

“I have epilepsy but it’s not who I am.”
Making Sense of Epilepsy in Ray Robinson’s *Electricity*.

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Abstract.

This study examines the narrative use of epilepsy in Ray Robinson’s *Electricity* (2006) in an attempt to discover to what extent the highly experimental style of this novel yields insight into the sufferer’s perception of her/his illness, thus dismantling the manifold prejudices and superstitions, which have characterized the cultural history of this disease. In order to describe his protagonist Lily’s experience of her temporal-lobe epilepsy, Robinson develops an impressive narrative style, whose originality lies in the blending of epilepsy-related metaphors and typographic devices - such as pages of overlapping fonts for fits or rows of anti-epileptic pills dividing both paragraphs and chronological sequences. In terms of plot, the main event in the novel - Lily’s move from gloomy Blackpool to hectic London in search of her disappeared brother Mickey - is to be read as an ultimate challenge to the limits of her own ill condition. There is a significant relationship in *Electricity* between Lily’s eventual coming to terms with her traumatic childhood and the urge to face her disease once and for all by means of surgery. I argue that, far from being a mere theme of the novel, epilepsy is here best described as a narrative filter, which thoroughly sifts every interaction between the sufferer/narrator and the observer/reader. Thus, free from any traditional iconographic connotation, Lily emerges as a convincing character with her own story, who happens to have epilepsy, yet would not and cannot be hastily labelled as ‘epileptic’. In the end, *Electricity* can lead doctors, caregivers, and readers in general to develop greater empathy towards people with epilepsy.

Keywords: *Electricity*, Ray Robinson, epilepsy, stigma, illness narratives.

Halfway through Ray Robinson’s 2006 novel *Electricity*, the protagonist Lily O’Connor and her friend Mel get onto the Net and Google epilepsy, the neurological condition which has affected Lily since her childhood. Mel’s consolatory intent is clear, she wants to reassure her friend she is not alone in her illness: as it comes out, about forty million people around the world have epilepsy. Lily even writes down a list of Famous People With Epilepsy - provided by a website - ranging from Julius Caesar to Ian Curtis, passing through Sir Isaac Newton and Lord Byron.

Epilepsy is the world’s most common serious neurological disorder, affecting people of all ages. It has been known since the dawn of history and has been a frequent literary motive throughout the centuries as well.

Literature is an invaluable archive of social responses towards diseases, and in the case of epilepsy it has registered the manifold prejudice and superstitions, which have characterized the cultural history of this disease around the world.

My study examines the narrative use of epilepsy in *Electricity*, in an attempt to discover to what extent the highly experimental style of this novel yields insight into the sufferer’s perception of her/his illness, thus leading readers to develop greater empathy towards people with epilepsy. I argue that epilepsy functions here as a narrative filter of every interaction between the sufferer/narrator and the observer/reader, putting into perspective its significance as an identity-defining feature.

In *Electricity*, epilepsy - from the Greek verb επιλαμβάνειν, “to take hold of, to seize” - vigorously seizes and moulds the whole narration, its inner structure and outer form. As a result, the novel reduplicates Lily’s daily ill condition, as it proceeds through matter of fact descriptions and moments of derealization, blank pages of numbness, black pages of migraine, violent thrashings of plot and appeasing suspension points.

On the most superficial, visual level, Robinson makes a clever use of typographic devices, in order to “reflect a seizure textually upon the page.”¹ Pages of overlapping oversized fonts challenge the reader to find a residual meaning among them. Yet, fonts double and disappear under the puzzled reader’s eyes, they abruptly arrange themselves into cries and groans, half words come out and rapidly slip away, they jerk and thrash, they abnormally contract and relax. What happens to the fonts is contemporarily happening to Lily and, at the end of the page, the reader feels the astonishing sensation of having virtually and partially shared one of her fits.

Moreover, the paragraphs in the novel are graphically divided by rows of anti-epileptic pills, a visual counterpart to Lily’s daily drugs. They function as chronological dividers, both in Lily’s life and in her narration, as she herself explains by means of a metaphorical connection between medicament and punctuation:

I necked my two evening pills [...] early.

It’s what I measure my days by. Six a day. Two in the morning, two in the afternoon, two at night. You can’t miss them. Like full stops and my days are three sentences. Awake, two pills, two pills, two pills, asleep.²

Accordingly, the shape of the pills on the page changes, when Lily gradually takes a newer type of tablets, so that the reader is well aware of the different phases of her treatment, and even of her deliberate refusal to take the new drugs, because of their annoying side effects.

And a last formal feature in the novel to be pointed out is the chapter numbers going backwards from twenty-six to one, a hint at Lily's retrospective narration, her eventual coming to terms with her traumatic childhood and the urge to face her disease once and for all by means of surgery.

Lily's temporal lobe epilepsy has a traumatic origin. Her brain was injured, when her heartless mother - "Mam" in Blackpool vernacular - flung her down the stairs as a baby, because she would not stop crying. Every seizure is a memento of that moment in her childhood ("All my life having to repeat that smack, that flight down there"),³ of the ruinous relationship with her only parent, which critically contributed to her own perception of social stigma. Social science experts have defined epilepsy "a stigmatizing condition *par excellence*,"⁴ thus underlining that the cultural history of the disease still influences the sufferers' quality of life to a large extent. As a matter of fact, although epilepsy has been sometimes associated with divinatory powers, it has been more frequently thought of as a consequence of demoniac possession - in most parts of Asia, Europe, America and Africa - or as a divine punishment for parental misdeeds - in the Judeo-Christian tradition and in different African tribes.⁵

Lily's mother acts as a typical "stigma coach," whose shame and negative response towards the disease considerably contribute to the sufferer's self perception as different and deviant.⁶ This is a point made clear several times in the novel through various references to Mam's "little fucking embarrassment"⁷ during Lily's fits, and mostly through her strong refusal to wash her daughter's skirt more than once a week, utterly disregarding of Lily's seizure-related enuresis. Although the aetiology of stigma is complex, many experts agree on the importance of parental reaction to the diagnosis.⁸ In this sense, *Electricity* may be read as an investigation of the parental role in the management of their children's illness as well.

The story in the novel starts right after Mam's death: Lily is thirty, she has not seen her mother since the day she was taken to a care home, nineteen years before, because of her stepfather's sexual abuse. With a resentful slap on her dead mother's face, Lily starts a new phase in her life, characterized by a recovered relationship with her half-brother Barry and her move from gloomy Blackpool to hectic London in search of her beloved other brother, Mikey, who has mysteriously disappeared.

Her epilepsy is her only and disturbing companion during this journey (in her own words: "Like being married to some psycho I can't ever divorce").⁹ During the previous years, Lily has passively resigned herself to her disease: throughout the novel she repeats the words "thrash, get up, get on with it" as a sort of acquiescent mantra. Like many people with epilepsy, she perceives her differentness as a non-normal identity anyway - the so-

called “epileptic identity” - thus accepting the stigmatising definition as legitimate and avoiding contact with “non-epileptics.”¹⁰

Yet, in Lily there is a secretive desire to make sense of her ill condition. As a matter of fact, she tells Barry that the worst aspect of her illness is the continuous losing of her senses, the constant missing of bits of her own life, the appalling unawareness of her own looks and gestures during her seizures. Thus, the difficult search for Mikey expands into a more personal search for her own self, which has been obscured for too long time by the shadow of a disease never really faced up to.

London is the perfect set for this process of self-knowledge: in Lily’s words, “[an absence seizure] is like sleepwalking, but you’re totally awake. It was a proper reality check doing this in London.”¹¹ Besides, the impressions of the British capital filtered by the experience of epilepsy are among the most suggestive pages in the novel. For example, the Tube Map is described as veins and nerves, the panoramic lifts and the tube stations are scary places you cannot get out of fast enough, in case of a fit. These are some of the moments in which the narrative filter of the disease is more effective, since it provides the reader with a whole amount of illness related intuitions s/he has probably never had.

During her stay in London, while her search for Mikey gets tougher and tougher, Lily meets two people, who will dramatically change her life, Mel and Dave. Mel is a smart lesbian economist, who helps Lily during a fit (“A fit had brought about some luck for once”).¹² After a while, they end up sharing Mel’s flat. It is worth noting here that Lily had lived on her own for years in a comfortable, but dispiriting loneliness, made up of tiny pillows on edges, rubber bedsheets and reassuring graffiti on the walls. Lily had built a home out of her epilepsy, in which she had shut herself up. Mel is the only one who finds the key to that door. Their friendship shapes up as a mutual, heartfelt exploration of each other’s experience of marginality, which leads to an effective dismantling of social prejudice on both sides. In particular, Mel is the only character who provides Lily with accurate and compassionate descriptions of her seizures, thus filling up those blank moments in her memory, which cause her so much distress.

Dave, a.k.a. Dave Electrics, is an enigmatic electrician Lily meets by chance. As soon as they start dating, the reader becomes aware of what it means for a woman to have epilepsy and to what extent it may affect her self-image, self-esteem, and social relationships.¹³ Lily cannot find the right words or the right moment to disclose her disease to Dave, because she dreadfully fears his possible negative reaction. She perceives her epilepsy as a distressing, baffling presence in their budding relationship:

I started feeling so close to him.

But there was always the three of us in bed: Dave, me and epilepsy. The shadow figures in the room, watching, waiting with their long fingers, ready to slide them into my head and take me into the dark.¹⁴

Yet, after Lily has a fit at his place, Dave proves to be caring and supportive. At this point of the novel, the reader envisages a happy ending. Dave's job and nickname sound like objective correlatives of his possible function in the novel: he could be the only man able to cope with Lily's excessive discharges of nervous-system electrical activity. In addition, the title of the novel acquires another meaning, shifting from the pure medical datum to the realm of romance. As Lily herself puts it, "We seemed to fit,"¹⁵ thus using the very same verb describing her seizures to convey a comforting sense of harmony.

Meanwhile, a London specialist informs Lily she is an ideal candidate for temporal lobectomy, which could lead her to a seizure-free life. Yet, surgery frightens her, she slowly recognizes her total identification with her ill condition and admits "[...] I was scared that if they took my fits away, there'd be nothing left."¹⁶

Nonetheless, some disquieting events in her life put this desperate, morbid bond between herself and her disease to the test. While pondering the possibility of surgery, Lily goes through a period of shocking discoveries. First of all, Barry has been lying to her about Mikey all the time, in order to conceal his own wrongdoing. Mikey has not disappeared, he has moved to Ireland to reach his and Lily's father she has never met.

Moreover, the sudden chance of recovering part of her own family and thus making up for years of parental neglect is further complicated by the discovery of her unplanned pregnancy. Lily's firm belief that an abortion is inevitable in her case witnesses the prejudice surrounding the pregnancies of women with epilepsy.¹⁷

As a matter of fact, Lily cannot even trust Dave in a prospective paternal role and therefore she decides to sneak into his mysterious laboratory. What she ascertains about his activities is unquestionably unpleasant - Dave is a thief and a drug dealer - but the most shocking finding is that he has taken pictures of her during her fits, possibly to upload them on the web:

So ugly and twisted. Frothing. I could hear the grunting. Bugged-out eyes and my first thought: I looked like her – I looked like my mother, dead.
[...]

There I was. That’s what I look like. The struggle there, like dying.

Like my dead fucking mother.

Like I didn’t have a brain inside.¹⁸

At last, Lily understands she cannot completely identify with that lifeless body at the centre of Dave’s gruesome show. Faced with pictures of her seizures, with the most objective and aseptic form of narration she could possibly have of them, Lily understands she cannot be reduced to a simulacrum of her mother’s hatred. She is now a mature and independent woman, who will join her family in Ireland, have her baby, and undergo surgery, supported by her love for Mel, whose revelation represents her ultimate act of self-awareness.

At the end of the novel, it is made clear that positive electricity is contained in the perspective of a new life, metaphorically embodied by Lily’s baby:

That’s when I pictured it so clear. A small pink thing hanging in its sack, its see-through skin, the veins beneath. The heart beating, pumping. Electrical activity in the brain after forty days.

And something solid filled the hole, filled the darkness.

It was light. Electricity.¹⁹

In conclusion, *Electricity* differs from traditional literary accounts of epilepsy, insofar as the disease here is neither a mysterious feature questioning the greatness of heroes - as in the case of Shakespeare’s Caesar and Othello, or of Tennyson’s Prince - nor a disquieting element linked to atmospheres of sin and crime, as we would find in some of Dickens’ characters, like Oliver Twist’s wicked half-brother, Monks.²⁰ *Electricity* is an accurate literary depiction of epilepsy, based on a profound psychosocial investigation of the peculiarities of this condition. Robinson devices a sensuous narration of epilepsy, in which plot, matter and style all derive from Lily’s personal experience of the disease throughout her life.

The medical anthropologist James Trostle has written that “to have epilepsy is to open oneself to the full force of past and contemporary social prejudice and misunderstanding.”²¹ Lily’s story clearly exemplifies that social and psychological aspects are inextricably entangled in the management of epilepsy. Its cultural history is often a grievous burden, which tends to overshadow any other feature of a sufferer’s personality. Therefore,

the eradication of stigma inevitably passes through a better education of both sufferers and non-sufferers.

In this sense, reading Robinson's *Electricity* may be a very instructive experience, since the novel opens up a dialectical space for a profitable interaction between the sufferer/narrator and the observer/reader. Lily O'Connor emerges as a convincing character with her own story, whose fascinating complexity cannot be constrained by any discriminatory label. All those fears and superstitions surrounding epilepsy collide in the fictionality of the novel for the benefit of a vivid insight into the reality of the disease.

Notes

¹ R Robinson, 'Electricity: Lancaster Creative Writing PhD published by Picador', *Lancaster University*, viewed on 18 April 2007, <http://www.lancs.ac.uk/depts/english/crew/ray_robinson_electricity.htm>.

² R Robinson, *Electricity*, Picador, Basingstoke and Oxford, 2006, p. 9.

³ *ibid.*, p. 190.

⁴ G A Baker, A Jacoby, D Buck, C Stagis, D Monnet, 'Quality of Life of People with Epilepsy: a European Study', *Epilepsia*, vol. 38, 1997, p. 353. Although the concept of stigma has been subsequently readjusted, Erving Goffman's 1963 groundbreaking definition of it as "an attribute that is deeply discrediting" is still convincing and valuable (E Goffman, *Stigma. Notes on the Management of Spoiled Identity*, Penguin, London, 1990, p. 12).

⁵ L Jilek-Aall, 'Morbus Sacer in Africa: Some Religious Aspects of Epilepsy in Traditional Cultures', *Epilepsia*, vol. 40, no. 3, 1999, pp. 382-383.

⁶ A Jacoby, 'Stigma, Epilepsy, and Quality of Life', *Epilepsy & Behavior*, vol. 3, 2002, p. 13.

⁷ Robinson, p. 18.

⁸ G A Baker, J Brooks, D Buck, A Jacoby, 'The Stigma of Epilepsy: A European Perspective', *Epilepsia*, vol. 41, no. 1, 1999, p. 103.

⁹ Robinson, p. 49.

¹⁰ Jacoby, pp. 11-12, 15.

¹¹ Robinson, p. 103.

¹² *ibid.*, p. 216.

¹³ P O Shafer, ‘Counseling Women with Epilepsy’, *Epilepsia*, vol. 39, no. 8, 1998, p. 42.

¹⁴ Robinson, p. 184.

¹⁵ *ibid.*, p. 160.

¹⁶ *ibid.*, p. 286.

¹⁷ Shafer, p. 40.

¹⁸ Robinson, p. 321.

¹⁹ *ibid.*, p. 314.

²⁰ For an accurate survey of the depiction of epilepsy in British literature, see P Wolf, ‘Epilepsy in Literature’, *Epilepsia*, vol. 36, no. 1, 1995, pp. 12-17.

²¹ J Trostle, 'Social Aspects: Stigma, Beliefs and Measurement,' in J Engel and T A Pedley (eds.), *Epilepsy: a Comprehensive Textbook*, Lippincott-Raven, 1997, Philadelphia, quoted in Jacoby, p. 17.

²² B Lichtenstein, 'Health-associated Stigma and the Media: the Case of Mental Illness,' paper presented at U.S. NIH Conference on Stigma and Global Health: Developing a Research Agenda, Bethesda, MD (September 2001), quoted in Jacoby, 17.

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