's Two-Edged Satiric Tale," 126.

surrounding insane asylums, which led to both major reforms of the asylums themselves, and frequent use of asylum settings in the literary works of the era. By drawing on the works of Poe and Dickens, these operas exploit the dramatic potential of Victorian-era anxieties surrounding asylums, highlighting parallels between nineteenth- and twentieth-century fears concerning psychiatric care, but also transforming the source material to reflect specifically twentieth-century concerns regarding both the efficacy of mental hospitals and the place of women in society.

The fourth opera treated in this chapter, *New Year*, forms a stark contrast to the previous three works, as it features an original libretto set in the present (and partially in the future) and does not appear to be an adaptation of any literary work or historical event. *New Year* instead constructs its self-confined protagonist Jo Ann in a manner that indexes a number of contemporaneous psychiatric concepts, and makes comparatively far less use of literary and operatic conventions surrounding the portrayal of madness. All four of these operas, however, display contemporaneous understandings of madness in their construction of their protagonists and settings.

The Mad Miss Havisham: Femininity and Reclusion in the Victorian Era and the 1970s

In his introductory note to the score of *Miss Donnithorne's Maggot*, Peter Maxwell Davies describes the conversation that led to the creation of the work, which took place at the premier party for *Eight Songs for a Mad King*.

Randolph Stow, who wrote the text for the very serious and tragic *Eight Songs* said 'let's write a funny one, as a sequel.' Miss Donnithorne was born five years later, and her music is more introvert, more contemplative, and, I would think,

ultimately more disturbing than that written for George III, the Mad King, certainly only ‘funny’ in a most qualified manner.²³⁴

The conception of *Miss Donnithorne’s Maggot* as a kind of sequel to *Eight Songs for a Mad King* suggests that both Stow and Maxwell Davies viewed Miss Donnithorne as an unambiguously mad figure. Similarly, Argento, Sills, and Olon-Scrymgeour’s selection of Miss Havisham, and her eventual portrayal in *Miss Havisham’s Fire*, likewise suggest that the creative team understood her primarily as a madwoman. Argento recalls his discussions with Sills in his *Catalogue Raisonné as Memoir*, in which Sills described Miss Havisham as a “*folle d’amour*,”²³⁵ or “woman mad with love.” This is not a technical term that I have encountered anywhere else, but most likely refers to the bel canto mad operatic heroines, such as *Lucia di Lammermoor*, that were an important part of Sills’s performing repertoire. The choice of Miss Havisham was a pivot from a previously discussed opera on Empress Carlotta of Mexico, who would have also been treated as a mad opera protagonist.

In addition to the circumstances of their creation, which suggest that these characters were chosen with the idea of madness already in mind, both Miss Havisham and Miss Donnithorne self-identify as mad within the libretto of these works. In Miss Donnithorne’s first “Recitative,” she sings “here comes the bride, stark mad in white satin,”²³⁶ which can be read as a description of herself. In her second “Recitative” she also describes trespassing boys named Joey and Billy whom she can hear discussing her in her yard. “Joey shouted at my window: ‘Fifty-five and never been xxxxxx!’ He said to Billy: ‘they go mad! If they don’t get it!’”²³⁷ Miss Havisham is even more explicit,

²³⁴ Maxwell Davies, *Miss Donnithorne’s Maggot*, “Composers Note.”

²³⁵ Argento, *Catalogue Raisonné as Memoir*, 92.

²³⁶ Maxwell Davies, *Miss Donnithorne’s Maggot*, 14.

²³⁷ Maxwell Davies, *Miss Donnithorne’s Maggot*, 33. The xxxxxx is not meant to be pronounced, but rather indicates Miss Donnithorne’s refusal to say a rude word, presumably “fucked” or similar. Her

saying “I am mad. Quite mad. I am the mad Miss Havisham who lives in the dark house with the garden gone to seed” twice within the course of the epilogue, and declaring that she “went mad” as the result of Compeyson’s abandonment.²³⁸ She is similarly described as mad by Estella to her face during their argument,²³⁹ and by the Examiner at the conclusion of the inquest that sought an explanation for her death.²⁴⁰

The tacit assumption of their protagonists’ madness by the composers and writers (and, in one case, the intended performer) of both of these works mirrors the interpretation of most modern literary and psychological writings that discuss Miss Havisham. She is frequently treated as a mad archetype, and is held up as “a memorable study of monomania”²⁴¹ in the entry “madness, lunacy, and insanity” in *The Oxford Reader’s Companion to Dickens*. She has furthermore been cited as recently as 2008 in the *Journal of Medical Humanities* as a teaching tool for students of psychiatry in “Dickens’ characters on the couch: an example of teaching psychiatry using literature,” which states:

Another example of stress-related illness occurs in Miss Havisham in *Great Expectations*. After being jilted by her bridegroom at twenty minutes to nine on the day of her wedding, Miss Havisham is so traumatized by the experience she completely withdraws from society... Miss Havisham’s condition may represent a pathological grief reaction or adjustment disorder. Similar behaviour in women

silence is indicated with a rest in the score, and a stage note which reads “clap hand over mouth in wide-eyed horror.”

²³⁸ Argento, *Miss Havisham’s Fire (Libretto)*, 40.

²³⁹ Argento, *Miss Havisham’s Fire (Libretto)*, 17.

²⁴⁰ Argento, *Miss Havisham’s Fire (Libretto)*, 35.

²⁴¹ Heather Pike, “Madness, Lunacy, and Insanity,” in *Oxford Reader’s Companion to Dickens*, ed. Paul Schlicke (Oxford: Oxford University Press, 2011), 19.

caused by the sudden rejection of a partner or loss of a spouse has been described as Miss Havisham Syndrome.²⁴²

Given this, it is perhaps surprising to note that the interpretation of Miss Havisham as a mad character is not actually universal and is in particular noticeably absent from both Dickens's original novel and its contemporaneous critical reception. A discussion of *Great Expectations* in *Blackwood's Magazine* in 1862 declared "this poor lady, who is perfectly sane, much as appearances are against her, has lived in this miraculous condition for five-and-twenty years."²⁴³ More recently, in "Miss Havisham Brought to Book," Martin Meisel describes her as "weird but sane, and so responsible not only for her acts in the present, but for her continuation in the grotesque posture of her injury."²⁴⁴ Within the novel, the question of Miss Havisham's madness is addressed twice, and in both cases the discussion supports a sane reading of her character. In the first instance, she is compared to her brother, who, after inheriting funds from their father, "what with debts and what with new madness wasted them most fearfully again. There were stronger differences between him and her than there had been between him and his father."²⁴⁵ As Miss Havisham remained quite wealthy through the management of her own inheritance, it appears that whatever madness bankrupted her brother is not present in her. Later in the novel, when the adult Estella returns to Satis House to confront Miss Havisham over the impact of her cruelty on Estella's life, Miss Havisham exclaims "Let her call me mad, let her call me mad!" and Estella replies "Why should I call you mad... I, of all people? Does any one live, who knows what set purposes you have, half as well as I do? Does any

²⁴² B. C. Douglas, "Dickens' Characters on the Couch: An Example of Teaching Psychiatry Using Literature," *Medical Humanities* 34, no. 2 (2008): 67, <https://doi.org/10.1136/jmh.2008.000570>.

²⁴³ Margaret Oliphant, "Sensation Novels," *Blackwood's Magazine* American ed., no. LIV (1862): 576.

²⁴⁴ Martin Meisel, "Miss Havisham Brought to Book," *PMLA* 81, no. 3 (1966): 283, <https://doi.org/10.2307/460813>.

²⁴⁵ Charles Dickens, *Great Expectations*, (Ann Arbor, MI: University of Michigan Library, 2005), 206, <http://name.umd.umich.edu/ADJ1280.0001.001>

one live, who knows what a steady memory you have, half as well as I do?”²⁴⁶ If Estella is to be believed, Miss Havisham’s behaviour does not provide any persuasive evidence of madness, and Estella, as she points out, has the closest relationship and most frequent contact with Miss Havisham of all of the characters in *Great Expectations*. Despite all of this, critical engagements with her character frequently choose to interpret her as an uncontroversial and archetypal example of feminine insanity, as does *Miss Havisham’s Fire*. In fact, Estella’s confrontation with Miss Havisham appears in the 1979 version of *Miss Havisham’s Fire*, but makes the opposite claim about Miss Havisham’s mental state. In Scene Four: The Quarrel in the Room of Mirrors, Estella reveals that Bentley Drummle has left her, laying the blame for her misery at Miss Havisham’s feet. When Miss Havisham protests, Estella declares, “Why—of all the unwanted waifs in this crowded world was I the chosen of a woman who is mad?”²⁴⁷

Unlike Miss Havisham, the historical figure Miss Donnithorne does not have a large body of secondary literature devoted to her life and presence within Western culture, save, arguably, in the context of Miss Havisham. She has a brief entry in the *Australian Dictionary of Biography* and is the subject of “A possible Australian Source for Miss Havisham,” an article in *Australian Literary Studies* from 1963.²⁴⁸ She also appears in J. R. Tyrrell’s *Old Books, Old Friends, Old Sydney*. By far the largest non-fiction engagement with her life is Evelyn Juers’s *The Recluse*, published in 2012. She has also been the subject of a number of human interest stories in various Australian newspapers. None of the sources I have found describe her as “mad” or “insane,” though she is

²⁴⁶ Dickens, *Great Expectations*, 337.

²⁴⁷ Argento, *Miss Havisham’s Fire (Libretto)*, 17.

²⁴⁸ J. S. Ryan, “Donnithorne, Eliza Emily (1826–1886),” in *Australian Dictionary of Biography* (National Centre of Biography, Australian National University, 1972), <http://adb.anu.edu.au/biography/donnithorne-eliza-emily-3426/text5211>; J. S. Ryan, “A Possible Australian Source for Miss Havisham,” *Australian Literary Studies* 1, no. 2 (1963): 134–136.

frequently described as “eccentric.”²⁴⁹ The treatment of Miss Donnithorne as an explicitly mad character in *Miss Donnithorne’s Maggot* therefore appears to be something of an aberration within the extant biographical descriptions of her life, with little historical basis. Randolph Stow, in fact, comments on this in the first paragraph of his “Historical Note” in the published score:

Miss Donnithorne’s Maggot is a base and cowardly slur on the reputation of an unfortunate lady. It suggests that she had a habit of going berserk, though in fact no one knows what she did in the extraordinary privacy of her own home. It hints that she drank, though this seems unlikely for commissariat reasons. However, neighbours will talk; and Miss Donnithorne, by her way of life, positively threw down the gauntlet to hers.²⁵⁰

As Stow acknowledges here, the Miss Donnithorne of *Miss Donnithorne’s Maggot* functions far more as a portrayal of rumour and historical imagination than it does as a portrait of the actual historical person of Miss Donnithorne. In fact, this is truer than he could have known at the time. In 1974, when *Miss Donnithorne’s Maggot* premiered, the most authoritative source on Miss Donnithorne was “A Possible Australian Source for Miss Havisham” for *Australian Literary Studies* by J. S. Ryan, a three-page article that surveys the extant newspaper sources and asserts that

the case for the identification of Miss Donnithorne with Miss Havisham is a circumstantial one, but there are no inconsistencies between the two and no impossibilities in chronology... while it is unlikely now that it will ever be possible to prove by direct evidence that Dickens knew of the Donnithorne affair, there is no evidence of a contrary court. There is the possibility of two-way influence, in that the identification could perhaps have been made by Sydney

²⁴⁹ See Ryan, “A Possible Australian Source for Miss Havisham”; Ryan, “Donnithorne, Eliza Emily (1826–1886).”

²⁵⁰ Maxwell Davies, *Miss Donnithorne’s Maggot*, “Historical Note.”

people who knew the novel and caused popular report to credit Miss Donnithorne, in her declining years with habits resembling those of Miss Havisham. The lateness of the various testimonies must be considered here.²⁵¹

Ryan's observation that two-way influence was possible turned out to be correct, as more recent scholarship has revealed. Evelyn Juers's *The Recluse*, published in 2012, provided the first in-depth engagement with the surviving evidence of Miss Donnithorne's actual life and found a distinct lack of documentation of any romantic engagement between Miss Donnithorne and any man. A gossip column from 1848 announced a rumor that Stuart Alexander Donaldson was preparing to marry "the accomplished daughter of Judge Donnithorne,"²⁵² but Juers found that "there is no record of a proposed union of Donnithorne and Donaldson in the marriage banns and applications for licenses at St James' from 1848 to the 1850s, nor in the banns at Newtons St Stephens."²⁵³ She also found significant discrepancy in the timing of the supposed jilting, with versions citing dates as early as 1846 and as late as 1856, and no evidence of the groom's identity beyond the name George Cuthbertson.²⁵⁴ It seems, then, that the relationship between Miss Donnithorne and Miss Havisham, and in fact the nature and cause of Miss Donnithorne's seclusion, may have been an urban legend prompted by the publication of *Great Expectations*, rather than the other way around. It would appear, therefore that the Miss Donnithorne of *Miss Donnithorne's Maggot* has a much closer relationship with the cultural legacy of Miss Havisham than it does with the historical facts of Miss Donnithorne's life.

Miss Donnithorne's madness in *Miss Donnithorne's Maggot* thus provides a demonstration of the way that rumour and history deal with conspicuously unusual

²⁵¹ Ryan, "A Possible Australian Source for Miss Havisham," 135–6.

²⁵² Evelyn Juers, *The Recluse*, Kindle (Sydney: Giramondo, 2012), Location 692.

²⁵³ Juers, *The Recluse*, Location 715.

²⁵⁴ Juers, *The Recluse*, Location 734.

behaviour. Miss Donnithorne's reclusive lifestyle presented a narrative problem for Sydney society, one that demanded an explanation, and it was into this narrative lacuna that the tale of Miss Havisham was placed, replacing the unknown realities of Miss Donnithorne's life with the sensational, fictional details of Miss Havisham's. J. R. Tyrell's *Old Books, Old Friends, Old Sydney* provides a more contemporaneous impression of the conceptual space that Miss Donnithorne came to occupy within Sydney society after her reclusion. Tyrell was born in Sydney in 1875.²⁵⁵ His life thus overlapped with Miss Donnithorne's in the eleven years before her death in 1886. As he comments,

In my day the Donnithorne residence, Cambridge Hall, in what is now King Street, came under the wide designation of "haunted," and I was still young enough to keep to the other side of the road in passing it, especially at night. Still, I would place fearfully over to its front door, which, by night or day, was always partly open, though fastened with a chain.²⁵⁶

Tyrell's description of the Donnithorne residence demonstrates the importance of rumor and speculation to Miss Donnithorne's presence in Sydney society, and the lack of stable, concrete details. Tyrell declares that "Presumably [Cambridge Hall] was haunted by the forlorn ghost of Miss Donnithorne, whose story was practically identical with that of Miss Havisham,"²⁵⁷ but given his own comments regarding his young age, Miss Donnithorne would likely still have been alive for at least some of this period. It is possible that he has mis-remembered the timing somewhat, as *Old Books, Old Friends, Old Sydney* was published in 1952, when Tyrell was in his late 70s, but if, as he claims, "at the time when I used to dodge past the old house its reputation of being haunted was a strongly held Newton belief,"²⁵⁸ it seems to me perhaps more likely that Cambridge Hall

²⁵⁵ James R. Tyrell, *Old Books, Old Friends, Old Sydney* (Sydney: Angus and Robertson, 1952), 5..

²⁵⁶ Tyrell, *Old Books, Old Friends, Old Sydney*, 22.

²⁵⁷ Tyrell, *Old Books, Old Friends, Old Sydney*, 22.

²⁵⁸ Tyrell, *Old Books, Old Friends, Old Sydney*, 23.

was haunted, not by a ghost, but rather by the living Miss Donnithorne, who came be seen as a kind of spectre within her own community during her lifetime. Certainly, it seems that much if not most of what is known about Miss Donnithorne's life as a recluse is the result of unsubstantiated speculation by the other residents of Sydney. Similarly, both *Miss Donnithorne's Maggot* and the final mad scene of *Miss Havisham's Fire* provide entirely speculative portraits of Miss Donnithorne and Miss Havisham's solitary (and nocturnal in Miss Havisham's case) behaviour, about which there do not even exist any fictional resources from which to draw.

The discrepancy between the "weird but sane" Miss Havisham and the "eccentric" Miss Donnithorne of literature and history, and the self-identified "mad" Miss Havisham and Miss Donnithorne of these operatic works is conspicuous but difficult to explain. Somewhere between their origins in the nineteenth century and their operatic presentations in the 1970s, there was a decided shift in perception in the way women who self-isolate after a traumatic event were understood. But why? One might propose that this re-characterization of Miss Havisham and Miss Donnithorne is merely dramatic convenience, the molding of an iconic past image to fit into opera's long history of sensationalized and charismatic mad scenes. Certainly, the operatic heritage of madness shapes both of these works, but to me this does not seem a sufficient explanation. After all, both the Maxwell Davies and Stow and the Argento and Sills teams chose this subject with the idea of theatrical madness already in mind, and history and literature are rich with mad figures about whom an opera might be written. In fact, Argento had already, on Sills's suggestion, begun research for an opera based on Empress Carlotta of Mexico, and had asked Charles Nolte to write the libretto. When Miss Havisham was chosen as a subject instead, Argento was forced to tell Nolte "with great awkwardness" that the project was being abandoned, as Nolte was already writing *The Phantom Empress*.²⁵⁹ Thus, while dramatic convention may explain some aspects of the characterization of

²⁵⁹ Argento, *Catalogue Raisonné as Memoir*, 91–2. *The Phantom Empress* libretto was later completed with the help of an NEA grant, although no opera has thus far been written from it.

Miss Havisham and Miss Donnithorne's madness in the finished works, it does not explain why this particular subject was seen as a particularly good choice for mad operatic works in the first place, when neither woman appears mad in her origins.

This twentieth-century assumption of madness for both Miss Havisham and Miss Donnithorne, when contrasted with their unusual but seemingly sane origins, to me suggests a profound shift in the cultural framework in which their behaviour is interpreted. I would suggest that between the nineteenth and twentieth centuries, the expected and valorized lifestyle of upper-class women changed so much that reclusion ceased to be understandable as a lifestyle choice, and instead became a sign of madness.

When examining the differing reception of Miss Havisham and Miss Donnithorne in the nineteenth versus the twentieth century, wealth is an important factor to consider. Both Miss Donnithorne and Miss Havisham were independently wealthy, having inherited large fortunes from their fathers. Miss Havisham's wealth is well known and is the source of the immense social power that she wields within her community and uses to advance her plans for both Pip and Estella. Miss Donnithorne, despite being the youngest child, was the primary heir of her father James Donnithorne, who was a merchant and master of the Mint for the East India Co., and a real estate investor in Australia following his retirement.²⁶⁰ Like Miss Havisham, at the time of her assumed wedding Miss Donnithorne had already inherited her fortune, as her father died in 1852, and her thwarted wedding was believed to have taken place in 1856.²⁶¹ This wealth was in both cases an absolute practical necessity for the reclusive lifestyle of these women, as it provided them with permanent, secure housing and servants to provide food and other necessities, and precluded the need to secure any other form of living upon which to support themselves. This wealth may also have provided a shield from stigmatization for their unusual behaviour. Though both, particularly Miss Donnithorne, were the subject of

²⁶⁰ J. S. Ryan, "Donnithorne, Eliza Emily (1826–1886)"

²⁶¹ J. S. Ryan, "Donnithorne, Eliza Emily (1826–1886)".

gossip and scrutiny within their community, the classification of “eccentric” rather than “mad” may be partially attributable to the fact that in the late 1800s, “insanity increasingly was identified as a special problem of the poor.”²⁶² As women with the means to financially support their “eccentricities” and to literally shelter themselves from the prying eyes of their communities, Miss Havisham and Miss Donnithorne may have been somewhat immune to the processes by which Victorian English and Australian society classified and institutionalized the insane.

A further essential factor to consider when comparing these 1970s manifestations of Miss Havisham/Miss Donnithorne to their literary origins is the significant shift in understandings of gender between the nineteenth and twentieth centuries. The lifestyle of Miss Havisham and the supposedly similar lifestyle of Miss Donnithorne were undoubtedly both viewed as unusual in their own time, just as they are today. However, it is possible that contemporaneous characterizations of these women as eccentric were due primarily to their conspicuously unhygienic lifestyle choices, such as refusing to change clothes for decades and leaving out food to rot on the table. The choice to remain confined to the home (incidentally, the only aspect of Miss Donnithorne’s characterization for which there is historical documentary evidence), never venturing out for a period of several decades, might appear far more mad to a modern audience than it would to a Victorian one. This strong preference for one’s home, although taken to its absolute extreme by Miss Donnithorne and Miss Havisham, is in fact closely aligned with Victorian conceptions of ideal womanhood. This understanding of proper femininity, commonly referred to as “the Angel in the House” after the title of Coventry Patmore’s extremely popular poem, holds that a proper Victorian woman ought to be “passive, meek, charming, graceful, gentle, self-sacrificing, pious, and above all—pure. What is more important, she should possess a majestic childishness, *and has a preference for a*

²⁶² Rochefort, *From Poorhouses to Homelessness*, 24.

life restricted to the confines of the home.”²⁶³ This relates to the Victorian “cult of domesticity,” which Deborah Gorham defines as “an idealized vision of home and family, a vision that perceived the family as both enfolding its members and excluding the outside world.”²⁶⁴ The Miss Havisham of Dickens and later Argento and Olon-Scrymgeour is certainly not passive or meek, presented instead as abusive and domineering of both her family and acquaintances, but she certainly demonstrates an extreme preference for life within the confines of her own home, and one might read her exceptionally enclosed rearing of Estella as a kind of parody of the idealized Victorian family home.

Surprisingly, Argento and Olon-Scrymgeour’s Miss Havisham aligns even more closely with idealized Victorian femininity, as throughout her mad scene she, unlike her literary predecessor, displays the permanent childlike qualities of the idealized Victorian woman. As Gorham discusses in *The Victorian Girl and the Feminine Ideal*, the “majestic childishness” of the ideal woman functioned as a sign both of her removal from public life, and of her sexual purity. While Miss Havisham dies a virgin in both *Great Expectations* and *Miss Havisham’s Fire*, thus retaining this all-important sexual purity, descriptions of Miss Havisham in the original novel tend to imply that she appears much older than she actually is. In Pip’s initial description of her, he repeatedly compares her to a corpse. In *Miss Havisham’s Fire*, however, one prominently featured aspect of her madness is an apparent dislocation in time, which allows her to return to her much younger self. In the epilogue mad scene, the aged Miss Havisham re-lives the morning of her jilting, re-enacting conversations with both her nanny and her father. Although her nanny is technically a servant, both of these imagined characters would be figures of authority within her life, particularly during her childhood. These interactions thus show

²⁶³ Aihong Ren, “A Fantasy Subverting the Woman’s Image as ‘The Angel in the House,’” *Theory and Practice in Language Studies* 4, no. 10 (2014): 2061, <https://doi.org/10.4304/tpls.4.10.2061-2065>. Emphasis mine.

²⁶⁴ Deborah Gorham, *The Victorian Girl and the Feminine Ideal* (Bloomington: Indiana University Press, 1982), 4.

the adult Miss Havisham stepping into a familial position that one might expect of an older teenager or new adult, still a member of her father's household and young enough to look for approval from her nursemaid. In *Great Expectations*, no nursemaid is present, and Miss Havisham's father was long deceased by the time of her marriage, leaving her in full control of her own property. Argento and Olon-Scrymgeour's Miss Havisham, therefore, is treated as being functionally much younger and less powerful than she appears at any point in the novel.

Argento directly references this Victorian setting in the music during the epilogue, through stylistic evocation. At rehearsal 100 of *Miss Havisham's Fire*, which is rehearsal 12 of *Miss Havisham's Wedding Night*, the score reads, "*con parodia (like a Victorian comic song)*."²⁶⁵ This is shown below in Figure 3.1. For this section, Argento relies on rhythmic structure to create a sense of Victorian dance hall music that would be intelligible to his twentieth-century American audience. In an interview with Kevin Suetterlin, he comments,

I was thinking of that sort of typical sound of Victorian music hall, no tune, because I don't know Americans would recognize one; but I think they recognize the characteristic, and that's all I was trying to get at. I think there's a sort of off-beat with the percussion or something which to me is typical.²⁶⁶

In this same interview, Suetterlin comments that shortly after this moment, Miss Havisham engages in a bit of word play that sounds almost like a nursery rhyme, to which Argento replies "yes."²⁶⁷ These stylistic references strengthen the connection between Argento's Miss Havisham and the social structures of Victorian femininity.

²⁶⁵ Argento, *Miss Havisham's Fire (Score)*, 279; Argento, *Miss Havisham's Wedding Night*, 21.

²⁶⁶ Suetterlin, "An Analysis and Conductor's Guide to Dominick Argento's *Miss Havisham's Wedding Night*," 159.

²⁶⁷ Suetterlin, "An Analysis and Conductor's Guide to Dominick Argento's *Miss Havisham's Wedding Night*," 159.

12 Stesso tempo, grazioso
con sord.

Horn in F

Wood Blocks

Miss Havisham

Violin 1

Violin 2

Violoncello

Limp down the aisle with those Mar - tin brats car - ry - ing the train and

Figure 3.1: Miss Havisham's Wedding Night, Rehearsal 12, mm. 1–2.

This section is marked “con parodia (like a Victorian comic song),” and evokes the style of a Victorian music hall through rhythmic structure.

“Miss Havisham's Wedding Night” by Dominic Argento

© 1987 By Boosey & Hawkes, Inc.

All Rights Reserved. For The Sole Use Of Diana Wu, University Of Western Ontario.

Miss Donnithorne also demonstrates some aspect of this pure, childish Victorian conception of femininity in her horror at the idea of sex. When she describes the boys who trespass on her property, the verb for sex is redacted in her quotations, as she “claps [her] hand over [her] mouth in wide-eyed horror.”²⁶⁸ The space where the word should be is replaced with “XXXXXX” and a quarter rest. This is shown below in Figure 3.2. She later declares, “such things they say, a lady could not repeat them,”²⁶⁹ thus asserting that her own feminine propriety forbids rude sexual talk. To a twentieth-century

²⁶⁸ Maxwell Davies, *Miss Donnithorne's Maggot*, 34.

²⁶⁹ Maxwell Davies, *Miss Donnithorne's Maggot*, 35.

audience, a woman who refuses to leave her home for any reason appears to be mad and may be diagnosed with agoraphobia. To a mid-nineteenth century audience, however, this behaviour is closely aligned with contemporaneous social ideals. This nineteenth-century cultural context must inform any analysis of Miss Havisham and Miss Donnithorne's lifestyle and character.

The musical score is for a piece titled "Miss Donnithorne's Maggot" by Peter Maxwell. It is written for voice and piano. The tempo is marked as "♩ = 132". The score is in 4/4 time. The vocal line includes the lyrics: "in - no - cent and Jo - ey is a vil - lain. Jo - ey shout - ed at my win - dow:". The piano accompaniment includes dynamic markings such as *f*, *p*, *mf*, and *ff*. The score is marked "Suddenly slower" and "accel.". The score includes a section where the vocal line is fragmented by a "claps hand over mouth in wide-eyed horror" and "chattering".

Figure 3.2 *Miss Donnithorne's Maggot* 7. "Recitative" T1 mm. 2–5.

Miss Donnithorne's horror at the idea of sex (or possibly the vulgarity of the censored word) is so great that it fractures her vocal line, as she claps a hand over her mouth.

"Miss Donnithorne's Maggot" by Peter Maxwell

© 1977 By Boosey & Hawkes Music Publishers Ltd.

All Rights Reserved. For The Sole Use Of Diana Wu, University Of Western Ontario.

In 1861, when *Great Expectations* was first published, there existed no psychiatric diagnosis for a person who refused to leave their home. Agoraphobia was first named and described ten years later in 1871, by German neurologist Carl F. Westphal, as "dread of

outside places.”²⁷⁰ A 1991 article titled “Westphal’s Agoraphobia” by Jeffrey H. Boyd and Ted Crump translates Westphal’s original description and compares his case histories with the then-current DSM III criteria for agoraphobia. All four of Westphal’s case studies are men, and Boyd and Crump comment that “the fact that all four cases were men is odd, given the fact that we now know there is a preponderance of women with agoraphobia. Westphal makes no comment on the sex ratio.”²⁷¹ While four cases is not a large enough sample size for any meaningful statistical analysis, the fact that Westphal neither included female case studies, nor felt the need to comment on their absence, may suggest that Westphal saw agoraphobia as an essentially male disorder. Boyd and Crump’s assertion that the late-twentieth century preponderance of women with agoraphobia contrasts meaningfully with Westphal’s exclusively male case studies assumes an essentially stable entity that is agoraphobia, which neglects both the culturally contextual and socially constructed nature of psychiatric diagnoses, and the vast cultural shifts that occurred between 1871 and 1991. I would argue instead that Westphal’s essentially male clinical description of agoraphobia, which subsequently shifted to primarily be diagnosed in women by 1991, is illustrative of a larger cultural shift, which transformed female self-confinement from a normalized virtue to a pathologized disorder, and Miss Havisham from a powerful, eccentric literary icon to a stage-ready, mad opera protagonist. While to nineteenth-century audiences, Miss Havisham’s self-confinement might have been read either as an overabundance or a parody of femininity, and indexed Victorian gender and family structures, twentieth-century audiences read this same behaviour as inextricably linked with madness. Furthermore, the setting of Miss Havisham’s confinement, a large Victorian manor house, can be understood as drawing on the imagery of nineteenth-century insane

²⁷⁰ Jeffrey H. Boyd and Ted Crump, “Westphal’s Agoraphobia,” *Journal of Anxiety Disorders* 5, no. 1 (1991): 80, [https://doi.org/10.1016/0887-6185\(91\)90018-O](https://doi.org/10.1016/0887-6185(91)90018-O).

²⁷¹ Boyd and Crump, “Westphal’s Agoraphobia,” 78.

asylums, thus symbolically linking her to twentieth-century anxieties surrounding de-institutionalization.

The Enormous Stone House: Victorian Manor Houses and Asylum Imagery

Philip Glass's *The Fall of the House of Usher* begins with a prologue, which consists of an offstage spoken recitative. As the lights dim within the theatre, the voice of Roderick Usher is heard, reciting a letter imploring his friend William to come and visit him, as he is in dire mental straits. Roderick remarks "now we are men, and different landscapes grace our view. As you will see, mine is dull, dark, and soundless."²⁷² At this point, stage directions read "[The curtain very slowly rises, gradually revealing an enormous stone house, The House of Usher.]"²⁷³ Roderick continues his monologue, but remains offstage. The audience's first visual impression is not of any living character, but rather the house itself. For the remainder of the prologue, only the house is visible. Roderick remains offstage. The audience hears his voice and the instrumental accompaniment that enters shortly thereafter, but there are no stage directions; the audience is left staring at the recently revealed set for the entirety of the scene. Roderick's monologue draws further attention to the already dominant visual of the house when, in the midst of a description of his own mental anguish, he comments, "I've tried to run from this house, and yet I am here still."²⁷⁴ The prologue thus places significant emphasis on the visual presentation of the literal *house* of Usher and creates a conceptual link between the image of the enormous manor and Roderick's misery. Roderick's claim that he "tried to run" from his home and his apparent failure to do so suggests that his home is perhaps at least

²⁷² Glass, *The Fall of the House of Usher*, 1.

²⁷³ Glass, *The Fall of the House of Usher*, 1.

²⁷⁴ Glass, *The Fall of the House of Usher*, 2.

partly the source of his distress, and gives the house prison-like qualities, which are supported by the house's enormous size and the fact that it is made of stone.

For both *The Fall of the House of Usher* and *Miss Havisham's Fire*, the title characters have sequestered themselves within large Victorian manor houses that have fallen into disrepair. These manor houses provide the primary settings for their respective operas and in both cases are also the first visual image provided to the audience. Usher House has already been discussed. *Miss Havisham's Fire* similarly begins with a view of the house from the outside in both the original and revised versions. The opening stage directions for the original libretto begins with

The garden of Satis House gone to seed. To the left and right statues of Apollo and Daphne. Iron gate. Inner door. At the rear a large window overhead.

Many of the persons subsequently seen or heard in the opera are present but altogether still. Only the god moves and a young man, PIP, who is discovered weeping at the foot of the Daphne statue.²⁷⁵

The stage directions in the revised version are much shorter and less detailed, and read, "The garden of Satis House gone to seed. To the rear a large window overhead. Moonlight comes and goes. A storm is approaching. Wind is heard. Only the fog moves and a young man, Pip, dressed in a dark travelling cloak."²⁷⁶ The poor condition of Satis house is specified in the first sentence, with its description of the garden "gone to seed." The House of Usher is in even worse condition, but this is not revealed until the end of Act I, Scene 1, when, as William approaches the house, "lightning flashes and in its light

²⁷⁵ Argento, *Miss Havisham's Fire (Libretto)*, 7.

²⁷⁶ Argento, *Miss Havisham's Fire (Score)* 3.

it's revealed that the house has a distinct fissure running full length from the roof to its foundation."²⁷⁷

These large, decrepit manor houses visually dominate the stage at the opening of these two operas. As these houses are both places of confinement for their primary occupants, a madwoman in Miss Havisham's case and in Roderick's case the sufferer of some unspecified nervous complaint, the images of these houses may give the impression not of houses at all, but rather insane asylums. This is certainly my experience of both of these operas, and indeed of reading the written stories on which they are based.

This possibly intentionally implied linkage may also owe to the visual relationship between large Victorian mansions and Victorian insane asylums, which arises from moral management, the most popular treatment paradigm of the era. Moral management held that patients could be restored to sanity through the creation of a domestic environment, in which the asylum superintendent functioned as a father for the patients. Insane asylums of this era consequently mimicked manor homes in both appearance and daily routine. The Retreat asylum in the English city of York, one of the first to treat patients using moral management, exemplifies this idea, as Sarah Rutherford explains:

The building and grounds were small-scale, and referred to as 'the house.' The routine was intended to be as domestic as possible, to remind patients of their home life and show them how to behave acceptably in such surroundings. The new idea was to reintegrate them into the family, particularly in Quaker ways, by walking, talking, and social and domestic activities such as taking tea with the Superintendent and his family.²⁷⁸

To create this domestic environment, nineteenth-century insane asylums were built to resemble the country house estates of Britain's aristocracy. W. A. F. Browne,

²⁷⁷ Glass, *The Fall of the House of Usher*, 15.

²⁷⁸ Sarah Rutherford, *The Victorian Asylum* (Botley, UK: Shire Publications, 2008), 11.

Superintendent of the Montrose Royal Lunatic Asylum, makes this similarity explicit in his 1837 book *What Asylums Were, Are and Ought to Be*: “Conceive a spacious building resembling the palace of a peer, airy, and elevated, and elegant, surrounded by extensive and swelling grounds and gardens. The interior is fitted up with galleries, and workshops, and music rooms.”²⁷⁹

While asylum architects and superintendents may have hoped to create palaces, however, the reforms they implemented did not purge their institutions of stigma or social anxiety, either in their own time or today. As Fiona Subotsky points out in her book *Dracula for Doctors: Medical Facts and Gothic Fantasies*, the lunatic asylum in gothic fiction functions as a “place of confinement, terror, torture and supernatural appearances,” along with the more traditional medieval ruined abbey or high distant castle.²⁸⁰ In these fictional cases, the resemblance to manor houses is a source of fear and confusion, rather than a source of healing, as a victim may not initially realize that they are a patient in an asylum rather than a guest in someone’s home. Wrongful confinement within an asylum is a popular trope in horror fiction of this era, and Subotsky cites two examples, *The Rose and the Key* and *Hard Cash*, in which the protagonist is so taken in by their luxurious surroundings that they do not realize they have been committed.²⁸¹

The visual correspondence between Victorian manor houses and Victorian asylums can thus be seen to flow in both directions. The therapeutic desire to have asylums that resembled lavish houses meant that lavish houses would also resemble asylums. Even in the nineteenth century, when these buildings were not necessarily marked as anything other than the homes of the wealthy, gothic fiction capitalized on the possibility that a large house might in fact be an asylum. To modern audiences, a large Victorian manor

²⁷⁹ W. A. F. Browne, *What Asylums Were, Are, and Ought to Be* (New York: Arno Press, 1976), 229–30.

²⁸⁰ Fiona Subotsky, *Dracula for Doctors* (Cambridge: Cambridge University Press, 2019), 26, <https://doi.org/10.1017/9781911623281.006>.

²⁸¹ Subotsky, *Dracula for Doctors*, 30.

holds far more symbolic potential by virtue of no longer appearing contemporary, and the enduring legacy of gothic fiction renders the connection between the asylum and the manor house far more potent.

The poor condition of Satis house and the House of Usher serves to further enhance this symbolic resonance. It appears that conditions in nineteenth-century asylums never reached the utopic state of Browne's visions, and some twenty years after the publication of *What Asylums Were, Are, and Ought to Be*, reformist John Connolly commented that private asylums "were generally distinguishable from all the houses in the neighbourhood by their dismal appearance: their exterior was as gloomy as their interior was dirty."²⁸² Edgar Allan Poe's description of the asylum in *The System of Dr Tarr and Professor Fether* similarly emphasizes its decrepit state: "Through this dank and gloomy wood, we rode some two miles, when the *Maison de Santé* came in view. It was a fantastic château, much dilapidated, and indeed scarcely tenatable through age and neglect. Its aspect inspired me with absolute dread."²⁸³ Thus, though neither Satis House nor the House of Usher are literally portrayed as insane asylums, their appearance as manor houses that are opulently constructed but very poorly kept closely aligns them with the visual presentation of the Victorian asylum, both in reality and in the fiction of their time.

The poor physical condition of Victorian asylums furthermore serves to illustrate the limited accomplishments of moral management. Despite the utopic visions of the reformers, the asylums they created remained sites of fear and abuse. Fear of these institutions was enshrined in the literature of the time, and thus remains symbolically available in the art of the twentieth century. The decrepit manor houses that dominate the stage in both *Miss Havisham's Fire* and *The Fall of the House of Usher* thus index the

²⁸² Subotsky, " *Dracula for Doctors*, 28.

²⁸³ Edgar Allan Poe, "The System of Dr. Tarr and Prof. Fether," *Graham's American Monthly Magazine of Literature, Art, and Fashion* (Philadelphia, November 1845), 193, <https://doi.org/10.1136/bmj.d8023>.

failures of previous asylum reform movements, at a time when distrust of mental institutions was a major force in both British and American psychiatry.

Unlike Miss Havisham, Roderick Usher's confinement does not appear to be entirely voluntary. Instead, some unknown force appears to be keeping him there against his will, though his letter to William suggests that he craves both different visual landscapes and novel social contact. This is first established in the prologue, when he mentions that he attempted to leave the house and failed to do so, and it continues to be an important theme throughout the opera. In Roderick's first conversation with William in Act I, Scene 3, he repeatedly declares his inability to leave the house, and attributes his declining health to the house's decrepit state. He comments "I cannot leave this house. As the stones grey and dim my life drains."²⁸⁴ As William attempts to cheer him up and offers to take him away from the house, he goes on to say, "I cannot escape. This house holds me, its stone crumbles and my sister, Madeline my sister, all life drains."²⁸⁵ Both Madeline and Roderick are suffering from some mysterious, unidentified ailment, but Madeline's is far more severe, and Roderick does not expect her to survive. He attributes his own illness to the house, and it is implied that Madeline's illness is perhaps also connected.

As William spends more time in the house, furthermore, his own health begins to suffer consequences, and he also appears to be held against his will. In Act I, Scene 6, the opening scenic note reads "A few days later. Roderick and William are in Roderick's studio. Roderick is almost cheerful. There is an air of hopefulness to him, like a warm day in bitter January. William, on the other hand, seems upset and anxious."²⁸⁶ In this scene, most of William's words address his discomfort at the house, and his feelings of being trapped there. He repeatedly asks, "why did I come here?"²⁸⁷ William wants to

²⁸⁴ Glass, *The Fall of the House of Usher*, 32–33.

²⁸⁵ Glass, *The Fall of the House of Usher*, 37–38.

²⁸⁶ Glass, *The Fall of the House of Usher*, 67.

²⁸⁷ Glass, *The Fall of the House of Usher*, 68–69, 71.

leave and yet is afraid to do so; his dilemma mimics Roderick's situation at the start of the opera.²⁸⁸ He also describes the house as a "prison" where he is being held awaiting an uncertain trial.²⁸⁹ This scene also addresses the opposed changes in his and Roderick's wellbeing since his arrival. Roderick himself asserts that he feels better and is comfortable continuing his work indefinitely in his study, while William twice repeats, "He seems to feel better but my nerves are shattered."²⁹⁰ It appears that whatever psychic complaint had motivated Roderick to invite William to stay has now infected William as well.

This suggestion that simply being within the house has made both Roderick and William unwell is reminiscent of mid-twentieth century anxieties about mental hospitals. As previously discussed, one of the primary factors in the deinstitutionalization movement was the belief that insane asylums had failed in their therapeutic aims, and instead frequently functioned as a cause of madness rather than a cure. Unlike the many popular exposés that created a scandal within the general public, this aspect of the movement was internally focused. Psychiatrists, anthropologists, and sociologists conducted research into the efficacy of institutionalization as a treatment for mental illness, and their conclusions were damning. Rochefort provides a compilation of illustrative samples from these studies, all of which make the same dire claim:

Nobody knows how many curables have been rendered hopeless by the nightmarish trials of state hospital life.

Our study, then, is of the hospital as a whole, as a highly organized functioning institution, in both its formal and informal aspects. It is based on the reasonable

²⁸⁸ Glass, *The Fall of the House of Usher*, 68, 71.

²⁸⁹ Glass, *The Fall of the House of Usher*, 71-72.

²⁹⁰ Glass, *The Fall of the House of Usher*, 69-71.

hypothesis that at least some aspects of the disturbances of the patients are a part of the functioning of the institution.

In response to his stigmatization and to the sensed deprivation that occurs when he enters the hospital, the inmate frequently develops some alienation from civil society, sometimes expressed by an unwillingness to leave the hospital. This alienation can develop regardless of the type of disorder for which the patient was committed, constituting a side effect of hospitalization that frequently has more significance for the patient and his personal circle than do his original difficulties.²⁹¹

The third of these samples, by Erving Goffman, has particular resonance with Roderick's condition throughout Act I of *The Fall of the House of Usher*. Roderick's opening monologue draws attention to his profound social isolation and the desperate desire for novel social contact that drives him to invite William to stay. As William discovers when he arrives at the house, Roderick has no real peers with whom to interact; his sister is mostly unable to socialize due to her illness and everyone else within the house is employed by Roderick, either as a servant or as his physician. Roderick is thus alienated from society by his physical separation from most other humans, and his social separation from all those physically proximate to him. In this context it is furthermore conspicuous that William is the person Roderick chooses to invite. Roderick calls him "my closest friend, my only friend,"²⁹² but the two have apparently not spoken in years. Furthermore in Act II, following Madeline's death, Roderick becomes hostile towards William and denies their friendship. He asks "Why did you ever visit William? Even as children we were hardly friends. Why did you answer after so many years? What did you want to see? What to find out?"²⁹³ In this same course of time, Roderick's apparent desire but inability

²⁹¹ Rochefort, "The Third Psychiatric Revolution," 5.

²⁹² Glass, *The Fall of the House of Usher*, 3.

²⁹³ Glass, *The Fall of the House of Usher*, 97.

to leave his ancestral home gives way to a desire to remain there forever. As previously mentioned, in the final scene of Act I, Roderick declares, “I feel better, for once I feel lighter, and I can see. Work is freedom. If I can work and never stop and never leave this house.”²⁹⁴

In *The Fall of the House of Usher*, the idea of the insane asylum is evoked sonically as well as visually. Throughout the opera, a major source of William’s growing distress is the sound of Madeline’s voice, which accompanies much of the opera despite her conspicuous absence from most of the opera’s scenes. Beginning in Act I, Scene 3, Madeline’s voice can be heard singing long, untexted held notes (excerpted below in Figure 3.3), which overlays Roderick and William’s discussions and activities for nearly all of Act I, Scenes 3, 4, and 5, and Act II, Scenes 3 and 4. In the Wolf Trap Opera recording, Madeline sings all of this untexted music on an open “a” vowel. Madeline’s wordless singing parallels an asylum trope that Fiona Subotsky highlights in *Dracula for Doctors*, namely, that asylums were constantly, unpleasantly loud with the voices of their patients. This appears to have been characteristic of both fictional and real nineteenth-century asylums. Subotsky cites descriptions of the pre-Pinel Bicêtre, where “there were pervasive ‘confused sound of cries, vociferations and clanking of chains’... ‘the clank of chains are scarcely distinguishable amid the wild chorus of shrieks and sobs.’”²⁹⁵ She then lists a number of fictional examples, including *Melmoth*, *The Rose and the Key*, and *Hard Cash*, all of which describe their asylum settings as being filled with cries, howling, weeping, and wild laughter. *Hard Cash* is particularly notable among these examples as the only one that includes singing in its description of asylum sounds.

It is not completely clear whether Madeline’s voice should be interpreted as diegetic singing or as wailing, screaming, or some other sound of distress, but the long, sustained notes and lack of real melody or text are more suggestive of wailing than singing.

²⁹⁴ Glass, *The Fall of the House of Usher*, 70–72.

²⁹⁵ Subotsky, *Dracula for Doctors*, 31.

Roderick does not appear to notice the sound. William does notice it, but is not initially able to identify it. In Act I, Scene 4, the second scene to include the voice, a stage direction at rehearsal number 15 reads “William is bewildered by the sound he is hearing.”²⁹⁶ Twenty-six measures later, at rehearsal 20, William misidentifies the sound. A stage direction reads “William, still disturbed by the sound he is hearing looks toward an open window. Thinking the sound is the wind, he gets up and closes the window. Madeline’s voice continues.”²⁹⁷ William’s mistaking of the voice for possible wind also provides some support for a reading of her music as moaning or wailing rather than diegetic song. This is the only indication provided of the sound’s diegetic nature until the very end of the opera. In Act II, Scene 4, the opera’s last scene, Madeline’s fourth and penultimate vocal entrance is marked with the stage direction “There is a loud wailing.”²⁹⁸ This appears, however, to refer only to this specific, ten-measure section of her music. It is worth noting at this point that the presence of Madeline’s disembodied voice throughout many of the opera’s scenes is specific to this opera, and does not appear at all in Poe’s original short story.

²⁹⁶ Glass, *The Fall of the House of Usher*, 43.

²⁹⁷ Glass, *The Fall of the House of Usher*, 45.

²⁹⁸ Glass, *The Fall of the House of Usher*, 124.

Pno/Voices House of Usher 65

30 *Più mosso* $\text{♩} = 120$

Mad. 1st. time only

Wm. No! No!

sim.

31

Mad. 1st. time only

Wm. No stop I can't bear it stop

32

Mad. 1st. time only

Wm. I beg of you stop

[William, exhausted and trembling, falls back into bed.]

Figure 3.3: *The Fall of the House of Usher* Act I, Scene 5 mm. 112–126

Madeline's untexted voice sings long sustained notes over William's begging for it to stop. ©Dunvagen Music Publishers, Inc. Used by Permission.

Whether Madeline's voice is meant to portray diegetic singing or some other kind of vocalization, it is a source of significant distress for William. In Act I, Scene 5 (shown above in Figure 3.3), William wakes from repeated nightmares, and hears Madeline's voice each time. The third and final time that he wakes, he shouts "No! No! No stop I can't bear it. Stop. I beg of you stop."²⁹⁹ His pleading is interspersed with long rests, indicating that he is waiting for some kind of response, but the voice does not stop as he requests. This parallels sources cited by Subotsky, which suggest that the pervasive sounds of distress within the asylums were themselves a major cause of distress. Thomas Bakewell, who campaigned against large public asylums in favor of small private ones like his own, "used 'the sound of each other's screams, moans and execrations' as an example of the detrimental experience," and in *Hard Cash*, Alfred Hardie is taken to the asylum's 'noisy ward' as a form of punishment.³⁰⁰ As discussed above, throughout William's time at the Usher house, he finds himself growing increasingly unwell. This moment immediately precedes Act I, Scene 6, where William highlights his growing discomfort remaining in the house. It would be reasonable, therefore, to surmise that the sound of Madeline's voice is a major contributing factor to William's declining mental state. Thus, Madeline's pervasive disembodied voice mirrors the wailing that was characteristic of the nineteenth-century asylum soundscape in both content and impact.

Roderick's semi-involuntary isolation in the House of Usher, and Miss Havisham's intentionally created confinement at Satis House are not the equivalent of psychiatric commitment, neither when these novels were written nor in the twentieth century. Despite this, the emphasis on setting and the visual presentations of their homes, as well as the marked nature of their unusual behaviour (explicitly named as madness in Miss Havisham's case), creates a conceptual link between their dwelling places and lifestyles and the insane asylums that were under significant cultural scrutiny in both the mid-

²⁹⁹ Glass, *The Fall of the House of Usher*, 65.

³⁰⁰ Subotsky, *Dracula for Doctors*, 31.

nineteenth and mid-twentieth centuries. These operas can thus be interpreted as evoking nineteenth-century fictional explorations of the asylum in order to explore those same anxieties in their twentieth-century incarnation.

Modern Agoraphobia: *New Year*

In a stark contrast to the other operas in this chapter, and indeed the other operas in this dissertation, Michael Tippett's 1989 opera *New Year* is decidedly and self-consciously modern in its setting and outlook. While *The Fall of the House of Usher*, *Miss Havisham's Fire*, and *Miss Donnithorne's Maggot* can all be interpreted as providing a link between contemporaneous and historical anxieties about mental institutions, *New Year* is instead constructed within a contemporaneous psychiatric paradigm. Although *New Year* is heavily allegorical in tone and contains a number of stylistic references to fairy tales and Greek myths, it is closely aligned with contemporaneous psychiatric thought, and does not draw from historical sources or theatrical traditions regarding madness. Both the score and libretto were written by Michael Tippett, and the story does not appear to be drawn from any outside source. There are two primary settings, which are named as "Somewhere and Today" and "Nowhere and Tomorrow."³⁰¹ The setting designated as "today" appears to be a contemporaneous English or North American city, which is named as the Terror Town. The location of this town is intentionally ambiguous; Michael Tippett's score notes comment "since the Terror Town is not named, any dialect intonation of English would be appropriate. But in general it is preferable to use the North-English or American short 'a' – e.g. dānce not dānce."³⁰² The modern setting of *New Year* is also legible in this opera's treatment of madness. As previously discussed in Chapter 1, the protagonist of *New Year*, Jo Ann, is a mental health professional. The list

³⁰¹ Tippett, *New Year*, "List of Characters."

³⁰² Tippett, *New Year*, orchestration.

of characters describes her as “A trainee children’s doctor,”³⁰³ and Michael Tippett’s synopsis of the opera specifies that she “majored in child psychology”³⁰⁴ with the hope of helping orphans like herself. In addition to her medical vocation, however, Jo Ann also displays a connection to modern psychiatric medicine through her characterization. The primary plot of the opera centers on Jo Ann’s fear of leaving her home, which prevents her from working as a child psychiatrist and is a source of major distress.

In the vocal score to *New Year*, Michael Tippett provides a synopsis of the action that opens with the following statement:

Once upon a time there was a girl named Jo Ann.

Jo Ann was an orphan. She was brought up by a foster-mother, known as Nan. When she went to school, Jo Ann dreamt that one day she would help and comfort all the other orphans in the world outside. To achieve this goal, she majored in child psychology. Meanwhile, Nan had adopted another orphan. He was a black boy, called Donny, whose parents were probably Caribbean or African.³⁰⁵ Donny’s delinquent behaviour and Jo Ann’s own memories of being an orphan have now made her fearful of going out into the world to put her knowledge and special training into practice.³⁰⁶

Within the opera itself, Jo Ann’s struggle to leave her home is introduced first in the prelude by the Voice, a narrator for the opera who says, “how can she undo the door, go

³⁰³ Tippett, *New Year*, “List of Characters,”

³⁰⁴ Tippett, *New Year*, “Synopsis of the action.”

³⁰⁵ The portrayal of Donny in this opera is extremely troubling, and feeds into negative stereotypes about Black people in a number of ways. It is unclear whether his “bizarre antics” are meant to be interpreted as a performance of madness, or might instead be an offensive, stereotypical presentation of Black people and Black culture. There may, however, be some correspondence between Tippett’s construction of Donny and the association of Black men with schizophrenia in the latter half of the twentieth century. For more on this see Chapter 2.

³⁰⁶ Tippett, *New Year*, “Synopsis of the action.”

through into the terror town, Jo Ann, my Jo?”³⁰⁷ Immediately afterwards, in Scene 1, Jo Ann herself provides her own assessment of her circumstances.

The audience is thus immediately informed both of Jo Ann’s desire to leave her home and her fear of doing so. This forms the primary conflict, which will drive the plot of the opera and provide its eventual conclusion. With the help of a time-traveling space pilot named Pelegrin, who has fallen in love with her, Jo Ann journeys to a sacred, visionary landscape where she ritually confronts her memories. This ritual reveals Jo Ann’s strength of will, allowing her to realize her dream of working with children in the terror town. The opera concludes with Jo Ann leaving her home. As the Voice narrates “Jo Ann my Jo Ann is Somewhere, yes, somewhere up there by the door... One humanity: one justice,”³⁰⁸ the stage directions read,

Now, at last she opens the door to go through. She is met with such a barrage of sound that she recoils. The barrage of sound suddenly stops and she listens to the Voice intently. The barrage begins again and she walks through, head high. The door is shut sharply behind her, cutting off all sound. The stage is motionless as the light fades and the curtain falls.³⁰⁹

The narrative structure of this opera exemplifies the “cure” half of what disability studies calls the “cure or kill paradigm.”³¹⁰ Jo Ann’s inability to leave her home provides the central conflict of *New Year*, and this conflict is resolved when Jo Ann is cured during the ritual, which is demonstrated at the opera’s conclusion by Jo Ann leaving her home despite being startled by the barrage of sound. Jo Ann’s fear of leaving her home thus functions as what Mitchell and Snyder have termed a “narrative prosthesis,” or a

³⁰⁷ Tippett, *New Year*, 10.

³⁰⁸ Tippett, *New Year*, 327–330.

³⁰⁹ Tippett, *New Year*, 327–333.

³¹⁰ Howe et al., “Introduction: Disability Studies in Music, Music in Disability Studies,” 3.

disability that is appropriated to provide narrative tension within a work. According to *The Oxford Handbook of Music and Disability Studies*, “the narrative prosthesis (usually a disabled character within a story) has two main functions: it gives the story a problem to solve, and it defines by counterexample the desirability of the subsequent resolution.”³¹¹ It is worth noting that while much is made throughout the opera of Jo Ann’s fear of leaving her home, and the career that it prevents her from having, Jo Ann does leave her home in Act II, Scene 1, to attend the New Year ceremony with Nan and Donny.³¹² She remains in the public urban space amidst the crowd for the entirety of Act II, Scenes 1, 2, and 3, before dragging or carrying the injured Donny away as the scene transitions back to her home. The score gives no indication as to why Jo Ann is able to leave her home for the New Year’s ceremony, and her fear of leaving her home remains the opera’s primary conflict for all of Act III, unresolved until the opera’s conclusion.

Unlike the other operas in this chapter, *New Year* does not connect Jo Ann’s self-imposed confinement to any other displays of madness. While Donny does display a variety of erratic behaviours throughout the opera, Jo Ann herself does not display any of the erratic behaviour or music that is usually associated with mad opera protagonists. Instead, she appears to be entirely sane, aside from her fear of leaving her home. Her characterization thus represents a conceptual break with the tradition of mad opera protagonists, who have usually behaved in an erratic but medically non-specific manner. Jo Ann’s behaviour, rather than being mad, is instead more closely aligned to contemporaneous understandings of anxiety disorders (specifically agoraphobia) and trauma.

Although, as previously mentioned, agoraphobia was first introduced in 1871 by Carl F. O. Westphal, it did not gain widespread acceptance as a diagnosis until the late 1970s.³¹³

³¹¹ Howe et al., “Introduction: Disability Studies in Music, Music in Disability Studies,” 3.

³¹² Tippet, *New Year*, 147.

³¹³ Iryna Herasymiuk, Natalya Grinko, and Natalia Karvatska, “Fear of the Square or the History of Agoraphobia,” *Current Issues of Social Sciences and History of Medicine* 22, no. 2 (2019): 99, <https://doi.org/10.24061/2411-6181.2.2019.124>.

Furthermore, as Boyd and Crump point out, despite providing the first clinical description of this experience, Westphal's understanding of agoraphobia is very different from that of psychiatrists in the 1970s and 1980s. Westphal emphasized "fear of open spaces" as primary,³¹⁴ while sources in the later twentieth century focus instead on fear of being in crowded, public places, particularly alone.³¹⁵ Given the close correspondence between Jo Ann's behaviour and the contemporaneous clinical description of agoraphobia, the timing of *New Year's* premier in 1989 is somewhat significant. As Herasymiuk et al note in "Fear of the Square or History of Agoraphobia," "Before the 1970s agoraphobia was not typically identified as a 'discrete syndrome.' Since the 1970s and particularly in the 1980s an intensive period of research on agoraphobia led to a more clearly delineated description and diagnostic criteria for the disorder."³¹⁶ Agoraphobia first appeared in the third edition of the DSM, in 1980, but by the time of *New Year's* premier it had undergone significant modification already. "Agoraphobia was then [with the publication of the DSM III in 1980] considered a primary diagnosis, which may or may not be accompanied by recurrent panic attacks. However, since the publication of the DSM-III-R (APA, 1987), a diagnosis of Panic Disorder is considered primary and is diagnosed either with or without Agoraphobia."³¹⁷ This hierarchy of diagnoses changed again with the publication of the DSM V in 2013, where agoraphobia appears again as a primary diagnosis under "Anxiety Disorders."

Although the word "agoraphobia" appears nowhere in *New Year*, clinical sources on the disorder also provide a possible explanation for Jo Ann's presence at the New Years ceremony in the crowded street in Act II. The DSM-III description of agoraphobia states that "often these individuals insist that a family member or friend accompany them

³¹⁴ Boyd and Crump, "Westphal's Agoraphobia," 77.

³¹⁵ APA, *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. 226.

³¹⁶ Herasymiuk, Grinko, and Karvatska, "Fear of the Square or the History of Agoraphobia," 100.

³¹⁷ Herasymiuk, Grinko, and Karvatska, "Fear of the Square or the History of Agoraphobia," 100.

whenever they leave home.”³¹⁸ It is possible that Jo Ann is able to attend the New Years ceremony in Act II because she is accompanied by both Nan and Donny. Furthermore, her interactions with Pelegrin throughout the opera suggest that Jo Ann views her struggle to leave home as one that can be solved by another person. In Act I, Scene 3, when Pelegrin first appears to Jo Ann in her home, she introduces herself by saying “I am Jo Ann the lone dreamer. Pelegrin coal haired stranger are you come at last to lead me through the door, the door into.”³¹⁹ She does not specify where she expects Pelegrin to lead her, but their conversation continues to reference a future in which Jo Ann leaves her home. She asks “Pelegrin, Pelegrin, shall I ever?” and he responds “one day, Jo Ann, one day you will come too.”³²⁰ At the beginning of Act III, she does in fact accompany Pelegrin in his spaceship to “an exterior sacred place”³²¹ where she confronts her memories and declares her love for Pelegrin. The opera offers no explanation beyond the implication of love at first sight for why Jo Ann feels safe enough with Pelegrin to leave her home with him. It is clear, however, that his presence is both a practical necessity (as it is his spaceship that takes her to this unfamiliar location) and a source of emotional security for Jo Ann. The opera's conclusion, as Jo Ann leaves her apartment by the door, is thus still a point of departure from her previous behavior, as she departs alone, without another person accompanying her.

Jo Ann’s description of her situation, and the ceremony through which she is cured of her fear, also provides a conceptual link to trauma theory, which was a new and rapidly growing area of study in the 1980s. Like agoraphobia, Post-traumatic Stress Disorder was added as a new diagnosis to the DSM in the third edition, in 1980. Both Jo Ann's description of herself and her life and Tippet’s descriptions of her in the opera's synopsis

³¹⁸ APA, *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. 226.

³¹⁹ Tippet, *New Year*, 124–7.

³²⁰ Tippet, *New Year*, 131.

³²¹ Tippet, *New Year*, 275.

draw an explicit connection between her current inability to leave her home and her negative experiences in childhood. According to Tippet, “Jo Ann's own memories of being an orphan have now made her fearful of going out into the world.”³²² Jo Ann herself, in her introductory monologue, describes her present condition as “safe from the storm out there. Never Donny, never safe from the wound within, scars over mem'ry, over childhood. If we remember too much we orphans go under.”³²³ Her descriptions of the scars over her memory parallels Freudian understandings of traumatic memory, where traumatic events are suppressed and hidden from the conscious mind, which loses access to them, even as the suppressed memories continue to cause problems years and decades after the event.³²⁴ Jo Ann's memories of her childhood, obscured as they are by scars, are closely aligned with this understanding of trauma.

Jo Ann's evocation of the “wound within” anticipates Cathy Caruth's understanding of trauma in her pioneering work *Unclaimed Experience: Trauma, Narrative, and History* from 1996. As Caruth points out, the word ‘trauma’ is drawn from Greek, which can also be translated as ‘wound,’ and originally referred to a physical, bodily injury, as it still does in medical contexts. In a psychiatric context, it can thus be understood as a wound on the mind, just as Jo Ann describes it.³²⁵ Caruth goes on to assert that one of the fundamental features of trauma is its defiance of usual ways of knowing and understanding experience. She invokes Freud, and through him suggests that traumatic experience is “an experience that is not fully assimilated as it occurs,” and thus both demands witness while simultaneously rendering that witness impossible.³²⁶ “What

³²² Tippet, *New Year*, “Synopsis of the action.”

³²³ Tippet, *New Year*, 15–7.

³²⁴ Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton: Princeton University Press, 1995), 36–37.

³²⁵ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University Press, 1996), 3, <https://ebookcentral-proquest-com.proxy1.lib.uwo.ca/lib/west/detail.action?docID=3318659>.

³²⁶ Caruth, *Unclaimed Experience*, 5.

returns to haunt the victim, these stories tell us, is not only the reality of the violent event but also the reality of the way that its violence has not yet been fully known.”³²⁷

In Act III, Jo Ann, assisted by Pelegrin, undergoes a ritual that cures her of her fear and allows her to leave her home and pursue her dreams. The nature of this ceremony also supports the idea that Jo Ann is caught in a space between knowing and not knowing with regards to the memories of her childhood. Jo Ann is offered water from two different sources, the fountain of forgetting and the lake of remembering. The fountain of forgetting, which is offered first, has a marvellous taste and will allow Jo Ann to forget everything, but in so doing will prevent her from helping the children of the terror town. She tastes the water, but ultimately rejects it and chooses to instead drink from the lake of remembering. The taste of the lake is bittersweet, and Jo Ann shudders but is able to drink all of the water that she is offered. The experience causes her to exclaim “oh the horror of the world’s rememb’ring. How can I bear it Pelegrin?” To which he replies “endure, imagine care, laughter will come with the children.”³²⁸

The setup of the ceremony, where Jo Ann must choose between these two waters, implies that both will effect some degree of transformation in her. Her state prior to the ritual, therefore, is neither one of complete forgetting nor complete remembrance, but is instead somewhere between the two. Should Jo Ann have chosen to drink from the fountain of forgetting, the suffering of the children in the terror town would no longer trouble her as it does throughout the opera. Her choice to drink from the lake of remembering has an immediate and dramatic effect, demonstrating that she has gained new knowledge by doing so. She is immediately distressed by this experience, but the implication of the ritual and the opera’s narrative trajectory is that this experience is necessary for her to be able to leave her home at the conclusion of the opera. Jo Ann’s choice to drink from the lake of remembering thus moves her out of the in-between place of trauma, in which her

³²⁷ Caruth, *Unclaimed Experience*, 6.

³²⁸ Tippet, *New Year*, 293–294.

memories are neither fully known nor fully unknown. These memories, now fully known and knowable to her, are painful, but also allow her to re-enter the world as she was previously unable to do. Much like the initial description of her scarred-over memories, this understanding of the act of remembering as curative mirrors a Freudian construction of trauma. Freud's method involved using a variety of methods, including hypnosis, narcosis, and persuasion, to revive traumatic memories and restore them to the conscious mind. Once the memories had been restored and experienced, they ceased to be pathogenic and became instead ordinary, though still painful, memories.³²⁹ Jo Ann's ritual cure by drinking from the lake of remembering can be thus read as a metaphorical re-imagining of a far more familiar cure: talk therapy.

Jo Ann's characterization throughout *New Year* has little if anything in common with traditional mad opera protagonists. She has no mad scene, displays no wild or erratic behaviour, and sings in a sedate, lyrical style with little to no coloratura. She thus represents a break from operatic tradition and provides an illustrative contrast to the other operas in this chapter and this dissertation. Her fear of leaving her home is closely connected to her painful memories of childhood, but is not presented as an aspect of a larger, theatrical madness as it is for Miss Havisham and Roderick Usher. It does not appear to draw from any historical source or perspective. Instead, Jo Ann's characterization aligns most closely with then-current psychiatric perspectives, illustrating the growing entrenchment of the psychiatric paradigm within popular understanding of both madness and the mind in general.

Conclusion

None of the operas examined in this chapter deal directly with the concept of the insane asylum. In fact, I am aware of only one opera that includes a portrayal of an insane asylum, Stravinsky's *The Rakes Progress*, which concludes in one. This final scene of

³²⁹ Young, *The Harmony of Illusions*, 36–37.

Rakes Progress is furthermore only twenty minutes of a two-and-a-half hour opera. Given the prevalence of insane asylums in literature, both historically and in the mid-twentieth century specifically, this is surprising to me (although there may of course be lesser-known insane asylum operas which I have yet to discover). In the absence of mad operas that deal directly with insane asylums, I instead read the sudden surge of operas with self-confined protagonists as a possible response to the widespread and dramatic move toward de-institutionalization in the mid-twentieth century.

The de-institutionalization movement involved and was partially caused by widespread popular outrage regarding conditions within these institutions. Mass media coverage, including articles in *Time* and *Readers Digest* magazines, drastically undermined public trust in in-patient psychiatric care, rendering it a frequent topic of conversation well outside of the medical community in both the United States and Britain. This led to major policy changes enacted by the federal governments of both nations in the 1960s. This drastic divestment from the state-run mental hospital system had a profound and immediate impact, such that by 1975 the United States had reduced the population of its state-run mental hospitals by 62%. By the mid-1980s, the number of patients under custodial care would be less than 20% of what it had been in the 1950s.

I read the sudden surge of operatic interest in self-confined protagonists as having significant symbolic resonance with the profound changes in psychiatric care during this period. At a moment when insane asylums had become a topic of national conversation, but were simultaneously phasing out of common use, *Miss Havisham's Fire*, *Miss Donnithorne's Maggot*, and *The Fall of the House of Usher* provide a view of operatic madness that breaks significantly with the traditions of the genre, instead aligning closely with the image and idea of the Victorian asylum.

The Victorian era, which provides the literary origins of both Miss Havisham and Roderick Usher, was, like the mid-twentieth century, an era of significant psychiatric reform. This reform was accompanied by profound cultural anxiety regarding the nature and effectiveness of insane asylums, which found expression in the literature of the time,

particularly gothic horror fiction. Both Charles Dickens and Edgar Allan Poe participated in this literary trend, and Dickens in particular conducted a significant amount of independent research, publishing descriptive accounts of his visits to both British and American asylums, of which “A Curious Dance Round a Curious Tree” for *Household Worlds* is probably the most well known. In their revisiting of Victorian-era confinement, *Miss Havisham’s Fire*, *Miss Donnithorne’s Maggot*, and *The Fall of the House of Usher* evoke these Victorian anxieties about insane asylums, summoning their image if not their actuality through their choice of set pieces. These modern incarnations of Victorian characters, however, are also placed into conversation with decidedly modern concerns regarding both madness and the asylum itself. The implied contagious nature of the madness of Usher closely parallels mid-twentieth century fears that mental hospitals might cause rather than treat madness. The dramatic, conspicuous madness of both Miss Havisham and Miss Donnithorne represent a significant departure from the literary origins of the character, which may be a reflection of the changed perspective of twentieth-century interpreters of this nineteenth-century character.

New Year does not appear to draw on the past in any significant way, looking instead towards an imagined utopic future. Its sane but fearful protagonist Jo Ann provides a decidedly twentieth-century interpretation of self-sequestration, which precisely parallels the then-new diagnosis of agoraphobia, and is closely aligned with modern understandings of trauma and traumatic memory. Jo Ann represents a stark break with tradition, while Miss Havisham, Miss Donnithorne, and Roderick Usher create parallels between past archetypes and present concerns, and thus place the de-institutionalization movement into conversation with Victorian psychiatric reforms. Placed together, these four operas from the 1970s and 1980s provide an intersection point between past, present, and future concerns at a moment of cultural transition for psychiatric care.

Chapter 4 : Alcoholism, Degeneracy, and the Specter of Eugenics

Introduction

“Oh god,” sings Baba at the midpoint of her mad scene, “forgive my sins, I’m sick and old.”³³⁰ She repeats this prayer twice at the end of *The Medium*’s mad scene, following sixteen bars of wild, untexted laughter. This is a rare moment of vulnerability and humility for Baba, and a stark contrast to the pride and desperate defiance that define her character throughout *The Medium*. It is also the last direct reference in the opera to Baba’s alcoholism, a crucial and prominently featured aspect of her character, and one that merits consideration in any reading of her madness.

Written thirty-five years after *The Medium*, in 1979, Dominick Argento’s *The Voyage of Edgar Allan Poe* presents a second example of a mad, alcohol-addicted opera protagonist. The audience witnesses Poe’s struggle to abstain from drinking from the opera’s prologue forward, and throughout the opera a number of characters refer to his drunkenness as evidence of his insanity. Within the world of *The Voyage of Edgar Allan Poe*, alcoholism and insanity are, if not one and the same, certainly linked concepts.

For both Baba and Edgar Allan Poe, drunkenness is presented as a crucial feature their characterization. The presence of alcohol in these operas informs our understanding of their characters in ways that are revealing not only about understandings of madness in *The Medium* and *The Voyage of Edgar Allan Poe*, but in fact about both madness and alcohol within twentieth-century opera generally.

³³⁰ Menotti, *The Medium*, 210.

Champagne Songs: Alcohol on the Operatic Stage

Operatic drinking is by no means a twentieth-century phenomenon. Characters on the opera stage, be they male or female, tragic or comic, drink, get drunk, sing about drinking, and blame all of their problems on drinking with some regularity. A quick google search will yield multiple playlists devoted to operatic drinking songs. The most famous are tributes to wine, including “Fin ch’han dal vino clad la testa” from *Don Giovanni* and “Im Feuerstrom der Reben” from *Die Fledermaus* (also known respectively as The Champagne Aria and The Champagne Song), as well as “Libiamo ne’ lieti calici” from *La Traviata*. This last is only one of an entire sub-genre known as the *brindisi*, a call-and-response drinking song popular in nineteenth-century Italian opera. Drinking songs devoted to beer are less common, but also exist, with the most famous example being “To pivečko” (That beer), from Smetana’s *The Bartered Bride*. The drunkenness that these songs describe, facilitate, and precipitate might lead to poor decision-making and conflict, often to the eventual chagrin or despair of the characters involved.

Generally, however, drunkenness within opera is treated as a relatively normalized part of social life, and sometimes valorized as a state of joyful communion or even ecstasy. Even in negative portrayals, while drunkenness often functions as an indication of general loss of control, sexual profligacy, and transgressive behaviour, and consequently may be accompanied by moral condemnation, drunkenness and revelry are not typically presented as evidence of addiction. As Hutcheon and Hutcheon observe, even in the case of Falstaff, opera’s foremost paragon of Dionysian excess, for whom frequent and excessive alcohol consumption is a fundamental characteristic across multiple operatic portrayals, his relationship with alcohol is treated as generally positive. In Verdi and Boito’s 1893 incarnation, *Falstaff*, Falstaff’s capacity to drink to excess is conflated with his valorized excessive body size, which is a source of pride that he refers to as his “kingdom.”³³¹ Falstaff’s habitual drinking is both a source of strength and conspicuously

³³¹ Linda Hutcheon and Michael Hutcheon, *Bodily Charm: Living Opera* (Lincoln: University of Nebraska Press, 2000), 192.

unmedicalized. In fact, when Falstaff is thrown into the Thames and rendered suddenly aware of his own mortal vulnerability, he is given heated wine to restore him. This semi-medicinal use of alcohol is indicative of medicine's increasingly contradictory relationship with alcohol in the nineteenth century; despite growing medical concerns about the physical and social consequences of drinking, alcohol was used as medicine in clinical settings throughout the nineteenth century, and into the twentieth.

Crucially, alcohol consumption in opera, particularly when accompanied by drinking songs, tends to create moments of social cohesion and companionship between characters who are, even if only briefly, united in their pursuit of drink and revelry. In "Eating and Drinking in Opera: and the Callas Diet," Pierpaolo Polzonetti observes that "in opera, banquets and toasts are represented and dramatized musically as joyful social harmonizers,"³³² and the *brindisi* from *La Traviata* specifically is "a celebration of both communal and intimate pleasure and joy."³³³ This relatively positive construction of drinking, which is the norm in operas of the nineteenth century and earlier, differs significantly from its portrayal in both *The Medium* and *The Voyage of Edgar Allan Poe*, where alcohol consumption and alcohol dependence are seen as disorders closely connected to insanity, which serve to isolate Baba and Poe socially and are heavily pathologized.³³⁴

³³² Pierpaolo Polzonetti, "Eating and Drinking in Opera : And the Callas Diet," in *Oxford Handbooks Online* (New York: Oxford University Press, 2015), 5, <https://doi.org/10.1093/oxfordhb/9780199935321.013.119>.

³³³ Polzonetti, "Eating and Drinking in Opera," 10.

³³⁴ These are the only two operas that I have thus far found which deal with both alcoholism and madness; I do not feel, therefore, that they indicate a fundamental shift in operatic madness, so much as a productive exception to a very old rule. They are not, however, the only twentieth century operas which deal with addiction. Argento's *Christopher Sly* (1962) and Douglas Moore's *Carry Nation* (1966) both feature alcohol addiction as an important theme. More famously, though not directly related to alcohol, the titular Bess of Gershwin's *Porgy and Bess* (1935) struggles with an addiction to "happy dust" throughout the opera.

Alcoholism

Like madness itself, alcoholism (and addiction more generally) lies at the crossroads of biology and culture. Depending on which type of expert one asks, addiction, and alcoholism specifically, may be fundamentally biological in nature, or may be primarily defined by cultural factors. Both views are well supported by significant bodies of literature in their respective fields, and this dissertation relies on a construction of alcoholism in which biological and cultural factors are inextricably intertwined. The extant medical literature on alcoholism is genuinely too large to be surveyed here; the American Medical Association says that alcohol use is “the fourth leading preventable cause of death in the U.S,” obviously a major public health concern, and the amount of medical scholarship on alcohol reflects this.³³⁵ There are entire journals in both the United States and United Kingdom devoted to the study of alcoholism, including *Alcohol and Alcoholism*, *Alcoholism Treatment Quarterly*, and *Alcoholism, Clinical and Experimental Research*, to say nothing of the copious articles on alcohol and alcoholism published in more general journals of medicine. The biological aspects of alcohol consumption and alcoholism are both enormously powerful and closely scrutinized by the medical community, which has, as discussed in chapter 1, tremendous influence in twentieth-century cultural discourses of both the body and the mind. The chemical factors of alcoholism are thus important to any holistic understanding of both its nature and its construction within twentieth-century society. As sociologists Robin Room and Harry Gene Levine, and historian Roy Porter remind us, however, cultural factors are essential not only for determining the cause of addiction within individuals and groups, but also for understanding alcoholism as a conceptual category. Making and drinking alcohol is and has been an extremely common behaviour in most human societies, particularly among adults, but most who drink alcohol are not considered alcoholics. The boundary

³³⁵ “Alcohol,” The American Medical Association, accessed November 17, 2021, <https://www.ama-assn.org/topics/alcohol>.

between normalized alcohol consumption and stigmatized alcohol addiction is extremely blurry and dependent on both cultural and biological factors.

Both habitual alcohol consumption and drunkenness have exceptionally long histories within human society. Archeological evidence suggests that humans have been making and drinking alcohol in many parts of the world for many thousands of years, and Robert Dudley has proposed that both alcohol consumption and alcohol addiction may be older than the human species. Sugars in ripe fruits are fermented by yeasts as part of decay, yielding a variety of alcohols, particularly ethanol. Animals that eat fruits, therefore, including both humans and pre-human primates, consume alcohol and sometimes get drunk. Dudley hypothesizes that “as a consequence [of hominids consuming ethanol in fruit], historical selection for finding and consuming ripe fruit has likely facilitated the evolution of appetitive behaviours that associate ethanol with caloric gain...

Consumption of fermenting fruits thus represents a conceptual starting point for animal behaviours that ultimately may be expressed in patterns of alcohol abuse by modern humans.”³³⁶ Intentional alcohol production is, of course, more recent, but still exceptionally ancient and globally pervasive. It is important to note that for many societies throughout history, alcohol played a number of crucial nutritional roles, both as a method of preserving grain and fruit calories for later consumption and as a source of hydration when water was not safe to drink.

For many societies, therefore, habitual consumption of alcohol was not only common and normalized, but in fact frequently necessary for survival, to say nothing of its many important cultural functions. A full analysis of alcohol’s place in human societies would be well beyond the scope of this dissertation but remains nonetheless important background for this discussion of its medicalization and pathologization in modern Western society.

³³⁶ Robert Dudley, “Evolutionary Origins of Human Alcoholism in Primate Frugivory,” *The Quarterly Review of Biology* 75, no. 1 (2000): 4.

Like alcohol consumption itself, drinking to excess and drinking habitually have an exceptionally long and well-documented history. It surprised me, therefore, to discover that alcoholism, as a cultural concept, is not similarly ancient. It should not have. I have at this point already written three chapters on the cultural contingency of concepts that to some people may seem the most basic medical facts: indeed, the medical model itself is also, as I've shown, deeply culturally contingent. To the modern American eye, alcoholism is a social disease, but treating social phenomena as medical entities is itself a decidedly modern impulse. The history of alcoholism is, I have discovered, a particularly clear testament to this. While people have been drinking habitually and becoming intoxicated for millennia, the idea that habitual drunkenness is a disease is generally attributed to the works of Scottish and American physicians Thomas Trotter and Benjamin Rush at the turn of the nineteenth century. There have been some disputes of this attribution; Roy Porter, in his "The Drinking Man's Disease: The 'Pre-History' of Alcoholism in Georgian Britain" argues that doctors in the mid 1700s "not only saw drunkenness as a cause of disease but regarded it as, in its own right, an addictive disorder."³³⁷ He argues that the works of Trotter and Rush are expressive of a wider social change that involved "pressure groups, the lay public, and indeed the drunkards too."³³⁸ He does concur, however, that the beginning of the nineteenth century marks a major change in public consciousness about alcohol dependence. It would appear that the concept of alcoholism as a disease is much more recent than I had assumed, its history measured in centuries rather than millennia.

Robin Room's "The Cultural Framing of Addiction" offers an analysis of alcoholism that asserts not only temporal but also cultural specificity. He classifies addiction as a "culture-bound syndrome," specific both to the late modern period and to culturally

³³⁷ Roy Porter, "The Drinking Man's Disease: The 'Pre-History' of Alcoholism in Georgian Britain," *British Journal of Addiction* 80, no. 4 (1985): 385, <https://doi.org/10.1111/j.1360-0443.1985.tb03010.x>.

³³⁸ Porter, "The Drinking Man's Disease," 393.

Western ways of thinking, particularly those predominant in the United States.³³⁹

Addiction, understood as a loss of control both of one's substance use and of one's life as a result of that substance abuse, is predicated on a particularly American belief that one ought to be in full control of one's life, which is far from universal to all cultures.³⁴⁰

Room also cites Harry Levine, whose 1978 landmark article "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America" was one of the first to date addiction as a concept to the early nineteenth century. Levine associates the rise of the concept of addiction with the beginnings of the temperance movement, which emerged as a vehicle for society's great concern about personal self-control, particularly for adult males. The concept of addiction gained new importance in this period due to social conditions in the new American republic, as growing population mobility and thus the stretching of family ties and the weakening of social support networks for the nuclear family made the fortunes of family members more dependent on the self-control of the husband/father.³⁴¹

Despite these arguments that addiction is predicated on European and American ways of thinking, centuries of global colonialism have caused these ideas to be applied to cultural contexts the world over, with varying degrees of success. The International Classification of Diseases has included sections on alcohol and drug addiction since the sixth edition, which was formally adopted by the World Health Organization in 1949.

Even since the creation of alcoholism and addiction as concepts (addiction was first understood in terms of alcohol and applied to other substances later),³⁴² the meaning of

³³⁹ Robin Room, "The Cultural Framing of Addiction," *Janus Head* 6, no. 2 (2003): 223, <https://doi.org/10.5840/jh2003628>.

³⁴⁰ Room, "The Cultural Framing of Addiction," 225–26.

³⁴¹ Room, "The Cultural Framing of Addiction, 222.

³⁴² H. G. Levine, "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America," *Journal of Substance Abuse Treatment* 2, no. 1 (1985): 43–44, <https://doi.org/10.15288/jsa.1978.39.143>.

these ideas has not been stable or consistent. As both alcoholism and addiction generally are dependent on cultural context, it is not surprising that there has been noticeable variation in the meaning of these concepts both over time and between regional cultures. These changes can occur even over relatively brief periods of time. As Robin Room notes in “Alcohol and drug disorders in the international classification of diseases: A shifting kaleidoscope,” “the definition of dependence in the DSM has shifted ground quite radically between 1980 and 1994. There has been a great shift also in the definition of abuse. The shifts in ICD, although somewhat slower, have been in terminology as well as definitions.”³⁴³ Similarly, different cultural groups may have widely varying definitions for alcoholism even within the same time period. Room cites a 1990 WHO research project that assessed the applicability of the ICD-10 alcohol and drug diagnoses and criteria across nine culturally diverse sites. The project found conceptual difficulties at both the level of the diagnosis and the level of the criteria for the dependence diagnosis, and that furthermore, different cultures had significantly different thresholds for applying both criteria and diagnoses. “Behaviour which would be thought normal and not medically significant in one place would be regarded as diagnostic and indeed pathognomic in another.”³⁴⁴ While alcoholism is a medical and chemical reality that can in many cases prove fatal, the boundary between normalized and pathologized alcohol consumption is defined far more by cultural norms than biological factors, and is predicated on a specific set of Western cultural assumptions, which include both a prioritization of the individual as the locus of control in one’s life and a strong belief in medical and scientific explanations for many aspects of the human experience.

³⁴³ Robin Room, “Alcohol and Drug Disorders in the International Classification of Diseases: A Shifting Kaleidoscope,” *Drug and Alcohol Review* 17, no. 3 (1998): 316, <https://doi.org/10.1080/09595239800187141>.

³⁴⁴ Room, “Alcohol and Drug Disorders in the International Classification of Diseases,” 315.

Ambiguous Madness and Explicit Alcoholism

For *The Medium* and *The Voyage of Edgar Allan Poe*, these Western cultural assumptions play an important role in not only the portrayal of alcoholism, but also the relationship between alcoholism and madness in both operas. Both Baba and Poe are somewhat ambiguous examples of the mad operatic protagonist. Within the dramatic structures of their operas, this ambiguity is one of the driving plot conflicts; neither protagonist feels able to trust their own perception of events. In both cases, the protagonist's alcoholism is far less ambiguous than their madness. Baba is persistently and increasingly drunk throughout *The Medium*, and Poe's inability to stop drinking despite his own intention to do so is established in the prologue to *Voyage*, when the Doctor discourages an agitated Poe from drinking, saying "you should not drink... excites the brain... recall your pledge... no more to drink!"³⁴⁵ The Doctor's admonishment fails and Poe continues to drink throughout the remainder of the scene and the opera, despite his own occasional protests that he must not. The ambiguous madness and explicit alcoholism of both of these operatic protagonists are often presented together, almost as if they were a single idea. Furthermore, within the narrative of these two operas, madness and alcoholism serve the same dramatic and thematic ends. Both protagonists occupy a stigmatized cultural space, in which their professional lives and relationship to alcohol isolate them from their wider social community, which both is exacerbated by and contributes to their madness. More importantly, in both cases the character's madness and alcoholism work together to create a sense of looming horror that is central to the opera's dramatic structure. Both *The Medium* and *The Voyage of Edgar Allan Poe* are horror operas; *The Medium* is a ghost story, and while *The Voyage of Edgar Allan Poe* does not have a literal ghost, it is similarly haunted, and similarly features a plot driven primarily by dread. In fact, the primary haunting, the monster that pursues both protagonists and frightens the

³⁴⁵ Argento, *The Voyage of Edgar Allan Poe*, 2–3.

audience, is the same, and it is not Baba's ghost. In both operas, alcoholism and possible insanity merge to create a central, driving terror: loss of control of the self.

The conceptual merging of alcoholism and insanity into a single frightening spectre in these operas is striking and a noticeable shift from previous operatic treatments of both. Pre-twentieth century mad operatic characters have tended to be sober, or at least not explicitly drunk and, as previously mentioned, most operatic drinking scenes are scenes of community and revelry. That madness and alcoholism could be merged in this way in both of these operas suggests a significant change in popular understandings of both ideas, particularly as they function in works of fiction. It appears that at some point in the mid-twentieth century, madness and alcoholism came to occupy a similar, if not identical symbolic space in American society, as the stigmatized and frightening counterpart to valorized control over oneself and one's life.

Social Isolation

In both *The Medium* and *The Voyage of Edgar Allan Poe*, the title character's consumption of alcohol is used to communicate a sense of separation between the protagonists and their wider society. This social isolation in turn raises the dramatic stakes in their respective struggles with their hallucinated antagonists (a ghost and a subconscious manifestation of self-doubt respectively); as neither Baba nor Poe has a robust support network, neither has anyone from whom they might seek help as their trust in their own perceptions of events degrades. This social isolation occurs at multiple levels simultaneously. In the most immediate sense, scenes of alcohol consumption create divisions between these title characters and the other characters onstage; Baba drinks alone, or in the presence of her sober daughter, and Poe is badly heckled by a drunken crowd whose members repeatedly force drinks on him over his own protests. In both cases, there is no camaraderie to be found. Additionally, on a more foundational level, in the case of both Poe and Baba, their alcoholism is treated as a fundamental part of a

matrix of stigmatized identity markers which are heavily informed by class, and which place both protagonists outside the bounds of polite society.

Poe's and Baba's socially isolating alcoholism forms a sharp contrast to operatic norms, where scenes of alcohol consumption generally tend to be scenes of revelry and social cohesion. Whatever conflicts may exist between such characters prior to drinking or may occur later as the result of their drunkenness, the act of drinking itself brings characters together in shared activity and creates consensus. Even characters who disagree on other matters tend to agree on the subject of alcohol's virtues. Alcohol is furthermore frequently used in toasts, which dramatize agreement and social accord between operatic characters.³⁴⁶

The Voyage of Edgar Allan Poe also features a scene of communal drinking, Scene 5, the final scene of Act I, which might be read as a parody of a *brindisi*. The scene opens with the voyage's passengers drinking and laughing as they put on costumes for a masquerade. Poe, who is bewildered and disoriented, begs them for help; he has no money and must find work to earn a living. The Theater Director suggests that he might lecture to earn money, and the drunken passengers quickly call for a speech from the famous poet. This creates the opportunity for a *brindisi*-like call-and-response structure in which Poe speaks and his audience responds, but unlike a celebratory communal drinking song, this scene is one of growing hostility and serves to isolate Poe from the other passengers.

At the start of the scene, as Poe attempts to pull together a lecture for which he has had no chance to prepare, and for which his notes are missing, the assembled revellers toast him as "the king of poets." Even here, though, there are sinister details. Poe is misidentified as "our King of poets: Rufus Griswold!"³⁴⁷ (Griswold is the name of Poe's literary executor, who acts as an antagonist throughout the opera). His protests that he is

³⁴⁶ Polzonetti, "Eating and Drinking in Opera," 5.

³⁴⁷ Argento, *The Voyage of Edgar Allan Poe*, 163.

not Griswold but Poe go unheard. Poe is also pressured to drink by the Theater Director, and his protests that he “cannot drink, I scarce can stand,” are dismissed by the Doctor, who claims that Poe’s unsteadiness is due to the motion of the ship in the storm, and not to excessive drunkenness.³⁴⁸ Poe attempts to begin his speech, but is repeatedly distracted both by the other passengers and by an off-stage voice singing fragments of Poe’s “Annabel Lee” that the passengers first dismiss as a dream or as the sound of the sea.³⁴⁹ While the crowd is initially enthusiastic and friendly towards Poe, they are dismissive of his obvious confusion and distress. He is alone in his worry and more alone in his hearing of a voice that they cannot.

As Poe begins his lecture, the crowd becomes actively hostile. While previously they had toasted him as “the king of poets,” now they heckle him, hurling a variety of accusations, including that he stole *The Raven*, that he is a philanderer, that he deserted from the army, was arrested for public drunkenness, and was dismissed from university as a cheater. Poe repeatedly breaks off his lecturing to protest that the accusations are lies, and to remark on the return of the offstage voice, which his audience continues to dismiss. The usual call and response of a *brindisi* is replaced with an argument, with Poe attempting to speak over the crowd of revellers, failing to command their attention. As the scene progresses, the crowd are alternately hostile and receptive to his lecture, sometimes repeating their accusations over his protest, but also repeatedly toasting him as the king of poets, and eventually crowning him with a crown of sable hearse-plumes.³⁵⁰

As the crowd grows increasingly raucous, Poe is increasingly distracted by the offstage voice, which he is convinced is the voice of his dead wife, Virginia. The crowd’s outbursts first dismiss and later obscure the voice. Whatever communal purpose might have existed at the start of the scene, with Poe attempting to entertain the crowd, is now

³⁴⁸ Argento, *The Voyage of Edgar Allan Poe*, 157.

³⁴⁹ Argento, *The Voyage of Edgar Allan Poe*, 171.

³⁵⁰ Argento, *The Voyage of Edgar Allan Poe*, 209.

entirely gone. Stage notes for this section read “as POE stands rooted to the spot, listening intently to the distant voice, the others crowd near him in a grotesque tableau or dance, swaying with the motion of the ship,” and, fourteen measures later, “Drink is forced upon POE by the PASSENGERS who attempt to distract him from listening to the distant voice.”³⁵¹ This masquerade and toast, which should by operatic convention be a scene of brief social accord, instead serves to demonstrate Poe’s isolation from the other passengers on the ship, as they become increasingly sinister and hostile, at once feting him and ignoring his mounting distress.

Unlike Poe, surrounded by his crowd of hostile revellers, Baba is the only character in *The Medium* who is shown drinking. There is not even the possibility of social consumption of alcohol for her; the entire opera takes place within her squalid, impoverished flat where she is the only adult, and the only visitors to that flat are the clients whom Baba is scamming with her fake seances. When Baba drinks, she does so alone, and when she becomes drunk, her drunkenness serves to further separate her from her surroundings and from the other characters in the opera.

Not only is there no social scene in which Baba might participate in revelry, there is no character in the opera with whom she could feasibly socialize over drink. Her clients are not her friends; they are her victims. Furthermore, her livelihood is dependent on these clients believing in an absolutely false version of her. The clients do not come to see Baba, but rather her false persona Madame Flora. Within the context of the seance, Madame Flora enforces a noticeable social distance between herself and her clients, speaking to them as little as possible and pretending to ignore them. When Mr. and Mrs. Gobineau arrive for the seance, stage notes indicate that Baba should pretend to be absorbed in a game of solitaire, barely looking up from her game to say “Come in, come in” when they greet her.³⁵² When Mrs. Nolan, who is new, arrives, Baba shows slightly

³⁵¹ Argento, *The Voyage of Edgar Allan Poe*, 192, 197

³⁵² Menotti, *The Medium*, 28.

more interest, asking her name and introducing her to Mr. and Mrs. Gobineau, but does not get up from her game or engage her in conversation. Shortly thereafter, she leaves them “alone” in the living room (Monica and Toby are hiding), leaving Mr. and Mrs. Gobineau to make Mrs. Nolan feel comfortable, and to explain the seance to her. It would appear that a feature of Baba’s Madame Flora persona is that she speaks to her clients as little as possible and does not socialize with them at all. Furthermore, even if Madame Flora had chosen to drink and socialize with her clients (which she does not do at any point), this would be part of the performance, and could not be understood as an actual social encounter for Baba.

Within the context of her own household, Baba necessarily drinks alone, because she has no real adult companionship. It is not made clear exactly what age Monica and Toby are; they are old enough to help Baba with her scam and certainly are not young children, but they are also very much in her care and under her control. This might be due to her abuse and domineering personality, but it seems more likely that both Monica and Toby are teenagers, and not yet old enough by the standards of their community to be out on their own. Near the end of the opera, when Baba throws Toby out of the apartment, Monica begs her to let him stay because “he can’t take care of himself. He is hardly more than a child.”³⁵³ I take this to indicate that Toby is most likely a teenager; old enough for some degree of self-determination but by no means an adult. Toby and Monica also engage in fantasy play-acting and dress-up together throughout the opera, again suggesting that they are not full adults.

Whether Monica and Toby are legally underaged or not, it is certain that their relationship with Baba is not one of equals, but instead that of child and guardian. Baba is head of household, and both Toby and Monica are kept thoroughly under her control. Although both Toby and Monica are horrified when Baba turns Toby out, neither is really able to oppose her. Monica begs for him to stay, but when she threatens to leave as well

³⁵³ Menotti, *The Medium*, 189–90.

to take care of him, Baba response “you’ll do nothing of the sort!”³⁵⁴ In the end, Monica does not even attempt to leave with Toby, and instead gets sent to her room by Baba, slamming the door as she goes.³⁵⁵ Neither of them has the sort of peer relationship with Baba that would allow them to drink together, and thus Baba always drinks alone.

In fact, Baba is the only person in this opera who drinks at all. Alcohol first appears at the end of Act I, just after Baba ends the seance and throws out her clients. In this instance, Monica pours a drink for Baba at her request, but does not have any herself. Baba is visibly drunk from this point forward; at her first entrance in Act II, stage notes read “Baba is heard dragging herself up the stairs...Baba appears, dark, dishevelled, a bottle in her hand.”³⁵⁶ The audience may understand that she has been drinking off-stage, and she drinks more at the end of the act, pouring herself several drinks at once after turning Toby out and locking Monica in her room.³⁵⁷ Unlike Act I, where Baba seeks simultaneous comfort from both alcohol and Monica, in Act II she only drinks when she is the only character onstage.

In all of these instances of drinking, Baba’s consumption of alcohol separates her from the opera’s other characters. She is the only character who is not completely sober, and this lack of sobriety is closely linked to her inexplicable experiences of haunting, which the other characters neither perceive nor understand. This is particularly clear in Act I, when Baba attempts to confide in Monica immediately following the seance. After Baba sends her clients away, Monica emerges from her hiding place, and Baba immediately says, “Get me something to drink,” which Monica does.³⁵⁸ As Baba drinks, she describes her experience of a hand on her throat, saying that she is afraid and that they must never

³⁵⁴ Menotti, *The Medium*, 192.

³⁵⁵ Menotti, *The Medium*, 200.

³⁵⁶ Menotti, *The Medium*, 136–37.

³⁵⁷ Menotti, *The Medium*, 203.

³⁵⁸ Menotti, *The Medium*, 78.

hold a fake seance again. Monica's immediate response is to say "You're imagining things! You've been drinking again. What else could it be?"³⁵⁹ Moments later, when Baba accuses Toby of being the source of the mysterious hand at her throat, Monica repeats this sentiment, saying "leave him alone! You're drunk again."³⁶⁰ It is probably worth noting that while Baba is drinking throughout this scene, there is no evidence that she actually had been drinking prior to the seance. On the contrary, she arrives home only a few minutes before her clients arrive, having apparently sat on a neighbour's steps all night in order to intimidate that neighbour into paying back the money she owed Baba. While it is possible that she was drinking throughout the night, the score gives no indication of this. Monica's suggestion that Baba's ghostly experience could be attributed to alcohol is therefore not really plausible. What these lines indicate instead is that Baba's drinking has destroyed her credibility with her daughter and created a situation in which Monica is already accustomed to dismissing Baba's drunken observations and actions. The separation between Baba's drunken perspective and Monica's sober one creates an un-bridgeable epistemic divide, which renders Baba utterly alone in her experiences, and unable to seek outside reassurance.

For both Baba and Edgar Allan Poe, alcohol use narratively separates these characters from their companions, creating a sense of increasing isolation which facilitates their descent into madness. Both Baba and Poe drink heavily, and in Poe's case compulsively, in the presence of sober companions who voice disapproval of their drunkenness. In Poe's case, even moments of communal drinking serve only to increase his isolation, as the other revellers on the voyage grow increasingly hostile towards him as they drink together. In Baba's case, the absence of any such moment of communal drinking is evidence of a more pervasive isolation, as it speaks to the total absence of any other character in the opera—and therefore her life—with whom she might share either a drink

³⁵⁹ Menotti, *The Medium*, 82.

³⁶⁰ Menotti, *The Medium*, 85–86.

or the peer relationship that communal drinking would suggest. Baba occupies a space of abusive authority over every other character in *The Medium*, and consequently has no one to whom to turn in her own moments of vulnerability.

In both *The Medium* and *The Voyage of Edgar Allan Poe*, furthermore, there is an additional level of isolation in which the characters' alcohol addiction participates, which is their separation from the world of respectable society. In both cases, alcoholism is a component part of a larger collection of stigmatized identity markers that together place these characters outside of the boundaries of respectability, rendering them both isolated and vulnerable.

Both Poe and Baba are implied to occupy heavily stigmatized spaces within their own societies. In the case of Baba, this is fundamental to *The Medium*'s setting, and is indicated in a number of subtle ways. Firstly, and most obviously, Baba is a con artist. She does not believe herself to be an actual psychic, but is instead preying on the emotional vulnerability of grieving parents in order to take their money. The dishonesty of her occupation is demonstrated throughout by the number of long-term measures Baba has put into place to deceive her clients. Her apartment is set up with hiding spaces for both Monica and Toby, and Monica has a ghostly white costume to better imitate Mrs. Nolan's deceased teenage daughter. The puppet theater, where Toby hides, is shown to be wired with a number of cables and levers which move the furniture when pulled.³⁶¹

Baba's scam, however, apparently does not pay very well. The setting description at the opening of the opera include numerous indications that Baba lives in a state of stigmatized, un-respectable poverty. The set, her parlour, is described as "a squalid room in a flat on the outskirts of a great city" with no windows and a "loud and strident"

³⁶¹ Menotti, *The Medium*, 25.

doorbell.³⁶² Baba also reveals at the opening of the opera that she has spent the night harassing her neighbour in order to collect on a debt.

In Baba's case, her poverty, dishonesty, sin, and alcoholism are treated as closely intertwined parts of a single degenerate whole, which parallels the nineteenth-century constructions of drunkenness which precipitated the creation of alcoholism as a concept. The growing association between alcohol, poverty, and crime served a number of social purposes and was persistent well into the twentieth century. Chronicling public health research in mid-nineteenth century France, Jean-Charles Sournia comments,

If Villermé is to be believed, heavy drinking was common almost everywhere amongst the working classes. The stance he adopts is a purely social and moral one... For him, drink is a curse on society and a sin in the individual. The idea of the drinker as a sinner who should be treated as such is one that was to influence medicine for the next hundred years. However, where Villermé proposed that drink led to poverty, others were suggesting that poverty led to drink.³⁶³

In a later chapter, Sournia observes that it “took many years for [doctors] to realize that alcoholism was to be found in all echelons of society.”³⁶⁴ This heavily stigmatized, class-inflected medicalization of alcohol consumption was furthermore active as a counter-example in the formation of bourgeoisie identity. As Roy Porter comments,

as the bourgeois and genteel classes progressively rendered their own life-styles more respectable—indeed, more 'sober,' in all senses of the word—it became easier for them to stigmatize the labouring or dangerous classes as the drunken classes... In such circumstances, it became very easy to blame drink—or at least

³⁶² Menotti, *The Medium*, List of Characters.

³⁶³ Jean-Charles Sournia, *A History of Alcoholism*, trans. Nicholas Hindley and Gareth Stanton (New York: B. Blackwell, 1990), 39.

³⁶⁴ Sournia, *The History of Alcoholism*, 96.

those who failed to resist the urge to drink—for all the social evils of the day. In the eyes of the sterner reformers, the squalor all around was the product not of capitalism, exploitation, starvation wages or urban neglect, but of the habit of squandering earnings upon drink.³⁶⁵

The theory of degeneration on which this construction of alcoholism depends is fundamentally eugenic in its outlook, meaning that it is concerned with the classification and removal of ‘undesirable’ characteristics from a human population, often through systemic or direct violence towards people possessing those characteristics. For scholars of twentieth-century art and history, the word “degenerate” will likely invoke the spectre of Joseph Goebbels, and the art policies of Nazi Germany. Unfortunately, though Nazi policies represent perhaps the most extreme and certainly the most well-known realization of eugenic thought, the theories upon which they drew were far from unique to them and were in fact widely accepted by the medical community from the mid-nineteenth century well into the twentieth. The theory of degeneration merged a wide swath of stigmatized physical, mental, and social attributes (among them madness, alcoholism, and poverty) into a larger process under which certain population groups were understood as being subject to a sort of evolutionary decline—French psychiatrist Bénédict Morel described them as “sickly breeds.”³⁶⁶ Alcoholism occupied a somewhat paradoxical position within this theory; it was treated as simultaneously a result and a cause of degeneration. As a school of medical thought, the theory of degeneration had lost credibility by the 1950s, and its associations with racism and with Naziism specifically have rendered it generally socially unacceptable. However, many of the ideas that came to cultural prominence as components of the theory of degeneration remained pervasive long afterwards and are still present today. The stereotypical association of

³⁶⁵ Roy Porter, introduction to *A History of Alcoholism*, xii.

³⁶⁶ Sournia, *A History of Alcoholism*, 99.

alcoholism with madness, poverty, and immoral behavior are among these, as this chapter will demonstrate.

Baba, with her dishonest, unstable living, squalid, miserable home, and persistent alcohol abuse, is an uncritical manifestation of these stereotypes. *The Voyage of Edgar Allan Poe* also draws heavily on this construction of alcoholism, but places it in the centre of the dramatic conflict. While Baba's degeneracy is the setting for her haunting, and never in question, Poe's potential degeneracy is one of the primary questions of *Voyage*. Poe spends much of the opera attempting to defend his character, as the other passengers hurl accusations of mental and financial instability, alcoholism, and sexual indecency, all of which seem to function as evidence that he murdered his young wife. By the logic of the opera, Poe is either an artist driven by an unusual genius, or a profoundly degenerate criminal, and his alcoholism and madness are treated as somewhat synonymous in the resolution of this central question.

According to Argento's memoirs, *The Voyage of Edgar Allan Poe* was originally conceived of as a work akin to Offenbach's *The Tales of Hoffmann* and Puccini's *Il trittico*, and was meant to have some basis in historical fact. Argento apparently spent some time "seriously researching [Poe's] life and works" before approaching Charles Nolte to propose an opera based on the "mysterious voyage that led to the author's death."³⁶⁷ (Immediately prior to Poe's death in 1849, he left Richmond, Virginia on September 27, and was missing for a week until he was found, delirious, in Baltimore on October 3. He was rushed to a hospital where he died, never having regained lucidity, on October 7. His whereabouts and activities between September 27 and October 3 remain largely unknown.) The precise nature of Argento's research, or whether Nolte conducted similar research, are unspecified in Argento's memoirs. Archival research in the Dominick Argento and Charles Nolte papers (both held, though the Argento collection is currently unprocessed, at the University of Minnesota libraries) might reveal more

³⁶⁷ Argento, *Catalogue Raisonné as Memoir*, 85–86.

information on this, but pandemic-related travel restrictions have prevented me from pursuing this angle in my dissertation.

Unlike the very real voyage that Poe did take to Baltimore in 1849 (while few details are known of the journey, he did arrive in Baltimore eventually), the voyage of Argento and Nolte's Poe is understood to be entirely a hallucination. He does not go to Baltimore, but instead is found in the morning still wandering the docks from which he appeared to embark at the start of the opera, and dies there, having never reached Baltimore. Presumably, within the physical world of the opera, he has spent the night on the docks. The primary events of the opera (the voyage) are consequently understood as a dreamworld that occurs entirely within Poe's mind, and the crowd that hounds him with their accusations are nightmarish because they are literally nightmares.

Within this nightmarish dreamworld, Poe is forced to re-live much of his life, with the other passengers on the ship taking on the roles of his family members to re-enact pivotal scenes from his birth to his adulthood. Later in the opera, these same passengers hurl accusations at Poe and demand that he answer for his life and proclivities, both during the previously discussed lecture that Poe attempts and shortly afterward in a trial in which Poe is charged with madness and accused of murdering his wife for his art. Poe rejects the premise of the charge that he is mad by claiming that sanity is "only more craven, and surely more mundane," and that madness is both a necessary component of artistry and "the dreadful truth" of the human heart.³⁶⁸ The central conflict of the opera, even more than the question of whether or not Poe murdered his wife for art, is whether Poe's transgressive lifestyle is a necessary component of his artistry or evidence of a fundamental degeneracy. As the other passengers on the voyage repeatedly assert Poe's degeneracy, his alcoholism, financial difficulties, possible madness, and the possible murder of his wife are all treated as synonymous ideas. If he is truly any one of these things, he must therefore be guilty of all of them. Much like *The Medium*, therefore, *The*

³⁶⁸ Argento, *The Voyage of Edgar Allan Poe*, 250–257.

Voyage of Edgar Allan Poe sets its central conflict in the terms of the theory of degeneracy, despite the fact that this theory had been both medically obsolete and socially unacceptable for decades by this point. Perhaps for this reason, the construction of the degenerate alcoholic, which had been unexamined background in *The Medium*, becomes in *The Voyage of Edgar Allan Poe* a hotly contested issue between Poe and the other passengers. Poe is the primary figure on trial throughout this opera, as he struggles to define his position as an artist in opposition to the degenerate identity that the passengers attempt to assign to him. In his struggle to assert his own identity, however, he contests the terms of degeneracy, placing the idea on trial alongside himself. When Poe characterizes sanity as “craven and mundane,”³⁶⁹ he undermines the very system of categorization which would condemn him. As Martin S. Pernick points out, even within the eugenic movement, the question of which traits could be considered “defects” was an open question, noticeably shaped by cultural values and constantly up for debate.³⁷⁰ By re-interpreting madness as creativity, and de-valuing sanity as a state of being, Poe challenges both his accusers and their value system on ideological grounds.

In both of these operas, alcohol addiction is used to establish a social distance between the protagonists and their surroundings. In an immediate sense, their lack of sobriety creates an epistemic divide between these characters and those near them, leaving them with no-one on whom to rely as their trust in their own minds degrades. On a broader level, alcoholism is a crucial component of the stigmatized identity that renders these characters economically poor and socially vulnerable, unable to ask for assistance in times of need.

This construction of alcoholism as degeneracy, however, is much more in line with nineteenth-century thought and social mores than those of the twentieth century. Why

³⁶⁹ Argento, *The Voyage of Edgar Allan Poe*, 251.

³⁷⁰ Martin S. Pernick, “Eugenics,” in *Encyclopedia of American Disability History* (New York: Facts on File, 2009), 333.

then, does it only become prevalent in twentieth-century operas? Despite widespread belief among practitioners of nineteenth-century Western medicine that alcohol consumption was a cause of madness,³⁷¹ and despite the common use of both alcohol consumption and madness as dramatic features of nineteenth-century opera, the two are kept separate from each other. Mad nineteenth-century characters are not portrayed as particularly heavy drinkers, and characters who do drink prominently are not generally treated as either alcoholic or mad. Why then, was this idea adopted in these twentieth-century operas?

This is far too broad a question to have any single, demonstrable explanation, and I will not attempt to provide one. Even so, I believe it merits exploration. The conflation of alcoholism and madness in these two operas, and the adoption of degeneracy as an operatic theme closely tied to both, in stark contrast to the generally un-medicalized madness of previous centuries, is to me indicative of two larger trends within twentieth-century mad opera. The first is the growing dominance of the medical perspective within operatic madness, which I have discussed in-depth in Chapter 1. The second is a much larger cultural shift which rendered both alcoholism and madness potent and near-synonymous symbols through which prevailing cultural anxieties could be explored.

Loss of Control

Within the dream world of the voyage, Poe is placed on trial and charged with madness, a charge against which he seems unable or unwilling to defend himself effectively. Baba's desperate pursuit of any possible explanation for her supernatural experience eventually drives her to murder at the opera's conclusion. In both cases, fear of madness becomes as potent a dramatic device as madness itself. As Poe and Baba become more and more

³⁷¹ Sournia, *A History of Alcoholism*, 81.

embroiled in experiences they cannot explain and more and more isolated from their social surroundings, they are less and less able to trust in their own perception of events.

For both characters, this loss of faith in their sanity is a final encroachment of a larger powerlessness that suffuses their circumstances within the opera. This is seen most straightforwardly in the case of Edgar Allan Poe; from the moment he boards the dream ship, he is portrayed as both hounded and helpless, both within the context of the voyage itself, and in the re-enactment of his life in which he and the other passengers engage. In the first moments of the voyage, he is described as being “in some confusion,” as he is led forward by Griswold to watch a play of his own life. He asks, *agitato*, for his valise and papers, but Griswold ignores him and instead calls for the play to begin.³⁷² Despite the fact that this play has apparently been arranged solely for Poe as a distinguished guest of the voyage, it is put on without any consent or indeed any stated interest at all from Poe. Moments later, approximately twenty measures into the play itself, Griswold turns to Poe and asks “You like the play?” Though this could be read as a request for Poe’s input, there is no note within the staging to indicate that Poe should respond to this request, and Griswold nods to the theater director to continue immediately after his question.³⁷³ Though he asked for Poe’s approval, Griswold does not appear to have any interest in Poe’s response, and does not offer Poe a chance to object. It is clearly Griswold who dictates events aboard the ship, with Poe being shepherded along, too disoriented to object. This continues to be the case throughout the voyage, in which events that were arranged nominally for Poe’s benefit are staged for him without his consent, and frequently against his best interests and over his objections.

Similarly, within the re-enactment of his own life, Poe is generally treated as a passive supplicant, buffeted by the stronger personalities of those around him and hounded by bad luck and dark visions. In the first scene of the re-enactment, which depicts the death

³⁷² Argento, *The Voyage of Edgar Allan Poe*, 43.

³⁷³ Argento, *The Voyage of Edgar Allan Poe*, 46.

of Poe's mother, Poe is both portrayed by and referred to as a doll. The doll, which his dying mother calls for and then cradles, "resembles the mature Poe [though child sized], complete with long black hair, moustache, flowing bow tie."³⁷⁴ Following the death of Poe's mother, the doll Poe is seized from her arms by Mrs. Allan and Aunt Nancy, who have attended her deathbed. They toss the doll back and forth as they dance around the real Poe and sing "the boy is ours! The boy is ours!"³⁷⁵ They proceed to catalogue the features of the real Poe, exclaiming "our Eddie is so well made," and remarking on his physical attributes and his classic education. They are interrupted by Griswold, now in the guise of Mr. Allan (Poe's foster father), who is now on his deathbed and hurls criticisms at Poe over Poe's own protests and pleas for money. Throughout this scene, Poe is once again bewildered and appears defenseless against his foster father's accusations that he is an academic failure, a drunkard, and a gambler.³⁷⁶ Poe, who seems transported completely into his younger self, is rendered supplicant by his financial need, and left begging for financial security and approval, neither of which he receives.

Later scenes throughout the opera similarly suggest Poe's lack of control over both the voyage and his life. In Scene IV, Poe's wedding is staged, but Poe himself seems to be an unwilling participant in the proceedings. The stage notes read that he is pushed onto the stage and into the scene, and when Granny and Mrs. Clemm (his future mother-in-law) attempt to prepare him for his wedding, he protests, bewildered, that he is not dressed and has no money to support a family, his protests are ignored.³⁷⁷ He is once again forced to beg Mr. Allan (somehow no longer dead) for money and is once again refused. Instead, Mr. Allan disowns and disinherits him.³⁷⁸ Poe, bewildered and impoverished, is declared

³⁷⁴ Argento, *The Voyage of Edgar Allan Poe*, 48.

³⁷⁵ Argento, *The Voyage of Edgar Allan Poe*, 72.

³⁷⁶ Argento, *The Voyage of Edgar Allan Poe*, 79–84.

³⁷⁷ Argento, *The Voyage of Edgar Allan Poe*, 105–108.

³⁷⁸ Argento, *The Voyage of Edgar Allan Poe*, 135.

married in the next moment. Crucially, though the exchanging of vows is typically the most important part of any wedding, Poe is not given any opportunity to consent to his marriage. Although Griswold, as the minister, recites much of a traditional marriage service, neither Poe nor Virginia say “I do.” Instead, when the minister arrives at the moment when vows would usually be exchanged, he instead asks the bride “how old are you, my child?” To which Virginia responds “Twelve, sir.” At this point Poe protests “How can I marry now? I am a beggar!”³⁷⁹ The wedding then proceeds without him as he begs Mr. Allan unsuccessfully for money, and he is declared married at the end of the scene having never indicated his willingness to be married. Throughout the remainder of the opera, both the re-enactment of Poe’s life and the events that those re-enactments show seem to occur with very little input from Poe himself. His bewilderment, disorientation, and protests are largely ignored. Despite his fame and status as the voyage’s distinguished guest, he is shown to be ultimately powerless.

This powerlessness is particularly striking, as the events of the voyage take place entirely within Poe’s own mind. The re-enactment of Poe’s life, in which things happen to him, but he has no apparent power to make choices, therefore must be his own understanding of his life, and the crowd who hurl accusations of dishonesty, drunkenness, madness, and murder, are likewise manifestations of Poe’s own self-doubt. This is made explicit in the voyage’s final moments: Poe, having been thoroughly condemned by the other passengers, declares “I am Edgar Poe! I have no equal! Who dares judge me thus!” And Griswold, who has acted as judge for Poe’s trial, replies “Myself. The guardian of your fame. Your anima and nemesis. The eye into your mind. I am your should. Your secret self. And thus you judge yourself.”³⁸⁰ In a rage, Poe attacks an image of himself with a sword cane as the lights go black. Poe is shown to have been hounded, not by an

³⁷⁹ Argento, *The Voyage of Edgar Allan Poe*, 126.

³⁸⁰ Argento, *The Voyage of Edgar Allan Poe*, 386.

uncaring, philistine world, but by his own mind, over which he apparently has no control and in which he has no agency.

Unlike Poe, Baba's initial presentation in *The Medium* shows her to be in a position of power and generally in control of both herself and her surroundings. She is clearly not a person of privilege; as discussed in the earlier section, she lives in poverty and squalor, and has very little social or financial capital within the context of her society. Within the confined context of her apartment, however, Baba holds all the power, and is shown taking measures to secure and enforce that power. The circumstances of the seance, which enforce a sense of social distance between Madame Flora and her clients, also place those clients temporarily under her control. Whatever their lives may be outside of the seance, when they are in Madame Flora's apartment, they follow her orders. Monica and Toby, as Baba's daughter and ward respectively, are shown to be even more under Baba's control. Toby in particular is badly abused throughout the opera and both Monica and Toby are shown to be afraid of Baba's temper and consequently obedient to her. While Madame Flora maintains her power by appearing authoritative and remote, Baba rules her home through fear, a petty tyrant to the children in her care.

The control that Baba exerts over her clients and children is limited, however, as the events of *The Medium* demonstrate. Baba's inexplicable ghostly experiences shatter her trust in herself, and in so doing, weaken her control over the other characters, and indeed of herself. Monica and Toby grow more afraid of her but become increasingly unwilling or unable to follow her commands. Her clients, bewildered by her change in behaviour, similarly show greater resistance. Baba is forced to resort to ever more extreme measures to enforce her will, with diminishing success. Her carefully constructed and maintained sphere of influence dissolves, and in the end she is left alone, begging a dead body for answers it will not give her.

Baba's progressive loss of control over her social sphere occurs with a parallel visible loss of control over herself, in which her alcoholism is closely tied to her apparent madness. Although Monica's comments about Baba's drunkenness suggest that her

alcoholism is an ongoing issue which precedes the events of the opera, the audience only ever sees Baba drink after her ghostly encounter. For most of Act I, Baba appears to be sober. The final scene of Act I, just after the seance, when Monica pours Baba's first drink, thus represents an important divide within the opera. Prior to this point, she is sober and in control of both her surroundings and herself. After this point, the audience never sees her sober, and instead watches as an increasingly drunk, increasingly desperate Baba loses control of her surroundings and herself.

Baba's control of her clients at the start of the opera is subtle. As discussed in the previous section, she maintains a clear social division between herself and them throughout the first seance. Her greetings are minimal, and she makes no attempt to converse with her clients before the seance begins. When she does speak to them, she is not at all deferential. With the exception of asking Mrs. Nolan (who is a new client) her name, almost everything Baba says is phrased as a command or a statement of fact. When she offers Mrs. Nolan a seat she says only "sit down," and she begins the seance in the midst of her clients' conversation by saying "It's time to begin. Close the door."³⁸¹ She does not ever say "please" in her interaction with her clients, or ask for their input at any point. This treatment sets her up as a distant authority figure, on whom her clients are dependent and to whom they are obedient.

Following Baba's ghostly experience during the seance, her interactions with her clients change markedly. She no longer attempts to maintain her illusion of authority, but instead is visibly frightened, running "wildly" to the top of the stairwell in search of her ghost before turning to her clients to ask "who touched me? I said who touched me?"³⁸² The sudden change in behaviour is very startling to her clients, who "look at each other in great amazement and whisper amongst themselves." When Baba turns to her clients for an explanation, furthermore, she begins to lose her authority over them, and they become

³⁸¹ Menotti, *The Medium*, 30, 40–41.

³⁸² Menotti, *The Medium*, 69–70.

noticeably less compliant. They are initially dismissive of her obvious terror, saying “but why be afraid? There is nothing strange about that. It often happened before.”³⁸³ As Baba protests that she does not understand, the music grows progressively louder and more agitated, marked “Sempre più mosso, agitato,” with tremolos in the oboe and trumpet, and fragmented melodies in the clarinet and flute. These are replaced after three measures with rapid, staccato figures in the high registers of the piano and ponticello tremolos in the violins and violas as Baba throws her clients out of her apartment.³⁸⁴ At the start of the seance, the Gobineaus, who are returning clients, assisted with the seance setup without even being asked, setting up chairs and instructing Mrs. Nolan on the proper procedure. Now, Baba is reduced to shouting at them to get them out of her apartment. Over a crescendo in the orchestra, she sings “Can’t you see? I’m not feeling well. Go home! Leave me alone! Get out! Get out!”³⁸⁵ Far from anticipating her needs as they did at the start of the seance, her clients contradict her interpretation of events and are slow to follow her instructions. Though they hurry to gather their coats, they file slowly out of the apartment over ten andante measures, protesting all the way “but why be afraid of our dead?”³⁸⁶ Their music is in stark contrast to Baba’s allegro agitato; this section is extremely lyrical, and marked “andante calmo, quasi adagio,” with pianissimo dynamic markings throughout, and “dolce” cellos. This stark contrast in style indicates not only Baba’s mounting panic, but also her failing control of her client’s behaviour. Though they reluctantly obey her shouted commands, she no longer sets the tone of their interactions. Furthermore, the client’s dolce protests re-interpret Baba’s ghostly visitation as a positive experience, suggesting that she has lost her authority as the primary interpreter of the supernatural.

³⁸³ Menotti, *The Medium*, 71–72.

³⁸⁴ Menotti, *The Medium*, 74–75.

³⁸⁵ Menotti, *The Medium*, 75.

³⁸⁶ Menotti, *The Medium*, 76–77.

Baba's failing control over her clients is further demonstrated in Act II, when the clients return, hoping for another seance. Baba attempts to return their money and convince them that the seance was always fake, but they don't believe her. They dismiss her explanations of the many ways she has deceived them and argue with her. Mr. Gobineau asserts "It might well be you thought you were cheating all the while, but you were not, you were not."³⁸⁷ Even after all her explanations, all three clients still beg her to give them another seance, singing over her protests and ignoring her attempts to return their money. By fracturing her Madame Flora persona, Baba has lost her authority over her clients, and they no longer obey or believe her, despite the physical proof she offers of her deception.

Baba's control over her family is far less subtle and is obvious from the very start of the opera. Both Monica and Toby live in fearful anticipation of Baba's temper, which intrudes even into their playtime when Baba is out of the apartment. The opening curtain rises on Toby playing dress-up as Monica brushes her hair and sings to herself, but this peaceful moment lasts for only nine measures. When Monica catches sight of Toby in her mirror, she immediately breaks off her song to say "Oh! Toby, you foolish boy. Baba will be home soon and nothing, nothing is ready! Besides, you know she'll beat you if you touch her things."³⁸⁸ Both children live under the constant threat of physical violence, particularly violence toward Toby. In fact, Monica is right, and when Baba returns to find Toby still in costume, she berates him, threatens him, and advances on him until Monica restrains her. Throughout the opera, Monica repeatedly tries to intercede between Baba and Toby, with mixed success. In the immediate aftermath of the seance, Baba drags Toby out of his hiding place, accusing him both of grabbing her throat to frighten her, and of knowing more than he lets on. During this section, Monica repeatedly protests and even tries to intervene physically. A stage note early in this section reads "[Monica] tries

³⁸⁷ Menotti, *The Medium*, 179–80.

³⁸⁸ Menotti, *The Medium*, 9.

to tear Baba away from Toby, who is crouched on the floor trembling with fear.”³⁸⁹ This first attempt is unsuccessful, however, and it is not until thirty measures later that Monica is finally able to coax Baba away from Toby.³⁹⁰ Toby, who is plainly terrified of Baba, offers no resistance.

Monica remains at least somewhat under Baba’s control for the remainder of the opera. As Baba’s behaviour becomes increasingly violent and cruel, Monica makes additional attempts to intervene, but these are never successful and she is always obedient in the end. When Baba turns Toby out, Monica begs that he be allowed to stay, and threatens to leave with him, but ultimately does nothing and is sent to her room after he leaves.

Unlike Monica, however, Toby is not ultimately obedient to Baba’s whims. He is plainly very afraid of her, but nevertheless does not capitulate to her one central demand; that he confess to touching her throat during the seance. One could argue that this is because Baba has asked him for something impossible; Toby, hidden inside of the puppet theater, could not see Baba during the seance. He did not touch her throat, and he does not know who did. He, thus, is unable to explain her experience. He could, however, lie to her, and thus offer her the mundane explanation that she seeks. Under the circumstances, this would even make sense, because Baba goes to extreme lengths in her attempts to obtain a confession from him. In an extended scene near the start of Act II, Baba finds Toby alone in the living room and tries to persuade him to confess. She is gentle at first, claiming to love him and reminding him that she took him in off the street “with calculated tenderness.”³⁹¹ She promises to never punish him again and to buy him a new red shirt, if only he will answer her question. The stage notes in this section have no notes at all for Toby (who is mute and therefore would need to answer with a gesture), which indicates that he does not answer her, even to protest his innocence. After nearly sixty measures of

³⁸⁹ Menotti, *The Medium*, 87.

³⁹⁰ Menotti, *The Medium*, 94.

³⁹¹ Menotti, *The Medium*, 139–142.

attempted sweetness with no response from Toby, Baba loses her temper and snaps “wake up, I say, damn you!”³⁹² This does not elicit a response either, at which point she turns to straightforward bribery, offering him her bolt of red silk and a necklace of beads if he will make a sign that he touched her, or even that he did not but knows who did. His only response is to attempt to run away from her, causing her to rip his shirt but also, “with mounting excitement,” to offer him Monica’s hand in marriage.³⁹³ Even this does not compel him to answer, so Baba, “with uncontrolled fury” beats him with a long whip as he attempts to run from her.³⁹⁴ By this point, Baba is desperate for an answer she believes Toby can provide, but also, it would appear, desperate for his obedience. She receives neither. Toby does not even attempt to answer her question, which endures to the end of the opera. As the curtain falls in the opera’s final moments, Baba crouches over Toby’s murdered corpse whispering “was it you? Was it you?”³⁹⁵ Just as before, Toby does not answer.

Throughout *The Medium*, Baba’s acts of violence are directly linked to her alcoholism; while the threat of violence is constant and hangs over the children even when Baba is out of the apartment, the realization of that threat correlates with Baba’s level of drunkenness. At the start of Act I, when Baba returns home to find the children playing, she advances menacingly on Toby, but does not actually touch him and is diverted easily by Monica. At the end of Act I, after Baba’s first on-stage drink, she drags Toby out of the puppet theater, and it takes Monica much longer to pull her away. In Act II, while visibly drunk, Baba beats Toby with a whip after chasing him around the apartment. Each stroke of the whip is punctuated with a fortissimo bass and snare drum hit, marked “rim

³⁹² Menotti, *The Medium*, 147.

³⁹³ Menotti, *The Medium*, 153.

³⁹⁴ Menotti, *The Medium*, 156–163.

³⁹⁵ Menotti, *The Medium*, 232.

shot.”³⁹⁶ While sober, Baba seems to find threats sufficient to keep Monica and Toby in line. Actual violence, therefore, reads more as a loss of control on Baba’s part than a tyrannical enforcement of her will, synonymous with her drunken state.

This impression of drunken violence as a loss of control first and foremost is reflected by the music of this section. One might expect the music of Baba’s drunkenness to be slow or set in lower tessitura instruments, as alcohol is a depressant. Instead, the tone of this scene is frantic, particularly when compared with the even, lyrical music that accompanies Baba’s initial attempt at persuasion, which is marked *dolce*.³⁹⁷ The eleven measures in which Baba chases Toby are marked with a gradual *accelerando* and *crescendo*, and accompanied by rapid repeated figures in the woodwinds, high strings, and snare drum. The dotted rhythms of these figures might imply a kind of drunken unevenness, the speed at which they are played is much too fast to affectively resonate with drunkenness, and instead creates an atmosphere of rising panic.

Throughout *The Medium*, Baba’s domineering personality and dictatorial control of her surroundings are contrasted with her deteriorating control of, and trust in, her own mind. Baba’s behaviour throughout the opera shows her to be someone who highly values control over her surroundings and the people with whom she interacts. She actively maintains her power over the opera’s other characters through both overt and manipulative means, and reacts violently to disobedience. Consequently, the loss of control over both her own mind and the opera’s other characters that is precipitated by her ghostly encounter functions as an existential threat that exacerbates her fear and accelerates her descent into madness. Her drunkenness is visibly emphasized in this process. From the moment of her first drink at the end of Act I, we never see Baba sober, and she becomes increasingly, visibly drunk throughout Act II. Her madness and

³⁹⁶ Menotti, *The Medium*, 162.

³⁹⁷ Menotti, *The Medium*, 139.

drunkenness are treated somewhat synonymously, occurring simultaneously and functioning as a single narrative device.

For both Baba and Edgar Allan Poe, the struggle for, and loss of, control over both their minds and their surroundings feature prominently within the opera's narrative, rendering them vulnerable and driving them to acts of erratic violence. For Baba, her control over the other characters in the opera stands in contrast to her relative social powerlessness and is shown to be continuously maintained through her habits of behaviour. Once those habits are disrupted, Baba quickly loses much of her power. Poe, by contrast, appears to never have any control over his life (or at least his perception of his life), and his attempts to assert control have little to no impact on the events of the voyage. The ongoing struggle for, and eventual loss of control within both of these operas forms a narrative arc in which the protagonists' madness and alcoholism function as plot devices and work in concert. Both characters experience a social and economic powerlessness which drives them to the margins of society and ultimately makes them vulnerable. Their externally imposed lack of social and economic control which forms the background and settings for these operas, however, is both explained and dramatized by a parallel lack and loss of internal control, which is represented by their persistent alcoholism and progressive madness.

Conclusion

Both Baba and Edgar Allan Poe are unusual among operatic protagonists. Their drinking, which is pathologized both within the fiction of the opera and without, is a significant and conspicuous break with operatic traditions; within opera, alcohol has a very strong tradition of being used as a social harmonizer and a way of demonstrating or creating camaraderie between characters. Baba and Poe's stigmatized, isolating, maddening addiction instead demonstrates how very alone and powerless they are.

There is a troubling moralizing quality to all this. Though Baba and Poe are the protagonists of their respective operas, and the audience can empathize with their terror and bewilderment, neither is particularly sympathetically portrayed. Baba is domineering and cruel, violently abusive to the children in her care, and a dishonest scam artist preying on the vulnerability of grieving parents. Poe is less outwardly cruel, but his marriage to his twelve-year-old cousin, one of the primary focuses of the opera, is extremely distasteful to contemporary audiences and similarly suspect within the world of the opera. One of *The Voyage of Edgar Allan Poe*'s primary questions is whether Poe killed his child bride for art and, despite all his protests to the contrary, he proceeds to do exactly this at the end of the opera, forcing Virginia to tell him of the world after death, even as she protests that she must not, until she dies of a throat rupture.³⁹⁸ Both Poe and Baba are portrayed as morally compromised degenerates, a danger to themselves and to others. Shot through both operas is a not particularly subtle implication that these characters' madness is something they deserve, perhaps even something that they chose.

Poe is blatant in his choosing of madness; though he may at times regret the consequences and reject the associated social stigma, he remains defiant and defensive of his artistic choices. When accused of madness, he declares "I welcome visions! I cast out reason," claiming that all artists are mad and that sanity itself is craven and mundane.³⁹⁹ It is unclear what other path (if any) Poe might have taken, but his relationship to the visions that eventually kill him appears to be at least partially voluntary.

Baba does not welcome her visions. She does, however, seem to believe that she might be responsible for them. Even as she attempts to extract a mundane explanation for her experiences from Toby, she simultaneously attempts to assuage her conscience and the ghost she fears her actions may have summoned. Immediately following the seance, she tells Monica "We must never do this again. Monica... we must give them their money

³⁹⁸ Argento, *The Voyage of Edgar Allan Poe*, 369.

³⁹⁹ Argento, *The Voyage of Edgar Allan Poe*, 251–2.

back.”⁴⁰⁰ In Act II, she acts on this declaration, telling her clients that there will be no more seances, and attempting to return their money to them.⁴⁰¹ Her fear that her fake seance may have summoned a real ghost or spirit causes her to abandon her livelihood and attempt to make amends with her victims. During her mad scene, she also begs God to “forgive her sins,” even as she protests that “it cannot be the dead! ...The dead never come back.”⁴⁰²

The suggestion that both of these characters might deserve their madness, or at least be culpable in its creation, bears a disturbing similarity to some aspects of the cultural construction of alcoholism, particularly early ones. Though today alcoholism is widely understood within the medical community as a disease process and not a moral failing, this is far from universal and has not always been the case. As Jean Charles Sournia notes in *A History of Alcoholism*, the theory of degeneration, with all of its eugenic and moralizing undertones, endured for a century, from the mid-1800s to the mid-1900s. Although it had largely disappeared from medical usage by the 1950s, furthermore, elements of the theory would occasionally resurface, even as late as 1960.⁴⁰³ Outside of the medical community, the idea has had even greater endurance. Writing in the year 1986, he noted,

Degeneration and its pejorative moral overtones may have been largely banished from the medical domain, but they live on elsewhere. Doctors may have stopped blaming alcoholics for their condition but the world at large has not. The alcoholic remains a target for moral and social condemnation.⁴⁰⁴

⁴⁰⁰ Menotti, *The Medium*, 78–79.

⁴⁰¹ Menotti, *The Medium*, 167.

⁴⁰² Menotti, *The Medium*, 210–213.

⁴⁰³ Sournia, *A History of Alcoholism*, 112.

⁴⁰⁴ Sournia, *A History of Alcoholism*, 114.

One could easily argue that the shift towards less aristocratic protagonists that these operas represent—though aristocratic protagonists and settings endure; more than half of the operas in this dissertation feature aristocratic protagonists—is reflective of the shift in operatic audiences as the nobility and aristocracy diminished in size and power over the course of the twentieth century. This is a broad line of inquiry and beyond the scope of this dissertation, but does make some amount of intuitive sense. The influence of middle-class taste and values on the operatic canon is not, however, a necessarily benign factor in the case of these two operas. The theory of degeneracy, and the association of alcoholism with poverty, are as much associated with middle-class values as with the aristocracy. As Roy Porter remarks in his introduction to Sournia's *A History of Alcoholism*, as bourgeois and aristocratic culture grew increasingly respectable and sober, the working class was reciprocally constructed as a class of alcoholics, and the social problems created by systemic economic oppression were blamed on the working class's failure to abstain from drink.⁴⁰⁵

Within this particular moral framework, Baba and Poe's poverty, addiction, madness, and socially unacceptable behaviour all collapse into a single degenerate whole. They consequently are presented as bearing some degree of personal responsibility for all of the violence and misfortune that occurs within their operas. It is worth noting that while *The Voyage of Edgar Allan Poe* does place the idea of degeneracy under scrutiny and in direct conflict with its title character, in the end Poe's accusers win out, and the opera itself demonstrates the applicability of the idea to his character. Within the opera, Poe is consistently destitute, unquestionably alcoholic, and mad by his own admission. While Poe rejects these attributes as fair measures of his character, and sober middle-class respectability as a moral framework in general, the exceptions he claims as an artist cannot excuse the death of his wife (nor indeed his marriage to her in the first place). In the end, Poe's own mind condemns him. Within the context of the opera, the idea of

⁴⁰⁵ Porter, introduction to *A History of Alcoholism*, xii.

degeneracy is ultimately reaffirmed and survives the opera intact. Edgar Allan Poe does not.

Since the 1990s, the primary lens for critiques of operatic madness has been feminist and focused primarily on sexuality. In *Feminine Endings*, McClary draws on Elaine Showalter's pronouncement that nineteenth-century psychology understood all female madness as the result of female sexual excess for both the title of her chapter and her theoretical framework, in which she interprets mad opera characters ranging from Monteverdi's nymph to Strauss's Salome.⁴⁰⁶ The idea of female sexual excess is indeed a crucial interpretive context for most operatic madness, particularly within operas of the long nineteenth century and before.⁴⁰⁷ Within these operas, madness is used to define and police the boundaries of acceptable female sexual behaviour, and the use of madness as a heavily sexualized plot device functions as a tacit affirmation of contemporaneous sexual mores. In both *The Medium* and *The Voyage of Edgar Allan Poe*, madness is similarly leveraged to police the boundary of acceptable economic behaviour under American capitalism. In this context, the stereotypical equation of poverty with alcoholism causes alcoholism and madness to collapse into a single idea; a failure of self-control that is incompatible with America's puritan-influenced capitalist values.

I should note that I don't believe this was the intention behind either of these works. In an interview about the 1990 Chicago Lyric production of *Voyage*, both Dominick Argento and librettist Charles Nolte discuss Poe primarily as a sympathetic tragic figure and seem far more interested in the trope of the mad artist as it appears in their opera.⁴⁰⁸ *Voyage's* music, which is lush and emotionally compelling, bears this out, lending pathos to Poe's character throughout the opera. *The Medium's* music similarly encourages its audience to

⁴⁰⁶ McClary, *Feminine Endings*, 84.

⁴⁰⁷ The literature on this is extensive. See for example McClary, *Feminine Endings*; Smart, "Dalla Tomba Uscita"; Clément, *Opera, or the Undoing of Women*; Jenkins, "Madness, Sexuality and Gender in Early Twentieth-Century Music Theater Pieces."

⁴⁰⁸ Argento, *The Voyage of Edgar Allan Poe*, Disc 2, 52:30.

empathize with Baba, sharing in her terror and her paranormal experiences. I therefore do not read either opera as a conscious expression of eugenic thought. Instead, I believe that the presence of degeneracy within these operas, one of which premiered less than fifty years ago, is a demonstration of the hidden endurance of eugenic ideas within our culture. Despite widespread cultural rejection of eugenics in the second half of the twentieth century, eugenic ways of thinking were by then heavily embedded in American culture, and not so easily removed. They have endured, hidden within seemingly benign concepts over which they once held total sway. By dictating the terms by which other ideas are defined, eugenics has secured a secret lethal legacy that persists to the present day.

Conclusion

A particular challenge that is laid before graduate students, particularly graduate students in the humanities, is to persuade the wider world that our research matters. This is especially keenly felt, I think, by scholars of Western art music, who are grappling currently with the vulnerability of an art form whose economic and social position no longer feels secure. It is a very small subset of American and British music consumers who regularly listen to opera, and an even smaller subset who enjoy twentieth-century opera. I am not interested in debating whether opera is, in the twenty-first century, a dying artform, but it would be impossible to write a dissertation like this one without asking myself whether opera can fairly be interpreted as a primary interlocutor of madness if no one listens. Opera, one might argue, is neither a mass-media art form subtly influencing the minds of billions each day, nor is it an authoritative psychiatric source sought out by doctors or by lay people seeking to understand their own experiences of madness.

In fact, the reason I have continued to pursue this line of argument over some five years and more than two hundred pages is that I know that opera is both of these things. While opera may not command as large a share of the musical and dramatic audiences as it once did, by virtue of its long history opera has participated in the creation of many of the tropes on which modern dramatic media now rely. Whether or not opera still speaks, it has partially set the language in which narrative media speaks, and it thus holds enormous power over the resulting debates. More startlingly, opera is, in fact, a direct participant in professional psychiatric discourse, and has been since psychiatry's first days.

In my introduction, I mentioned that nineteenth-century opera composer Gaetano Donizetti is considered the definitive composer of mad scenes. I also mentioned that some believe his characters to express special, deep insights into the mad mind, because Donizetti himself was mad at the end of his life (ignoring the fact that most of his most

significant mad scenes were written years before he began exhibiting symptoms of tertiary syphilis). What I did not mention then is that some who hold these beliefs about his characters are themselves doctors and medical researchers. There exist at least a dozen articles published in medical journals that seek to interpret bel-canto-era mad scenes as medical texts, some of which assert that they provide physicians with special insight into madness that they might then use in clinical settings to understand their patients. E. Peschel and R. Peschel provide what is perhaps the clearest example of this, in their article “Donizetti and the Music of Mental Derangement: *Anna Bolena*, *Lucia di Lammermoor*, and the Composer’s Neurobiological Illness,” which was published in 1992 in the *Yale Journal of Biology and Medicine* and reaches the following conclusions:

Through [Donizetti]’s melodies and drama, he allows us to see, hear, and, as it were, enter for a while into the tormented body and mind of a human being devastated by psychosis... For physicians and humanists, knowing about Donizetti’s brain disease can add a deeper dimension to the pain and reality of mental disorder that he portrayed in his operas—and to the pain and reality of mental derangement that we can see in life... Thinking about Donizetti’s CNS disease in relation to his operatic depictions of psychosis can help us to comprehend the real pain and suffering of human beings trapped in the prison of a brain subjected to the devastation of psychosis.⁴⁰⁹

Given that medicine usually requires its sources to be both empirically grounded and up-to-date, this promotion of a nearly 200-year-old fictional work as a medical source for practicing clinicians is startling. Erfurth and Hoff, writing in the year 2000 for *Acta Psychiatrica Scandinavica*, do not go quite so far, but their article “Mad scenes in early 19th- century opera” does draw a direct line between Imogene (of Bellini’s *Il Pirata*) and Lucia’s mad scenes, and medical psychosis. They diagnose Imogene according to the then-current DSM IV, stating “Imogene’s madness can be diagnosed as a brief psychotic

⁴⁰⁹ Peschel and Peschel, “Donizetti and the Music of Mental Derangement,” 199.

disorder with marked stressors (F23.81); according to European concepts her disorder can also be described as ‘bouffée délirante’ or ‘psychogenic psychosis.’”⁴¹⁰

It is unlikely that a psychiatrist writing at the end of the twentieth century would find a medical document from the 1820s or 1830s to be an authoritative or trustworthy source of clinical information. That some have decided to treat decidedly fictional operatic sources of the same period as authoritative medical sources is strange. Nor is this phenomenon confined solely to opera; Shakespeare receives similar treatment,⁴¹¹ and Dickens is also cited as a particularly useful source of psychiatric insights. B. Douglas’s 2008 article “Dickens’ characters on the couch: an example of teaching psychiatry using literature” states in its abstract “the value of literature in medical education is widely accepted by medical teachers... This article reviews Dickens’ contact with psychiatry and outlines the mental disorders possibly suffered by the characters under ICD 10 diagnostic headings. These descriptions, while interesting in their own right, may also prove useful to clinicians and teachers.”⁴¹²

Assertions like these are troubling not only for their conflation of fictional representation with medical fact, but also because they assume that psychiatric diagnoses are stable medical entities. As I hope I have demonstrated throughout this dissertation, both medical and popular definitions of madness are culturally contingent and consequently subject to constant change. To assume that Dickens and Donizetti were providing rigorously accurate descriptions of nineteenth-century psychiatric diagnoses is already a stretch. To assume that their descriptions provide applicable information about twentieth- and twenty-first-century diagnoses is deeply implausible.

⁴¹⁰ Erfurth and Hoff, “Mad Scenes in Early 19th-Century Opera,” 313.

⁴¹¹ See Showalter, “Representing Ophelia,” 77–94 for some examples of this relating specifically to Ophelia.

⁴¹² Douglas, “Dickens’ Characters on the Couch,” 64.

Or at least it would be, if one assumed that psychiatric diagnoses were fully objective scientific entities in the first place. What this body of literature actually suggests, however, is that doctors are, on some level, relying on these fictional portrayals of operatic and literary characters to interpret and understand diagnostic categories and patient experiences. With the DSM now in its fifth edition and the ICD in the process of implementing its eleventh edition, this level of interpretive intercession means that opera composers, dramatists, and fiction writers are un-named contributing authors to some psychiatric diagnoses, which were written at least partially to describe their characters.

Throughout this dissertation I have focused much of my discussion on lay constructions of madness, which I argue are influenced by, but ultimately independent of contemporaneous medical constructions. This is an important area of inquiry; it is my belief that non-professional conceptualizations of madness have much to tell us about what a society considers normal and acceptable and how it responds to the unexpected and the different. It is also, however, something of a false dichotomy. To state the profoundly obvious, doctors are people first. Long before their first day of medical training, every doctor is, as a layperson, a consumer of and participant in this lay discourse of madness. For many, their first encounter with the idea of madness is likely not in their medical or premedical textbooks and coursework, but in media representations that draw directly on operatic tropes. Even if they were not encouraged to do so by their professors and mentors, it seems plausible that many would draw on these representations as a means of understanding their coursework, and consequently, later, their clinical work.

The risks of this are fairly obvious; composers and librettists have not historically felt a strong ethical obligation to base their operatic depictions of madness either in science or in the lived experiences of mad people, and a field of medicine set up partially based on fictional pathology may not be ideally suited to treat non-fictional people. It might surprise readers, therefore, that my own reading of this phenomenon is not purely negative. Certainly, I have significant reservations about this application of operatic

madness to clinical thought, but I do not actually argue that opera and medicine should be confined to their separate spheres, or that opera has nothing of value to say about madness. Peschel and Peschel suggest that Donizetti's melodies give the listener an opportunity to "enter for a while into the tormented body and mind of a human being devastated in psychosis."⁴¹³ Though I think they have overstated the accuracy of Donizetti's portrayal of madness, their aim in doing so is ultimately a laudable one. These articles suggest that operatic and literary depictions of madness can be used to create empathy between clinicians and patients, and that is no small thing.

Operatic depictions of madness have been lambasted for fostering voyeuristic attitudes towards madness, particularly female madness. Though these are valid criticisms, they tell, I believe, only a small part of a much larger story. For better or worse, operatic stages have long been a space in which mad subjectivities are prioritized, and mad voices are heard and treated as important, moving, and beautiful. Claims that mad scenes can provoke only a voyeuristic response from their audience ignore the myriad ways in which operatic writing often encourages audiences to root for, sympathize with, or even identify with mad characters. Though audiences of *The Medium* might be horrified by Baba's cruelty, they share in her fear and uncertainty just as they do in her experience of the ghostly, disembodied voice. I take *The Voyage of Edgar Allan Poe* significantly to task for its use and eventual validation of eugenic concepts in its framing of the work's central conflict, but the actual experience of listening to the opera is deeply moving and sympathetic. Even as Poe is isolated and condemned by his own mind, the music pleads his case to the audience. In his interview with Argento and Nolte, host Roger Pines comments "the music humanized the man for me. The extended lines, the lyricism, there's so much lyricism in this piece, they made you not just feel sorry for him, but you felt the real humanity of the man." Argento replies that one of his and librettist Charles

⁴¹³ Peschel and Peschel, "Donizetti and the Music of Mental Derangement," 199.

Nolte's primary goals had always been to "account for Poe, that we, in a sense, rehabilitate him, we humanize him."⁴¹⁴

Opera is large; it contains multitudes. It contradicts itself constantly, vigorously, and without apology. One of the inherent difficulties of opera scholarship is balancing seemingly contradictory truths. I would argue that it is possible for an opera to simultaneously condemn and redeem, and to provoke both voyeurism and empathy not only with the same performance, but within the same audience member. In the case of madness, opera is unquestionably culpable in the cultural processes of ableism, but it would be a gross oversimplification to assume that ableist and sexist values are the only things to be found within operatic depictions of madness and to say no more about it. What opera's long concern with madness, taken as a whole, describes, is rather the enormously complex process by which our society grapples with the very idea of human subjectivity. What it reveals is not only the vulnerability of the human mind, but also our cognizance of, and discomfort with, changing historical understandings of what the mind is and how it does and should function. Opera in the twentieth century provides rare and unusual insights into the process by which psychiatry was both contested and reconciled, partially and uneasily, with the long cultural legacy of madness, and consequently has much to tell us about the mechanisms by which our culture understands the vast possibilities of human difference.

⁴¹⁴ Argento, *The Voyage of Edgar Allan Poe*, Disc 2, 57:56.

Bibliography

Sound Recordings

Argento, Dominick. *A Waterbird Talk: an Opera in One Act; Miss Havisham's Wedding Night: an Opera in One Act*. With Linda Mabbs, Sara Watkins, and the Sinfonia of St. Cecilia. Koch International Classics, 1995, compact disc.

———. *The Voyage of Edgar Allan Poe*. Chicago Lyric Opera. Conducted by Christopher Keene. With Donald Kaasch, Richard Stilwell, John Duykers, Winifred Faix Brown, Phyllis Pancella, et al. October 27, 1990. House of Opera CD92545, 1990, 2 compact discs.

Donizetti, Gaetano. *Linda Di Chamounix*. Orchestra and Chorus of the Maggio Musicale Fiorentino. Conducted by Michele Gamba. With Jessica Pratt, Teresa Iervolino, Francesco Demuro et al., Recorded January 15, 2021, Dynamic CDS7911.03, 3 compact discs.

Maxwell Davies, Peter. *Davies: Eight Songs for a Mad King*. Psappha: Apple Music, 2004.

Scores

Argento, Dominick. *Miss Havisham's Fire: Opera in Two Acts, Libretto (after Dickens)*. Libretto by John Olon-Scrymgeour. New York: Boosey & Hawkes, 1979.

———. *Miss Havisham's Fire: Opera in Two Acts*. Libretto by John Olon-Scrymgeour. Full Score. New York: Boosey & Hawkes, 1996.

———. *Miss Havisham's Wedding Night: Opera in One Act*. Libretto (after Dickens) by John Olon-Scrymgeour. Full score. London: Boosey & Hawkes, 1987.

———. *The Voyage of Edgar Allan Poe: Opera in Two Acts*. Libretto by Charles Nolte. Vocal Score. New York: Boosey & Hawkes, 1979.

Britten, Benjamin. *Curlew River: A Parable for Church Performance Op. 71*. Libretto based on the medieval Japanese No-play “Sumidagawa” of Juro Motomasa (1395-1431) by William Plomer. London: Faber Music Limited, 1964.

Glass, Philip. *The Fall of the House of Usher: An Opera in Two Acts*. Libretto by Arthur Yorinks based on the story by Edgar Allan Poe. Bryn Mawr: Dunvagen Music Publishers Inc, 1988.

Maxwell Davies, Peter. *Eight Songs for a Mad King: Music-Theatre Work for Male Voice and Ensemble*. Text by Randolph Stow and George III. London: Boosey & Hawkes, 2005.

———. *Miss Donnithorne's Maggot: Music-Theatre Work for Mezzo-Soprano and Ensemble*. Text by Randolph Stow. London: Boosey & Hawkes, 2000.

Menotti, Gian Carlo. *The Medium: Tragedy in Two Acts*. 1997 ed. New York: G. Schirmer, 1997.

Stravinsky, Igor. *The Rake's Progress*. New York: Boosey & Hawkes, 1951.
https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cscore%7C309266.

Tippett, Michael. *New Year: An Opera in Three Acts*. London: Schott, 1989.

Books and Articles

Adlam, John, Irwin Gill, Shane N. Glackin, Brendan D. Kelly, Christopher Scanlon, and Seamus Mac Suibhne. "Perspectives on Erving Goffman's 'Asylums' Fifty Years On." *Medicine, Health Care and Philosophy* 16, no. 3 (2013): 605–13.
<https://doi.org/10.1007/s11019-012-9410-z>.

American Medical Association (AMA). "Alcohol." Accessed November 17, 2021.
<https://www.ama-assn.org/topics/alcohol>.

American Psychiatric Association (APA). *Diagnostic and Statistical Manual [for] Mental Disorders, with Special Supplement on Plans for Revision*. 1st ed. Washington, DC: American Psychiatric Association, 1952.

———. *Diagnostic and Statistical Manual of Mental Disorders*. 3rd ed. Washington,: American Psychiatric Association, 1980.

———. *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. 5th ed. Arlington, VA: American Psychiatric Association, 2013. <https://doi.org/>"
<https://doi-org.proxy1.lib.uwo.ca/10.1176/appi.books.9780890425596.dsm02>.

Archibald, Bruce. "Menotti, Gian Carlo (opera)." In *Grove Music Online*, 2007; accessed March 31, 2022, <https://doi-org.proxy1.lib.uwo.ca/10.1093/gmo/9781561592630.article.O005231>

Ardoin, John. *The Stages of Menotti*. New York: Doubleday, 1985.

- Argento, Dominick. *Catalogue Raisonné as Memoir: A Composer's Life*. Minneapolis: University of Minnesota Press, 2004.
- Barish, Jonas. "Madness, Hallucination, and Sleepwalking." In *Verdi's Macbeth: A Sourcebook*, edited by David Rosen and Andrew Porter, 149–155. New York: W. W. Norton & Co., 1984.
- Bartlett, Robert. *Why Can the Dead Do Such Great Things?: Saints and Worshippers from the Martyrs to the Reformation*. Princeton: Princeton University Press, 2013. <https://doi.org/10.1515/9781400848782>.
- Bennett, Douglas, and Isobel Morris. "Deinstitutionalization in the United Kingdom." *International Journal of Mental Health* 11, no. 4 (1982/83): 5–23. <http://www.jstor.com/stable/41344296>.
- Boosey & Hawkes. "Miss Donnithorne's Maggot," 2020. <https://www.boosey.com/pages/opera/moreDetails?musicID=3787>.
- Boyd, Jeffrey H., and Ted Crump. "Westphal's Agoraphobia." *Journal of Anxiety Disorders* 5, no. 1 (1991): 77–86. [https://doi.org/10.1016/0887-6185\(91\)90018-O](https://doi.org/10.1016/0887-6185(91)90018-O).
- Browne, W. A. F. *What Asylums Were, Are, and Ought to Be*. New York: Arno Press, 1976.
- Caminero-Santangelo, Marta. *The Madwoman Can't Speak: Or Why Insanity Is Not Subversive*. Ithaca, NY: Cornell University Press, 1998.
- Caruth, Cathy. *Unclaimed Experience: Trauma, Narrative, and History*. Baltimore: Johns Hopkins University Press, 1996. <https://ebookcentral-proquest-com.proxy1.lib.uwo.ca/lib/west/detail.action?docID=3318659>.
- Charney, Maurice, and Hanna Charney. "The Language of Madwomen in Shakespeare and His Fellow Dramatists." *Signs: Journal of Women in Culture and Society* 3, no. 2 (1977): 451–60. <https://doi.org/10.1086/493476>.
- Clément, Catherine. *Opera, or the Undoing of Women*. Translated by Betsy Wing. London: Tauris, 1997.
- Cone, Edward T. *The Composer's Voice*. Berkeley, CA: University of California Press, 1975.

- DeVries, Hilary. "House of Usher Falls with a Thud. Glass, Foreman, Poe: Three Sensibilities at Odds on Stage." *Christian Science Monitor*. July 11, 1988.
- Dickens, Charles. *American Notes*. London: Hazell, Watson, & Viney Ltd., n.d.
<http://www.canadiana.ca.proxy1.lib.uwo.ca/view/oocihm.61628/68?r=0&s=1>
- . *Great Expectations*. Ann Arbor, MI: University of Michigan Library, 2005.
<http://name.umd.umich.edu/ADJ1280.0001.001>
- . *The Letters of Charles Dickens: 1820–1870*. Edited by Madeline House, Graham Storey, and Kathleen Tillotson. 2nd Release. Charlottesville, VA: IntelLex Corporation, 2002.
- Douglas, B. C. "Dickens' Characters on the Couch: An Example of Teaching Psychiatry Using Literature." *Medical Humanities* 34, no. 2 (2008): 64–69.
<https://doi.org/10.1136/jmh.2008.000570>.
- Dudley, Robert. "Evolutionary Origins of Human Alcoholism in Primate Frugivory." *The Quarterly Review of Biology* 75, no. 1 (2000): 3–15.
- Engel, William E. "The Nashville Opera's Production of Philip Glass' 'The Fall of the House of Usher.'" *The Edgar Allan Poe Review* 10, no. 3 (2009): 123–25.
<https://www.jstor.org/stable/41506374>.
- Erfurth, A., and P. Hoff. "Mad Scenes in Early 19th-Century Opera." *Acta Psychiatrica Scandinavica* 102, no. 4 (2000): 310–13. <https://doi.org/10.1034/j.1600-0447.2000.102004310.x>.
- Fabbri, Paolo. "On the Origins of an Operatic Topos: The Mad Scene." In *Con che soavita: Studies in Opera, Song, and Dance, 1580-1740*, edited by Iain Fenlon and Tim Carter, 157–195. Oxford: Clarendon Press, 1995.
- Foucault, Michel. *History of Madness*. Edited by Jean Khalfa. Translated by Jonathan Murphey and Jean Khalfa. London: Taylor & Francis Group, 2006.
- Freisinger, Peter N. "Three Operatic Madmen in Twentieth -Century Opera: A Comparison and Analysis of *Wozzeck*, *Peter Grimes*, and *the Rake's Progress*." DMA diss., University of Cincinnati, 1999.
- Gorham, Deborah. *The Victorian Girl and the Feminine Ideal*. Bloomington: Indiana University Press, 1982.

Gruen, John. *Menotti: A Biography*. New York: Macmillan, 1978.

Herasymiuk, Iryna, Natalya Grinko, and Natalia Karvatska. "Fear of the Square or the History of Agoraphobia." *Current Issues of Social Sciences and History of Medicine* 22, no. 2 (2019): 99–101. <https://doi.org/10.24061/2411-6181.2.2019.124>.

Hibbert, Christopher. *The Court at Windsor: A Domestic History*. Revised ed. London: Allen Lane, 1977.

Hodgkin, Katharine. "Reasoning with Unreason: Visions, Witchcraft, and Madness in Early Modern England." In *Languages of Witchcraft: Narrative, Ideology, and Meaning in Early Modern Culture*, edited by Stuart Clark, 217–236. Basingstoke: Macmillan, 2001.

Howe, Blake, Stephanie Jensen-Moulton, Neil Lerner, and Joseph Straus. "Introduction: Disability Studies in Music, Music in Disability Studies." In *The Oxford Handbook of Music and Disability Studies*, edited by Blake Howe, Stephanie Jensen-Moulton, Neil Lerner, and Joseph Straus, 1–14. New York: Oxford University Press, 2016. <https://doi.org/10.1093/oxfordhb/9780199331444.013.1>.

Hutcheon, Linda, and Michael Hutcheon. *Bodily Charm: Living Opera*. Lincoln: University of Nebraska Press, 2000.

———. *Opera: Desire, Disease, Death*. Lincoln: University of Nebraska Press, 1996.

Iglikowski-Broad, Vicky. "The Passing of the 1967 Sexual Offences Act." The National Archives. Accessed February 17, 2021. <https://blog.nationalarchives.gov.uk/sexual-offences-act/>.

Ishii, Mikiko. "The Weeping Mothers in *Sumidagawa*, *Curlew River*, and Medieval European Religious Plays." *Comparative Drama* 39, no. 3 (Fall/Winter 2005–06): 287–305.

Jackson, Ken. *Separate Theaters: Bethlem ("Bedlam") Hospital and the Shakespearean Stage*. Newark: University of Delaware Press, 2005.

Jenkins, Megan B. "Madness, Sexuality and Gender in Early Twentieth-Century Music Theater Pieces: Four Interpretive Essays." PhD. diss., the City University of New York, 2010.

Juers, Evelyn. *The Recluse*. Kindle. Sydney: Giramondo, 2012.

Katschnig, Heinz. "Are psychiatrists an endangered species? Observations on internal and external challenges to the profession." *World Psychiatry* 9, no. 1 (February 2010): 21–28. doi:10.1002/j.2051-5545.2010.tb00257.x

Kemp, Donna R. *Mental Health in America: A Reference Handbook*. Santa Barbara, CA: ABC-CLIO, 2007.

Kennedy, John F. "Special Message on Mental Illness and Mental Retardation." Presidential Papers. President's Office Files. Legislative Files. Series 04., February 5, 1963. <https://www.jfklibrary.org/asset-viewer/archives/JFKPOF/052/JFKPOF-052-012>.

Killaspy, Helen. "From the Asylum to Community Care: Learning from Experience." *British Medical Bulletin* 79–80, no. 1 (2006): 245–58. <https://doi.org/10.1093/bmb/ldl017>.

Kuhn, Roland, and Charles H. Cahn. "Eugen Bleuler's Concepts of Psychopathology." *History of Psychiatry* 15, no. 3 (2004): 361–66. <https://doi.org/10.1177/0957154X04044603>.

Kyziridis, Theocharis Chr. "Notes on the History of Schizophrenia." *The German Journal of Psychiatry* 8, no. 3 (2005): 42–48.

Levine, H. G. "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America." *Journal of Substance Abuse Treatment* 2, no. 1 (1985): 43–57. <https://doi.org/10.15288/jsa.1978.39.143>.

Mahendra, B. "Where Have All the Catatonics Gone?" *Psychological Medicine* 11, no. 4 (1981): 669–71. <https://doi.org/10.1017/S0033291700041155>.

Maisel, Albert Q. "BEDLAM 1946." *Life*, 1946.

———. "The Shame of Our Mental Hospitals." *The Reader's Digest*, 1946.

Matsuoka, Mitsuharu. "Bedlam Revisited: Dickens and Notions of Madness." *The Dickensian* 109, no. 3 (2013): 225–39.

- McClary, Susan. *Feminine Endings: Music, Gender, and Sexuality: With a New Introduction*. Minneapolis: University of Minnesota Press, 2002.
<https://ebookcentral-proquest-com.proxy1.lib.uwo.ca/lib/west/detail.action?docID=316715>.
- McNally, Kieran. "Schizophrenia as Split Personality/Jekyll and Hyde: The Origins of the Informal Usage in the English Language." *Journal of the History of the Behavioral Sciences* 43, no. 1 (2007): 69–79. <https://doi.org/10.1002/jhbs.20209>.
- Meisel, Martin. "Miss Havisham Brought to Book." *PMLA* 81, no. 3 (1966): 278–285. <https://doi.org/10.2307/460813>.
- Metzl, Jonathan. *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston: Beacon Press, 2009.
- Meyer, Stephen. "Marschner's Villains, Monomania, and the Fantasy of Deviance." *Cambridge Opera Journal* 12, no. 2 (2000): 109–134.
- Mott, Jammieca D. "A Performer's Analysis of Dominick Argento's *Miss Havisham's Wedding Night*." DMA diss., University of North Texas, 2010.
- Oliphant, Margaret. "Sensation Novels." *Blackwood's Magazine American Edition*, no. LIV (1862): 564–84.
- Parakilas, James. "Mozart's Mad Scene." *Soundings* 10 (1983): 3–17.
- Paris, Joel. *The Intelligent Clinician's Guide to the DSM-5RG*. Oxford: Oxford University Press, 2013.
- Parr, Sean M. "Melismatic Madness: Coloratura and Female Vocality in Mid Nineteenth-Century French and Italian Opera." Ph.D. diss., Columbia University, 2009.
- Pernick, Martin S. "Eugenics." In *Encyclopedia of American Disability History*, 333–335. New York: Facts on File, 2009.
- Peschel, E., and R. Peschel. "Donizetti and the Music of Mental Derangement: Anna Bolena, Lucia Di Lammermoor, and the Composer's Neurobiological Illness." *Yale Journal of Biology and Medicine* 65, no. 3 (1992): 189–200.

- Pike, Heather. "Madness, Lunacy, and Insanity." In *Oxford Reader's Companion to Dickens*, edited by Paul Schlicke, 17–20. Oxford: Oxford University Press, 2011.
- Pipes, Charlotte F. "A study of six selected coloratura soprano "mad scenes" in nineteenth century opera." DMA monograph, Louisiana State University, 1990.
- Poe, Edgar Allan. "The System of Dr. Tarr and Prof. Fether." *Graham's American Monthly Magazine of Literature, Art, and Fashion*. November 1845. <https://doi.org/10.1136/bmj.d8023>.
- Polzonetti, Pierpaolo. "Eating and Drinking in Opera : And the Callas Diet." In *Oxford Handbooks Online*, 1–45. New York: Oxford University Press, 2015. <https://doi.org/10.1093/oxfordhb/9780199935321.013.119>.
- Porter, Roy. "The Drinking Man's Disease: The 'Pre-History' of Alcoholism in Georgian Britain." *British Journal of Addiction* 80, no. 4 (1985): 385–396. <https://doi.org/10.1111/j.1360-0443.1985.tb03010.x>.
- Ren, Aihong. "A Fantasy Subverting the Woman's Image as 'The Angel in the House.'" *Theory and Practice in Language Studies* 4, no. 10 (2014): 2061–65. <https://doi.org/10.4304/tpls.4.10.2061-2065>.
- Ridenour, Nina. "That He Who Runs May Read: Public Education, Public Relations, and Fund-Raising." In *Mental Health and the United States*, 93–120. Cambridge, MA: Harvard University Press, 1961. <https://doi-org.proxy1.lib.uwo.ca/10.4159/harvard.9780674420267.c12>.
- Rocheftort, D. A. "Origins of the 'Third Psychiatric Revolution': The Community Mental Health Centers Act of 1963." *Journal of Health Politics, Policy and Law* 9, no. 1 (1984): 1–30. <https://doi.org/10.1215/03616878-9-1-1>.
- . *From Poorhouses to Homelessness: Policy Analysis and Mental Health Care*. Westport, CN: Auburn House, 1993.
- . "Reimagining the Cuckoo's Nest." *Journal of Medical Humanities* 39, no. 1 (2018): 3–14. <https://doi.org/10.1007/s10912-017-9481-1>.
- Room, Robin. "Alcohol and Drug Disorders in the International Classification of Diseases: A Shifting Kaleidoscope." *Drug and Alcohol Review* 17, no. 3 (1998): 305–317. <https://doi.org/10.1080/09595239800187141>.

- . “The Cultural Framing of Addiction.” *Janus Head* 6, no. 2 (2003): 221–234. <https://doi.org/10.5840/jh2003628>.
- Rosand, Ellen. “Operatic Madness: A Challenge to Convention.” In *Music and Text: Critical Inquiries*, edited by Steven Paul Scher, 241–287. Cambridge: Cambridge University Press, 1992.
- Rutherford, Sarah. *The Victorian Asylum*. Botley, UK: Shire Publications, 2008.
- Ryan, J. S. “A Possible Australian Source for Miss Havisham.” *Australian Literary Studies* 1, no. 2 (1963): 134–136.
- . “Donnithorne, Eliza Emily (1826–1886).” In *Australian Dictionary of Biography*. National Centre of Biography, Australian National University, 1972. <http://adb.anu.edu.au/biography/donnithorne-eliza-emily-3426/text5211>.
- Sala, Emilio. “Women Crazy by Love: An Aspect of Romantic Opera.” *The Opera Quarterly* 10, no. 3 (1994): 19–41. <https://doi.org/10.1093/oq/10.3.19>
- Savage-Day, Susan. “Miss Havisham’s Wedding Night: Dominick Argento and The Mad Scene Tradition.” DMA diss., University of Wisconsin-Madison, 2001.
- Scotch, Richard K. “Medical Model of Disability.” In *Encyclopedia of American Disability History*, edited by Susan Burch, 602–603. New York: Facts on File, 2009.
- Showalter, Elaine. “Representing Ophelia: Women, Madness, and the Responsibilities of Feminist Criticism.” In *Shakespeare and the Question of Theory*, edited by Geoffrey H. Hartman and Patricia Parker, 77–94. London: Taylor & Francis Group, 1986.
- . *The Female Malady: Women, Madness, and English Culture, 1830–1980*. New York: Penguin Books, 1985.
- Siebers, Tobin. *Disability Aesthetics*. Ann Arbor: University of Michigan Press, 2010.
- Simonot, Colette Patricia. “Unraveling Voices of Fear: Hysteria in Francis Poulenc's *Dialogues des Carmélites*.” PhD diss., McGill University, 2010.

- Smart, Mary Ann. "Dalla Tomba Uscita: Representations of Madness in Nineteenth-Century Italian Opera." PhD Diss., Cornell University, 1994.
- Sournia, Jean-Charles. *A History of Alcoholism*. Translated by Nicholas Hindley and Gareth Stanton. New York: B. Blackwell, 1990.
- Straus, Joseph N. "Madness." In *Broken Beauty: Musical Modernism and the Representation of Disability*, 1–16. New York: Oxford University Press, 2018. <https://doi.org/10.1093/oso/9780190871208.001.0001>.
- Subotsky, Fiona. *Dracula for Doctors*. Cambridge: Cambridge University Press, 2019. <https://doi.org/10.1017/9781911623281.006>.
- Suetterlin, Kevin Frank Eric. "An Analysis and Conductor's Guide to Dominick Argento's *Miss Havisham's Wedding Night*." DMA diss., University of Memphis, 2017.
- Toronto Mad Pride. "What is Mad Pride?" Accessed March 3, 2022. <http://www.torontomadpride.com/what-is-mp/>
- Turner, John, Rhodri Hayward, Katherine Angel, Bill Fulford, John Hall, Chris Millard, and Mathew Thomson. "The History of Mental Health Services in Modern England: Practitioner Memories and the Direction of Future Research." *Medical History* 59, no. 4 (2015): 599–624. <https://doi.org/10.1017/mdh.2015.48>.
- Tyrrell, James R. *Old Books, Old Friends, Old Sydney*. Sydney: Angus and Robertson, 1952.
- Venn, Edward. "Review: Maxwell Davies: *Miss Donnithorne's Maggot*; *Eight Songs for a Mad King* by Maxwell Davies, Jane Manning and Kelvin Thomas; Maxwell Davies : *Naxos Quartets* Nos . 1 and 2 by Maxwell Davies and Maggini Quartet." *Tempo* 59, no. 233 (2005): 79–80. <https://www.jstor.org/stable/3878565>.
- Welten, Ruud. "'I'm Not Ill, I'm Nervous': Madness in the Music of Sir Peter Maxwell Davies." *Tempo New Series*, no. 196 (1996): 21–24. <http://www.jstor.org/stable/944456>.
- Whipple, William. "Poe's Two-Edged Satiric Tale." *Nineteenth-Century Fiction* 9, no. 2 (1954): 121–133. doi:10.2307/3044324.

- Williams, Alan E. "Madness in the Music Theater Works of Peter Maxwell Davies." *Perspectives of New Music* 38, no. 1 (2000): 77–100.
- Willier, Stephen Ace. "Early Nineteenth-Century Opera and the Impact of the Gothic" PhD diss., University of Illinois at Urbana Champaign, 1987.
- . "Madness, the Gothic, and Bellini's *Il Pirata*." *The Opera Quarterly* 6, no. 4 (1989): 7–23.
- Wolf, Muriel Hebert, and Stuart L. Keill. "Opera as a Forum for the Insanity Defense." *Opera Quarterly* 3, no. 2 (1985): 14–24. <https://doi.org/10.1093/oq/3.2.14>.
- Woods, Angela. *The Sublime Object of Psychiatry*. Oxford: Oxford University Press, 2013. <https://doi.org/10.1093/med/9780199583959.001.0001>.
- World Health Organization (WHO). *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death: Based on the Recommendations of the Seventh Revision Conference, 1955, and Adopted by the Ninth World Health Assembly under the WHO Nomenclature Regulations*. Geneva: World Health Organization, 1957.
- Young, Allan. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*. Princeton: Princeton University Press, 1995.

Appendices: Opera Synopses

As many of the operas in this dissertation are not well known, I have included brief synopses and key facts about each work here. The synopses are my own words, except in the case of the song cycles by Maxwell Davies and Randolph Stow, where I have chosen instead to include the full text of each song. The lists of characters are in the vast majority of cases taken from the frontmatter of the scores themselves, although I have chosen in each case to substitute a description of each character for the customary voice-type designation.

Appendix A: *The Medium: Tragic Opera in Two Acts*

Composer: Gian Carlo Menotti

Librettist: Gian Carlo Menotti

Premier: May 8, 1946: Columbia University, New York.

Characters:

Madame Flora (Baba):	a fake spirit medium. Madame Flora to her clients, Baba to Monica and Toby
Monica:	Baba's daughter
Toby:	a mute child. Taken off the street by Baba. Could be considered a ward or a servant
Mrs. Gobineau	A long-term client of Baba's. Attends regular seances with her husband to contact their deceased two-year-old son
Mr. Gobineau	A long-term client of Baba's. Attends regular seances with his wife to contact their deceased two-year-old son
Mrs. Nolan	A new client of Baba's. Attends a séance to contact her recently deceased sixteen-year-old daughter

Setting: Madame Flora's apartment, where she lives with Toby and Monica. The apartment features include a descending stairwell with a buzzer doorbell, a puppet theater, a table with a lamp, and two doors leading to bedrooms. The stage notes describe the apartment as "squalid"

Synopsis:

Act I: Toby and Monica play dress up together, but stop when Baba returns and berates them for not preparing the apartment for the séance. Shortly afterward, the clients arrive, and Monica and Toby hide. The clients discuss their dead children until Baba begins the séance. During the séance, Monica (hidden behind a curtain) speaks, pretending first to be Mrs. Nolan's daughter, and then the Gobineau's young son. Near the end of the séance, Baba abruptly clutches at her throat, where she feels a ghostly hand. She cuts off the séance to search for a culprit, before demanding that her clients leave the apartment. When the clients have gone, Baba describes her experience to Monica, and accuses Toby of touching her to frighten her. To soothe her, Monica brings Baba a drink, and sings a lullaby, "Black Swan." As she sings, Baba hears a disembodied voice, imitating Monica's fake ghost voices from the previous séance.

Act II: a few days later. Toby and Monica again play while Baba is out, but hide when they hear her returning. Baba is visibly disheveled and holding a bottle. Baba finds Toby and questions him about the night of the séance. She attempts to coerce him to confess that he touched her, and when he does not, she whips him. They are interrupted by the return of Baba's clients, who request another séance. Baba confesses her fraud and attempts to return their money, but the clients do not believe her. They beg for a séance until Baba forces them out of the apartment. Baba then turns Toby out over Monica's protests, locks Monica in her room, and drinks herself unconscious. This solo drinking scene is structurally reminiscent of a mad scene. While Baba sleeps, Toby sneaks back into the apartment and hides, but makes a noise that wakes Baba. She shoots into Toby's hiding place, believing him to be a ghost. Toby dies, Monica runs for help, and Baba kneels over Toby's dead body, whispering "was it you? Was it you?"

Appendix B: *The Rake's Progress: Opera in Three Acts*

Composer: Igor Stravinsky

Librettist: W. H. Auden and Chester Kallman

Premier: September 11, 1951: Teatro La Fenice, Venice.

Adapted from William Hogarth's painting series *A Rake's Progress* (1732–1733)

Characters:

Tom Rakewell:	A naïve young man
Nick Shadow:	The devil
Anne Trulove:	A young woman. Tom's fiancé
Trulove:	Anne's father
Mother Goose	A brothel owner in London
Baba the Turk	A bearded lady and circus sideshow performer
Sellem	An auctioneer
Keeper	Keeper of the madhouse Bedlam
Chorus	Whores and brothel customers, servants, townsfolk, and madmen

Setting: 18th century England. Scene 1 takes place in the countryside, but all subsequent scenes are set in London. Key locations include Mother Goose's brothel, Tom's London townhouse, a graveyard, and Bedlam (Bethlem Royal Hospital)

Synopsis:

Act I: Tom is in love with Anne and wishes to marry her, but has no source of income. He wishes for money, and Nick Shadow appears. Nick tells Tom that a rich uncle has left Tom an inheritance. Tom hires Nick, and the two leave for London, promising they will soon send for the Truloves. In London, Tom visits a brothel with Nick. Anne decides to follow Tom to London.

Act II: Tom is bored of his decadent life in London. Nick convinces him to marry Baba the Turk, which Anne immediately discovers. At home with Baba, Tom dreams of a magic bread machine, which Nick then makes real. The two seek investors for their new bread machine business.

Act III: The bread machine business has failed and all of Tom's possessions are auctioned off. Baba returns to the circus. Anne continues to search for Tom. In a graveyard, Nick reveals his true nature and proposes a game of cards for Tom's soul. Luck and love for Anne cause Tom to win the card game, thwarting Nick Shadow. Nick is dragged back to hell, but renders Tom insane as revenge. The final scene takes place in Bedlam, where Tom has been confined. Tom believes himself to be Adonis. Anne visits him, and he greets her as Venus (the lover of Adonis). The two sing a pastoral duet, and Anne sings Tom to sleep, before leaving him to the care of the asylum keepers. Tom, waking to find Anne gone, dies of a broken heart.

Appendix C: *Curlew River: A Parable for Church Performance*

Composer: Benjamin Britten

Librettist: William Plomer

Premier: June 12, 1964: Orford Church, Suffolk.

Adapted from the Japanese noh play *Sumidagawa*

Characters:

The Abbot

Eleven Monks

Four Acolytes

Seven Lay Brothers

Who perform the following roles in the parable:

The Madwoman:	A woman seeking her kidnapped son
The Ferryman:	Operates a ferry across the Curlew river
The Traveller:	On a long journey. Observes the events of the tale
The Spirit of the Boy (acolyte)	The Madwoman's son. Deceased and a saint
The Leader of the Pilgrims (Abbot)	On a pilgrimage to the tomb of the Spirit
The Chorus of Pilgrims (eight)	On a pilgrimage to the tomb of the Spirit

Setting: A church by a Fenland river in early medieval England

Synopsis:

Frame Tale: At a medieval church, an Abbot announces that he and his monks will perform a tale of a miracle that had occurred recently in the region. The Monks and Abbot then adopt the roles of the parable, which they perform for an audience of their fellows

Parable: It is an important day, and many pilgrims are crossing the Curlew River to pray at the grave of the Spirit. The Madwoman arrives at the crossing, and explains that she is searching for her son, who was stolen by a slaver a year ago. She attempts to board the ferry, and the Ferryman, Traveller, and Pilgrims all mock her, but do allow her to join them in the crossing. As they cross the river, the Ferryman tells them the significance of the day. One year previously, a slaver and a young captive boy had crossed the river. The boy had been too ill to continue the journey, and had died on the shore. The local people have since venerated the boy as a saint. The Madwoman realizes that this local saint is her missing son. She prays at his grave, and his spirit appears, curing her of her madness.

Frame Tale: The Abbot and Monks offer prayers of thanks for the miraculous cure

Appendix D: *Eight Songs for a Mad King: Music-Theatre Work for Male Voice and Ensemble*

Composer: Peter Maxwell Davies

Librettist: Randolph Stow and George III

Premier: April 22, 1969: Queen Elizabeth Hall, London

Based on the life of King George III

For solo baritone and instrumental ensemble

Setting: The Home of King George III, 1810s England

Text: The text for this work has been copied from the frontmatter to the vocal score. See: Maxwell Davies, Peter. *Eight Songs for a Mad King: Music-Theatre Work for Male Voice and Ensemble*. Text by Randolph Stow and George III. London: Boosey & Hawkes, 2005.

1. The Sentry (King Prussia's Minuet)

Good day to Your Honesty: God guard who guards the gate.
Here is the key of the Kingdom.
You are a pretty fellow: next month I shall give you a cabbage.
Undo the door!
Who has stolen my key?
Ah! my Kingdom is snakes and dancing,
my kingdom is locks and slithering. Make room!
Pity me, pity me, pity me.
Child, Child, whose son are you?

2. The Country Walk (La Promenade)

Dear land of sheep and cabbages. Dear land.
Dear elms, oaks, beeches, strangling ivy,
Green snakes of ivy, pythons. God guard trees.
Blue-yellow-green is the world like a chained man's bruise.
I think of God. God is also a King

3. The Lady-in-Waiting (Miss Musgrave's Fancy)

Madam, let us talk, let us talk.
Madam, I mean no harm.
Only to remember, to remember
what it was that through silk,
lace, linen and brocade
swooped on my needle. To remember.
Madam, let us talk. I mean no harm.

4. To be sung on the Water (The Waterman)

Sweet Thames, sweet Thames,
 far, far have I followed thee.
 God guard my people.
 Sweet Thames, flow soft. Flow, burdened by my people
 (deliver me from my people; they are within)
 to Eden garden, unto Eden garden
 in Hanover, Bermuda or new South Wales.
 Sweet Thames, flow soft. Evacuate my people.
 I am weary of this feint. I am alone.

5. The Phantom Queen (He's ay a-kissing Me)

Where is the Queen, why does she not visit me?
 Esther! O my heart's ease.
 Have they chained you too, my darling, in a stable?
 Do they starve you, strike you, scorn you, ape your howls?
 They say some other woman is my wife,
 but the Queen's name is Esther
 Esther
 Esther
 Fall on my eyes, O bride, like a starless night.

6. The Counterfeit (Le Conterfaite)

I am nervous. I am not ill, I am nervous.
 If you would know what is the matter with me
 I am nervous.
 But I love you both very well; if you would tell me the truth.
 I love Doctor Heberden best; for he has not told me a lie.
 Sir George has told me a lie: a white lie, he says
 but I hate a white lie!
 If you tell me a lie,
 let it be a black lie!

7. Country Dance (Scotch Bonnett)

Comfort ye, comfort ye, my people
 with singing and with dancing,
 with milk and with apples.
 The landlord at the Three Tuns
 makes the best purl in Windsor.
 Sin! Sin! Sin!
 Black vice, intolerable vileness
 In lanes, by ricks, at Courts. It is night on the world.
 Even I, your King, have contemplated evil.
 I shall rule with a rod of iron.
 Comfort ye.

8. The Review

My people: I come before you in mourning, on my breast a star.
The King is dead.
A good-hearted gentleman, a humble servant of God,
a loving husband, an affectionate sire.
Poor fellow, he went mad.
He talked with trees, attacked his eldest son,
disowned his wife, to make a ghost his Queen—
a ghost his Queen.
So they seized him (yes!) and they whipped him (ach! Yes!)
starved him, jeered in his face
while he talked he talked he talked he talked he talked:
They could not shave him, his mouth was never still.
Sometimes he howled like a dog.
And he veiled the mirrors not to see himself pass by
for his eyes had turned to blackcurrant jelly.
Poor fellow, I weep for him.
He will die howling.
Howling.

Appendix E: *Miss Donnithorne's Maggot: Music-Theatre Work for Mezzo-Soprano and Ensemble*

Composer: Peter Maxwell Davies

Librettist: Randolph Stow

Premier: March 9, 1974: Adelaide, Australia

Loosely based on the life of Emily Eliza Donnithorne

For solo soprano and instrumental ensemble

Setting: Miss Donnithorne's home in Sydney, Australia, late 1800s

Text: The text for this work has been copied from the frontmatter to the vocal score. See: Maxwell Davies, Peter. *Miss Donnithorne's Maggot: Music-Theatre Work for Mezzo-Soprano and Ensemble*. Text by Randolph Stow. London: Boosey & Hawkes, 2000.

1. Prelude

Your Excellency, Your Honour, Your Worship, ladies and gentlemen,
people of Sydney, most of all the deserving poor,
Miss Donnithorne begs the favour of your presence
at her nuptial feast and ball.
May it choke you one and all.

2. Miss Donnithorne's Maggot

Green mooned the white lady of silvered Sydney town
—O, stately as a candle-end, all in her winding-gown;
apple-pale and like a spider's egg her dainty muslin face
and her moonstones new polished with a moon-clout of lace.

She wept like a xylophone, she laughed like a tree.
“Alack and alas,” she said, “who would not change with me?
To have herself alone such a fine tower of cake
where the seaweed does intertwine with the precious coral snake.”

She danced like a candle. “Ah, who would not be me?
To keep her bed all day, embowered in a tree
that springs from the cellars, all flushed with wedding wine
and drops its white dew on me, at dawn when I dine.”

The palm by her bedside, it stood through the bars,
more gentle than whiskers, more sweet than cigars,
till full like a spider's egg grew her lovely moony face
and happy little spiders chased all up and down the place.

3. Recitative

They say the owl was a baker's daughter. Lord, we
know what we are, but know not what we may be.

Here comes the bride, stark mad in white satin.
And her maid, stark sane in black bombazine,
and with such a pretty apron.

The breeze blows from the sea. I shall take a piece
of chalk in my hand and go out into the night,
and on every silvered road of the sleeping town
I shall paint this word: Eternity.

Under the leaves of this dark Domain I shall speak by heart all the works of Shakespeare.
So dull, so conforming, this city—As Beulah tells me.

Ah, for a gale from the sea, speaking of fortitude and fidelity
and all the naval virtues.

A gale from the ocean, fierce with romance, to ring all the bells, all the marriage-bells of
the midnight town

Aye. Aye. Let the bells be tolling, the carriage wheels crunching, the aunts weeping, the
cousins coveting, the bridesmaid plotting against the groomsman, the bridegroom
fidgiting, the bride chastely blushing, the wedding cake blooming with candles and the
sword poised above it.

They say the owl was a baker's daughter. Artist: canst paint a dolorous cry?

4. Her Dump

The harbour lay on her indigo back
with all six legs in the sky.
She clenched on the pinchbeck moon,
snatched him home to her hollow.

On the terrible sea-cliffs
wild with nightshade and ivy
where my cake beams out good cheer
to the Royal Navy

the beetle and her maid
gnaw on their stolen moons,
gnaw on their indigo moons.
They taste of lead.

A moon? It must be a present from the grocer.
In India once my ayah fed me the moon
From a silver spoon.

5. Nocturn (The Instrumentalists)

6. Her Rant

On the doorsills of my cake
cactus heaves at the hinges.
On the windowsills of my cake
thistles going on the bars.

In the exercise-yard of my cake
never a sentry passes;
the guards have died too soon
to see out my time.

Yet somebody knocks, someone knocks, or was it the southerly?
Somebody hacks back the bolts with his hands and advances,
on me all womanly
on me alone, in my cell, ten years deep in the icing,
cowering, a female afraid, squeaking out so enticing.

And aha-ha-ha! to your braid
ho-ho-ho! to your buttons,
to the ceremonial sword
by your white duck thigh:

for the gatehouse of my cake,
all one wound of roses,
is the open crimson endless petal throat
Of a rat. That closes

7. Recitative

In the dusty afternoons and in the twilight I listen to the voices.
Boys shout in the distant street. Boys trespass in my grounds,
after sunset, and whistle and whisper among my jungles.
Boys. Monsters. Heartbreakers. Lifetakers. I shall order a shotgun
from London to teach them their duty just where they sit down.
But behind my shutters, at my door open on the chain,
I listen to the voices among my darkening trees.
Billy is innocent and Joey is a villain. Joey shouted at my window:
“Fifty-five and never been *****!”
He said to Billy: “They go mad if they don’t get it.
They need *****,” he said, “to keep them right.”
Such things they say, a lady could not repeat them.
And once Joey told Billy a poem, at which they laughed very much,
and I remember one line.
“‘I’ve ***** my ***** brother,’ said the ***** from the Bush.”
Monster! Life-takers! And yet...
Dear boys. Such dear boys. I think I shall adopt a little boy.
A little. Post-captain. of the Royal Navy. With a gold moustache.

8. Her Reel

Hark! His voice! The bridegroom calls from the chamber.
 Husband, I come.
 So long, so long, so long, love, I have listened.
 I did not think that love might last so long.

Gracious Apollo! Why am I sitting on the floor?
 I declare, it must have been the sunflower wine.

And the sun and the sea and the bells, orange-flowers in my veil,
 the orange I stuck on his finger (“wear it always”, I said)
 and his epaulettes and his buttons, his hair and the ring
 —all golden, golden, golden, gold, gold, gold.

In the strong-vaults of my cake
 It is not blood on the ingots.
 It is bat’s piss
 And bats that soar towards the moon
 break their stupid fucking
 necks on the glass.

I wear this bat in my hair. It portends, they say,
 A disastrous, a devastating passion.
 How the gold of the light of the end of a perfect day
 brings out the schoolgirl in us all.

I come! I come. O heart, I am faithful as you are.
 I am perilous as a pear-flower that falls at a touch,
 I am virgin, O chevalier,
 I come.

Appendix F: *The Voyage of Edgar Allan Poe: Opera in Two Acts*

Composer: Dominick Argento

Librettist: Charles Nolte

Premier: April 24, 1976: Minnesota Opera Company, Saint Paul, MN

Based on the life of Edgar Allan Poe

Characters:

Edgar Allan Poe	A poet
Doctor	Poe's friend (also wedding guest, passenger etc.)
Griswold	Poe's literary agent (also Captain, Mr. Allan etc.)
Mrs. Poe	Poe's mother (also ballad-singer etc.)
Mrs. Clemm	Poe's mother-in-law (also Aunt Nancy etc.)
Mrs. Allan	Poe's adoptive mother (also Granny Poe etc.)
Theatre Director	Stages a re-enactment of Poe's life during the voyage
Virginia Poe	Poe's young wife (deceased)
Chorus	

Note that within the hallucinated world of the voyage, all characters except Poe and Virginia play multiple roles.

Setting: Richmond, Virginia, 1849. Also a hallucinated ship, where Poe's life is re-enacted by the passengers.

Synopsis:

Prologue: The Doctor recalls his last interaction with Poe, who was very sick and determined to board a ship to Baltimore that night. The Doctor tells him there is no ship to Baltimore that night.

Act I: Poe boards a hallucinated ship. The ship's passengers re-enact Poe's mother's death, and Poe is drawn into the re-enactment. Within the re-enactment, Poe is berated by his foster father, and re-lives the day of his wedding. There is also a dreamlike scene where Poe and Virginia sail on a small boat, but are interrupted by Griswold, who is sailing with Poe's mother. Outside of the re-enactment, Poe gives a lecture to the ship's passengers in an attempt to earn money, but grows increasingly troubled by heckling, and by a voice that only he hears, which he is sure is the voice of Virginia. She appears at the end of the act, covered in blood, and collapses into Poe's arms.

Act II: Poe is placed on trial for madness. The Theatre Director, as detective Dupin, gives testimony, creating a re-enactment of Virginia's death. After her death, Griswold presides over a bizarre auction, where various women offer themselves as muses, upsetting Poe. At Virginia's crypt, Poe finds her revived, and questions her about the afterlife. Virginia protests, but eventually describes a paradise, until she abruptly dies. Poe declares his guilt: he has killed his wife for his art. Back at the trial, Poe attacks Griswold, who reveals himself to be Poe's soul, and welcomes Poe's blows.

Epilogue: Dawn. Poe collapses on the docks, with no ship in sight, and dies, while Griswold watches from the shadows. The Doctor finds Poe's body, and meets Griswold. Griswold leaves with Poe's manuscript.

Appendix G: *Miss Havisham's Fire: Opera in Two Acts*
Miss Havisham's Wedding Night: Opera in One Act

Composer: Dominick Argento

Librettist: John Olon-Scrymgeour

Premier: March 22, 1979, Lincoln Center, New York (revised 1995)
 May 1, 1981, Minneapolis

Based on the novel *Great Expectations*, by Charles Dickens

Characters:

Aurelia Havisham:	A wealthy elderly recluse (also shown as a young woman)
Estella Drummle:	Adopted daughter of Miss Havisham
Phillip Pirrip (Pip)	Childhood playmate of Estella. Comes from poverty
Nanny Broome:	Miss Havisham's childhood nurse
Bently Drummle:	Wealthy gentleman. Estella's beau and later husband
Orlick:	A servant of Miss Havisham's
Jaggers	Miss Havisham's solicitor and the executor of her estate
The Coroner	Investigates the circumstances of Miss Havisham's death
The Pockets	Sarah, Camilla, Georgiana, and Raymond. Relative of Miss Havisham hoping to inherit from her
Pumblechook	Uncle to Pip
Additional characters:	Maids, guests at the assembly ball, chorus, dancers

Setting: Essex, England, 1810–1860. Most of the opera takes place at Satis House, Miss Havisham's home, which has fallen into disrepair.

A note on the production history: *Miss Havisham's Fire* received disappointing reviews on its premiere, and was consequently deemed a failure. In 1995, Argento made significant revisions to the score for *Miss Havisham's Fire*, re-arranging the scenes and removing four or five expendable scenes altogether. The score for the original version is not available.

Miss Havisham's Wedding Night is the epilogue scene of *Miss Havisham's Fire*, with reduced orchestration, performed as a monodrama for solo soprano. It is a bit longer than the epilogue from *Fire*, probably because it does not include the cuts made during the 1995 revisions. It was excerpted by Argento, and premiered in 1981.

Synopsis:

Act I: 1860: Miss Havisham dies in an accident. The Coroner and Mr. Jaggers gather her family and acquaintances for an inquest to investigate the circumstances of her death, which are deemed suspicious. Nanny Broome explains that Miss Havisham has not left her home or changed clothes since she was jilted on her wedding morning fifty years before. A flashback scene shows Miss Havisham as a young woman preparing for her wedding in 1810, until she receives a letter from her fiancé, cancelling the wedding. Back in 1860, Miss Havisham's relatives accuse Estella, but are shamed by Jaggers for their designs on Miss Havisham's wealth. Pip declares that he was present the day Miss Havisham died, and goes on to explain that Miss Havisham brought him to the house as a child, to play and hopefully fall in love with Estella, so that she might jilt him in a revenge against men. This is shown in a flashback to 1846.

Act II: 1848: At her birthday party, Miss Havisham tells young Pip that she has secretly disinherited the Pocket relatives. Back in 1860, the relatives panic when this revealed. The Coroner asks why Pip and Estella are not married despite their long history. A flashback to a ball in 1859 shows how Estella, raised to be cynical, is tempted into a loveless marriage with Bentley Drummle, who abandons her shortly afterward. Back in 1860, the coroner deems Miss Havisham's death an accident, and Pip and Estella reminisce before saying goodbye.

Epilogue: ~1846: In an extended mad scene, Miss Havisham, alone at night, relives her wedding morning and speaks to her fiancé. Much of the first half of this scene is a re-enactment of the flashback scene in Act I.

Appendix H: *The Fall of the House of Usher: An Opera in Two Acts***Composer:** Philip Glass**Librettist:** Arthur Yorinks**Premier:** May 18, 1988: American Repertory Theater, Cambridge, MA

Based on the short story by Edgar Allan Poe

Characters:

Roderick Usher	A wealthy young man. Last scion of the Usher family
William	A childhood friend of Roderick's
Madeline Usher	Roderick's twin sister
Servant	long-time servant of the Usher family
Physician	Roderick and Madeline's doctor

Setting: A dilapidated and isolated manor house (the House of Usher) in the countryside

Synopsis:

Act I: William arrives at the house after receiving a letter from Roderick, who is in distress. The Physician warns him not to disturb the household. He finds Roderick ill, and easily distressed by sounds. He offers to help Roderick leave the house, but Roderick insists he cannot. William searches for the source of Madeline's voice, and Roderick explains that she is on her deathbed. That night, as William is going to bed, he dreams of Madeline and Roderick together, and is troubled by the sound of Madeline's voice. A few days later, Roderick seems cheerful but William is exhausted and afraid. Roderick paints and plays the guitar, before announcing that Madeline is dead.

Act II: William and Roderick carry Madeline's coffin to the vault, and Roderick mourns. It is revealed that Roderick and Madeline were twins. Later, at dinner, Roderick becomes suspicious of William, and accuses the physician of murdering Madeline. William attempts to console him. A few days later, William tells Roderick that they will both leave the house in the morning, and spend the last night in the house together. That night, in Roderick's studio, William recounts a make-believe game they had played as children, but is repeatedly interrupted by disturbing wailing and banging sounds. Roderick declares that they have buried Madeline alive, and Madeline appears on the balcony. She falls, crushing Roderick, and William flees as the house in horror.

Appendix I: *New Year: An Opera in Three Acts*

Composer: Michael Tippett

Librettist: Michael Tippett

Premier: October 27, 1989: Wortham Theater Center, Houston, TX

Characters:

Voice	A narrator
-------	------------

From Somewhere and Today:

Jo Ann	A trainee children's doctor. An orphan
--------	--

Donny	Jo Ann's adopted brother. Also an orphan
-------	--

Nan	Jo Ann and Donny's foster mother
-----	----------------------------------

From Nowhere and Tomorrow:

Merlin	A computer wizard
--------	-------------------

Pelegriin	A spaceship pilot
-----------	-------------------

Regan	Merlin and Pelegriin's boss
-------	-----------------------------

Chorus of Dancers and Singers

Setting: Intentionally ambiguous. The Terror Town is a city, probably in the United States or United Kingdom, and appears to be vaguely contemporary in time. The setting of Nowhere and Tomorrow is far in the future.

Synopsis

Act I: Jo Ann dreams of the day she will be brave enough to leave her home, when Donny arrives, behaving erratically and imitating animals. Nan arrives to collect Donny, warning Jo Ann not to be too gentle with him. The scene shifts to the future, where Merlin, Pelegrin, and Regan attempt to see the future with their computer, but only see the past, including Jo Ann. Pelegrin is immediately drawn to Jo Ann, and pilots the ship towards her, traveling into the past. Jo Ann sees a vision of Pelegrin, and is drawn to him as well.

Act II: Jo Ann, Nan, and Donny attend a New Years festival in town. Donny is selected as a scapegoat and ritually beaten. The spaceship appears, and Regan is appalled to discover that they are in the past, not the future. Pelegrin approaches Jo Ann. Donny heckles Regan and attempts to steal the spaceship, which departs. The crowd beats Donny again in frustration.

Act III: Nan takes Donny away from Jo Ann's apartment. Pelegrin arrives in his spaceship, and takes Jo Ann to a sacred place where she must choose between the fountain of forgetting and the lake of remembering. She chooses the lake, so that she can help the children of the terror town. Jo Ann and Pelegrin declare their love for each other and Jo Ann learns a dance in a paradise garden. Pelegrin returns Jo Ann to her apartment and vanishes, returning to the future. Jo Ann leaves her apartment, apparently cured of her fear.

Curriculum Vitae

Name: Diana Wu

Post-secondary Education and Degrees: The University of Western Ontario
London, Ontario, Canada
2017–2022 Ph.D.

The City University of New York: Queens College
New York, New York, United States of America
2015–2017 M.A.

Whitman College
Walla Walla, Washington, United States of America
2009–2013 B.A.

Honours and Awards: Robert Walser and Susan McClary Fellowship
2021–2022

Province of Ontario Graduate Scholarship
2019–2020, 2020–2021

Philip Downs Scholarship in Music History
2017–2018, 2018–2019

Related Work Experience Assistant Editor
The Journal of the Society for American Music
2021–2022

Lecturer
The University of Western Ontario
2021

Teaching Assistant
The University of Western Ontario
2017–2022

Publications:

Wu, Diana. “‘You Gotta Accentuate the Positive’: Japanese American Affirmation and Resilience in *The Camp Dance: The Music and the Memories*.” *American Music* 40, no. 3 (2022). (Forthcoming)

Wu, Diana. “*The Operatic Archive: American Opera as History* – by Colleen Renihan (book).” *CAML Review* 48, no. 1 (2020): 122–124.