

EYE OF A ROOK

JOSEPHINE TAYLOR

ABOUT THE BOOK

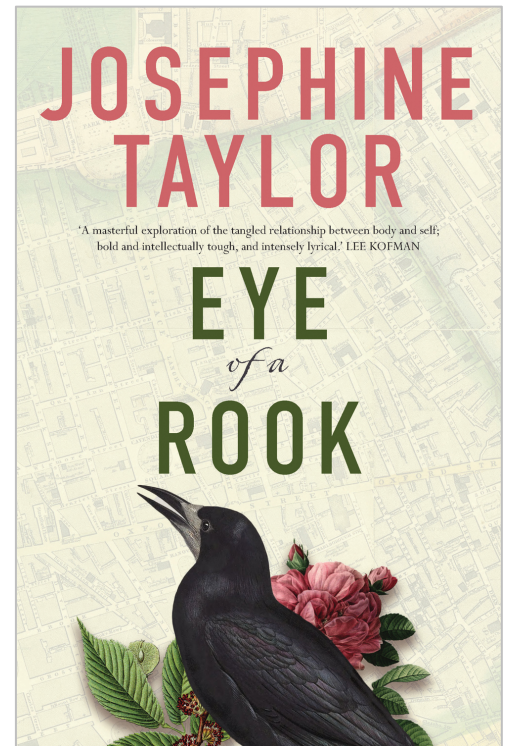
In 1860s London, Arthur sees his wife, Emily, suddenly struck down by a pain for which she can find no words, forced to endure harmful treatments and reliant on him for guidance. Meanwhile, in contemporary Perth, Alice, a writer, and her older husband, Duncan, find their marriage threatened as Alice investigates the history of hysteria, female sexuality and the treatment of the female body – her own and the bodies of those who came before.

ABOUT THE AUTHOR

Josephine Taylor is a writer and freelance editor who lives on the coast north of Perth, Western Australia. She is Associate Editor at *Westerly* Magazine and an Adjunct Senior Lecturer in Writing at Edith Cowan University. Josephine teaches, facilitates and judges in literary fiction and creative non-fiction. Her personal essays and fiction have been anthologised, and published in journals including *Axon*, *M/C Journal*, *Outskirts*, *Southerly*, *TEXT* and *Westerly*. Her debut novel is *Eye of a Rook*.

DISCUSSION QUESTIONS

1. The first chapter on Alice is from 2009, in the middle of Alice's journey with pain, but her subsequent chapters return to a time before pain and then progress chronologically. A similar construction is used for Emily's story. Why might the author have done this?
2. Why do you think the author has chosen to include scenes from Arthur's childhood? What do they tell us about the man he becomes?
3. What is the significance of the rook, and why does it appear at the moments it does?
4. What are the main differences between the attitudes of Arthur and Duncan towards their wives' conditions, and what do you think accounts for these differences?
5. On p. 68, Dr Gibbs asks Alice, *What do you think your body is trying to tell you?* Is this a helpful question or not?
6. What does the women's group that Alice joins give her that Duncan cannot?
7. Why has the author chosen to tell Arthur's story directly, while we only see Emily through Arthur's eyes and her letters to Beatrice?
8. ... *she grew to dread standing in front of the roomful of students, to detest being split so definitively into two selves: the self who was passionate and creative, who wrote and laughed and loved, and this new, pained Alice, this pinched and pale Alice. This Alice who was not Alice at all.* (p. 48). How does Alice's chronic pain affect her sense of self? How does it affect her ways of participating in the world?
9. What is the nature of Alice and Duncan's relationship?
10. How does Alice's relationship to her pain change over the course of the novel? What does her writing practice help her gain?
11. Why are these two stories told together? What did you think about the ways in which they might be connected as you progressed through the narrative?
12. What is the effect of the quotations taken from real nineteenth-century medical texts?
13. What are the reasons for Arthur's decision about Emily's surgery?



14. What is the nature of Alice and Ena's relationship? What insights does Ena have about her son's behaviour?
15. What are the main differences between Emily's engagement with the medical establishment and Alice's?
16. What values and attitudes of Victorian England do the following characters represent:
 - a. Beatrice Rochford
 - b. Charles Reid
 - c. Tom Lawler

INTERVIEW WITH THE AUTHOR

What was the genesis of this novel?

Eye of a Rook really began way back in 2000, when I developed vulvodynia. The pain was so debilitating I had to surrender my career as a psychotherapist and become reliant on a disability pension. It took a long time for me to be correctly diagnosed and, because of the lack of awareness and knowledge, treatments that were meant to help usually made things worse. Through independent research I discovered that up to 16% of all women are affected by chronic unexplained genital pain or discomfort at some point in their lifetime, many only with pressure (for instance, with intercourse) and some all the time, like me.

I couldn't believe that so little was known when so many women were struggling in silence! I was upset at the futility of consulting with specialists who couldn't help – angry at a situation that made no sense. Fuelled by these feelings, I undertook a PhD, writing a prize-winning investigative memoir. After I'd graduated, I thought I would just continue writing and publishing personal essays from my thesis. Then, at a writing workshop at the beginning of 2013, two men came to life in response to a writing prompt: one was a fictional version of the real-life Victorian surgeon Isaac Baker Brown, and the other was a man called Arthur. Arthur, it seemed, was there to consult with Brown about his wife, Emily, and her mysterious gynaecological pain.

The resulting short story, 'That Hand', was published as part of the anthology *Other Voices* (Peter Cowan Writers Centre, 2013). But Arthur would not leave me alone, and so I also found my way into the character Alice, who researches the history of hysteria to make sense of her own private pain. I had begun a novel, it seemed!

Why was it important to tell part of the story through historical fiction? What does this bring to the reader's understanding of the themes?

In my research, I became fascinated by the history of hysteria, and how understandings of female disorder that can not otherwise be explained have almost always been written about women by men. Increasingly, hysteria was often treated as a moral disease, with female hypersexuality and self-pleasure seen as causes, and physicians and surgeons often turned to surgery and/or moral education for treatment.

I also traced vulvar pain back through the centuries, finding descriptions in different times and places. It was difficult to know what caused that pain in each case, but in the nineteenth century, what we would now know as vulvodynia was described with both detail and sympathy by early gynaecologists.

In telling part of the story through historical fiction, specifically through the lives of characters in 1850s and 1860s England, I wanted to show what had changed in the awareness and understanding of genital pain; equally, I wanted to show what had *not*. So, while we have characters who are sympathetic to Emily's pain and wish to understand it further, we also have characters – like Isaac Baker Brown – who treat it as hysteria.

My quest is always to foster increased understanding and awareness around gynaecological pain, especially vulvar pain. In using historical fiction as one thread of *Eye of a Rook*, I wanted to engage the reader, and to show her or him that this form of pain is as real now as it was then.

The historical chapters are very rich in detail. What kinds of research did they involve?

Oh, a lot! I have included a list of the most important sources of information on my website (josephinetaylor.com).

Once I began the PhD in 2007, my research into medical history intensified. While writing *Eye of a Rook*, I continued to consult everything from historical medical journals to antique texts in making sense of the treatment of female disorder in Victorian England. This rich background informed Alice's research in the novel, which mirrored my own.

In bringing Victorian London to life, Sally Mitchell's *Daily Life in Victorian England* and *Victorian Britain*, and the online resource *The Victorian Web* were my bibles. I used Edward Weller's 'Map of London 1868' to map Arthur's walks through the city, and Lee Jackson's *Dirty Old London* and works by Charles Dickens to invigorate the streets. Domestic and everyday details were informed by books like *Mrs Beeton's Book of Household Management* (1861), and the *Handbook of English Costume in the Nineteenth Century* and *The History of Underclothes* by C. Willett Cunnington and Phillis Cunnington.

In writing Arthur's early life, I researched Rugby School through historical texts and drew upon the wonderfully atmospheric *Tom Brown's Schooldays*, by Thomas Hughes (1857). The most important source of information, though, was my father. I interviewed him extensively on his life in Chinley (used as the basis for the fictional Herdley) and his experiences in boarding school. Arthur came into being through these conversations, our laughter and our tears. As Dad came to the end of his life, this connection brought depth to Arthur's joys and griefs.

What did you want to convey through this novel about the nature of chronic pain and how it is treated by the medical establishment?

There is a dearth of information and awareness on vulvodynia and associated conditions in society as a whole. Often knowledge on specific medical conditions trickles down through specialists and GPs from medical research, but this has lagged for several reasons. As a chronic pain condition, genital pain has suffered through, in the past, the lack of serious attention towards pain that persists for no apparent reason. Accurate knowledge around genital pain has also been hampered by the influence of psychoanalysis on medicine and society, where a double whammy of belief in psychological conflict underlying inexplicable physical symptoms and shame around the site of the pain have led to dismissive and even punitive attitudes.

In saying this, I also want to emphasise the wonderful work that is now being done in this field, with research, knowledge and awareness growing exponentially. At the coal face, too, there are now many well-informed and sympathetic specialists and physicians. Despite this, women are still being told too frequently that their symptoms are 'all in the head' or 'psychosomatic'. Often their pain is made worse through inappropriate or harmful treatments.

I wanted to bring out all of these different conflicting elements in *Eye of a Rook*. Through the treatment stories of Alice and the women in the support group that she joins, we see dismissiveness and (inadvertent) cruelty, but we also find physicians and physiotherapists who are both knowledgeable and supportive. Though there were practitioners in Victorian times who described what we now know as vulvodynia with accuracy and concern, Emily and Arthur encounter a surgeon who reflects the prevalent attitudes to female disorder. Then, like now, there was a mix of ignorance, knowledge, superiority, empathy ...

I am still astounded that so little has changed when I read these words on vulvar pain from Theodore Gaillard Thomas (1880): 'So commonly is it met with at least, that it becomes a matter of surprise that it has not been more generally and fully described.'

What were your favourite characters to write and which were the hardest? Did your previous experience as a psychotherapist inform your approach to characterisation?

I think you can't help but bring past life experiences to writing, so I'm sure my work as a psychotherapist informed my approach to characterisation, even if I wasn't explicitly aware of this. Perhaps it is many years of being heard properly in my own therapy, and listening so closely to my patients in turn, that fostered the capacity to listen to the characters and what they demanded of me in writing them. (It's true, I discovered, that your characters come to life and tell you what to do!)

I loved writing the scenes from Arthur's childhood and early adulthood, and feeling his nature develop. I found it hard to leave those chapters behind! Later, I was gobsmacked by the way in which all that Arthur has learned in his past comes together in the critical decision he must make regarding Emily's surgery – again, I felt like that his choice was at least partially taken out of my hands. Writing Emily's letters was great fun. I really indulged myself in allowing her distinctively intelligent yet playful voice to emerge. Later, the letters were a wonderful window into her pain and suffering, given that we don't really hear her voice, otherwise.

I found writing Alice difficult at times. She isn't me, but I had to revisit the worst of my pain in order to write hers and that laid me low for a while. I also found it hard to write the scenes of conflict between Alice and her husband, Duncan – I kept wanting to intervene and somehow make him understand, even when I knew that it was important to the book that he struggled with who Alice is becoming. The hardest character to write was the fictionalised Isaac Baker Brown. The surgeon only appears a couple of times, but his influence is pivotal to the narrative and creates a diabolical situation for Emily and Arthur.

What were some of the literary influences for this book?

I read very little fiction during the writing process. I'm fairly porous and easily influenced, and I didn't want another writer's voice to affect my own.

There's a stack of great novels from my past that were indirectly influential. The one that comes to mind most readily is Margaret Atwood's *Alias Grace*. It is an extraordinary character study, and I love the way in which the reader is made to suspend judgement; Grace remains, in many ways, impenetrable. Hannah Kent's *Burial Rites* is not dissimilar in its effect, and the atmospheric setting is rendered just beautifully. Amanda Curtin's *The Sinkings* gave me a strange kind of permission: to write what is not usually written. I also loved the way in which she used the present tense for the historical narrative, rendering it immediate and palpable. When it came to writing the narrative past in *Eye of the Rook*, tense choice was a no-brainer!