Writing Depression: Li Lanni's Nobody in the Wilderness

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ABSTRACT: *Nobody in the Wilderness: A Mental Health Record of a Patient with Depression* (2008) is the first of a number of memoirs that contemporary Chinese writer Li Lanni (1956-) has composed to document her fight against the depression that hit her in 2003, after being cured of thyroid cancer. The memoir brings together Li's diary entries from different moments of her life, excerpts from her (semi-)autobiographical literary production since the 1980s, memories of life during the Cultural Revolution, medical reports, extracts from scientific studies of mental illness, Bible citations, accounts of the SARS (severe acute respiratory syndrome) epidemic, and much more. This stratified narrative, where different genres, discourses, and temporalities intersect, encourages a new reflection on depression, its embodiment, and its meanings. Drawing on literary and medical anthropological understandings of embodiment and illness, this article examines Li Lanni's articulation of depression to shed light on the potential of writing to destigmatize depression and legitimize her particular embodiment of illness against objectifying biomedical and socio-cultural discourses. The analysis of the narrativization of depression as a "montage" of heterogeneous elements and of the reconfiguration of illness as "hereditary"—at once bound to personal, familial, and collective experiences—illuminates the multiple ways in which the memoir complicates body/mind dichotomies and notions of responsibility in contexts of illness. Ultimately, bearing witness to suffering that transcends Li's own suffering, the memoir acquires an ethical dimension that rests on the ambiguous relationship between the personal and the collective.

KEY WORDS: depression; modern China; embodiment; collective unconscious; responsibility

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INTRODUCTION

Nobody in the Wilderness: A Mental Health Record of a Patient with Depression (*Kuangye wu ren: yi ge yiyuzheng huanzhe de jingshen dang'an* 旷野无人:一个抑郁症患者的精神档案, 2008, translated into English under the title of *A Crowded Silence*) is the first of a number of memoirs that Shenzhen-based writer Li Lanni 李兰妮 (1956-) has composed to document her fight against the depression that hit her in 2003, after being cured of thyroid cancer.[1] Published by the People's Literature Publishing House, the first and largest publisher in China specializing in literature, *Nobody in the Wilderness* was an instant success when it came out. While resonating with Li Lanni's lifelong interest in non-fictional, personal writing,[2] the memoir marked the beginning of Li's effort to bring literature to bear on the exploration of a previously unexplored condition: depression. The novelty of the topic and of its treatment captured the interest of the academic and the non-academic audience, as testified by the positive reviews that the memoir received upon its publication in various journals such as *The Enlightenment Daily* (*Guangming ribao* 光明日报) and *The China Youth Daily* (*Zhongguo qingnian bao* 中国青年报).[3] In the literary field, famous writer and Vice Chairman of the Chinese Writers' Association Chen Jiangong 陈建功 (1949-), after reading the memoir, eulogized its contribution to furthering knowledge about human beings (Li C.).

Doubtlessly, the memoir breaks a long-standing culture of silence on depression in China. Historically, depression (*yiyuzheng* 抑郁症), as Arthur Kleinman has shown, has been underdiagnosed in China (Kleinman, "Neurasthenia"). The main reason lies in the construction of depression as an affective disorder that "connotes withdrawal and passivity, behaviors that in China's often passionate context of aroused political energy seem suspiciously like disaffiliation and alienation" (Kleinman and Kleinman 471). Such political and ethical characterization, which was dominant in the socialist era, has

[1] Even though the memoir, to my knowledge, has so far not received any scholarly attention outside of China, an English translation of the memoir is available under the title *A Crowded Silence*. Translated by Tsien Yee Yu, the book was published in 2018 by the British publishing house Alain Charles Asia (ACA) in collaboration with the People's Literature Publishing House (*Renmin wenxue chubanshe* 人民文学出版社), which published the original memoir in Chinese. The translation is rather good, but the title (*Crowded Silence*) does not fully capture what is conveyed by the longer original title. Hence, my decision to offer my own translation of the title. Note that I use "mental health" to render the term *jingshen* in the title. *Jingshen* is usually translated as "mind" or "spirit." But the English terms presuppose a mind/body dichotomy that *jingshen* does not embed. In fact, as Yanhua Zhang explains, *jingshen* indexes essential and manifested "vitality," a concept that ties the domains of emotions and the body (Zhang 36-38). In Chinese medical and cultural discourses, *jingshen* "is not perceived as opposite to *shenti* [body] but constitutive of it" (Zhang 38). "Mental health," as a condition that affects both the mind and the body, is used to attend to the body-mind nexus inherent in *jingshen*.

[2] An example of Li's engagement with autobiographical writing is *Life in Shenzhen* (*Ren zai Shenzhen* 人在深圳), a 1996 collection of essays that document Li Lanni's personal experiences in Shenzhen (Li L., *Life in Shenzhen*).

[3] See, for instance, Han Xiaohui's piece in *The Enlightenment Daily* (Han).

ISSN 2035-7680

continued to inform understandings of depression even after the end of the Cultural Revolution in 1976 (Kleinman and Kleinman 471). Indeed, as Birgit Bunzel Linder points out, self-help books and specialized texts on mental disorders including depression have become increasingly more popular in China (Linder 91). However, Linder notes, most of these texts are translations from languages other than Chinese, because "illness narratives dealing with mental illness are nearly non-existent in China" (Linder 91). "Nearly" here must be emphasized. When she was writing, around 2016, Linder was unaware of the extraordinary efforts that Li Lanni had been making to destigmatize her depression, and mental illness in general, through writing. But how can one write about depression? In particular, how has Li Lanni written about her depression in a context where mental illness is highly stigmatized? How does depression relate to Li's experience as a cancer patient?

Li Lanni's medical history is long and complex. Already at the age of 14, Li underwent surgery to treat a venous angioma (Li L., *Crowded Silence* 50-51). Soon after, chronic hypothyroidism kicked in, deeply affecting her life (110-11). But it was in 1988 that Li was diagnosed with thyroid cancer and was operated, even though at that time she ignored the truth of her condition, which her parents deliberately kept from her (296-98). Ten years later, a diagnosis of metastatic thyroid cancer took Li back to the operating theatre, but because a lymph node dissection was not performed, another surgery was deemed necessary in 2000. Along with surgical procedures, Li has endured multiple cycles of chemotherapy (17). The devastating effects of these experiences upon her body and mind can only be imagined. And yet, she never let illness interrupt her work as a creative writer, a journalist, and a scriptwriter of TV dramas and documentaries, maintaining throughout a tenuous balance between her identities as a cancer patient and a professional writer. It was a diagnosis of depression in late 2002 that precipitated a profound personal crisis, spurring Li to embark on a journey of soul-searching, self-reflection, and recovery, of which *Nobody in the Wilderness* represents the most conspicuous testimony.

Nobody in the Wilderness stands out for its unique composition. The memoir brings together Li's past diary entries, accounts of physical and mental symptoms, excerpts from her autobiographical literary production since the 1980s, memories of life during the Cultural Revolution, medical reports, medical invoices, extracts from scientific studies of mental illness, Bible citations, accounts of the 2003 SARS (severe acute respiratory syndrome) epidemic, and much more. Li's memoir cuts across genres and styles, foregrounding illness—physical and mental—as an experience that challenges categorization, objectification, and interpreting. The stratified narrative, where different genres, discourses, and temporalities intersect, encourages a new reflection on depression, its embodiment and its meanings.

Within Chinese literary and cultural studies, approaches to illness are multifarious. Some scholars have focused on "tropes" of illness to tease out the role that medical metaphors have played in transforming individual and gendered identities, and collective imaginaries, against the backdrop of modernist nation-building projects (Rojas; Yang). Shifting attention from metaphor to discourse, the essays collected *in*

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Discourses of Disease: Writing Illness, the Mind and the Body in Modern China, edited by Howard Y. F. Choy, have shed light upon how "knowledge about disease (be it sickness preventions, mental illness, drug addiction, cancers, disabilities, or AIDS) is produced through discourse" (Choy 10-11). The discursive nature of illness, which corroborates the Foucauldian theorization of epistemological regimes that produce and manage bodies ranging from the healthy to the sick, from the safe to the deviant, from the fitting to the unfitting, is unquestionable and demands historicization (Foucault). The study of illness taps into questions of language and representation that are always already historically and culturally situated. However, discourses alone can hardly account for the multiple and oftentimes contradictory ways in which the (ill) body embodies them. The notion of embodiment integrates linguistic and socio-constructionist models by positing the body as an active subject—rather than a passive object—in processes of subjectivity formation and meaning-making. Theories of embodiment, which have been productively adopted in studies of disability and pain to combine the socio-constructionist paradigm with materialist and phenomenological approaches to the body (Kohrman; Dauncey; Xu; Licandro), dovetail with medical anthropologists' conceptualization of illness as distinct from disease. In medical anthropology, while "illness" refers to the patients' subjective experience of physical and mental suffering, "disease" denotes "an alteration in biological structure or functioning" from a strictly biomedical perspective (Kleinman, *Illness Narratives*). Embracing such distinction, this article examines how depression as embodied illness is articulated and narrativized in and through Li's *Nobody in the Wilderness*.

The act of narrating illness is pivotal to understanding Li's memoir. Inspired by medical anthropologists and scholars of narrative medicine (Frank; Kleinman; Marini), the article explores the relation between illness and narration, illuminating the potential of writing to legitimize Li's individual embodiment of illness against objectifying biomedical discourses, on the one hand, and to enact a social ethics, on the other. The first section of the article examines the structural composition of the memoir through the lens of "montage," a term that I borrow from art history and film studies. The analysis of montage as juxtaposition of genres and discourses—medical, religious, social, local, and foreign—highlights tensions and contradictions underlying Li's apprehension and narrativization of her illness(es). It is through these tensions and contradictions, I argue, that Li reclaims her personal experience of illness and exercises agency. The second section focuses on the mother-daughter relationship as a motif that overruns the memoir and recasts illness as a condition that is at once personal, hereditary, and collective. Ultimately, bearing witness to suffering that transcends Li's own suffering, the memoir emerges less as an individual call for help and care than as an attempt to take responsibility for one's own story as a testimony of vulnerabilities engendered by dehumanizing systems. The text then acquires an ethical dimension that rests on the uneasy and ambiguous relationship between the personal and the collective, the particular and the universal.

ISSN 2035-7680

MONTAGE AND THE NARRATIVIZATION OF DEPRESSION

Because *Nothing in the Wilderness* incorporates a plurality of genres and discourses, crossing thematic and disciplinary boundaries, Cai Hengzhong 蔡恒忠 has qualified it as "avant-garde" (*xianfeng* 先锋), a term that aptly captures the memoir's experimental composition (70). Indeed, the encounter of disparate genres and discourses, coupled with a rich network of intertextualities, endows the memoir with a distinctly experimental quality. The act of juxtaposing heterogeneous materials and languages is innovative and resembles what art historians and film scholars describe as "montage" (Dragu; Robertson), referring to the technique of combining heterogeneous elements. Here the term "montage" is evoked to account for the creative composition of Li's memoir, but also to reflect on how the juxtaposition of genres and discourses relates to Li's depression and its narrativization.

Nothing in the Wilderness is made up of eighty-two chapters, each structured into four distinct sections: "Cognitive Diary" (*renzhi riji* 认知日记), "Notes" (*suibi* 随笔), "Correlations" (*lianjie* 链接) and "Complementary Notes" (*bubai* 补白). Each section constitutes a distinct, autonomous unit, showcasing characteristics that can loosely be associated to different genres and writing preoccupations, as Li explains at the end of the first chapter:

> When I'm writing the "Cognitive Diary" section, I am a depression patient.
> When I'm writing "Notes," I am a literary writer. For the most part, this section is made up of essays on my own situation; it includes materials that no one has ever read. While writing about myself, I also tried to provide background information on history, society, and the times we're living in. It's an indirect way to follow the roots of my depression.
> "Correlations" are extracts from the books that have helped me on my road to recovery and may be of interest to my readers. I have also included some of my medical records for cancer and depression and the results of my medical exams. I want others who are ill to know this: we can live with illness. Life and death can coexist.
> "Complementary Notes" provides additional information to "Correlations" (Li L., *Crowded Silence* 4).[4]

Interestingly, Li's writing crosses genres as it does temporalities. If "Cognitive Diary" includes Li's diary entries from June 6, 2003 to August 7, 2004, "Notes" comprises Li's essay writings from September 2005 to September 2007. These two temporal planes unfold in the memoir at a steady rhythm. The reflections contained in "Notes" often stem directly from Li's reading of her past journal entries, underscoring Li's positioning not simply as a writer (literary and otherwise) but also as a reader of her past utterances. "Correlations," as Li points out, collects excerpts from books she came across and engaged with in those years. Citation, however, often morphs into self-citation, for "Correlations" also incorporates autobiographical narratives that Li has written since the 1980s, providing details on Li's and her family's history, but also sketches on life in Shenzhen and the sea changes that China and its people have experienced throughout

4 Tsien Yee Yu's translation with modifications.

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the twentieth-century. Finally, "Complementary Notes" offers additional reflections on the previous sections. Thus organized and rationalized, the chapters create a coherent architecture, but their structural coherence contrasts with the heterogeneous and seamless materials that exceed the structural division and the generic and identity boundaries drawn by Li's rationalization.

Take for instance "Cognitive Diary." Li began keeping her therapeutic diary on June 6, 2003, to cope with depression. As mentioned earlier, Li was diagnosed with depression in December 2002, but it took her several months to come to terms with the shocking news and accept treatment. Medical treatment—a combination of western antidepressants and traditional Chinese medicine—turned out to be one of the multiple paths toward recovery that Li pursued simultaneously and has documented in the memoir; another one being cognitive therapy. The latter was triggered by Li's encounter with the Chinese translation of two books of psychology: Ursula Nuber's *Depression: Die Verkannte Krankheit* (*Depression: An Undiagnosed Illness*, 2006) and Susan Aldridge's *Seeing Red and Feeling Blue: The New Understanding of Mood and Emotion* (2000). Both texts recommend journal keeping as a practice that can help both the patient and the therapist. Li's fascination with cognitive therapy is testified by the excerpts from her therapeutic diary that invariably open every chapter of the memoir, and is stated forcefully in the "Cognitive Diary" section in chapter six, where Li, drawing on Aldridge's book, enlists the key strategies of cognitive therapy from the therapist's perspective:

> Cognitive therapy consists of four steps:
> 1. Establish a daily schedule of activities for your patient […].
> 2. Make the patient draw up a list of activities that make them feel good or satisfied […].
> 3. Help the patient understand that their negative thoughts are the results of a mental attitude and not a reflection of an objective reality […].
> 4. After an evaluation of the patient's strengths and weaknesses, the therapist then chooses the method most suitable for them.
> The therapy aims to make long-lasting changes to the patient's negative ways of thinking (Li L., *Crowded Silence* 22-23).[5]

What follows is another list of "additional tips" for the patient, which features things such as "take vitamin B6 and cod liver oil," "eat fish and bananas; drink coffee," and "keep a diary to sort out your thoughts" (Li L., *Crowded Silence* 23). References to Nuber and Aldridge, among other psychologists, are not confined to the "Cognitive Diary" sections, but are disseminated throughout the memoir, crossing structural and generic divisions.

For instance, psychologist Gwendoline Smith's point that most people tend to refuse a diagnosis of depression is brought up in chapter eight's "Notes" to denounce the stigma that is attached to depression. This reflection comes after Li's recalling, in the same section, of her reaction to the psychiatrist's diagnosis: "Li Lanni hated the word 'depression.' Depressed? Her? Ridiculous. Ludicrous. The doctors were so ignorant. Receiving a diagnosis like that was so humiliating" (Li L., *Crowded Silence* 36). In this

[5] Tsien Yee Yu's translation with modifications.

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mental state, Li sought the root cause of her illness elsewhere. After seeing a gynecologist who refused to give her hormones in the absence of attested hormonal imbalance,

> Li Lanni went from one hospital to another. Exhausted and unable to sleep, she was hell-bent on finding a reason for her poor health so a doctor would prescribe her a treatment. Perhaps her chronic fatigue was due to stomach bleeding. She had a gastroscopy and a barium meal test. But the results were inconclusive […]. Next stop was at the otorhinolaryngologist's office" (Li L., *Crowded Silence* 37).

Two things are worthy of notice in the passages above. First, the shift to third-person narration. While the shift could be attributed to the "literariness" of "Notes", third-person is not used consistently and coexist with first-person storytelling. If first-person narration authenticates the experience recounted, third-person narration generates distance and an effect of objectivity (Genette 252). That said, third-person narration recurs often when Li reconstructs past conversations. In the reconstructed dialogues, she becomes a character among others. Reminiscent of film and play scripts, these dialogues push against the limits of essay writing, blurring the division between fiction and non-fiction.

The second element that emerges prominently in Li's reminiscences is her oppositional stance against the diagnosis. In the first chapters of the memoir, the scene of the diagnosis and Li's response to it are recalled over and over again, from different angles, to highlight a gap between the doctors' language and Li's embodied experience. This gap is central, for instance, to the way in which Li remembers her conversation with the gynecologist:

> Li Lanni (anxious but respectful): I think I'm going through menopause. I can't sleep, have nightmares and wake up tired. They say taking hormones can help, is that true?
> Doctor (glancing at her): Any hot flashes and night sweats?
> Li Lanni: No.
> Doctor: Anxiety?
> Li Lanni: No.
> Doctor: Is your period regular?
> Li Lanni: Yes.
> […]
> Doctor: Who said that you were in menopause?
> Li Lanni: I…thought…
> Doctor: You thought what? It's up to doctors to give a diagnosis based on science.
> Li Lanni: But I have insomnia.
> Doctor: Stop imagining things. Do some sports or housework. It'll do you good (Li L., *Crowded Silence* 35-36).[6]

[6] I stick to Tsien Yee Yu's translation. However, note that in Chinese Li Lanni uses the expression "female expert" (*nü zhuanjia* 女专家) to refer to the doctor (Li, *Kuangye* 29). The choice, in my opinion, is deliberate. With a touch of irony, it stresses the distance between the "expert" and the "non-expert."

ISSN 2035-7680

Given the stigma attached to depression, a diagnosis of menopause would feel less shameful to Li Lanni. This subtext is tied to another subtext: the divide between biomedical discourses and lived, embodied experience. The doctor's assumption that a diagnosis ought to be made by experts on the basis of scientifically proven evidence mutes the patient and invalidates their personal experience. This is not to say that the doctor should have prescribed hormones to Li Lanni, but rather to say that the patient's embodied experience should be taken into account in diagnosis and treatment. Li Lanni articulates this point clearly when in chapter fourteen's "Notes" she dwells on the discrepancy between discourses and expectations about illness and what patients experience:

> Medical skills and personal experience are two different things. Throughout the history of China, renowned physicians have attached great importance to the role personal experience plays in medicine. They tested medicinal herbs on themselves and some, infected by the plague while tending to the patients, found the remedy that cured the epidemic.
> Of course, I don't want doctors to fall ill just to become better doctors. But I do believe that medical health care professionals today lack sincerity, compassion and respect […]. Medical professionals today attach greater importance to technical skills than the moral aspects of medicine. No matter how competent and brilliant a doctor may be, without humanity, he or she can never excel in his or her vocation (Li L., *Crowded Silence* 74).

At stake in the discrepancy between the expert's interpretation of disease and the patient's experience of illness are the limits of biomedical conceptualizations of disease as being strictly physical or mental. The Cartesian mind/body divide that defines (Western) biomedical discourses and practices is challenged throughout the memoir by Li's minute description of symptoms that make any division between the physical and the mental untenable. See, for instance, the passage from chapter fifteen where Li narrates the worsening of her symptoms, likely caused by antidepressants:

> During the first seven days of her treatment, she felt even worse than being in chemotherapy. She was in a bad way: burning sensations on the face, neck, and scalp; severe nausea; spasms from the oesophagus down to the stomach; icy-cold limbs; cramps in the arms and legs; blurry vision; burning and watery eyes; dizziness; uncontrollable trembling; sensations of hot and cold; unquenchable thirst; dryness on the tip of her tongue; painful urinary hesitancy […]; and cold sweats (Li L., *Crowded Silence* 82-83).

Her experience of depression is not articulated merely in psychological terms but involves a bodily language that defies the body/mind division inherent in biomedical approaches to disease (as opposed to illness). Such conflation of the mental and the physical constitutes a site where Li's identities as cancer patient and a sufferer of depression intersect. Throughout, Li seeks to keep depression distinct from her cancer experience, but, that effort notwithstanding, the narrativization of depression pushes Li to engage with her experience as a cancer patient as well. Many are the instances where Li recalls the surgeries she went through and the effects that chemotherapy had on her body and mind. In one such case, after remembering the surgery she underwent in 2000, dwelling on details such as "the humiliation of having a urinary catheter" (Li L.,

ISSN 2035-7680

Crowded Silence 426), she realizes that writing about depression cannot be separated from writing about cancer:

> When I began writing the "Notes" section, my intention was to talk about depression […]. But as writing progressed, I couldn't help but include my personal experience with cancer and surgical procedures (Li L., *Crowded Silence* 427).

The juxtaposition of these experiences corroborates the impossibility of drawing clear-cut separations between mental and physical suffering. It also allows Li to articulate and assert her embodied experience of illness against biomedicine's categorization, objectification, and interpreting of her condition.

That Li does not rely solely upon what medicine, Western and Chinese, has to offer demonstrates her resilience and an impulse to deal with illness in the way that best suits her. Along with cognitive therapy, Li turns to faith, in religious and spiritual terms. Among the sources she draws on to cultivate spiritual strength and gain a new perspective on her suffering, *The Power of Positive Thinking*, a bestseller by American clergyman Norman Vincent Peale (1898-1993), and the Bible are the ones that recur more often. References to these texts are scattered throughout the memoir, in the form of brief citations or transcriptions of long passages, as exemplified by the diary section in chapter five:

> The time is 4:50 pm. Therapy begins.
> Felt completely drained before getting out of bed this morning. As if my heart had stopped beating.
> […]
> Negative thoughts contaminate my mind. I must stop them from wreaking havoc on my life.
> "This is the day the Lord has made; let us rejoice and be glad."[7]
> Get a grip on your self. Stay calm. You can do it.
> […]
> Once out of bed, I kept reciting in my head: "If God is for us, who can be against us?"[8] It's a technique recommended by the American professor Norman Vincent Peale in his book *The Power of Positive Thinking*.
> His other methods are:
> 1. Stay calm and listen to the voice of God in your heart.
> 2. Find your strength in God and learn to follow His rhythm.
> 3. Make a habit of being happy.
> 4. Slow down and learn to relax.
> […] (Li L., *Crowded Silence* 18).

At other points, Christian references are mixed with Daoist and Buddhist precepts and symbols. Underlying the encounter and overlapping of different spiritual references is not Li's incapacity to commit to any one of those religious/spiritual systems, but rather a much deeper psychological/spiritual disorientation. Intentionally, I maintain, Li mobilizes all the resources available to her to rehabilitate what contemporary society

[7] Psalm 118:24.

[8] Romans 8:31. I slightly changed Yu's translation of this quote from the Bible to better render its rhetorical tone.

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governed by the capitalist logic of money has neglected and impoverished: the soul. Li's critique of contemporary society, of the degeneration of people's morality, of the loss of belief—any form of belief—traverses the whole memoir and is captured in a poignant way by a passage in chapter thirty-five's "Complementary Notes":

> In the past, even when we did others harm, we knew we would be subject to the laws of karma. We were brought up in accordance with certain ethical and moral values: humanity and the Confucian notion of filial piety; reincarnation of Buddhism; virtues of Taoism [Daoism]; and the love of one's neighbor of Christianity. There were also popular beliefs; divine justice; good will always conquer evil […]. Today people say: "Root out all forms of superstition." But this would entail rejecting all forms of belief; pagan gods, Buddhism, Confucianism, Allah, Marx, Lenin, Mao Zedong. There would be nothing to believe in. Our hearts would be empty […]. How could we not become evil? With more people becoming increasingly vicious, how could our society not be evil? (Li L., *Crowded Silence* 195).

Beliefs, for Li, have been replaced by capitalist materialism. Making money has become people's foremost concern and motivation. In "Correlations," Li transcribes many of the essays she wrote between the 1980s and 1990s, after moving to Shenzhen, to capture the difficulties she underwent in the process of adapting to a city that epitomizes China's capitalist turn and the detrimental effects of a capitalist culture upon people's well-being. The anecdotes Li recalls from her early years in Shenzhen are as impressionistic as they are critical of the inability of a market-driven society to fulfill people's deepest needs (Li L., *Crowded Silence* 278-81). It is against the backdrop of such a morally decadent, de-humanizing social horizon that Li mobilizes all the resources available to her to cope with depression. As we have seen, the outcome is a montage of heterogeneous elements that, in spite of Li's efforts to impress upon them order and coherence, defy structural divisions and cross generic boundaries, ultimately pointing not solely to the impossibility of containing experiences of illness within rationalizing interpretive frameworks (biomedical and otherwise), but also to the empowering potential of reclaiming one's lived experience in all its messiness.

DEPRESSION AS HEREDITARY: THE COLLECTIVE UNCONSCIOUS AND THE MOTHER-DAUGHTER RELATIONSHIP

In a neoliberal age dominated by discourses of ableism, autonomy, and responsibility, Thomas Couser suggests, chronic illness and disability are perceived as disruptive events and a "threat to the appealing belief that one controls one's destiny" (Couser 9). Thus stigmatized, illness and disability "become noteworthy and (potentially) narratable" (Couser 9). Through narrative, patients or survivors strive to make sense of, and cope with, their suffering (Marini 39-40). Li's memoir is similarly motivated by a desire to understand her illness, its causes, and its meanings. "Why did I get sick? Who could teach me how to cope with depression?" (Li L., *Crowded Silence* 30) are questions that guide Li's ruminations from the outset. Notably, the search for causes leads to multifarious and often contradictory positions that enable Li to define illness as a

ISSN 2035-7680

hereditary condition. By rethinking depression as hereditary, Li's memoir ties the individual's suffering to experiences that transcend the personal and tap into the realm of collective and national experiences, thereby reconfiguring notions of (personal) responsibility in contexts of illness.

The question "why did I get sick?" stems from the belief that illness is an extraordinary, abnormal event, a deviation that pushes the individual to interrogate their responsibility over their own plight. Li holds herself responsible for developing depression when, for instance, she blames herself for continuing to work instead of seeking rest while fighting against cancer. In chapter sixteen's "Notes," she draws a potent analogy between the outbreak of the SARS epidemic and her fall into depression around the same time:

> Between the end of 2002 and the beginning of spring in 2003, mankind, which is so disrespectful of nature, received a warning in the form of the SARS epidemic. And punishment was inflicted on me for not having retreated into the "quiet place." Since you missed the warning signs of cancer, now taste the lesson of depression (Li L., Crowded Silence 92).[9]

If the SARS epidemic is the punishment that human beings have received for disrespecting nature, Li's depression is the punishment against Li's disrespect toward her vulnerable body. The analogy and the attendant notion of punishment are grounded on that kind of metaphorical thinking that Susan Sontag has warned us against (Sontag). In her study, Sontag illustrates how a rich variety of images often gather around illness to pass judgments on society and/or the individual. The use of these metaphors is invariably punitive. Metaphors of illness, by holding the ill person responsible for contracting and/or overcoming the disease, demonize illness and isolate the people who suffer from it (Sontag 57). To the same logic we can ascribe Li's (and her doctors') attempt to explain her depression as a consequence of her excessive "self-control" (Li L., *Crowded Silence* 26).

But these instances, in which the cause of illness is located in the individual's character and behavior, coexist with many other moments that problematize the individual's responsibility. In the previously mentioned section where Li reflects on the stigma surrounding depression, a comparison between the incidence of depression in New Zealand—as reported by psychologist Gwendoline Smith—and in China, prompts Li to "historicize" the phenomenon of depression in China:

> For over a century, the Chinese people have lived through tragedies and immense social changes. Several generations have survived major social upheavals. As for my grandfather, great-grandfather, great-great grandfather and great-great-great grandfather, who among them lived in a strong, prosperous and peaceful China? Was there a generation not born into the tears and bloodshed of war? Buried deep in our collective unconscious (*jiti qian yishi* 集体潜意识) are terrifying memories, feelings of vengeance and despair, and unhealed psychic wounds (*xinli chuangshang he jingshen chuangshang* 心理创伤和精神创伤). Do memories of atrocities lay hidden in my father's unconscious, and that of the following generations? Are we healthy of mind? When will we take measures against mental illnesses in the same way we do

[9] Tsien Yee Yu's translation modified.

ISSN 2035-7680

> for SARS? If we don't, then in 20 years' time there will be an "epidemic" of mental illness and the death rate will supersede that of SARS and the Black Plague (Li L., Crowded Silence 39-40).[10]

Depression is linked to a traumatic history of wars, invasions, and bloodshed that are inscribed in the body and psyche of the Chinese people. Those national, collective experiences inhabit the Chinese people's "collective unconscious," and are being passed down from one generation to the other, resulting in the gradual deterioration of the Chinese people's mental health. Li draws on Carl Jung's (1875-1961) notion of the "collective unconscious" as a repository of universal archetypes that do not derive from personal experience "but owe their existence exclusively to heredity" (Jung 42). References to Jung and extracts from his works are interspersed in Li's memoir, enabling new perspectives on the question of responsibility. By evoking Jung's collective unconscious, Li redefines depression as a condition that is inherited and, as such, cannot be explained solely in terms of individual character and behavior. The analogy with SARS is once again mobilized to reimagine depression as a hereditary condition that spreads across the nation like an epidemic and demands immediate action. Throughout the book, Li draws on statistical data on the phenomenon of depression inside and outside China to register its worsening over the past decades. One passage in chapter forty-three's "Complementary Notes" elaborates further on the language of epidemic:

> At a meeting some time ago in Meizhou, I was talking to Jia Zhaojun and Meng Fanhua about depression. Jia Zhaojun said that the "virus" of mental illness and depression was spreading like influenza. Books on this subject talk about "hereditary genes" (*yichuan jiyin* 原因基因), "biological flaws" (*shengwu liehen* 生物裂痕) and "mental black spots" (*jingshen heidong* 精神黑洞), etc. But it was the first time I had heard of the notion of a "mental illness virus" (*jingsheng bingdu* 精神病毒). Come to think of it, depression does seem to be transmitted in the same way as influenza. For depression can be passed on, and it spreads and undergoes mutations like the influenza virus, SARS or the bird flu. It happens within the same family, be it big or small (Li L., Crowded Silence 237).

Here the notion of the "collective unconscious" as universal and hereditary gets entangled with the image of the "virus" to emphasize that, in transmission, the hereditary illness may be subject to variation. Variation, Li remarks, may happen within the same family. In fact, from the beginning, Li contemplates the possibility that she has inherited her illness from her mother, who, as Li puts it, "is the perfect example of a neurotic depressive personality" (Li L., *Crowded Silence* 49). Yet rather than merely shifting responsibility from herself to her mother, Li sets out to investigate the nature and the socio-cultural context that produced depression within her family, and how that context and experience, in turn, affected her own growth and subjectivity-formation. Thus a history of depression across four generations of women, starting from Li's great-

[10] Yee Yu's translation, slightly modified. Yee Yu translates the expression *jiti qian yishi* as "collective subconscious." Li has in mind Carl Jung's theorization of the "collective unconscious," as it will become clearer later in my discussion. I have therefore privileged "collective unconscious" since it is the most common rendition of the Jungian term.

ISSN 2035-7680

grandmother Xigu 喜姑 and moving down to her grandmother Xiaotao 小桃, her mother Lanlan 兰兰, and herself (Li L., *Crowded Silence* 96-98), is woven into Li's memoir. In this family history of depression, the mother-daughter relationship constitutes a privileged focus of analysis and a vantage point from which Li reconstructs how changing notions of motherhood and love have produced, throughout the twentieth century, different and increasingly more fragile female subjects. As Harriet Evans has demonstrated in her study of how women in modern urban China understand themselves as gendered subjects, the mother-daughter relationship features as a crucial dimension in women's articulation and performance of gender (Evans). Whether daughters seek to adhere to or oppose the model set by their mothers, the mother-daughter relationship attests to the contingent and historically-determined nature of gendered practices. Take for example the cases of Li's great-grandmother and grandmother. If for her great-grandmother, living at the turn of the two centuries, becoming a good wife and a loving mother, was likely the foremost accomplishment, for her daughter Xiaotao, who was raised amidst the modernizing discourses of individual emancipation endorsed by prominent advocates of the late 1910s-early 1920s New Culture Movement, self-fulfillment resided in the pursuit of education and a job career (Li L., *Crowded Silence* 96-98). Situated at this historical juncture, the story of grandmother Xiaotao, who had to renounce her career and was forced into an unwanted marriage after the premature death of her father (Li L., *Crowded Silence* 117-18), at once exemplifies the profound wounds caused by competing gender expectations (her mother Xigu's and her own), and prefigures the deterioration of the mental health of the women of the subsequent generations.

The experience of Li's mother, Lanlan, is illustrative of such deterioration amidst traumatic national transformations. Born in 1933, Lanlan was 16 when she joined the Artistic Regiment of the Communist Party's People's Liberation Army (Li L., *Crowded Silence* 98). At a time when the project of national salvation prevailed over other aspirations, Lanlan dreamed of becoming a soldier serving her nation. It is this reconfiguration of gender expectations, as Li Lanni suggests, that caused her mother to spiral into depression. The turning point occurred during the Cultural Revolution (1966-76) when workers, peasants, and soldiers were elevated to the status of heroes. Torn by the desire of proving her worth as a soldier, on the one hand, and the fear that her "intellectual" origins (her mother had been educated, her father was a teacher) may be uncovered, on the other, Lanlan began to manifest signs of mental distress (Li L., *Crowded Silence* 161-162; 222). According to Li, those conflicting feelings undermined not only her mother's health but also her relationship with her daughter Lanni. In a context in which love for the nation came to supplant other forms of love (Li L., *Crowded Silence* 252-53), Lanlan, as far as Li Lanni can remember, was unable to act as a loving, protective mother.

Throughout the book, Li Lanni laments the difficulties she experienced growing into a military family. Both her parents worked for the army and were almost never at home. The very notion of home became unstable, as Li Lanni was forced to move from one military base to another. The lack of a loving mother and the dissolution of the

ISSN 2035-7680

"family"—understood as "a sense of security, parental love, family ties, moral support" (Li L., *Crowded Silence* 54)—are perceived by Li as the major causes of her psychological weakness. Her depression is, for her, derivative of experiences that are not only personal, but also familial and collective—intimately tied to the experiences of the nation. Even though these interlocking dimensions complicate notions of personal responsibility, Li Lanni's ultimate response to hereditary illness is the determination to not have children. In chapter thirty-six, switching to third-person narration, she writes: "A descendant of Xiaotao and Lanlan, Li Lanni refuses to perpetuate the faulty genes that are the origin of the mental illnesses prevalent in this family. She made up her mind not to have children" (Li L., *Crowded Silence* 198-99). In fact, Li Lanni had made her decision *before* being diagnosed with depression. We learn that between 1987 and 1993 she had three abortions (Li L., *Crowded Silence* 319). But from the vantage point of the present, she interprets her past decision as a gesture of responsibility: "I made the decision not to have children because I know I can't make them happy, nor bring them up in a healthy and balanced family environment. It would have been irresponsible of me" (Li L., *Crowded Silence* 414).

Such interpretation well serves Li's present understanding of depression as hereditary. Even though she is not entirely responsible for what has happened to her, it is her responsibility to put an end to a lineage of pain. At the same time, I suggest, this position, paradoxically, runs counter the project of destigmatizing depression that lies at the heart of Li's memoir. By underscoring the incapacity of depressive mothers to raise children and the necessity of preventing the birth of children who may develop a depressive disorder, the narrative ultimately reinforces the very same discourses of ableism—which stigmatize, mute, and isolate people with depression—that it had set out to challenge.

CONCLUDING REMARKS

Nobody in the Wilderness is a complex text. As we have seen, the montage of disparate elements, genres, and discourses enables Li Lanni to legitimize her particular embodiment of illness, thereby exposing the messiness of lived experience and the limits of its discursive containment. Within such a composite narrative, the exploration of depression as a hereditary illness that is inscribed in the collective unconscious and transmitted from one generation to another, prompts Li to trace a family history of depression centered on the mother-daughter relationship. By tying depression to personal, familial and collective experiences, Li complicates notions of responsibility in contexts of illness. Such perspective frees Li of the responsibility of developing her illness, but assigns her the responsibility of interrupting its transmission. Indeed, the determination to not to have children to prevent further "contagion" seemingly contradicts Li's efforts to destigmatize depression. Yet this apparent contradiction does not detract from the value of her work as a "testimony." Here it is worth quoting a passage from chapter sixty:

ISSN 2035-7680

> Almost all my friends who know I'm writing this book tell me to take my time. Some of them even tell me to stop. They're all worried about me. But I can't stop. I feel it's my duty to leave a testimony (*wo you zeren zuo jianzheng* 我有责任作见证) of someone struggling with depression (Li L., Crowded Silence 342).

Responsibility is reframed once again. This time to refer to the responsibility to bear witness to one's own suffering, as Frank would put it (165). As a testimony, the memoir takes on an ethical significance precisely because it attends to the conditions, circumstances, and discourses that while producing and/or enhancing individual suffering are not of the individual, but are collectively embodied.

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