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reflection

Thérèse Raquin by Emile Zola: surgical method in psychiatry

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There are several novels that pique our common interest, but Zola's ambition to put a 'scientific aim above all others' in his 19th-century novel *Thérèse Raquin* provides a particularly interesting topic for collective reflection. After being criticised for vulgarity, in the preface to the second edition of his work Zola justified his portrayal of a gruesome *ménage à trois* as being analogous to the 'analytical work that surgeons conduct on cadavers'. Criticism of Zola's work often focuses on whether he achieves the degree of reductionism and determinism that he allegedly strove for or whether, in fact, his predilections for the gothic and fantastic overshadow the novel's scientific, 'surgical' veneer. Similarly, psychiatric case notes often begin with a highly formulaic scientific account, yet on closer inspection digress to read more like a tragic novel.

In terms of reductionism, Zola, inspired by the natural scientist Claude Bernard, endeavoured to make every chapter into a 'study of a curious case of physiology', while the character's 'soul' was to be kept out altogether. Similarly, in psychiatry we endeavour to reduce to and separate the biological, psychological and social causes of illness; yet, as Zola found, these so often overlap and interact. In *Thérèse Raquin*, the eponymous character and her adulterous lover Laurent plot to murder her husband Camille. Once Camille is out of the way, marriage is a viable and eagerly awaited prospect. But Thérèse and Laurent start to experience unease and fear at the prospect of greater intimacy, which they repress by using maladaptive psychological coping mechanisms. Following their union, the pair develop powerful visual hallucinations of the deceased, as the soul of the brutally murdered Camille ineluctably forces itself into the narrative. Frequently, patients' psychotic experiences seem to demonstrate some moral or religious aspect, which mirrors this imposition of Camille's soul.

With regard to determinism, a conscious inevitability is played out as the protagonists are hurled by their genes and circumstances from one horror to another, while the narrative is punctuated by a predictable weekly game of dominoes. Inherited dispositions (which Zola terms 'blood') form the genetic backdrop on which the environmental forces of a narrow, murky existence act to produce depravity and insanity, in a similar vein to the way in which there often appears to be a certain inevitability to patients' case histories. Experienced psychiatrists find themselves wondering about risk factors such as parental mental illness, childhood abuse and substance misuse before patients mention them.

As Zola's narrative pans out, characters are held accountable for their actions, despite their apparent moral paralysis. For the doctor, the narrative leads one to question whether Zola could have foreseen any psychiatric interventions being able to alter the awful concatenation of circumstances he describes. For the literary scholar, these questions are no less relevant. Many years ahead of his time, Zola hit upon the value of interdisciplinary approach to subjects that cannot be simplistically restricted to the realm of either literature or medical science. In *Thérèse Raquin*, Zola's 'surgical' approach to psychiatric disorder, prostitution and abortion makes for a harrowing read that nonetheless brings the literary critic and the doctor into productive dialogue.