

**‘J’étais une machine disjonctée ; ça sautait dans tous les sens’:ⁱ
Translating representations of anxiety and depression in Véronique Olmi’s
*Bord de Mer***

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Abstract

Arguably, reading literature which depicts mental health problems can be both informative and of comfort to those interested in, or affected by, such issues. The present article first presents the work of contemporary French author, Véronique Olmi, and her 2001 novel, Bord de Mer. It then provides background information on anxiety and depression before identifying how these conditions are represented in Bord de Mer and how treatment of these reflect current approaches. Last, this study examines how Adriana Hunter’s 2010 translation, By the Sea, preserves Olmi’s work and how her translation could be of benefit to an Anglophone audience.

Keywords: mental health issues; twenty-first century French women’s writing; English translation

Introduction

Citing key examples of European literature which, over the centuries, have represented mental health problems variously, this article begins with the premise that reading such literature can be both informative and of comfort to those interested in, or affected by, mental health issues. The present article then proceeds in five stages. First, it presents the work of contemporary French author and playwright, Véronique Olmi, and, more specifically, her 2001 novel, *Bord de Mer*. It then provides essential background information on anxiety and depression before identifying how these conditions are represented in *Bord de Mer* and how treatment of these reflect practices adopted in twenty-first-century European society. Last, this study examines the ways in which Adriana Hunter’s 2010 translation, *By the Sea*, preserves Olmi’s portrayal of anxiety and depression and how this translated work could therefore be of benefit to an Anglophone audience.

Representations of mental health issues in literature over the centuries

Literature is one of the independent parts of the surrounding ideological reality, occupying a special place in it [...]. The literary structure, like every ideological structure, refracts the generating socioeconomic reality, and does so in its own way. But, at the same time, in its ‘content’, literature reflects and refracts the reflections and refractions of other ideological spheres (ethics, epistemology, political doctrines, religion, etc.). That is, in its ‘content’, literature reflects the whole of the ideological horizon of which it is itself a part.

(Medvedev 1928/1978: 16-17)

Central to Pavel Medvedev’s words, and the work from which they are taken, is the conviction that literary systems always occur within the ideological milieu of a given era. Indeed, history

offers ample evidence to confirm that literary texts are deeply imbued with the cultural values of the society in which they are produced. For thousands of years, societies throughout the world have understood that people can be affected not only by physical disease but also by mental illness. Attitudes towards, and strategies for treating, those who suffer from abnormal mental states have evolved considerably over the centuries and, as Medvedev (ibid.) rightly states of all ideological -- and indeed sociological -- phenomena, these are reflected in the various literary genres of all eras.ⁱⁱ In turn, these works of literature have, over the years, lent themselves to a broad range of analyses and interpretations, from linguistic and stylistic, through literary and narratological, to cultural and sociological. It is particularly insightful to consider briefly some significant examples of these.

In European history, the Middle Ages spans the period from the fall of the Roman Empire in the West (5th century) to the fall of Constantinople in 1453 (*OED* 1998: 1170). During this time, mental illness, or ‘madness’, was believed to manifest itself in the physical body and was explained by theories of the four ‘cardinal humours’. These four bodily fluids - blood, phlegm, yellow bile (choler) and black bile (melancholy) – were considered to determine a person’s physical and mental qualities by the proportions in which they were present (ibid: 894). Medieval thought also linked madness to theories of evil spirits. Some of the greatest heroes of medieval literature were affected by madness. Significant examples of these are Arthurian knights, such as Lancelot and Tristan, who feature in the courtly romances of the twelfth-century poet, Chrétien de Troyes. In her detailed study, Sylvia Huot (2003) argues that medieval French texts depict a wide range of attitudes towards madness, including spiritual transcendence and sinful degradation, using characters which are both comic and tragic. Huot examines how different treatments of madness can be associated with different literary genres in the medieval period, how the identities of mentally-ill characters are established through aspects of their bodies as well as their minds, and how madness interacts with other categories of difference, including class and gender, in the construction of individual characters’ ‘abnormal’ identity.

The work of some major playwrights in the seventeenth century, such as Shakespeare (1564 – 1616) and Molière (1622 – 1673), also depicted a range of mental health problems. Striking examples of these are the hysterical outbursts and madness which characterise the main protagonists’ behaviour in tragedies such as *Hamlet* (1602) and *King Lear* (1606) as well as Jaques’ melancholy in the comedy, *As You Like It* (1603) and Leontes’ obsessiveness in *A Winter’s Tale* (1623). In her fascinating study, Bernadette Hoffer (2009) concentrates on seventeenth-century French literature and discusses how the physical illness suffered by some of Molière’s principal comic characters are caused, or aggravated, by mental factors such as internal conflicts and distress (ibid: 134-6). Examples cited include Alceste’s melancholia in *Le Misanthrope* (1666) and Argan’s obsessive hypochondria in *Le Malade Imaginaire* (1673). By identifying these psychosomatic disorders, Hoffer demonstrates how authors of the time were already aware of the close connection which exists between the human mind and body.ⁱⁱⁱ

In the wake of France’s 1848 Revolution, a spirit of upheaval persisted and madness was integral to many writers’ anti-bourgeois, oppositional strategies (Gill 2011: 488). Flaubert’s 1856 *Madame Bovary* constitutes a prime example of this. Bourgeois Emma, who is attractive, intelligent and lively, becomes demoralised by the society in which she lives, gradually sinks into depression and commits suicide by swallowing arsenic; the novel ends with a vivid description of her death.^{iv} Many nineteenth-century literary figures who suffer from mental problems -- including hysteria, melancholia, trauma and psychosis - - are indeed women.^v Other classic examples include Claire de Duras’s 1824 *Ourika*, a forty-five page

novella in which a Black woman is depressed and melancholic after having been purchased as a child in Sénégal and given to a wealthy family in Paris, and Emile Zola's 1868 *Thérèse Raquin*, in which unhappily married Thérèse also suffers from melancholia. The subject of female madness does not only feature in the nineteenth-century French novel, but also in the autobiographic genre. Amongst such works are Madame Esquiron's *Mémoire* (1893) which centres on a wealthy and intelligent woman who was incarcerated twice in the latter half of the nineteenth century at the request of her father, and Hersilie Rouy's *Mémoires d'une aliénée* (1883), an autobiographical text in which the author, who was held in asylums from 1854 to 1868, recounts her experiences prior to and during her incarceration. Over the years, these texts, which contain graphic depictions of such issues as eating disorders, racism and extreme mental distress, have lent themselves to various feminist readings which repeatedly identify a culturally-perceived link between gender and mental weakness (Little 2015; Wilson 2010).^{vi}

This century, worldwide awareness of the prevalence of mental health disorders has continued to increase^{vii} and classification of the latter has evolved.^{viii} Thanks to this, public attitudes towards seeking help from mental health professionals and to taking medication have improved considerably over the past twenty-five years (Angermeyer 2017).^{ix} Despite the development of psychiatric medicines, such as SSRI antidepressants in the 1990s (McKenzie 2017), the preferred treatments for such conditions are psychoanalytic and psychological therapies (Angermeyer 2017). Indeed, many European countries have moved towards community-based, socially-inclusive care for the mentally ill (Morant 1997: 28)^x which gives those concerned the freedom to live independently and have regular access to mental health services and talking therapies. In the UK, the National Health Service has recently invested large sums in the provision of CBT, which it considers particularly effective in the treatment of anxiety and depression, whereas mental health professionals in France tend to favour psychoanalytic theories and practices (Morant 1997: 165). In the education sector, there has been increasing acknowledgement of the pressures faced by young people and sizeable investment in awareness campaigns and talking therapies following recent tragedies in UK universities (Karim 2017; Turner 2017). Rather than waiting until mental disorders develop, European countries are turning towards alternative, holistic practices such as meditation, mindfulness^{xi} and Yoga, in order to empower individuals to take care of themselves and to prevent their falling ill (Ellender 2017; Ellender 2018). This century, citizens in France and the UK, for instance, are actively encouraged to practise self-care by attending classes at Health and Well-being and Yoga centres (www.equilibriumyoga.co.uk ; www.sogoodnature.com ; www.vivance-sophrologie.fr), reading books (André 2011; O'Hare 2012; Roux-Fouillet 2013), consulting websites (www.doctissimo.fr ; www.passeportsante.net) and using apps, which are sometimes free, on their mobile telephones.^{xii}

The present study: Rationale

Against this background, the present article adopts an inherently interdisciplinary approach. First, it focuses on the content of Véronique Olmi's 2001 *Bord de Mer*, and considers how this novel reflects attitudes and psychological approaches which exist in twenty-first century European cultures and societies. The eighteenth-century English writer, Dr Samuel Johnson (1709-1784), once professed that 'the only end of writing is to enable the readers better to enjoy life or better to endure it'.^{xiii} Endorsing the view that reading literature can not only help people to understand, but also to cope with, deep emotional strain,^{xiv} the present article then proceeds to examine Adriana Hunter's 2010 English-language translation of *Bord de Mer*, suggesting how this may be of benefit to an Anglophone readership.

1)Context: Véronique Olmi and her works

Born in 1962 in Nice, Véronique Olmi was the granddaughter of Philippe Olmi, former Minister of Agriculture, *député* of France's Alpes-Maritime region and mayor of Villefranche-sur-Mer. Regardless of her political connections, Véronique has made her own name on the literary scene both in France and internationally. She is the author of thirteen novels, written between 2001 and 2017, and of numerous plays, and has also worked as a comedienne. A number of Olmi's novels have won prestigious literary prizes in France,^{xv} her plays are performed throughout France and translated versions of her novels and plays are also enjoyed abroad.

In many of her novels, Olmi provides a perceptive and sensitive treatment of her characters' states of mental health. The feelings and symptoms of her anxious characters are, for instance, often described metaphorically: 'J'avais une petite machine à angoisse plantée au fond du bide et qui fonctionnait aussi bien qu'une horloge suisse' (2008 : 111) ; 'Ses intestins devenaient son pire ennemi, une pieuvre qui changeait en merde toute son angoisse' (2013 : 42). These individuals are also overwhelmingly self-aware, using distraction techniques to control feelings of panic (2008: 75), enjoying restorative silence and solitude (2004: 15; 2004: 21; 2010: 182), exercising to reduce stress (2004: 77), connecting with their true selves (2010: 88) and practising positive self-talk (2010: 88).

Bord de Mer (2001)

It is, however, in her first novel, *Bord de Mer*, which was inspired by a true story,^{xvi} that Olmi provides the most detailed, and arguably the most disturbing, portrayal of a person suffering from mental health problems. In this short work of 120 pages, the principal character and narrator is a young mother who lives alone with her two little boys. This character is given no name, which reinforces both her sense of feeling anonymous and lost and her uncertainty regarding her own personal identity. In the interest of concision, this character will henceforth be referred to as PP (principal protagonist). In *Bord de Mer*, PP decides to take her two sons, Stan (9) and Kevin (5), on holiday for the first time as she wants them to see the sea. They travel by coach at night and, as it is cold, dark, raining and in the middle of the school week, the two boys feel uneasy. When they arrive, the hotel is shabby, the weather poor, the town hostile and the sea rough. In spite of her evident love for her children, PP ultimately suffocates Stan and Kevin with a pillow in the hotel room. In a state of extreme anxiety and desperation, she attempts to free them from a society which she finds depressingly indifferent.^{xvii} As Lezard (2010: 1) comments perceptively: '[...] This is a mesmerising portrait of a frayed and twisted mind [...]. The combination of [...] poverty [...] and the neglect and scorn of an indifferent society provides an almost existential fatalism'. In the same vein, Hunter (in Perez 2012: 1) believes that this tragic act is '[...] the terrible extrapolation of [PP's] feelings of isolation and helplessness'.

2)Anxiety and depression: Background to possible causes – present and past^{xviii}

Everyone experiences varying levels of worry and fluctuations in mood throughout their lives and this is perfectly normal. It is only when such feelings persist and interfere with one's daily life that they may have developed into a mental health problem. Mental health issues can be

triggered by aspects of one's current situation, such as a dismal or unhealthy living environment, poor health, unemployment, social isolation or feeling unable to cope with certain pressures. Alternatively, the causes may be more deep-rooted, stemming back to past situations or experiences such as social exclusion, difficult relationships, a traumatic event or physical / emotional abuse. It is now acknowledged that anxiety and depression are extremely common. In the UK, for instance, an estimated 14% of adults (aged 16 to 64) suffer from anxiety (McKenzie 2016: 10), 30% from depression (McKenzie 2017: 9) and mixed anxiety and depression is frequently experienced (8%). In the latter case, these conditions are described as 'comorbid'.

Definitions and symptoms

Anxiety occurs when a person feels afraid, tense or worried, particularly about something in the future. It is a natural and automatic response to perceived threat and can protect the individual from danger. By releasing hormones such as adrenaline and cortisol, the body becomes alert, the muscles are pepped up and the heart beats faster so that the whole organism can act quickly; the familiar 'fight or flight' response. Clearly, such physical reactions are useful when physical threats are real; they only become unhelpful, and ultimately problematic, when: the worry is out of proportion to a given situation; feelings of anxiety are particularly strong or persistent and occur regularly; panic attacks are experienced; one's enjoyment of life is affected.

Symptoms of anxiety are both physical (being restless, feeling dizzy, having headaches and other bodily aches and pains such as backache, feeling nauseous, experiencing digestive problems, having difficulty sleeping) and mental-emotional (having racing thoughts, feelings of anger or irritability, sensations of unreality, an impression that one is being judged by others). In their extreme form, symptoms may manifest as panic attacks^{xix} and can impact on one's daily life by making it difficult for one to look after oneself, remain in employment, have healthy relationships and enjoy life.

Once again, depression is only diagnosed when unpleasant feelings – in this instance, of sadness, - persist for weeks or months. This condition can cause a wide variety of physical symptoms (physical aches and pains, changes in appetite, sleeping problems, general fatigue) and can have mental-emotional effects (persistent negative thoughts, inability to enjoy life, difficulty concentrating, low self-esteem).

Treatment of anxiety and depression in the twenty-first century

This century, anxiety and depression are widely recognised and generally well understood. There is also a broad range of approaches which exist to aid recovery. Treatment for these two conditions is similar and depends on their degree of severity. Mild problems are believed to respond well to lifestyle changes (regular exercise, healthy eating, correct sleep hygiene) and self-help strategies (reading books and consulting websites on such subjects as distraction techniques, practising meditation, mindfulness, positive self-talk and developing one's spirituality). For moderate problems, talking therapies (psychotherapy, Cognitive Behavioural Therapy, humanistic therapy) are often advocated. When problems are more advanced, a combination of talking therapy and medication is usually advised; many sophisticated pharmaceutical products with fewer unpleasant side-effects have been developed in recent years, notably SSRIs (Selective Serotonin Re-uptake Inhibitors) (McKenzie 2017: 79).

3) Anxiety and depression in *Bord de Mer*: Possible causes – present and past

Olmi peppers *Bord de Mer* with snippets of information regarding PP's present and past situations; when these are pieced together, they enable the reader to form a global picture of this protagonist and to understand from where her mental health issues stem.

It soon becomes apparent that PP's present circumstances are difficult. She lives in social housing and rarely leaves the estate ('On était jamais partis en vacances, on avait jamais quitté la cité' (9)) and the conditions are insalubrious and damp ('Ca sent la maison [...] C'était l'odeur de la lessive et aussi celle de l'humidité' (21)). There are, moreover, indications that she is not in good physical health. She has no appetite (48) and makes repeated references to the fact that she has missing teeth, about which she is very self-conscious ('[...] avec mes trous dans les gencives [...], moi souvent j'ose pas sourire ni rire sans mettre ma main devant la bouche' (13; 26)). PP makes no reference to having friends or to working, she openly states that she has financial problems ('J'ai toujours eu du mal à tenir mon budget' (26)), difficulty expressing herself (J'aime les chansons. Elles disent des choses que je n'arrive pas à dire' (29)) and a low level of literacy ('Moi, je sais que les maîtresses corrigent mes fautes d'orthographe' (74)).^{xx} Collectively, these factors very probably contribute to PP's feelings of social isolation and, therefore, anxiety.

In view of the above, PP struggles to look after herself and her two young sons. She is a single mother and clearly tries very hard ('Quand on est seule pour élever deux mômes, faut bien avoir un peu d'autorité' (23)), but she has no support from either of the boys' fathers.^{xxi} It is abundantly clear that PP cares deeply about her children ('J'ai regardé mes garçons, leurs yeux étaient grands ouverts, épatés [...] Ca m'a fait chaud au coeur' (62)), that she loves them (75; 81) and is proud of them ('[...] au fond de moi je trouvais mes gosses magnifiques (30)). However, she is constantly worried about living up to their expectations ('C'est dur d'être à la hauteur d'un gosse' (27)) and sees fulfilment of their basic needs as an unreasonable demand on her ('[...] s'il y a bien une chose que Kevin oublie jamais c'est d'avoir faim, parfois j'ai l'impression d'être un garde-manger' (26); 'J'ai faim, a répété Kevin, comme si c'étaient les seuls mots de sa connaissance' (30)). She has difficulty feeding herself and her children correctly; they never eat a meal together, but drop into a café for a drink, pick up chocolate biscuits from the local shop and buy chips from the *baraque à frites*.^{xxii}

Given her situation, PP is regularly visited by a social worker. However, on a number of occasions, she does not feel supported by this person, but judged by them ('Voilà comment ça se passe. Tout le monde guette le faux pas, le moment où on va tomber, on marche sur du savon [...]' (27); '[...] on peut pas absolument tout faire, tout, c'est ce que je me tue à répéter à l'assistante sociale' (29)). In spite of such experiences, PP remains convinced that she is able to look after her own children and that social workers are not necessarily the authority on what her boys need ('Cette idée, ça l'a fait sourire Kevin, j'étais fière de moi. Je sais bien m'y prendre avec mes gosses, j'ai pensé, suffit qu'on me fiche un peu la paix, est-ce qu'une assistante sociale aurait pensé à ça ?' (18)).

In addition to the many challenges which PP faces in her present situation, certain aspects of her past which she recalls are also likely to have contributed to her current mental health difficulties. PP mentions her having felt 'different' from other teenagers ('[...] je leur avais jamais ressemblé, même à leur âge' (62)), attempts to understand why she felt socially excluded ('Peut-être que c'est ma fatigue qui m'a éloignée des autres' (46)) and consequently makes deliberate and positive attempts to fit in ('On allait faire comme les autres, ça allait venir, j'en étais sûre !' (65)). Many of PP's comments regarding her past relationships are also

very telling and reveal that she has been subject to abuse ('[Mon fils] est le seul garçon qui me traite aussi bien' (16); '[...] je crois qu'ils se moquaient plus d'une femme mais d'un gardien de but. Peut-être que c'est pareil. On est seul. On attend et on encaisse les coups sans broncher. Les autres regardent' (39); '[...] ce qui me faisait peur c'est cette violence que [les enfants] avaient retenue' (44)) and that she feels overwhelmingly judged by men (39):

J'avais oublié à quel point les hommes comptent sur nous pour se marrer entre eux, j'avais oublié quel poids c'était d'avoir leur regard posé sur nous. Bien contente d'être seule avec mes mômes. [...] Fini de vivre comme si j'étais exposée dans une vitrine.^{xxiii}

Symptoms of anxiety in Bord de Mer: physical and mental-emotional

PP has a history of anxiety; she is very familiar with its symptoms and is afraid of their returning ('Voilà les angoisses qui se ramènent, j'ai pensé et ça m'a fait peur' (14)). Indeed, many of the physical and mental-emotional symptoms which this woman experiences suggest that she suffers from chronic anxiety. Physically, she has: dizziness ('[...] ça me donnait le vertige' (17); 'La tête me tournait drôlement' (33)); nausea ('J'avais mal au cœur' (20)); and various bodily aches and pains ('J'étais pleine de petites douleurs méchantes qui me mordaient' (72)). She is also restless ('Je n'arrive pas à rester longtemps au même endroit, il y a très vite quelque chose qui va mal, qui m'écoeure' (38)) and repeatedly mentions her anxiety-linked insomnia which she cannot consciously understand ('La nuit je dors mal. L'angoisse. Je pourrais pas dire de quoi.' (11)).^{xxiv}

For PP, the effects of anxiety are also mental and emotional. She experiences: a restless mind^{xxv} ('Ca s'est mis à parler tout seul dans ma tête, j'aime pas ça, c'est une sale bestiole la pensée, des fois j'aimerais mieux être un chien' (21)); anger and irritability ('[...] c'est une sorte d'agacement, une rage qui monte et on sait pas vraiment contre qui ni contre quoi, des fois moi je voudrais pouvoir crier, trouver à qui j'en veux mais il y a pas de limite [...]') (45)); feelings of unreality ('[...] il y avait trop de tout partout, trop de bruit, trop de pluie, trop de lumières, ça défilait devant moi je savais plus où j'en étais' (65)); and an overwhelming fear that she will be noticed by others ('Mais taisez-vous ! j'ai dit, vous voulez qu'on se fasse remarquer ? Pourquoi est-ce que j'avais peur à ce point-là ?' (44)). On a number of occasions, PP's anxiety reaches a peak and she experiences full-blown panic attacks. Olmi's incredibly detailed and accurate description of these traumatising episodes suggests that she may herself have first-hand experience of panic disorder (48-9):

J'ai descendu ces escaliers, la brume m'entourait un peu plus à chaque étage, je loupais des marches, je les voyais plus bas qu'elles étaient, c'était une petite chute à chaque fois, pareille aux trous d'air dans les rêves. A force de louper les marches, de les voir trop près, puis de les voir trop loin, ma tête s'est mise à tourner, je m'accrochais à la rampe, je me sentais partir de travers, quelqu'un me poussait dans le dos, c'est sûr [...] c'était peut-être ça qui me rendait malade, tous ces étages qui avaient pas de fin, ça me rendait dingue. Ça tapait dans ma tête comme si le sang avait hâte d'en sortir ; j'avais plus de souffle. J'ai l'habitude. C'est pas la fatigue, c'est la panique [...]. Mon cœur était tout engourdi, je le sentais épais, ses battements me faisait mal [...], mes mains ma bouche ont commencé à me picoter, le gérant avait l'air de me parler, je l'entendais de très loin, entre lui et moi il y avait des tonnes de coton, ça absorbait tout, les paroles et l'air aussi [...].

Symptoms of depression in Bord de Mer : physical and mental-emotional

Many of the physical and mental-emotional symptoms which PP experiences also indicate that she suffers from depression. Physically, she has persistent aches and pains ('J'avais mal partout' (43); 'Mon dos était raide, j'avais voulu qu'on me le casse et qu'on me le remette en place' (67)) and changes in appetite ('[Ils avaient faim]. Pas moi. Moi, j'étais empoisonnée, pleine de bile, de salive amère [...]') (48)). She also tends to have erratic sleeping patterns ('Les mêmes ont l'habitude. Souvent le dimanche je dors toute la journée' (45)) and suffers from fatigue ('Le matin, j'ai pas la force de me lever pour aller à l'école' (11)). On a mental-emotional level, she has a persistently low mood ('Y a des fois comme ça où tout me fout le carfard, je sais plus que faire de moi' (22) ; 'Je sais que ce rire-là, il vous lâche dès que vous grandissez' (25)), recurrent negative thoughts which she describes as 'monsters' ('Les retrouvailles avec mes monstres' (55)), poor concentration ('J'ai toujours eu du mal à me concentrer longtemps' (78)) and very low self-esteem ('Elle m'a pas accordé un regard, elle parlait avec son voisin, peut-être de moi' (13); 'J'aurais aimé être comme [la mer], me suffire à moi-même, me foutre de tout et prendre beaucoup de place. C'est une orgueilleuse, j'ai pensé' (34)).

Treatment of anxiety and depression in Bord de Mer. PP's mental health issues have evidently been diagnosed as moderate or severe, as she has been prescribed certain medicines. She suggests that these may be sleeping tablets, anxiolytics or anti-depressants, but she both forgets to take these ('J'avais pas pris mes médicaments et pourtant cette nuit-là personne s'est assis sur moi' (24)) and to carry them with her ('[C'est la panique.] [...] J'avais pas apporté mes médicaments' (48-9)). PP also makes repeated references to consulting doctors about her anxiety ('C'est pas vrai que les angoisses me paralysent comme ils disent au dispensaire' (17); '[La panique] J'en ai parlé au dispensaire. Je suis pas la seule, ça arrive. Il faut se raisonner, c'est ce qu'ils disent' (48)). Notably, she mentions that she sees a psychiatrist regularly, and she demonstrates that she has retained his advice and is trying to take it on board ('Le psychiatre me le dit souvent Essayez d'éviter les crises devant les enfants' (51)). This is reflected very strongly in PP's words. When she recalls the psychiatrist's advice, the use of grammar is accurate and the vocabulary of a more elevated register than is the case when PP expresses herself ('Il ne faut pas que je commence à suivre ces pensées-là, le psychiatre du dispensaire me l'a dit, il y a des idées qui emmènent directement au fond du gouffre et je sais qu'il a raison' (20)). The approach adopted by PP's psychiatrist is a psychoanalytic-psychodynamic one.^{xxvi} What is significant here is that the doctor's attempts to explore PP's past are not successful ('Le psychiatre du dispensaire essaye de grater la terre de mes souvenirs mais pas un qui remonte' (57)). PP is clearly denying and trying to block out painful memories and this explanation is reinforced by her subsequent comment ('[Les souvenirs]. Moi, j'en ai pas. Tout ce qui est passé est perdu' (67)).

Interestingly, PP seems to have more success with the self-help strategies which she regularly implements. Although she does not eat or exercise correctly and her sleep hygiene is poor, she states emphatically that she does not drink. She also uses distraction techniques, such as humming and singing songs ('Pour plus penser j'ai commencé à fredonner une chanson' (21)); mindfully enjoys simple pleasures ('Le bonheur tient à presque rien, un peu de chauffage après la pluie et la vie s'ouvre un peu' (37)); practises positive self-talk ('Bon ! Reste calme ma fille, j'ai pensé, ce type existe pas, c'est juste une ombre, il peut rien contre toi' (51)); comforts herself ('Je tenais l'oreiller serré contre mon ventre et je me suis bercée un peu pour me donner du courage' (79)) and occasionally turns to religion ('J'ai pensé aux moines, y en

avait sûrement un qui venait de se lever pour moi [...], il était juste derrière la porte, un moine marron contre la porte marron, avec sa bouge à la main et sa prière qui s'arrêtait jamais' (74)).

4) Situating the treatment of mental health problems in *Bord de Mer* in relation to current practises in twenty-first-century Europe

The above pages demonstrate that PP is provided with the full range of help which is on offer to people suffering from anxiety and depression this century. This lady lives an independent life, yet is given access to social workers, pharmaceutical medicines, doctors, psychiatrists and self-help strategies. Although these are of some help to her, they ultimately fail to provide her with adequate support for the management of her severe anxiety and depression. It would be difficult to determine exactly where the system failed PP, but the lack of bonds established with any of her social workers, medics or psychological therapists undoubtedly reinforced her sense of isolation and did not help her to abide by her treatment plan. PP's tragic decision to suffocate both of her children represents her final attempt to save them from the depressing, indifferent society in which she believes they all lived ('Cet oreiller [...] il éloignait tout, il rejetait le mauvais sort, il fallait tenir, tenir en pensant très fort à toi, tout mon amour sur toi, rien que pour toi, entièrement' (75)).

5) Translating representations of anxiety and depression in *Bord de Mer*

Thus far, the present article has focused on representations of anxiety and depression in Véronique Olmi's *Bord de Mer* and on the principal protagonist (PP)'s experience of these two mental health conditions. It has identified present and past causes, and physical and emotional symptoms, of these two conditions and the corresponding methods of treatment to which PP has had access.

In its Introduction, this article posited that literature which concentrates on mental health issues may be not only informative to those affected (sufferers, their family, friends and carers), but also comforting to all concerned, particularly those who are suffering. If these two functions which are present in a given source text (ST) are to be preserved in its corresponding translation, both the factual content of the original text and its style, which communicates much about the affected character's experiences, feelings and thoughts, must clearly be rendered in the target language (TL). Against this background, this section of the present article sets out to identify how these objectives have been met in Adriana Hunter's English-language translation of *Bord de Mer*. Hunter is a British translator of French literature who has, to date, translated in excess of sixty novels. In 2011, she was awarded the Scott Moncrieff Prize for her 2010 translation of Olmi's *Beside the Sea*.

Causes of anxiety and depression in Bord de Mer: present and past

Many potential causes of PP's mental health issues, which relate to her present and past circumstances -- including difficult living conditions and social isolation -- are disclosed throughout *Bord de Mer*. Very often, the factual content of this novel can therefore be preserved by employing relatively close translation strategies, as the following examples illustrate.

ST (Olmi 2001)	TT (Hunter 2010)
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On était jamais partis en vacances, on avait jamais quitté la cité (9)	We'd never been away for a holiday, never left the city ^{xxvii} (10)
Ca sent la maison [...] C'était l'odeur de la lessive et aussi celle de l'humidité' (21)	They smell like home [...] It smelt of my washing powder and of damp (25)
Peut-être que c'est ma fatigue qui m'a éloignée des autres (46)	Maybe it's the tiredness that's made me lose touch with everyone else (60)

In addition to providing such descriptions, which enable the reader to understand the causes of her suffering, PP narrates in a style which is very distinctive and open. As Hunter herself acknowledges, this allows the reader to 'be deep in the narrator's head' (Hunter in Perez 2012: 1). Indeed, as the following excerpts demonstrate, PP draws the reader to her and elicits sympathy by: i) disclosing her insecurities; ii) revealing her low self-esteem, which sometimes appears as excessive modesty; iii) admitting that she feels judged by men, iv) and by society as a whole; v) by attempting to cultivate a positive attitude, despite the extent to which she is struggling. Once again, this narrative voice, which is often idiomatic and lacking in punctuation, nevertheless broadly lends itself to a close translation approach.

ST (Olmi 2001)	TT (Hunter 2010)
i) [...] avec mes trous dans les gencives [...], moi souvent j'ose pas sourire ni rire sans mettre ma main devant la bouche (13)	[...] with the gaps in [my] gums. Quite often I daren't smile or laugh without putting my hand over my mouth (15)
ii) J'aime les chansons. Elles disent des choses que je n'arrive pas à dire (29)	I like songs. They say things I can't seem to say (36)
iii) J'avais oublié à quel point les hommes comptent sur nous pour se marrer entre eux, j'avais oublié quel poids c'était d'avoir leur regard posé sur nous. Bien contente d'être seule avec mes mômes. [...] Fini de vivre comme si j'étais exposée dans une vitrine (39)	I'd forgotten how much men depend on us to have a good laugh together, I'd forgotten how it weighs you down having them look you over. Very happy to be on my own with my kids. [...] No more living like I was on display in a shop window (50-1)
iv) Voilà comment ça se passe. Tout le monde guette le faux pas, le moment où on va tomber, on marche sur du savon (27)	That's how it works. Everyone's always waiting for you to put a foot wrong, for you to fall, it's like walking on soap (33)
v) On allait faire comme les autres, ça allait venir, j'en étais sûre ! (65)	We were going to do what the others were doing, it wouldn't be long, I was sure of it! (83)

Symptoms of anxiety and depression: physical and mental-emotional

PP frequently mentions the physical symptoms of anxiety and depression from which she suffers. These factual and informative accounts of her experience, such as the following description of a panic attack which she has, are very detailed and are again recaptured closely and precisely by Hunter.

ST (Olmi 2001: 48-9)	TT (Hunter 2010: 63-4)
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<p>J'ai descendu ces escaliers, la brume m'entourait un peu plus à chaque étage, je loupais des marches, je les voyais plus bas qu'elles étaient, c'était une petite chute à chaque fois, pareille aux tous d'air dans les rêves. A force de louper les marches, de les voir trop près, puis de les voir trop loin, ma tête s'est mise à tourner, je m'accrochais à la rampe, je me sentais partir de travers, quelqu'un me poussait dans le dos, c'était sûr. [...] c'était peut-être ça qui me rendait malade, tous ces étages qui n'avaient pas de fin, ça me rendait dingue. Ça tapait dans ma tête comme si le sang avait hâte d'en sortir ; j'avais plus de souffle. J'ai l'habitude. C'est pas la fatigue, c'est la panique [...]. Mon cœur était tout engourdi, je le sentais épais, ses battements me faisaient mal [...], mes mains ma bouche ont commencé à me picoter, le gérant avait l'air de me parler, je l'entendais de très loin, entre lui et moi il y avait des tonnes de coton, ça absorbait tout, les paroles et l'air aussi [...].</p>	<p>I went down those stairs, and the mist gathered a little closer round me with each floor, I missed steps, thinking they were further down than they were, falling slightly each time, like air pockets in the middle of a dream. With all that missing steps and seeing them too close or too far, my head started spinning, I clung to the bannister, I could feel myself lurching to one side, someone must be pushing me from behind, I was sure they were. [...] maybe that's what was making me ill, all those endless floors, it drove me mad. My head was throbbing like the blood couldn't wait to get out, I was out of breath. I'm used to that. It's not the tiredness, it's the panic [...]. My heart felt all heavy and full, sort of thick, every beat hurt [...], my hands and mouth started tingling, the manager seemed to be talking to me, I could hear but it sounded so far away, there were tons of cotton wool between us, it absorbed everything, every word and even the air [...].</p>
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Despite PP's lack of confidence in her linguistic ability (2001: 29), she also expresses very lucidly the mental and emotional symptoms of her anxiety and depression, which Hunter mostly recaptures closely in the TL.^{xxviii}

ST (Olmi 2001)	TT (Hunter 2010)
<p>[...] c'est une sorte d'agacement, une rage qui monte et on sait pas vraiment contre qui ni contre quoi, des fois moi je voudrais pouvoir crier, trouver à qui j'en veux mais il y a pas de limite [...] (45)</p>	<p>[...] there's like an irritation, a fury that builds up and you don't really know who or what it's aimed at, sometimes I wish I could scream, to find out who I've got it in for, but there are no limits [...] (58)</p>
<p>Y a des fois comme ça où tout me fout le cafard, je sais plus que faire de moi (22)</p>	<p>It's like that sometimes: everything brings me down, I don't know what to do with myself (27)</p>

In addition to providing detailed descriptions, PP communicates her emotional symptoms through her style of speech and use of metaphors, which Hunter recaptures closely and very accurately in the TL. Her mental unrest is, for instance, reflected in her stream of unpunctuated speech:

ST (Olmi 2001)	TT (Hunter 2010)
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Ca s'est mis à parler tout seul dans ma tête, j'aime pas ça, c'est une sale bestiole, la pensée, des fois j'aimerais mieux être un chien (21)	The talking started all on its own in my head, I hate that, thinking is a nasty piece of work. Sometimes I'd rather be a dog (26)
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Moreover, PP describes her own low self-esteem metaphorically by contrasting her own attitude with that of the sea:

ST (Olmi 2001)	TT (Hunter 2010)
J'aurais aimé être comme [la mer], me suffire à moi-même, me foutre de tout et prendre beaucoup de place. C'est une orgueilleuse, j'ai pensé [...] (34)	I [...] wanted to be like [the sea], self-contained, not giving a stuff about anything and taking up as much space as I liked. It's conceited alright [...] (43)

Treatment of anxiety and depression

When PP refers to the pharmaceutical products and talking therapies which she has received for her conditions, these neutral facts and descriptions can often be preserved closely in the TL:

ST (Olmi 2001)	TT (Hunter 2010)
J'avais pas pris mes médicaments et pourtant cette nuit-là personne s'est assis sur moi (24)	I hadn't taken my medicine but no one sat on me that night (29)
[La panique] J'en ai parlé au dispensaire. Je suis pas la seule, ça arrive. Il faut se raisonner, c'est ce qu'ils disent (48)	[The panic]. I've told them about it at the health centre. I'm not the only one, it does happen to people. You've got to reason with yourself. That's what they say (63)

PP mentions her contact with a psychiatrist; the extent to which she has been influenced by this mental health professional is reflected very strikingly in her use of language. When she recalls the psychiatrist's exact words, the use of grammar is more accurate (no omission of negative 'ne' or pronoun 'il' in the phrase 'il y a', for instance) and the vocabulary is of a more elevated register than is the case when PP expresses herself. Again, when faced with this source language, which draws the reader yet further to PP as they understand the efforts which she is making to take on board the advice, Hunter captures this closely in her translation adding a second 'he said' to her text in order to reinforce the dialogic nature of the ST.

ST (Olmi 2001)	TT (Hunter 2010)
Il ne faut pas que je commence à suivre ces pensées-là, le psychiatre du dispensaire me l'a dit, il y a des idées qui emmènent directement au fond du gouffre et je sais qu'il a raison (20)	I mustn't start thinking like that, the psychiatrist at the health centre said, there are some ideas that take you straight to the bottom of the pit, he said, and I know he's right (24)

Given PP's openness, the reader learns of the many self-help strategies which she regularly implements and which she sometimes finds very helpful, including humming songs,

mindfully enjoying simple pleasures, practising positive self-talk and using self-soothing techniques.

ST (Olmi 2001)	TT (Hunter 2010)
Pour plus penser j'ai commencé à fredonner une chanson (21)	To stop thinking I started humming a song (26)
Le bonheur tient à presque rien, un peu de chauffage après la pluie et la vie s'ouvre un peu (37)	Happiness hangs on virtually nothing, a bit of heating after the rain and life opens up a little (47)
Bon ! Reste calme ma fille, j'ai pensé, ce type existe pas, c'est juste une ombre, il peut rien contre toi (51)	Okay! Stay calm, darlin', I thought, this bloke doesn't exist, he's just a shadow, he can't do anything to you (67)
Je tenais l'oreiller serré contre mon ventre et je me suis bercée un peu pour me donner du courage (79)	I was holding the pillow tight against my stomach and I rocked for a while to give me courage (106)

Adriana Hunter's English-language translation of *Bord de Mer* has been commended for the way in which it preserves in the English language Olmi's 2001 depiction of the mother-child relationship (2011 Scott-Moncrieff Prize). When interviewed by Tony Perez about her work, Hunter (2012: 1) claimed that the translation of this novel posed her few problems. First, there are no cultural references to render, as PP has little contact with the outside world. Moreover, Hunter (ibid.) felt no need to 'take liberties' when translating this novel as its content is so 'universal' and she found the 'voice of the original text' very easy to connect with. It is indeed PP's openness and sincerity and her 'simple first-person narrative [which] achieves and extraordinary level of poetry and inner truth' (Ziervogel in Hunter 2010: 13). These provide both a factual and a deeply personal and emotional insight into anxiety and depression, which Hunter succeeds remarkably well at preserving in her *Beside the Sea*, and which could undeniably be of interest and assistance to an Anglophone audience.

ⁱ Véronique Olmi (2001: 49).

ⁱⁱ A significant text which explores such issues is Michel Foucault's 1961 *Folie et déraison: Histoire de la folie à l'âge classique*. Examining the period from the Middle Ages to the end of the eighteenth century, Foucault describes the evolving definition, and experience, of the mentally ill due to the manipulation of social attitudes by those in power and explores how these phenomena are reflected in literature.

ⁱⁱⁱ Yogis have acknowledged the close union of, and interrelationship between, the mind and body for thousands of years and this concept continues to be a fundamental principle of Yoga practice (Fraser 2002: 10-11).

^{iv} The *ennui*, or *mélancholie*, from which Flaubert's Emma suffers, is also referred to as *le mal du siècle*. The definition of this affliction was believed to have its roots in English medical debates on humour and was treated as a serious medical condition which could result in suicide (Gill 2011: 491).

^v Of course, significant representations of madness in nineteenth-century literary texts also focus on men, such as Eugène Sue's *Le Juif Errant* (1844-5), and autobiographical accounts of madness in Nerval's *Aurélia* (1855).

^{vi} For an in-depth study of such autobiographical texts, see Susannah Wilson's 2010 *Voices from the Asylum: Four French Women Writers 1850 – 1920*.

^{vii} According to a recent study by the World Health Organisation ([n.a.] 2017), which focused on a number of EU countries, twenty-seven percent of the adult population (aged sixteen to sixty-five) had experienced at least one of a series of mental disorders in the past year. These disorders included problems arising from substance

abuse, psychosis, depression, anxiety and eating disorders. An estimated eighty-three million people are therefore affected in Europe alone.

^{viii} Key examples of these taxonomies are DSM-5, *The Diagnostic and Statistical Manual of Mental Disorders* <www.psychiatry.org/psychiatrists/practice/dsm>, and the excellent website of the mental health charity, MIND <www.mind.org.uk/information-support/types-of-mental-health-problems/>, which will be referred to repeatedly throughout the present study. See also Berrios, German and Porter Roy (eds., 1995).

^{ix} In the UK, the ‘Heads Together’ awareness campaign led by the Royal Family has made a significant contribution to the de-stigmatisation of mental health issues <www.royalfoundation.com/heads-together/>

^x See the European Union’s ‘Joint Action on Mental Health and Well-being’. Available at:

<www.mentalhealthandwellbeing.eu/the-joint-action> [accessed 20th June 2018].

^{xi} Mindfulness can be defined concisely as ‘The practice of maintaining a non-judgemental state of heightened or complete awareness of one’s thoughts, emotions or experiences on a moment-to-moment basis’

<www.merriam-webster.com/definitions/mindfulness> [accessed 20th September 2018].

^{xii} ‘Faire de la méditation est bénéfique pour le bien-être’. <www.tfi.fr/tf1/jt-20h/videos/20-heures-4-janvier-2018.html> [accessed 7 January 2018].

^{xiii} Quotation available at: <www.samueljohnson.com/writing-html> [accessed 20th September 2018].

^{xiv} In his ‘Stephen Fry, Ian McKellen and Melvin Bragg share stories of how literature can help with mental health problems’, Paul Gallagher (2016) explores how some famous people have turned to literature in moments of crisis. Lord Bragg, for instance, who grew up in the north of England in the 1950s and was unable to talk about his depression, found comfort in the poetry of William Wordsworth. Similarly, Stephen Fry, who famously suffers from Bipolar Personality Disorder (BPD), acknowledges the value of poetry, poetic form and how the metrical stresses of poetry, in which the emphasis falls on certain syllables, can help people to cope with the mental and emotional stresses of modern life.

^{xv} *Bord de Mer* (2001) won the Prix Alain-Fournier, *Cet été-là* (2011) was awarded the Prix Maison de la Presse and *Bakhita* (2017) recently received the prix roman FNAC and the Prix Patrimoines BPE.

^{xvi} *Bord de Mer* was inspired by *un fait divers* in which a mother had gone out to buy chips for her children and then killed them. ‘*Bord de Mer*: Une fiction de Véronique Olmi’. Interview with Olmi. Available at:

<www.rtbf.be/lapremiere/article/detail_bord-de-mer-une-fiction-de-veronique-olmi/?id=9518723> [accessed 1st June 2018].

^{xvii} As PP tries to explain: ‘[...] le temps de la peur, parce que je connais ça et je veux pas le lui donner’ (74).

^{xviii} The factual content of this section of the present article has been informed by a number of key sources, notably: Hough (2014); McKenzie (2016; 2017); Weekes (2000); <www.mind.org.uk>; <www.nhs.uk>.

^{xix} Panic attacks can be defined as ‘[...] frightening and recurrent episodes of anxiety which appear without warning. [...] The panic is accompanied by fast heart rate, sweating, shortness of breath, trembling, dizziness and sometimes nausea’ (Hough 2014: 321).

^{xx} Throughout *Bord de Mer*, PP’s use of language appears as a stream of consciousness which contains grammatical errors, little punctuation and very colloquial, familiar uses of vocabulary.

^{xxi} This information is only learned much later in the novel: ‘Stan m’a dit que c’était pas son demi-frère que maintenant c’était son frère en entier’ (76). Nothing is told of Stan’s father and PP states that Kevin’s father does not even know that he has a son: ‘Kevin voyait souvent [son père] sans savoir, et l’autre non plus savait pas. [...] C’était un tout jeune [...] qui faisait des stages pour devenir plombier’ (77).

^{xxii} This cultural reference informs the reader that the novel is set in the North of France.

^{xxiii} Despite her low self-confidence, PP is clearly much more able to articulate her feelings than she gives herself credit for.

^{xxiv} PP recognises anxiety symptoms both in herself and in others: ‘Très vite Kevin a voulu faire pipi. C’est nerveux, je lui ai dit mais il a commencé à s’inquiéter, c’est un enfant fortement inquiet.’ (6)

^{xxv} This phenomenon is commonly referred to as a ‘monkey mind’ (Gauding 2009: 96-7). The concept is expanded on in detail by Steve Peters in his 2010 *The Chimp Paradox*.

^{xxvi} As it was seen in the Introduction to the present article, this is the therapeutic approach which is preferred in France (Morant 1997: 165).

^{xxvii} In the SL, the term *cité* refers to a housing estate, particularly one which contains social housing. In the present context, a more appropriate translation may have been ‘the estate’, which has similar connotations in the target language.

^{xxviii} One noteworthy exception to this occurs when PP describes her recurrent negative thoughts – which are typically linked to a depressive state – as ‘monsters’: ‘Les retrouvailles avec mes monstres’ (2001: 55). Hunter provides no translation of this sentence. If her omission is deliberate, her rationale for this is not obvious.

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