The first use of the word ‘boredom’ is attributed to Charles Dickens and signals a state that takes us continually back to ourselves; in this respect it is a condition of confinement away from stimulus that results in self-reflection and the manifestation of time as an oppressive spectre. Boredom causes physical listlessness, melancholy, depression, and the loss of desire; it reduces our sense of subjectivity and can result in complete anomie and withdrawal from the world. In The Conquest of Happiness (1930) Bertrand Russell refers to boredom as a modern-day epidemic that afflicts the masses and reconfigures time as an unbearable presence that haunts us as a siégeant present. Meanwhile, Kierkegaard argues that the cure for boredom is the cultivation of arbitrariness that catalyzes creative action. Boredom is a pervasive characteristic of Ali Smith’s oeuvre signalled through intense bursts of self-reflection and efforts taken to show how otherwise banal objects can appear interesting. Smith’s emphasis on writing and the materiality of the book, the precocious child narrators who continually devise new connections between self, signifier, and signified, the use of second-person narrators, and direct addresses to the reader all urge us to reconsider the relationship between self-reflection and engagement with the external world, or the dialectic between boredom and creativity. Most tellingly Smith’s characters typically only resolve their boredom through an encounter with an interesting, unpredictable Other. In this respect Smith’s oeuvre constitutes a response to the widespread abundance of disaffection, mundanity and uncertainty in the twenty-first century. Rather than an affliction to be cured, boredom appears as a stimulus to motivation, creation, and re-engagement with the world anew.

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) issued by the American Psychiatric Association (APA) has attracted criticism for its instrumentalist approach to comprehensively systematise the diagnosis of mental disorders. Among other concerns the APA’s drive to classify grief as a mental illness has stimulated debate on the distinction between ‘normal’ human reactions to distress and the symptoms of real mental disorders. Although grief is typically understood to be an emotional response to loss, the etymological root of the word ‘grief’ is the Latin word ‘gravis’ meaning ‘heaviness’ and throughout the sixteenth and seventeenth centuries it referred to both bodily injuries, mental anguish and grievance, signalling that a wrong had been committed against the sufferer. These dramatic semantic shifts and large degree of polysemy signal the ways in which emotional states have been framed and constructed through particular world-views over time. Byatt’s oeuvre enriches the on-going debate about the classification of mental illness by exploring the similarities between grief and sickness while warning against false equivalences. Against instrumental or didactic uses of ‘grief’, Byatt’s work presents the state as one possessing the beauty and energy evolving portrayal of grief as an uncertain state that reaffirms the importance of storytelling and narrative traditions in the face of loss. Her work suggests that coming to terms with trauma should not be framed as an attempt to reassert order and control but a process of engagement and eventual acceptance of the arbitrary and the uncertain.

The work of James Kelman draws attention to the ways in which cultural values and economic factors penetrate medical and bureaucratic biomedical practice and influence public perceptions of health. In particular, his work problematises the ways in which the body is codified by institutions and social practices, which can lead to the widespread disaffection of vulnerable and low-income individuals who are then alienated from healthy lifestyle choices and preventative healthcare measures. Many of Kelman’s texts portray impoverished and disadvantaged individuals struggling with the bureaucratic and linguistic challenges involved in accessing local-level healthcare and present the doctor-patient relation as a system of power in which certain medical narratives are granted greater credence than others. Kelman’s distinctive use of Glaswegian vernacular, blurring of the division between direct speech and interior monologue, and a narrative voice that is coloured and influenced by the idioms of the protagonist, each signal the ways in which discourses on health are directed, both overtly and covertly, towards the construction of particular types of subject and function as an apparatus of moral regulation that serves to draw distinctions between ‘civilised’ and ‘uncivilised’ behaviour, to privilege rationality, promote Cartesian duality, and represent particular social groups as an uncontrolled and threatening Other. These stylistic tropes raise questions not only about who speaks for the protagonist but also about the relationship between the individual and the community in contemporary British society. Kelman highlights the construction of medical discourse and offers a warning concerning the culture of disaffection that can lead the most vulnerable citizens to become disenfranchised and alienated from discourses on health.

Consumption: Will Self

This project seeks to present health as a contested term with a continually evolving set of principles and social relations. The nature and causes of states of health and sickness is determined not only by physical symptoms but influenced by class, gender, and race, and is perceived differently by patients, practitioners, and policy-makers. Contemporary British authors such as Ian McEwan, A.S. Byatt, Ali Smith, James Kelman, David Lodge, and Will Self offer a cultural history of the present that is entwined with a particular concern with the myths and metaphors that contribute to our understanding of health and sickness. Accordingly, The Kingdom of the Sick charts a series of conditions that stand within the liminal space between health and sickness, namely: grief, anxiety, boredom, obsession, disaffection and consumption and signals the inadequacy of any understanding of health that is not culturally, historically, and geographically situated. Rather than adhering to the ontology of certainty found at the heart of scientific medicine in which disease is objective, the body is reduced to the level of a mechanism, The Kingdom of the Sick uncovers the ways in which contemporary British authors urge us to reclaim the narrative of the individual sick person and reconsider what it means to be healthy and what it means to be sick in the twenty-first century.