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In this article, my aim is to investigate how space and place have a special significance for the protagonist of *The Faces*, an autobiographical novel by Danish author Tove Ditlevsen published in 1968. *The Faces* describes a psychotic attack and subsequent recovery at a hospital. My argument is that Ditlevsen's description of this particular mental illness and its correlation to the act of creativity is better understood by paying attention to real and imaginative spaces rather than time and narrative. By analysing a psychotic experience from a spatial perspective, such a reading could help medical students and clinicians to better understand the plights of patients with mental illness. It could also remind medical humanities students of the limits of interpersonal knowledge.

1. Poetic spaces and places

Although famous and deeply appreciated by working-class readers in her lifetime, Tove Ditlevsen (1917-1976) seems to have been marginalized among contemporary modernist authors and critics.

After her death, she was interpreted attentively by Danish feminist scholars, and she has most recently been reclaimed by a younger generation of (feminist) authors in Denmark. Perhaps her most intriguing novel, *The Faces*, was translated into English in 1990 with no further attention beyond a few studies among Scandinavian scholars in the US. Now Penguin is currently publishing new translations of her three autobiographical works, named *The Copenhagen Trilogy*, in the high profile Modern Classics series, and Penguin has additionally reprinted the older translation of the novel, which was written between the autobiographical works. A recent piece in *London Review of Books* affirms this renewed interest in her writing. Noticing Ditlevsen's delayed international break-through, my own approach to the text is rooted in medical and health humanities, more precisely narrative medicine. At University of Southern Denmark, we read literary illness narratives with our medical and health care students under the title of 'narrative medicine'. My approach is also formed by an interest in the way Ditlevsen writes and reflects about the chronic mental illness she suffered throughout her life—and which may have caused her suicide in 1976 when she was 58 years old. In what follows, I will argue that concepts of space and place can help us understand Ditlevsen's poetic language describing an 'invisible' illness as a recurrent psychosis characterized by attacks of hallucination and delusion. To make this argument, I will first summarise the notion of space theory in the humanities and the concept of spatial embodiment in narrative medicine.

In the humanities, 'space' has been described as more important than 'time' for understanding the philosophy and literature of the 20th century. Gaston Bachelard's *The Poetics of Space* (1957) is an important work for the field of humanities with its phenomenological approach to architecture as 'lived experience'. Another focal point in this development is Michel Foucault's lecture *Of Other Spaces* (1967) in which he turned his attention from phenomenology, understood as the space of perceptions, to what he named 'heterotopology', a neologism for external spaces and sites defined in opposition to 'normal' sites like the house, the school or the workplace. Both Bachelard and Foucault argue that spatial experiences have to some extent replaced time as the primary coordinate system for modern humans.

From this point of view, the spaces of modern life are connected through and defined by a network of relations. According to Foucault, 'the house', described by Bachelard in phenomenological terms, is only perceptible in relation to other spaces. What interests Foucault is describing the sophisticated relationships between 'normal' sites and 'abnormal' or 'other' sites like the psychiatric hospital, where people with deviant norms of behaviour are placed. Before he defines the various relationships between normal and other sites, Foucault defines the distinction between two variants of otherness. One variant is utopias, which are 'sites with no real place'. The other variant invented by Foucault, and today widely accepted in the humanities, is a 'heterotopia', which is an existing site on the margin of the norms in the society, 'a kind of effectively enacted utopia in which the real sites, all the other real sites that can be found within the culture, are simultaneously represented, contested, and inverted' (24). Utopias are always longed for (otherwise they would become dystopias), whereas some heterotopias, like psychiatric hospitals and prisons, are feared, and others, like the garden or the beach, are more neutral. Foucault

defined six heterotopical spaces: the first was named 'crisis heterotopias' and includes psychiatric hospitals and prisons.

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Prior to this definition, Foucault had already published two accounts of the history of insanity and modern medicine, *Madness and Civilization* (1961) and *The Birth of the Clinic* (1963). Here, he investigated when, how and why individuals with deviant behaviours are hospitalized by the society and when, how and why the 'medical gaze'—comparable to the present day's 'biomedicine'—evolved in modern history. Later in his oeuvre, in *Discipline and Punish: The Birth of the Prison* (1977), Foucault would describe prisons and psychiatric hospitals as panopticons leaving no unseen spaces for the inmate. From the 18th to the 20th century, the psychiatric hospital in Europe was a place in which people with mental illness could be protected from the stresses of everyday life. Meanwhile, hospitals were constructed as disempowering spaces where people's behaviour could be monitored and controlled.

In my spatial analysis of Tove Ditlevsen's novel *The Faces*, I will return to Foucault's three concepts of logically related places—topos, heterotopos and utopia—to clarify characteristics indicative of three key places in the novel: the protagonist's apartment, the psychiatric hospital and 'the act of writing'. The latter is a placeless place, a utopia, where invisible experiences are transformed into a visible and, to some extent, shareable world.

The most thorough historical investigation of the concept of space has been carried out by philosopher Edward Casey. In *The Fate of Place* (1997), Casey elaborates on the distinction between space, defined by phenomenologists as infinite, and place, defined by geographers as finite. In my analysis, I will find parallels between this distinction and my introductory inner 'space' and outer 'place', also bearing in mind Foucault's distinction between the inner 'spaces' and the external 'sites' and Bachelard's between 'felicitous' and 'hostile spaces'.

2. Spaces of illness

The research literature on 'spaces of illness' is sparse compared to the literature about space and place in the humanities. One exception is an article published by Rita Charon in 2011 in *Narrative,* which reflects upon the issue of spaces and bodies in health care. Charon's subsequent contribution to the co-authored *The Principles and Practice of Narrative Medicine* (2017) describes 'space' as one of four key aspects in the close reading of a literary text with medical students, and close reading as a 'signature method' of narrative medicine. In her contribution's elaboration of space, she critiques biomedicine's mechanical bodies: 'Reductive medicine treats the human body like a place. Narrative medicine treats the human body like a space' (Charon 2017, p. 192).

In the following, I present a close reading of Tove Ditlevsen's novel *The Faces* with a particular attention to *space*. I look at the text's generic hybrid of biography and fiction, in order to define to which extend the illness narrative is autobiographical, and then continue with my main exploration of the writer's attention to the spaces of mental illness. I argue that the novel imaginatively articulates the experience of psychosis from a first-person perspective, and that it does so in spatial rather than temporal terms.

3. The hybrid of biography and fiction in *The Faces*

The narrative structure of *The Faces* parallels the narrative structure of a psychosis. The novel begins with weak symptoms of hallucinations and delusions by the protagonist, Lise Mundus. Soon those symptoms worsen, and she is hospitalized after an attempt at suicide, which the narrator posits as a call for help rather than an attempt to take her own life. The protagonist's psychotic symptoms reach a high point while she is on the locked ward. She refuses to eat and drink, hears voices of family members and sees their faces—as well as faces of animals—and she is trapped in the delusion of being totally sane. Lise is advised by a fellow patient, Ms. Kristensen, *not* to talk about the voices in her head because the health professionals are likely to categorize her as insane: 'This is an insane asylum, after all, and it can't exist without patients' (83). The sentence is an illustration of a deluded mind—and utterly humoristic in its reversed logic.

After a while in the psychiatric hospital, symptoms of hallucinations and delusions weaken, Lise begins to eat and drink, and one day she accepts the fact of her illness: 'And in one clear, observant spot in her mind, she knew that now they had won. She had gone insane' (107).

Immediately after her suicide attempt, Lise calls the hospital's psychiatrist, Doctor Jørgensen, and he helps her go to a toxic trauma centre and then further on to the state hospital. Near the end of the story, he tries to convince Lise that her family, especially her children, miss her and that her readers, himself included, value her literary work. (This character roughly doubles Tove Ditlevsen's own psychiatrist through twenty years, Thorkil Vanggaard, who was famous in Copenhagen and published articles on psychiatry, psychoanalysis—and literature.) By the very end of the novel, Lise, almost cured, leaves the hospital with her husband. However, slight symptoms continue to show; for example, Lise asks her husband if he has ever had sexual relations with her daughter Hanne, now seventeen (145). The calm reaction from her husband to this question convinces her that her

persistent suspicion throughout the story must have been a delusion. By means of this linear structure from psychotic attack to recovery, the novel could be categorized as a strict 'pathography', and yet, if it was only for this straight (case) story, the novel would hardly be of interest to anyone.

To some extent, this story of severe mental illness is autobiographical. The question is, as always, to what extent? *The Faces* was published in 1968, a year after Ditlevsen's two volumes of autobiography *Childhood* and *Youth*. Three years later comes the 1971 autobiography of her adult life, including her four marriages, with the virtually untranslatable title, *Gift*, which carries the double meaning of 'married' and 'poison'. (All three works are now named *The Copenhagen Trilogy* by Penguin Classics.) In her third marriage (1945-50), to a young doctor, Ditlevsen became addicted for a prolonged period to a drug that her husband had access to—and, if we accept her own account, which he had invited her to use. Therefore, *The Faces* is a work of fiction written in the near context of Ditlevsen's three autobiographies, arguably the most interesting phase of her authorship. The protagonist Lise resemble Ditlevsen, as the psychiatrist Dr. Jørgensen resemble Dr. Vanggaard. Both Lise and Tove are established authors of fiction; both live in a large apartment in Copenhagen; both have children and are married (more than once). From the late introduction to her own oeuvre entitled *Om sig selv* (*About Myself*), published four years later in 1975 and one year before her death, we know that, by her own account, Ditlevsen had suffered from periodic psychosis since the age of twelve. This was the same year in which, she tells us, she wrote her first poem. Mental illness and creativity seem to be born simultaneously for Ditlevsen, and they are presented as twins, explicitly in *About Myself* and implicitly, I will argue, in *The Faces*.

In Ditlevsen's case, there may from the beginning of her career have been a parallel between the psychotic patient hearing voices nobody else can hear and the writer of fiction creating a narrative 'voice'. The visual hallucinations of the psychotic patient might equally have similarities to the creative imagination of the author. Sigmund Freud presented the idea already in 1908 that literary creativity originates from phantasies of day-dreaming. However, this quite extraordinary pairing of mental illness and literary creativity is not articulated by Ditlevsen before the late novel *The Faces*, published 30 years after her debut. In *Childhood* and *Youth*, attention is devoted to writing and reading poetry and, particularly in *Childhood*, there is some mention of anxiety, but the experience of psychosis, presumably from the age of twelve, is omitted completely. Did Ditlevsen fear the stigma of being a 'psychotic author', or did she not consider her mental illness as fundamental to her experiences as a human being? My own guess is that she felt more liberated when writing honestly about herself in the partly fictive genre, and at the same time she insisted on a non-clinical interpretation of her mental illness. *The Faces* is the sole Danish novel published (in a later edition from 1976, shortly after her death) with an afterword by a psychiatrist who appraises the novel for its illumination of an otherwise 'invisible' illness (not Tove Ditlevsen's own psychiatrist, Thorkil Vanggaard, but one of his colleagues, Erling Jacobsen).

The English translation of *The Faces* from 1990 by Tiina Nunnally (republished by Penguin Classics in 2021) is generally reliable, and yet it consistently oddly translates the Danish word 'angst' as the English 'fear', although 'anxiety' would seem more appropriate. Almost every chapter of the novel contains the Danish word 'angst', often attached to memories from the childhood of the

protagonist, Lise. However, anxiety and fear are sharply distinguished from each other by the Danish philosopher Søren Kierkegaard, who, in *The Concept of Anxiety* (1844), defined *anxiety* as an ambivalent fear of 'nothing', whereas *fear* is always directed towards something in the world. For Kierkegaard, anxiety is affiliated to the human existence as timely (body) and eternal (soul) at the same time; everyone is anxious, but not all the time, and not all are equally *aware* of this existential condition of anxiety.

Currently in Denmark and elsewhere, the concept of anxiety has mainly taken on a pathological meaning, sometimes related to a psychosis. During the 20th century, the dominant semantic connotation moved from the existential (Kierkegaard) and psychological (Freud) to the pathological as many, especially younger people, are now diagnosed and treated medically for this condition in the psychiatric system. What Ditlevsen meant by 'anxiety' when she wrote her novel in 1968 is most likely closer to Kierkegaard and the subsequent tradition of psychoanalysis than today's pathological diagnosis of anxiety. Ditlevesen's psychiatrist Thorkil Vanggaard, who could have influenced her view, would later publish a book about a successful treatment of anxiety in the psychoanalytic practice (1987). Most often the anxiety of Ditlevsen's protagonist in *The Faces* is analysed as rooted in diffuse experiences from childhood, and this deep layered anxiety seems to be trigged by her husband's infidelity. Worth noticing, however, is that Ditlevsen's protagonist never makes use of the psychiatric notions 'delusion' or the diagnosis 'psychosis' in *The Faces*, nor any psychoanalytic concepts like 'Oedipus complex' or 'repression'. It is only the doctors in the psychiatric hospital who use the term 'hallucinations' about the faces of family members and animals she claims to see. The less clinically distinct term used more than once by the protagonist is 'insane' [sindssyg]. By avoiding the use of the clinical language of psychiatry and psychoanalysis in the voice of her narrator, Ditlevsen attaches a poetic, non-clinical language to her portrayal of liminal human experiences.

One could even find a critique of the psychiatric system as such by the author. In *The Faces*, the 1968 revolution, centered in Paris, is an issue for the younger members of the family, Lise's son and the maid. An offspring of this revolution was the anti-psychotic movement, as it was later labelled, whose proponents (including R.D. Laing) argued that it was the psychiatric system itself which was ill, not the patients. This viewpoint allows a literal interpretation of our previous quotation: 'This is an insane asylum, after all, and it can't exist without patients'. When, in the final pages of the novel, Ditlevsen's protagonist reflects such thinking, she is in tune with a new movement:

> *But what was real in this world, and what was not real? Wasn't it a kind of sickness that people could walk around holding onto their own ego?—that whole chaos of voices, faces, and memories that they only dared to let slip from themselves drop by drop, and never could be certain of retrieving again. (145-46)*

This historically new critical attitude toward the psychiatric system and its narrow concept of normality could also explain why Ditlevsen, to a large extent, avoided the clinical language of 'abnormality' in the novel.

Importantly, the psychiatric treatment of the 1960s that Ditlevsen describes in *The Faces* is rather different from the present day's highly medicalized system in Denmark and elsewhere. The treatment prescribed is a rest cure away from her daily duties as a mother and from her intimate family relations, which implies (sexual) conflict, combined with therapeutic dialogue with doctors about her present mental condition. Although the psychopharmaceutical revolution in Denmark began in the 1950s, Ditlevsen's protagonist does not mention any antipsychotic medicine in *The Faces*. What Lise is offered in the hospital is primarily rest; when she is most troubled by hallucinations, she is offered sleep medication.

The biographical details of Ditlevsen offered above has been variously formulated in research by Antje Petersen (1992), Susan Brantly (1995), Poul Houe (2007-9) and Sherilyn Hellberg (2021), although none of them have been particularly interested in the interplay between her mental illness and forms of creativity. I will argue along the lines of these literary scholars that a shift in perspective from memories of childhood and psychoanalysis to aesthetics and creativity could renew and increase our understanding of the articulated—human—experience of illness in the novel. Let me now argue how the correlation between psychotic hallucinations and the *spaces* of creativity in novel is made in *The Faces*, and how this novel could be introduced as a piece of art in courses of narrative medicine where literary illness narratives are used.

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4. Spaces of psychosis and creativity in *The Faces*

The Faces is situated in various places that are closely related to Lise's mental condition. As a well-known author, she feels safe only in her apartment from the invasive public sphere represented by journalists from popular magazines and curious people on the street. The incipit reads, 'For a long time she had avoided going out on the street because the crowd of faces frightened her' (8). Neither the apartment itself, nor the streets and local area, are described; the city's name is not given, but we can infer that the geographical location is Copenhagen. The only viable alternative to the large apartment in the city seems to be the psychiatric hospital. Even though the apartment offers protection from the public sphere, Lise hides from her family inside the apartment, either in the bedroom or in the bathroom. In the bedroom, she has difficulties falling asleep, and her dreams are particularly vivid to her when she awakens. In the bathroom, Lise hears voices in the pipes. The reader recognises that these voices are hallucinations mainly through the reactions of the other family members when confronted with fragmented utterances from Lise. The suicide

attempt takes place in the bedroom. Lise eats a number of sleeping pills and dials the number of her psychiatrist, Dr. Jørgensen, to tell him she desperately needs his help. Three weeks later, when the psychosis is almost over and she returns with her husband to the apartment, Lise is 'strangely afraid of entering the apartment':

> *'Why don't we go somewhere and have a drink before we go home?' she said suddenly. She felt strangely afraid of entering those rooms again, just as if she were entering a childhood that had never belonged to her. (140)*

The attack of psychosis seems closely related to these 'rooms', and the apartment is compared to an estranged childhood experience, telling us that even though the apartment had functioned as a shield from the 'crowds of faces', it is not a peaceful 'home'.

After the suicide attempt, Lise is driven to the poison control centre where she has a short conversation with a doctor. When asked why she attempted suicide, she answers, 'I had such a terrible need to see some new faces' (52). Not surprisingly, the doctor reacts angrily and reminds her that her stay is expensive for the welfare state (in Denmark) where medical treatment at that time was and still is free of charge for every citizen. Yet it is also possible that she is, in fact, telling him the truth—she is haunted by the faces of the public and of her family. In the apartment, the family was causing her distress. Her husband Kurt returns late in the evening in the first chapter and tells Lise that his mistress has committed suicide and that he is accused of being partly responsible because she was his lover and a young secretary at the office. This provides a reasonable justification for Lise's mood swings although it does not seem to be of major importance for her. More important is her growing suspicion that the maid, Gitte, is having a sexual relationship with her son, Mogens, and perhaps also with her husband. Her worst fear seems to be that her daughter Hanne and her husband are having a sexual relationship. Most readers will dismiss the suspicion as a delusion. The maid, however, admits to having slept with Kurt on the night when he came home and spoke about his mistress' suicide. While the apartment shields her from the 'crowd of faces' outside, it is at the same time filled on the inside with familiar and more troubling faces, partly because of her husband's infidelity, partly because of her accelerating psychosis. The threshold between private 'inside' and public sphere 'outside' is blurred. Even Lise's own 'tired and used' face haunts her in the bathroom mirror (17-18).

In the state hospital, where she is moved after two days in the poison centre, Lise is better protected from her distress. Her behaviour is disruptive; she bothers the other patients on the open ward and is then removed to a closed ward of her own. For some reason, she is placed in a bathroom in the closed ward. Here, as a result of her psychosis, she experiences severe hallucinations that feature people from her apartment, particularly Kurt and Gitte. The bathroom is, in the peak of the psychosis, experienced as no more peaceful than the bathroom of Lise's own apartment. While the hospital was supposed to be a safe space, one she longed for when at home, she now longs for another, even more remote place beyond the walls of the hospital:

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> *She longed for an untouched place, a virgin territory that her feet had not yet walked on, a path without memory where young lovers strolled, for whom she meant no more than the nail on their big toe. (52)*

This 'untouched place' might be interpreted, following Foucault, as a non-place or a utopia. If this longing is compared to another of her longings, it will become evident to the reader, what kind of 'placeless place' it is. Later, the protagonist reflects on her passion for literary creativity:

> *She could be anywhere, if only she was allowed to keep her poetry book with her. The only thing in the world that she wanted was to write poems in it, and anything that prevented her from doing this aroused her hostility. (101)*

The 'untouched place' she longs for is 'anywhere', if only it can house the act of poetic writing. Using Foucault's triad of concepts in my interpretation of *The Faces*, Lise's apartment is a *topos*, the psychiatric hospital a *heterotopos*, and 'the act of writing' a *utopia*. This novelistic distinction takes on new meaning in light of the biographical fact that Ditlevsen's two books *Childhood* and *Youth*, published the year before *The Faces*, were written while she was a psychiatric patient at St. Hans Asylum outside Copenhagen. They are, so to speak, written in a heterotopic site, and yet the act of writing itself is, for Ditlevsen's protagonist in *The Faces*, imagined as a placeless place: an imaginary place beyond the real faces of others, as well as the doubling of Lise's own face in a mirror.

The psychiatric hospital is traditionally defined as a 'space of power' by Foucault (1977), a place constructed to observe and control the inmates from disrupting 'normal' society. In Danish-Norwegian Amalie Skram's two classic novels of psychosis written at the end of the 19th century, the psychiatric hospital is described as a prison, and the doctors are paternalistic in making decisions alone for and about their patients. Half a century later, Ditlevsen does not describe the psychiatric hospital as a prison. Quite on the contrary, the psychiatric hospital for her protagonist is rather a haven, a safe place from the stigmatization of society and psychologic conflicts of family life. Although some of the staff still treat her in a paternalistic way, her psychiatrist Dr. Jørgensen is portrayed as seeing and speaking to Lise as a respected human being, almost as if he was her friend.

For Ditlevsen's protagonist, writing creatively is a longing to become and to express herself: 'Only when she wrote did she express her own self, and she had no other talent' (11). Poetic writing becomes an option for Lise only in a hetero- or even a utopian place, not in the apartment. The act of writing seems therefore intimately related to the condition of psychosis. In *The Faces*, Lise begins to write poetic literature in the state hospital as a kind of therapeutic answer to the conversation with Dr. Jørgensen in the examination room: 'Write to me', he said. 'Write what the voices say to you…' (130). Of course, Lise writes for others besides her doctor, but it is arguable that this particular novel may be written (in part) for psychiatrists—to visualize the 'invisible' illness of psychotic spaces. So writing is therapeutic for her *and* a source of knowledge for others, for example clinicians. As mentioned, one edition of the novel has an afterword by a Danish psychiatrist, Erling Jacobsen, in which he suggests that Ditlevsen was suffering from a relatively rare 'psychogenic

psychosis,' caused by 'spiritual overload' and related to her childhood, because she seems to remember her hallucinations after an outbreak of psychosis. After the record of her conversation with Dr. Jørgensen, the following chapter begins with a lengthy two-page quotation from Lise's writing, ending with the sentence: 'It wasn't until today that I realized that I have never really known her [Hanne]' (132, my bracket). Complicating my argument, this phrase could also be read as a *pars pro toto* for the whole novel. The act of writing is intended to represent a recurrent, anormal psychic experience, and by writing the novel, the narrator (and, implicitly, the author) is acknowledging what she did *not* know about her immediate relations.

Elsewhere, as mentioned, Ditlevsen draws attention to her rare psychological condition and her rare talent for writing, both manifest from the age of twelve. When the fictional Dr. Jørgensen says to Lise, 'Write what the *voices* say to you…', he can be understood as interpreting 'the voices' in a literary context as what, since Romanticism, has been called the author's inspiration and what structuralist narratology terms the narrative 'voice' in a work of fiction. Being sensitive to these otherwise distant 'voices', whether those originate from the gods, the subconscious, or the discourse of language, is what distinguishes the author. Interpreted in this way, the gift of literary writing and the condemnation of a mental illness like psychosis are, at least in Ditlevsen's novel, two sides of the same coin. Where Freud argued for a causality between phantasies of day-dreaming and poetic imagination, Ditlevsen may be hinting at a correlation between voices and images of the psychotic mind and poetic imagination. This suggested correlation could perhaps be further grounded in theories of poetic space following Bachelard and others, which connect mental life and spatiality.

5. Literary and medical spaces

In his afterword to Ditlevsen's novel, the psychiatrist Erling Jacobsen argues that *The Faces* gives clinians 'eyes to look through' (138). Literature can sometimes illuminate a foreign world that is otherwise hidden or unknown. As an imaginary space, the art of literature has been described in this fashion: 'Literature is an imaginative practice and its ways of construing relations in space teach us to see the space around us' (Tygstrup 46). Literature is imaginative not only in how it represents already experienced space, but—most importantly—also and simultaneously *invents* spatial experiences. The fluctuation, in the reader, between the representation and invention of literary spaces shapes and reshapes our spatial experiences of stories and reality. If this is a sound theory of literary spaces, Ditlevsen not only 'shares' her illness experience with the reader, she also makes the reader—and herself?—'see' an illness, which is by definition invisible, experienced in spatial, embodied coordinates.

The 'medical gaze', or the third-person perspective on illness, which Foucault described in *The Birth of the Clinic*, could therefore be supplemented by the literary fostering of the imaginative recreation of how the patient experiences her illness in a first-person perspective. To know how a psychiatric patient perceives reality in a mix of perceptions, dreams, hallucinations and delusions within a narrative trajectory from weak symptoms of illness to almost full recovery might be valuable for the psychiatrist to promote empathy with and reflection on the patient as a

respectable human being. A crucial element of empathy is being aware of the limits of insight into fellow human beings. Or, as the protagonist explicitly states in the novel, 'It wasn't until today that I realized that I have never really known her'. *The Faces* is on the one hand giving the medical student and psychiatrist 'eyes to look through' and on the other hand it reminds medical and health humanities of the limits of interpersonal knowledge. The imaginative space of the ill person is to some extend hidden and mysterious, even for the ill person herself.

Finally, to read a novel like Ditlevsen's about a psychiatric patient in a 'healthy' society—and/or the 'normal' human being in an 'unhealthy' society—written in a metaphorically rich literary language might likewise be valuable for all kinds of students to contest their views of social norms. What unites the interest of medicine and humanities is a constantly renewed demand for a more fine-grained understanding of the human condition of contemporary social reality.

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Image Source: Penguin Random House

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