“Him a’got too much skin”:
Psoriatic Masculinity and The Singing Detective
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Abstract:
Although hysteria has traditionally been the purview of femininity, the male hysteric has become more prevalent under the social and cultural conditions of postmodernity, namely, the delegitimation and fragmentation of identity. This article reads the central trope of psoriasis in Dennis Potter’s television mini-series The Singing Detective as a corporeal symptom that ambivalently reflects, and resists, the economic and social context of Thatcherite Britain. Philip Marlow’s psoriasis enacts both the erosion and the overproduction of boundaries, and is read as metonymic for a male social body that is being experienced as under siege.

Paper:
Philip Marlow, writer of paperback detective fiction, responds contemptuously to the suggestion that he write about ‘real’ things: “All solutions, and no clues. That’s the bloody Novel – he said, she said, and descriptions of the sky – I’d rather it was the other way around. All clues. No solutions. That’s the way things are.” Likewise, Marlow’s psoriasis embodies a mystery that consists of clues that are largely without solutions. Steven Connor writes that “[t]he skin figures” (2000, 36): in contemporary culture the skin brings the body to temporality, bearing the marks of history such as wrinkles and scars. In The Singing Detective, clues without solutions are symptomatic of postmodernity, and the psoriatic skin is temporised as a male social body under threat of erasure.

The Singing Detective first aired on the BBC in Britain in November 1986. The series has a complex stratified structure, moving between the stasis of the hospital ward in which Philip Marlow is bedridden with psoriatic arthropathy, childhood memory, and the post WWII film noir of Marlow’s detective fiction. These shifting narrative layers, coupled with Marlow’s psoriasis-induced delirium, allow for the interweaving of hallucination, repression and memory; a pastiche of codes and genres.

Although readings of The Singing Detective offer analyses of contemporary culture, mass media, and narrative structure (among others), what remains largely unexamined is the figure of the male body: The Singing Detective that is caught between modern articulations of self and the impact of postmodernity, in economic and social terms, on gendered identity. In this article I will specifically examine Philip Marlow’s skin in The Singing Detective as symptomatic of a culturally located male hysteria, for, as Glen Creeber writes, “[t]he brilliance of Potter’s television drama lies in its ability to dramatize both the psychological and the cultural landscape of British society since the war” (2000, 37). I argue that the psoriatic skin in The Singing Detective is indicative of two key anxieties in contemporary culture: first, it is a form of male hysteria that relies upon the feminised body for its articulation, and second, it is a response to the experience of disenfranchisement associated with the rise of neoliberal economic policies in Thatcherite Britain. Thus, Marlow’s psoriasis is a hysterical symptom indicative of anxieties that
are both avowed and disavowed by the skin: the erosion of the self and a misogynist unease regarding corporeality.

Skin in *The Singing Detective* is important as both symptom and signifier of a postmodern male hysteria. In psychoanalytic terms, it has been suggested by Esther Bick and Didier Anzieu, experiences of maternal care mediated through the skin are crucial in the development of the ego and the assertion of autonomy (Bick 1968, Bick 1986, Anzieu 1989). In Anzieu’s terms, an underdeveloped or traumatised “skin ego” results in the inability to adequately determine the boundaries of the self, which has negative ramifications in terms of individuation, social functioning, and communication and connection with others. Thus Philip Marlow’s psoriasis marks a crisis of subjectivity. For Sara Ahmed:

> [t]he skin, rather than keeping the subject in place (and the other out of place), represents the constitutive possibility of a seeping between one and an-other. Insofar as it is all these things, the skin is a site of social crisis and instability, of the difficulty (if not impossibility) of being-in-the-world and of the constant slippage between the phantasy of being (I am inside my skin) and the fear of being. (1998, 52)

Skin in *The Singing Detective* represents a problem with limits—an inability to articulate boundaries and the simultaneous overproduction of surfaces. Such limits are central to reading *The Singing Detective* in terms of displaced social and sexual identities.

“We all suffer—some of us choose not to show it”: Phallic Panic and Male Hysteria

The hysterical is quintessentially female—prone (often literally) to the strange manifestations of repressed memories and desires. The male hysterical, however, has been in existence since the nineteenth century (Von Braun 1993, 18) and, Freud suggests, is more prevalent than generally thought (Creed 1990). A response to castration anxiety, male hysteria enacts the feared loss of the phallus, as well as the impossibility of the ideal it represents. In contrast to the female hysterical, whose focus is on the body, male hysteria tends to be associated with the mind and with memory (Creed 1990, 133). In the figure of Philip Marlow, who is prone in a hospital bed, the gendered aspects of hysteria are disrupted. In this section, I suggest that hysterical symptoms in *The Singing Detective* mark emergent pressures on sexual identities associated with the encroachment of a new body politics and associated loss (or perceived loss) of phallic power. While *The Singing Detective* readily lends itself to a reading of castration anxiety along the axis of maternal Oedipal desire (Philip’s memories include the witnessing of an adulterous primal scene, and the sexualisation of his mother, who also appears as a prostitute in the Skinskapes nightclub), I focus here on the manifestations of hysteria that result from a historical trauma. The importance of a historically located male hysteria is important: Douglas Kellner suggests that a postmodern hysteria has replaced the modernist anxiety over identity, while Chris Tysh argues that male hysteria has emerged as a consequence of the delegitimation of the law of the father. (1991, 151)

The embodiment of Marlow’s hysteria is important, I suggest, because it indicates a contemporary turn to the corporeal as a site of authenticity and resistance. That is, Marlow’s hysteria is more than the manifestation of a personal narrative of castration anxiety, but is also symptomatic of, and ambivalent towards, an emergent body politics. Philip Mellor and Chris Shilling have termed such an ambivalent corporeality the “modern baroque body,” which describes a return to a sensual body and corresponding rise in irrationality and volatility in the face of the fragmentation of identities and communities by late capitalism (1997, 163-77). The
modern baroque body, however, does not do away with the Modern legacy of rationality and its associated sublimation of the flesh; rather, the two occupy a fraught simultaneity in contemporary modes of embodiment (Mellor and Shilling 1997, 47, 161-62). Marlow occupies a similarly ambiguous position: his psoriasis, I will argue, indicates an alienation from metastructures of sociality, while the return to corporeality offers a limited site of resistance. Yet, as Marlow’s simultaneous disgust and desire toward bodies and sexuality suggest, such a sensual turn is a limited and degraded form of empowerment: it hurts for Marlow to move, to be touched, and even to cry. Marlow’s psoriatic skin thus represents the dialectical nature of contemporary modes of subjectivity, embodiment and phallic power, namely, the attempt to negotiate the idealised desire for the disembodied and rational self, and the return to the sensual and experiential body as a reflection of, and resistance to, capitalist consumer society.

The emergence of the experiential body as site of authenticity and resistance in a mediated and fragmented society does not readily cohere with the historically dominant forms of disembodied, rational masculinity. And nowhere is this ambivalence toward the body more pronounced than in the association of the corporeal and sensual with the feminine: “There’s always a dame. There’s always a body” claims the singing detective. Thus the late-modern form of embodiment marked by *The Singing Detective* is even more problematic given the familiar associations between women’s bodies, the feminisation of men, castration, and base matter. Marlow’s skin is symptomatic of patriarchy’s fraught reliance upon and disavowal of corporeality (Grosz 1994, 120). In contemporary culture this schism reaches a crisis point in terms of a male return to the feminised, abject corporeality as a site of self determination which historically, in the form of hysteria, has been understood as a site of resistance available to some (namely white, middle-class) women. Thus, despite his dis-ease with his body, Marlow appears to rely on the feminised modality of the hysterical body to express a terrifying loss of phallic power.

Consonant with the shift from a mental to an embodied symptom, Marlow’s hysteria manifests in a corporeal self-loathing (literalised on his skin) that is normally directed toward women’s castrated bodies. In *The Singing Detective* this is most evident in the fraught encounters with Marlow’s (ex) wife Nicola:

**MARLOW**: I want to sleep with you again.

**NICOLA**: Philip?

**MARLOW**: With a big mirror alongside.

**NICOLA**: Listen to me—

**MARLOW**: So I can turn my head while I’m doing it and leer at myself. And so that when it starts shooting up in me and spurting out I can twist to one side coming off your hot and sticky loins and spit straight at my own face.

According to Lynne Segal, the overt representation of heterosexual desire works to affirm sexual difference (1990, 101, 103). Thus the emphasis on sexuality and sexually available women in *The Singing Detective* bespeaks an anxiety regarding the erosion of these boundaries, particularly given that Marlow relies upon the feminised hysterical body to express both subjugation and resistance.

The ward on which Marlow resides is full of men, effectively emasculated by their bedridden status, many elderly and infantilised, while the nursing staff perform the maternal roles of

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feeding, bathing and toileting. In episode one, ‘Skin,’ the tea trolley is doing a round of the ward, and the nurse insists patients say please and thank you. Ali, Marlow’s neighbour, obsequiously mimics the charge nurse:

**Ali:** Tea. No Bread. No Cake.

**Staff Nurse White:** Please.

**Ali:** What?

**Staff Nurse White:** Say ‘please’, Ali. Not ‘what’. I won’t have ‘what’. I’ll have ‘please’, thank you very much.

**Ali:** Tea. Thank you very much.

**Staff Nurse White:** Tea please.

**Ali:** Tea. Please. Thank you very much.

**Staff Nurse White:** There’s a good chap.

**Ali:** What?

Marlow similarly plays the infantile child: “My ickle jacket pleeease. I wants my closey woseys.” On the other side of the ward the self-righteous Mr Hall complains that the tea is always cold because the nurse turns left (“Bloody Scargillites”) rather than right at the entry to the ward: “Cold tea never did anybody any harm . . . But injustice. That’s another matter. Injustice eats the insides out of you.” The hospital setting and the domestic concerns with manners and cold tea enforce a physical diminution of masculinity and parallels the infantile reliance on the maternal.

“[T]he penis,” Segal claims, “isn’t a patch on the phallus” (1990, 89), and in a further affront to phallic power, Marlow’s penis becomes another locus of lack. In order to treat his psoriasis he must be greased by the attractive Nurse Mills. The process of greasing is painful, but also erotic (a masochistic position usually reserved for women), and results in an embarrassing ejaculation. The first time we witness his involuntary orgasm, the shot cuts from the hospital ward where Marlow is being greased to the basement club Skinskapes, where Nurse Mills, as ‘Carlotta,’ sings “Blues in the Night,” which warns of the double-crossing dangers of men. At the end of the song Nurse Mills/Carlotta says “I will have to lift your penis now.” The shot cuts back to Marlow in hospital, who ejaculates, and then back to the nightclub where all the men stand and applaud. Marlow states “that’s the one part of me that still sort of functions.” His use of ‘sort of’ and the applause is an ironic comment on the fallible power of the penis and the perceived erosion of traditional forms of phallic mastery, and enacts Kaja Silverman’s claim that “when the male subject is brought into a traumatic encounter with lack . . . he often experiences it as the impairment of his anatomical masculinity” (1992, 62). Marlow’s encounter with lack is with himself as an embodied, hence feminised, subject.

In a similar incident Nurse Mills says to Marlow “Lie back and think of England,” again placing him in a feminine and passive sexual position. In order to distract himself from sexual arousal, Marlow retreats to his detective story, “The Singing Detective.” Despite Marlow’s conscious attempts to suppress them, phallic images of trains emerging from tunnels, pyramids, and pistols keep surfacing. When he orgasms, Nurse Mills irritably says “Really Mr Marlow! I would have thought you had better control of yourself.” In some respects, Marlow’s rage and misogyny can be understood as a form of protest that anxiously reasserts masculinity in the face of social and
political change (Connell 1995, 109-12). Yet the protest is satirically undermined by Marlow’s involuntary ejaculation, which is an ineffectual avowal of masculinity. The penis, in a moment of pathos, symbolises a futile (im)potency.

The social impotency experienced by Marlow is, in some respects, reflected in and countered by the patriarchal narrative of the detective fiction. Women are either prostitutes or spies, and usually end up dead—there is the recurring motif of naked female bodies being pulled out of the river, while the singing detective, Marlow’s alter ego, echoes this aversion to the feminine: “There are songs to sing, feelings to feel, thinking to be thought. I can sing the singing, I can think the thinking, but I won’t feel the feeling.” Gibbon, reading from Marlow’s novel, The Singing Detective, discerns Marlow’s misogyny: “You don’t like women. Do you?” and then “isn’t it clear that you regard sexual intercourse with considerable distaste—or what is more to the point, with fear.” More bluntly Mary Gordon regards Dennis Potter as “saying something we have heard for a very long time: at the center of the boy’s dream is the treacherous, transgressing cunt” (1990, 118). In an allusion to psychoanalytic processes of condensation and displacement in repression, The Singing Detective plays on double entendre: in the Skinskapes nightclub, for example, Binney refers to Carlotta as a “top hole,” while in Episode Three “Clues,” Philip’s maternal Granddad shows him the gramophone, saying: “Always keep your eye on the hole.”

The threat posed by women is not only Oedipal, but also social in the increased independence of women and perceived threats (accurate or otherwise) from women in terms of feminism and their increasing participation in the workforce (Connell 1995, 84, Wilson, qtd in Hill 1999, 8). The overt disgust and desire directed toward women’s bodies in the multiple narrative layers is then a defensive posturing, reflecting the social insecurity and diminution of phallic power, marked by psoriasis, that surrounds contemporary identity and masculinity. More specifically, I have suggested that the materialization of an embodied male hysteria in the form of psoriasis, coupled with the late modern emphasis on the body, indicates a troubling colonisation of masculinity (imagined or otherwise) by femininity. Where interpretations of nineteenth century male hysteria have pointed to the modality of hysteria as a phallic occupation of femininity, The Singing Detective’s twentieth century version of male hysteria is, I suggest, more ambivalent. The new prominence accorded to corporeality does not offer a deconstruction of masculinity, but is a qualitatively different form of subjectivity. The hysterical male body is both a resistance to a ‘modern baroque’ subjectivity, and a deployment of it as one of the limited sites of resistance to the new world order. In the next section I consider in more detail these historical and social conditions that contextualise the emergence of Marlow’s embodied hysteria, and read the psoriatic symptom as a manifestation of the new subjectivities mobilised under late capitalism.

“The way the Health Service used to be”: Postmodern sociality and subjectivity

The Singing Detective can be read as a figuration of numerous tensions between modernity and postmodernity. Numerous analyses have pointed to the postmodern generic qualities of the series: the blurring of the distinctions between elite and high cultural forms as a form of avant-garde television (Bondebjerg 1992, 166, 171-73), and the use of popular music and lip-synching as a self-conscious use of artifice that mobilises mass cultural forms while remaining sceptical about them (Creeber 1996, 503, 506). The psoriatic self-reflexivity of Marlow’s character, and of the text itself, (O’Farrell 2001) similarly reflects tensions between a modern and postmodern subjectivity. The therapeutic excavation of unconscious memory, and the solving of the mystery of Marlow’s illness, suggests the modernist subject of psychoanalysis, while the slippage between the child Marlow, the sick Marlow and his alter ego the singing detective resist unification as a rational and self-contained masculine subject. Marlow’s psoriasis may be read as symptomatic not only of a feminised corporeal identity, but as representative of a social body
suspended between modern and postmodern economic and cultural impulses. Identity becomes particularly fraught “in the contemporary orgy of commodification, fragmentation, image production and societal, political and cultural transformation that is the work of contemporary capitalism” (Kellner 1992, 174).

According to Silverman in *Male Subjectivity at the Margins*, historical trauma threatens hegemonic masculinity at a collective level (1992, 55). If trauma is understood as events that threaten the ego with a radical unbinding (1992, 61), then Marlow represents a disenfranchised and alienated social body, a body losing its boundaries, and the resultant state of anxiety and insecurity. Thus the psoriatic flaking and peeling of skin, the emphasis on surface and limits can be read as a subjectivity under siege from external forces, namely, the social and economic shifts associated with the rise of neoliberal economics. Written during the height of the Thatcher years and the 1984-85 Miner’s strike, *The Singing Detective* “hints at a wider view of Britain in spiralling decline since the war” in which Marlow represents “the ills of a wider body politic” (Cook 1995, 215, 216).

It is especially significant that the *mise-en-scéne* is a hospital ward, given that the National Health Service was, as Stuart Hall puts it, “the centre piece” of the post war social democratic programme—an egalitarian and universal health care system (1983, 8). The sick male bodies, and Marlow’s in particular, symbolise a collective body that is unwell and under threat. The new federalism, and the rise of monetarist policies had profound impacts on the National Health Service (Hall 1983, 13; Evans 1997), epitomising the decline of Keynesianism. While the text makes little overt reference to living in Britain under Thatcher and the rise of neoclassical economics, de-industrialisation, unemployment, privatisation, and the generalised paring back of the post war welfare state (Hall 1983, 17, Evans 1997), Marlow’s dis-ease can be understood in terms of an emergent neoliberal, or postmodern, subject in an era of economic and social change. In particular, I identify Marlow’s body as manifesting a neoliberal sociality, suggested by his physical and social alienation, and by the particular traits of self-responsibilisation and consumption that Marlow hysterically resists.

Postmodern culture is often associated with an ephemerality, fragility and fragmentation (Sarup 1996, 95), part of a broader breakdown in overarching systems such as religion, or an emancipatory humanism, or Marxism (Feher and Heller 1988, 5, 7). There is no longer a ‘big Other’ which structures existence and faith (Salecl 2001, 24-29). Marlow’s isolation in hospital and his literal untouchability indicate a physical alienation, while his retreat into fantasy and memory are an emotional and mental escape. It has been argued that the results of disintegrating social structures include a potential nihilism (hence contemporary debates about the loss of values), or the emergence of localised forms of belief encompassing everything from new age spirituality, neo-Nazism, and evangelism (Connell 1995, 177-78). For example, a sharp critique of evangelism’s love affair with mass media (particularly television) is made when Christian doctors and nurses on the ward return on their days off to sing to the patients. Their dour hymn, “Be In Time” morphs into Marlow’s delusion of a lip-synched version of “Accentuate the Positive” performed in the style of a Black gospel choir.

In place of political, collective, or even ‘new-age’ sites of resistance, Marlow opts for uninhabitable sites of abjection that exceed the bounds of the rational, the proper and the orderly (Kristeva 1982, 9). When the registrar asks what he believes in, Marlow responds with an invective that is not only abject and superfluous in its imagery, but also in the way the words pour from him:

**MARLOW:** I believe in Malthusianism.
REGISTRAR: Come again?

MARLOW: Malthus, but mandatorily. Compulsory depopulation. By infanticide, genocide, suicide, or whatever other means suggest themselves. Aids, for example. That’ll do. Why should queers be so special?

REGISTRAR: I see.

MARLOW: I also believe in cholesterol, cigarettes, alcohol, masturbation, carbon monoxide, the Arts Council, nuclear weapons, the *Daily Telegraph*, and not properly labelling fatal poisons. But most of all, above all else, I believe in the one thing which can come out of people’s mouths. Vomit.

Again, it is the body that is drawn upon to articulate Marlow’s alienation, while the image of vomit (semi-digested, belonging to yet expelled from the body) defiles the boundaries of the clean and proper. Marlow’s belief in ‘vomit’ expresses a general disgust with humanity, and is symbolic of the disruption of gendered boundaries of the self and of the social body. Similarly, the psoriatic body expresses a disquiet regarding the increased porosity or failure of boundaries that characterises postmodern sociality.

Coalescing with Thatcherite economic neoliberalism and decentralisation is an economic individualism that is expressed by both fiscal and personal restraint (Creeber 2000: 37; Hill 199, 8; Gould and Anderson 1987, 42). Marlow’s isolation and alienation implies that this conservative maxim of responsibility for the self is pathological in effect. That is, Marlow’s psoriatic skin painfully bespeaks the conflicting drives of Thatcherite Britain: a pull toward capital (and corporeal) excess and the shift toward economic restraint and individualism. This individualistic rhetoric is particularly played out in the diagnosis and treatment of Marlow’s psoriasis. Marlow’s unruly and excessive body is understood by hospital staff as a matter of self-control, which effectively reiterates, although in a moral register, the dictum of economic individualism. A registrar says to Marlow, “You ask those questions as though someone else was responsible for your condition. But no one is or, at least, in the unlikely event that someone, anyone, is—then that someone cannot be anyone other than yourself. Can it?”

Connections between the self and the psoriatic condition are further reiterated in Marlow’s sessions with the psychiatrist Dr Gibbon. In this process, Marlow’s psoriasis is positioned as a hysterical symptom that can be traced to key childhood traumas, namely the child Marlow witnessing his mother’s adultery, her suicide in the Thames, and his blaming another child for his own crime of defecating on the teacher’s desk. The process of ‘confessing’ these childhood recollections has the effect, as Foucault suggests of confession more generally, not simply of uncovering but of constructing an interiority or memory (1978: 60). In short, “clues are questions looking for motivations” (Corrigan 1991, 181), and these clues are found in psychical rather than social terms. Thus Marlow’s psoriasis is ideologically contained as a disease of the ‘self’ rather than the social. While Marlow’s therapeutic excavation of memory appears to result in the easing of his psoriasis, such therapy can also be regarded as part of a normalising and normative discourse of self. As Donald Lowe argues, “psychopathology, by reinforcing the ideology of the individual, plays a vital role in displacing sociopathology. This displacement subjectivizes the sociopathology inherent in late capitalism; and what cannot be psychopathological becomes sociologically the deviant” (1995, 164). The therapeutic narrative risks constraining Marlow’s psycho-social protest, emphasising the reassertion of a unified, well-adjusted subject.
Marlow’s psoriasis is further implicated in an individual and moral failing, rather than a socialised body politics, through the imagery of leprosy, when his ex-wife visits him in hospital:

NICOLA: What a disgusting disease.
MARLOW: Thank you.
NICOLA: You look like some kind of scabby leper.

The connection between leprosy and psoriasis is not accidental, for up until the early twentieth century the two were frequently confused, a confusion which has been traced to Hippocrates, who used both the terms psora (to itch) and lepra (scaly) to describe psoriatic conditions. Historically, leprosy has been regarded as a ‘moral’ disease in which inner sins and flaws are represented on the surface of the body (Wilson 1999, 60; Stafford 1991, 295). Gibbon makes a similar connection between leprosy and psoriasis:

The skin, after all, is extremely personal, is it not? The temptation is to believe that the ills and poisons of the mind or the personality have somehow or other erupted straight out on to the skin. ‘Unclean! Unclean!’ you shout, ringing the bell, warning us to keep off, to keep clear. The leper in the Bible, yes?”

While psychological readings of Marlow’s psoriasis emphasise personal restraint and individual failing, psoriasis as hysterical symptom is also a form of resistance: it is a perverse display of excess in the face of bodily and fiscal restraint. Such resistance, however, is tempered by physical pain, and an ambivalence that results from its feminised and corporeal form that I discussed in the section above.

The excessive body also gestures toward the hedonism of consumer capitalism, and the notion of assemblage through consumption (Sarup 1996, 123; Lowe 1995). Mike Featherstone argues that the central role of advertising and the image in consumer culture results in an emphasis on the outer body as a signifier of health and wellbeing, both physical and economic (1991, 179, 187, 192). The privileging of the surface in consumer capitalism is evident in the centrality of imagistic cultural forms: screens and billboards display an endless array of gleaming and intangible surfaces and skin, often sexualised (Connor 2001, 38; Mellor and Shilling 1997, 168, 170). The role of skin in The Singing Detective both reiterates and contradicts the pleasures of the body in consumer culture. Marlow’s body appears to reflect the postmodern emphasis on surfaces and simulacra—it is the surface on which the sensual is figured, it is a screen that signifies, and it is metonymic for corporeality. The skin as spectacle is particularly iterated at the end of the first episode “Skin” when, cartoonesque, Marlow turns to the camera and says “That’s all folks.”

Psoriatic skin, however, refuses the sleek finish of the idealised surfaces represented in high-gloss adverts and billboards, parodifying these while symptomatically critiquing the intangible and disembodied surface. In the context of Marlow’s psoriasis, apparently innocuous comments burden the skin with excessive meaning: Mr Hall, a patient on the ward, says to his neighbour Reg, “The skin of the grape is more bitter than it should be. It sticks between the teeth,” while Philip Grancher’s, remarking on jam, states: “Cosn’t cook a plum. A plum don’t like cooking. Him a’got too much skin.”

The psoriatic overproduction of skin, or having too much skin, also reflects the excesses of consumption. Jan Jagodzinski reads the hedonism of contemporary culture in terms of the
withdrawal of the Oedipal father and his rules and regulations: “[i]n postmodern consumerism . . . the Oedipal father is in the midst of disappearing, and with him are disappearing the prohibitions against enjoyment” (2001, 33). Psoriatic skin functions in the text as a symptom of such permissiveness:

In psoriasis, as in most forms of cancer, a biochemical governor malfunctions or falls asleep at the switch. It is as if the switch regulating the production of epidermal cells is turned on but cannot be turned off. Consequently, cells proliferate uncontrollably. When understood in this way, psoriasis appears to be a disease of speed and excess (McMaster).

But such fragmentation is not experienced as a pleasurable delegitimation, or subversive play with identity. Instead, Marlow’s skin represents an anxious and resistant subject in the face of social and economic change that undermines a specifically white and masculine form of sociality. The psoriatic excesses of Marlow’s skin articulate the pain of social shifts in work, the economy and identity experienced by a broader social body.

The excesses and anxieties of skin are further reflected by The Singing Detective’s narrative structure that jumps between ‘reality,’ fiction and memory, and between the genres of comedy, musical, and detective fiction. Loss of phallic power and ‘self control’ is metonymically represented by the tropes of textuality, writing and authorship that are central to The Singing Detective. I have suggested that Marlow’s dis-eased skin betrays a disquiet regarding the boundaries of the self under late capitalism, and the feminisation of the body. The trope of writing reiterates the psoriatic symptom, symbolically playing out anxieties regarding the body, loss of social power, and issues of fragmentation. The self-conscious (or psoriatic in Mary Ann O’Farrell’s terms [2001, 135]) textuality points to the mediation of culture by representational forms. For example, the words of Marlow’s story “The Singing Detective” are periodically seen as being typed onto the screen of a word processor so that they appear to ‘write’ what is happening around Marlow. In one instance, after the word “beautiful” Nurse Mills appears by Marlow’s bed. Similarly Marlow ‘writes’ a subplot in which Nicola kills a lover, Mark Finney, in a bloody fury. Such a mediation of the ‘real’ draws attention to the fictionality of the narrative. But this fictionality is also occluded when characters from Marlow’s fiction and recollection, such as the scarecrow trailing maggots, or the two mysterious men, appear in the ward. Indeed, Marlow appears to lose control of his own story when the two mysterious men demand to know who they are, and Marlow’s alter ego, the singing detective, shoots the sick Marlow. This runaway story underscores the anxieties regarding the loss of phallic power and the dis-eased social body.

Hysterics, Freud writes, “suffer mainly from reminiscences” (1989, 12). The reminiscences that plague Marlow are not only childhood memories, but cultural recollections of an economically and socially stable masculinity that haunts a vulnerable male body. The film noir mood and lighting of the detective fiction genre featuring the suave singing detective, the setting in post-war Britain, and the use of popular music from the 1940s suggest a nostalgia for a bygone (mythical) time of economic prosperity and social order prior to Britain’s cultural “Fall” (Cook 1995, 227).

Marlow’s psoriasis as hysterical symptom both reflects and critiques the conservative politics of postmodernity. The psoriatic skin and the psoriatic text, I have argued, can be read in terms of the alienation of a social body under Thatcher resulting in the emergence of a postmodern subjectivity and sociality characterised by fragmentation, localisation and excess. The hysterical male body in The Singing Detective is an ambivalent corporeality by virtue of its association
with the castrated and feminine body; thus Marlow’s hysteria is a resistance that is marked by its impotency.

Endnotes

1 Barbara Creed discusses phallic panic in David Cronenberg’s *Dead Ringers* as a male hysteria related to castration anxiety and narcissism (1990, 134).
2 The notion of volatility is taken from the Medieval understanding of the body as part of a bigger macrocosmos, open to and affected by a grander scale of events. The figurative sociality of the skin that I have been arguing for then may be seen as a part of this return to a sensual body that is impacted upon by the social and political order.
3 The anality of this act is significant and, I think, is connected with the almost anti-oedipal structure of the death of Philip’s mother and
4 The intertextuality of this reference also serves to expose Potter’s “efforts to visualise a postmodern consciousness, saturated with popular culture and mass media” which is achieved by mixing the genres and codes of television, Hollywood pastiche and popular music (Bondjeberg 1992, 167).
5 Steve Brie, however, argues that this is largely the audience’s nostalgia. Potter’s nostalgia is in fact for the music produced in local communities and the working men’s clubs rather than the music popularised and commercialised by radio and recording technologies (see also Creeber 1996).
Works Cited


———. 2000. 'Lost lands?': ‘Dennis Potter, childhood and the quest for the sovereign Self’. In The Passion of Dennis Potter.


———. 2000. ”The anxious and the uprooted”: Dennis Potter and Richard Hoggart, scholarship boys’. In The Passion of Dennis Potter.


Prosser, Jay. 2001. ‘Skin memories’. In *Thinking through the skin*.

Salecl, Renata. 2001. ‘From clitoridectomy to body art’. In *Thinking through the skin*.


