TROUBLED BEING AND BEING TROUBLED: SUBJECTIVITY IN THE LIGHT OF PROBLEMS OF THE MIND

by

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Abstract

Michel Foucault's archaeology of the silence of madness in the age of reason circumvents the discipline of psychiatry by refusing to contest the latter on its own terms. The success of Foucault's project of giving voice to the mad is achieved, however, at the expense of neglecting a long history of resistance to the silencing of madness, to which autobiographical writings by people said to be mad have contributed.

The first phase of my dissertation focuses on mind-problem memoirs published since the late 1960s, a period in which an international psychiatric survivor movement has emerged. My readings of these memoirs examine how they elaborate ways of negotiating encounters with psychiatry in everyday life, and how they reveal the contingency of naturalized psychiatric practices.

The second phase begins with the identification of certain questions that are not prominent among the concerns of political activists struggling to displace the psychiatric system. In the course of articulating a critique of narrative, I introduce the phrase "order of making sense" to describe a moral injunction—to respond and contribute to narrative reason—that acts as a regulative ideal.

The third phase consists of fragmentary writing about personal experiences that, in spite of being framed by competing theoretical perspectives, destabilize boundaries. My increasing emphasis on the body, understood as a multiplicity of forces that are not amenable to the formation of coherent

subjectivity, opens up the possibility of a revaluation of non-knowledge and the absence of work.

The fourth phase concludes a dissertation whose unanticipated discontinuities are both caused by, and a mode of expression of, persistent mind problems. With the delineation of a post-Nietzschean aesthetic of the materialist sublime, the political strategies of psychiatric survivors, including my critique of narrative, are surpassed by the intensities of unproductive expenditure.

Until mind problems are no longer pathologized as troubled being that stands in need of direction, the project of overcoming the condition of internal exile remains imperative. Yet it is the anti-project of exceeding sense—through an affirmation of being troubled by eternal recurrence—that most exposes the limits of the age of reason.

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Deleuze: [Y]our work began in the theoretical analysis of the context of confinement, specifically with regard to the psychiatric asylum of the 19th century. *Then* you became aware of the necessity for confined individuals to speak for themselves. [. . .] In my opinion, you were the first—in your books and in the practical sphere—to teach us something absolutely fundamental: the indignity of speaking for others. [O]nly those directly concerned can speak in a practical way on their own behalf.

Michel Foucault and Gilles Deleuze, "Intellectuals and Power" (74, 76; my emphasis)

[I]t was time for the examination of Histoire de la folie. Foucault expounded his theories about reason and unreason, making delicate gestures with his hands [. . .]. As he ended his exposition, the candidate ruefully complained that, in order to make audible the voice of the confined, one needed the talent of a poet. Ruffled by this display of false modesty, Canguilhem snapped: "You have it, *monsieur*."

David Macey, The Lives of Michel Foucault, 111

Preface

> Once uncovered as a language silenced by its superposition upon itself, madness neither manifests nor narrates the birth of a work [...]; it outlines an empty form from where this work comes, in other words, the place from where it never ceases to be absent, where it will never be found because it had never been located there to begin with.
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> *Michel Foucault*, "Madness, the Absence of Work"
> Foucault and His Interlocutors (103)

My dissertation is not the first study to focus on encounters between people said to be mad and social forces striving for containment and control. I will refer to two ground-breaking doctoral dissertations, each of which pursues distinct lines of inquiry that my project seeks to combine.

Dale Peterson offers a rather modest description of The Literature of Madness: Autobiographical Writings by Mad People and Mental Patients in England and America from 1436 to 1975 as being

> an anthology [that] is not a psychiatric study, or an exercise in literary analysis. It is simply a descriptive, somewhat historical survey of writings on a similar subject. If mistaken for literary analysis, its extensiveness may be considered a vice. Microscopy is not possible; neat coherence cannot be found. It opens more doors than it can close. If taken as a descriptive survey, however, that

> same extensiveness may be a virtue. An overview is possible. An historical sense is possible. Broad patterns may emerge. (2)

Although Peterson credits Bert Kaplan's The Inner World of Mental Illness as being "the first and so far the only major anthology that respects as literature the non-fiction writings of the Literature of Madness" (7), it is his own interpretive work on autobiographical writings spanning more than five hundred years that establishes their integrity as a genre.[1] In addition, his dissertation demonstrates that a history of madness and the ways that it is treated is present in mad people's autobiographies, thereby providing counter-perspectives to historical narratives that view psychiatry as a discipline that has progressively accumulated knowledge, and as a profession that has continually refined its treatment methods.[2]

Marie-Diane Favreau's The Pre-Shrinking of Psychiatry: Sociological InSights on the Psychiatric Consumer/Survivor Movement (1970-1992) "traces the unwritten and unseen history of a social movement that has had an increasing impact on everyone that has had, or has known someone in their circle of love who has been given, a medical-psychiatric diagnosis" (xiv). She shows that whereas there is a long tradition of resistance to psychiatry, only around 1970

[1] Peterson subsequently published his own anthology, A Mad People's History of Madness (1982).

[2] One example of a historical narrative that emphasizes continuity and progress in psychiatry is Edward Shorter's A History of Psychiatry: From the Era of the Asylum to the Age of Prozac (1997).

were the protests of isolated individuals surpassed by the collective action of organized groups seeking to curb psychiatry's abusive practices. One of her key findings is that the success of the psychiatric consumer/survivor movement is apparent in the adoption of a more open disposition by mental health professionals.

Perhaps due to its paradoxical plurality and diversity, Favreau states that her "research methodology has been a 'manic' one" (xv). This transformation of a term of psychopathology, "mania," into the animating element of her investigations presents a challenge to both psychiatry and academia. Her approach mobilizes patterns of behaviour recognized by psychiatrists as characterizing a variety of "mental illness" in order to expose some of the exclusionary practices through which institutionalized forms of learning are constituted. The acquisition of knowledge is not supposed to proceed by way of methods that remain in flux, and movements that do not exhibit a discernible logic. Indeed, one of the lessons extracted from Descartes' Discourse on Method is that the quality of knowledge claims is dependent on, and measurable by, the degree of rigour to be found in the research methods employed. Favreau's manic methodology contests the demand of rationalist epistemologies for stable, structured modes of inquiry.

The project that I envisaged when I entered the Individual Interdisciplinary Studies Graduate Program at the University of British Columbia was to investigate mind-problem memoirs from the period following the most

recent text examined by Peterson, Mark Vonnegut's The Eden Express (1975).[3] My use of the phrase "problems of the mind" (or "mind problems") was intended to emphasize that emotional distress and troubled thinking need not be conceptualized as "mental illness." My aims included appraising the contribution that these memoirs have made to the formation and impact of the psychiatric survivor movement, and exploring how the influence of the latter on psychiatric treatment is documented in the memoirs. I believed that it was vital to acknowledge the risks taken by authors of mind-problem memoirs (such as diminished employment opportunities) by identifying myself as a psychiatric survivor. No apologies would be offered by me for producing a partisan dissertation, moreover, because of the dearth of academic research sympathetic to the psychiatric survivor movement.[4]

My first attempt to pursue these goals, in the spring and summer of 1998, coincided with a breakdown and two psychiatric hospitalizations. I was reminded of the small but powerful punctuation mark that inserts itself into the title of

[3] Peterson's dissertation includes what he claims is "the most comprehensive [bibliography] on the subject" (8): "Bibliography A: Writings by Mad People and Mental Patients in England and America, and in English Translation" (571-590). Gail Hornstein, Professor of Psychology at Mount Holyoke College, has furthered the work in this area through her extensive "Bibliography of First-Person Narratives of Madness." See also: Robert Sommer and Humphrey Osmond, "Autobiography of Former Mental Patients," "Autobiography of Former Mental Patients: Addendum," and "A Bibliography of Mental Patients' Autobiographies, 1960-1982."

[4] In addition to Favreau, Linda Morrison has helped to ameliorate this situation with her doctoral dissertation, Talking Back to Psychiatry: Resistant Identities in the Psychiatric Consumer/Survivor/Ex-Patient Movement (1999).

Susanna Kaysen's mind-problem memoir, Girl, Interrupted. In the course of recovering from my two previous psychiatric hospitalizations in 1995, I had repressed the most painful lesson from the time of my initial encounters with psychiatry's version of intensive care: that the continuity of a life can, at any time, be broken by mind problems—which may be recognized as such by an individual or merely perceived by others—and by the consequences of the hegemonic position of a discourse that frames mind problems as "mental illnesses." As I realized the extent to which I had been relying on managing to avoid further encounters of this kind, new questions emerged.

This event of interruption would, I gradually realized, have many unanticipated effects on my dissertation. For example, not only was adhering to a specific project an unrealistic objective, but the value of adopting a coherent methodology had been put in doubt. Georges Bataille runs up against similar obstacles as early as the second chapter of Inner Experience, which begins with the declaration:

> The opposition to the idea of project—which takes up an essential part of this book—is so necessary within me that having written the detailed plan for this introduction, I can no longer hold myself to it. Having abandoned for a time its realization, having passed to the post-scriptum (which was not foreseen), I can only change it. (6)

From the perspective of modern psychiatry, a body that resists formulating and implementing projects, and therefore accomplishing work, has succumbed to madness: "As Michel Foucault has reminded us in the strongest terms, the absence of work is used by the current ideology to designate as 'madness' what it rejects" (Blanchot, The Infinite Conversation 420). When Bataille insists that "[t]he expression of inner experience must in some way respond to its movement—cannot be a dry verbal tradition to be executed on command" (Inner Experience 6), he is calling for forms of writing that are willing to be transported towards limits and impelled to exceed any project. "I wanted experience to lead where it would," he explains, "not to lead it to some end point given in advance" (3). It is this abandonment of a singular, unified methodology, I contend, that Favreau has encapsulated through the articulation of mania and methodology.

Foucault's theory that madness has been made equivalent to the absence of work,[5] and Bataille's anti-project of inner experience, are best understood in

[5] Eleanor Kaufman shows that the equation of "madness with the absence of work (*l'absence d'oeuvre*), an association that was taken up by both Althusser and Foucault," can be traced to "an enigmatic and exceedingly brilliant man," Jacques Martin, who committed suicide in 1963 ("Madness and Repetition: The Absence of Work in Deleuze, Foucault, and Jacques Martin" 230). In the introduction to her study of laudatory exchanges between Bataille, Blanchot, Deleuze, Foucault and Klossowski, The Delirium of Praise, Kaufman makes the crucial observation, "'The absence of work' resonates with the French word *désoeuvrement*, which is rendered in English as 'unworking,' 'inoperative,' 'idleness,' or 'being at loose ends.'" A revaluation of the concept of "the absence of work" has occurred, which reverses its pejorative connotations in favour of an affirmation of "the idea of productive expenditure." She proceeds to draw out the far-reaching consequences of this revaluation: "Rather than measuring human productivity as a function of its aesthetic fullness and completion, a valorizing of

relation to the increasing centrality of subjectivity from Descartes to Hegel. When Descartes founds the project of accumulating knowledge on the certainty of human reason, subjectivity is secured through a decisive exclusion:

> How could I deny that these hands and this body were mine? If I did, I would range myself with those unbalanced wretches whose brains are so troubled and darkened with the black vapours of bile that they constantly call themselves kings, when they are poverty-stricken, assert that they are arrayed in gold and purple, when they are naked, or imagine that they are curved into glass the shape of pitchers, or have bodies blown out of glass. They are mad, of course, and I should be mad in the eyes of men if I were thought to be following their example. (102)

In the instant of Descartes' "of course," madness is expelled from the narrative of the knowledge-seeking subject.[6] This interdiction is described by Foucault in the introduction to Part Three of Histoire de la folie:

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the absence of work would affirm a space that exists apart from acceptable social dynamics. This space might be that of madness, idle talk, or of silence. Whatever its specifics, it would deviate from social proprieties to such an extent that it would present an alternative space or perspective from which to evaluate those norms" (8).

[6] It is the confidence with which Descartes sets himself apart from the mad that is reflected in the use of the phrase "of course" in the English translation: "Sed amentes sunt isti, nec minùs ipse demens viderer, si quod as is exemplum ad me transferrem" (Descartes' *Meditations*: A Trilingual HTML Edition: Meditatio 1).

> Dans le moment où le doute abordait ses périls majeurs, Descartes prenait conscience qu'il ne pouvait pas être fou—quitte à reconnaître longtemps encore et jusqu'au malin génie que toutes les puissances de la déraison veillaient autour de sa pensée; mais en tant que philosophe, entreprenant de douter, de propos résolu, il ne pouvait être "l'un de ces insensés." (431)
>
> When doubt was running its greatest risks, Descartes realized in this moment that he could not be mad—even if it would mean continuing, right up to the encounter with the evil genius, to acknowledge that all of the powers of unreason circled around his thought; but as a philosopher, resolutely going through doubt, he could not be counted as "one of the insane."

The movement of methodical doubt is interrupted by the possibility of madness, and it is only by dismissing this possibility in himself that Descartes is able to proceed to contemplating the opposition of wakefulness and sleep.

In his rereading of Foucault's treatise on madness—which, "as a doctoral thesis, [...] brought us before a significant collision between the University and unreason" (The Infinite Conversation 196)—Maurice Blanchot contrasts Descartes' intolerance of madness to his openness to the dream-state: "If, awake, I can still suppose that I am dreaming, I cannot, through thought, suppose myself to be mad, since madness is irreconcilable with the exercise of doubt and with the

reality of thought" (197). He goes on to highlight the radical nature of the exclusion that Foucault identifies in Descartes' "Meditations":

> Man—as the accomplishment of reason, as the affirmation of the sovereignty of the subject who is capable of the true—is himself the *impossibility* of madness. Of course, there may be men who are mad, but man himself, the subject in man, cannot be so; for only he can be man who realizes himself through affirmation of the sovereign *I* and in the initial choice he makes against Unreason: to fail to make this choice, in whatever way, would be to fall outside human possibility, to choose not to be man. (197-98)

Jean Baudrillard succinctly pinpoints the inevitable consequences of this division between reason and madness: "One never escapes the reversion that follows any kind of exclusion. Refusing reason to madmen leads sooner or later to dismantling the bases of this reason—the mad take revenge in some way" (Simulacra and Simulation 138).

Once history, narrative and reason have converged through Kant's concept of the sublime (see 5.1), and coalesced in Hegel's philosophy of history,[7] the

[7] "It is [the] triumphant progress [of freedom]," Hegel proclaims, "which gives history its interest, and the point at which reconciliation and existence for itself are reached is now an object of knowledge: reality is transformed and reconstructed. This is the goal of world history: the spirit must create for itself a nature and world to conform with its own nature, so that the subject may discover its own concept of the spirit in this *second nature*, in this reality which the concept of the spirit has produced; and in this objective reality, it becomes conscious of its subjective freedom and rationality. Such is the progress of the

denial of subjectivity to the mad is revealed to be a catastrophic event. With Hegel's concept of world history, knowledge comes to view the whole of human history as the work of reason. In this narrative of world history, reason performs as the agent or protagonist; speaks as a narrator whose perspective is that of the end of history; and is embodied in the narration as the movement of the dialectic. When reason animates narrative and narrative is the substance of reason, what might be called "narrative reason" reaches its apotheosis, only to confront the instant of its dissolution. Foucault shows how the ultimate ascendancy of non-knowledge and non-production is inadvertently ensured:

> Le grand œuvre de l'histoire du monde est ineffaçablement accompagné d'une absence d'œuvre, qui se renouvelle à chaque instant, mais qui court inaltérée en son inévitable vide tout au long de l'histoire: et dès avant l'histoire, puisqu'elle est là déjà dans la décision primitive, et après elle encore, puisqu'elle triomphera dans le dernier mot prononcé par l'histoire. (Folie et déraison vi)
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> The great work of world history is inescapably accompanied by an absence of work, renewed at every moment but running on unaltered in its inevitable void throughout history; before history, since it is already there in the primitive decision, and after it, again,

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Idea in general; and this must be our ultimate point of view in history. The more detailed process whereby the Idea is realised is history proper; and that work still remains to be done in an empirical matter. [...] The further labour of history is that this principle should develop and unfold, and that the spirit should attain its reality and become conscious of itself in the real world" (Lectures on the Philosophy of World History, Introduction: Reason in History 208-209).

since it will triumph with the last word that history pronounces.

(qtd. in Descombes 112)

In addition to marking the triumph of meaning and the achievement of absolute subjectivity, the end of history brings about their demise. When there are no more meaningful actions, the non-knowledge of the non-subject reigns.

"Circular thought," Bataille deduces, "brings with it the final contradiction (affecting the entire circle): *circular, absolute knowledge is definitive non-knowledge*" (Inner Experience 108). This reversion of reason to madness entails an overturning of the psychiatric endeavour of segregating the mad. Containment and control of the mad through the pathologization of mind problems amounts to an attempt to circumscribe madness within a distinct domain of "troubled being." When this strategy rebounds on reason, there is no element of being that remains undisturbed: life endures only as "being troubled."

My dissertation posits that narrative reason advances by ignoring its fate, and continues to subsume all narratives within itself. In response, a critique of narrative reason's order of making sense is articulated.[8] Alongside this project, an

[8] To give one example of the impact of the order of making sense: when Lauren Slater writes, "That was the night I started to steal. Maybe I'm wrong. Maybe I really started to steal a few days after that, or a few weeks before. Maybe it's just certain narrative demands, a need for neatness compelling me to say *that was the night* or *and this surely led to this*, my life a long link of daisies, a bolt of unbroken cloth, I wish it were" (Lying 69), these "narrative demands" extend well beyond satisfying the conventions of a memoir. Due to the obligation to be able to account for our actions, deviating from living a life that resembles a chain of rational links means leaving oneself open to being apprehended by legal or psychiatric authorities.

anti-project emerges that attains expression in an aesthetics of the materialist sublime. An awkward co-existence persists between the pursuit of knowledge and the limit-experience of non-knowledge, as it does between the lives of psychiatric survivors and the events of interruption that punctuate them. Whereas a critique of the order of making sense protests the marginalization of psychiatric survivors as internal exiles, an aesthetic of the materialist sublime affirms the horror and ecstasy of limit-experiences in which subjectivity is eclipsed.

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It has been my good fortune to work with a doctoral committee that both encouraged me to adopt an experimental approach to writing, and demonstrated remarkable patience in waiting for, and assessing, the results. Each committee member—Valerie Raoul, Michael Zeitlin, Lorraine Weir, and Derek Gregory—offered important and timely advice concerning how to achieve my objectives within the constraints of a doctoral dissertation. I should like to extend special thanks to my supervisor, Valerie Raoul, for providing academic opportunities and emotional support in addition to ensuring that, as my research mutated, I did not veer irredeemably into formlessness.

The Individual Interdisciplinary Studies Graduate Program (IISGP) has increased the potential for extra-disciplinary lines of flight, and made possible nomadic projects like my own. All of the successive chairs and program assistants deserve the gratitude of IISGP students for creating a unique environment for graduate study. In particular, I want to recognize the untiring commitment of Rhodri Windsor-Liscombe in establishing an internationally-recognized program for interdisciplinary research.

In Beyond the Crazy House, Pat Capponi mentions a few of the obstacles faced by psychiatric consumer-survivors who persevere in the quest for educational qualifications: "Medications can make reading and retention difficult; there may be a need for more time to complete assignments or the right to carry less of a course load; students may need to take time off once in a while for self-

care. None of this should come with a penalty" (52). The Disability Resource Centre has taken action to remove these obstacles by advocating on my behalf, thereby enabling me to concentrate on research. My advisor, David Symington, often identified solutions before I had even managed to articulate the problem.

Participating in two collaborative research projects focusing on health, illness, and narrative—"'Autopathography': Cultural Productions of the Body in Dis-ease" and "An Interdisciplinary Inquiry into Narratives of Disease, Disability and Trauma"—put me in touch with academics from a wide range of disciplines based at the University of British Columbia and elsewhere. I wish to acknowledge financial assistance from the Hampton Research Endowment Fund and the Peter Wall Institute for Advanced Studies, but also to express my appreciation of the role played by these bodies in facilitating the formation of research communities.

The Ephemeral Theory Collective and Access/Excess, working groups that were founded by a small number of graduate students including myself, opened up new spaces for impassioned discussion of texts and exploration of ideas. Conversations with Charles Barbour, Joy James, and Jim Overboe, within and beyond the immediate context of these groups, have informed my thinking and enriched my research experience.

Were it not for the extraordinary attentiveness of my family, it is unlikely that I would ever have returned to university following my initial encounter with psychiatry. Throughout many difficult years, they have maintained a belief in my

ability to succeed in academic life, and have contributed in more ways than I can recount to making possible what once seemed impossible.

Lastly, I want to thank Arthur and Marilouise Kroker; Kirsten Uszkalo; Kimberly Myers; and Peter Twohig and Vera Kalitzkus for reading earlier versions of 1.1; 2.2; 4.2; and 5.1 respectively; and for providing valuable comments and suggestions.

1 Introduction

Foreword to 1.1

"The Dramas and Melodramas of Depression" was written as a pilot project for a doctoral dissertation that at the time was intended to be an exploration of the genre of memoirs concerned with mind problems and encounters with psychiatry. The chapter begins with analysis of works by Lauren Slater, William Styron, Martha Manning, J. B. Mays and Theodore Adorno. Rather than continuing to focus on these memoirs, a detour occurs due to my own psychiatric hospitalization. The conclusion reflects on an appropriate methodology to be employed in the remainder of the dissertation.

The idea for the line of inquiry attempted in this pilot project was formulated in the aftermath of my first psychiatric hospitalizations in 1995. During the period in which the side effects of my medications were preventing me from reading, my parents, seeking to learn more about my condition, read Stuart Sutherland's Breakdown. Once my powers of concentration had returned, I too found memoirs to be more approachable and informative than standard psychiatric literature. Gradually I acquired a sizeable collection of these texts and realized that they constituted a genre worthy of academic investigation.

Each of these memoirs consists of writing that is assumed to be comprehensible to others who may or may not have lived through similar experiences. The question of intelligibility is significant because psychiatry has designated the authors of these texts to be "mentally ill" subjects. A diagnosis of

mental illness removes individuals from their community, opening up a gap that is linguistic, and often geographical. Writing a memoir of mind problems is a political act because it defies this separation. In addition to bridging the divide between people said to be coherent and incoherent, these texts create dialogues among the excluded.

For someone who has been psychiatrized, mind problem memoirs provide resources in terms of potential strategies to be adopted in relation to psychiatry. As my attempt to write about depression memoirs in this chapter was interrupted by a slide into depression, assessing the effectiveness of these strategies became more than an academic concern. Moreover, writing about these experiences as they were unfolding assumed considerable importance as a life-preserving activity.

In this chapter I sought to gauge the extent to which discourse analysis of the Laclau-Mouffean variety could be applied to depression memoirs. I soon found that the Gramscian concept of hegemony that underpins the work of Laclau and Mouffe ensures that their discourse analysis is better suited to the level of national politics. The closing section of the chapter raises the possibility of a "micro-discourse analysis" that would address the level of personal politics at which mind-problem memoirs operate.

1.1 The Dramas and Melodramas of Depression (July 1998)

1.1.1 Depression

"Depression" is an increasingly common experience, or set of experiences, in our times.[9] The therapist Lauren Slater estimates that it is "suffered by one in ten Americans" at some point in his or her life (Welcome to My Country 114). Behind this apparently unitary concept, however, lies a diverse collection of dramas that are played out, as ways are found—or indeed not found—to weave the term into the life narratives of its victims. While the circle of witnesses to these events is usually limited to a small number of physicians, relatives, and friends, a few cases have been made visible to wider audiences in the form of published diaries and autobiographies. Fictional accounts of similar real or imaginary proceedings have also appeared in print and on the movie screen (the line between what is "real" and what is "imaginary" being particularly indistinct for this genre). It is a selection of these personal testimonies that I propose to examine in this chapter, with the aim of mapping some of the contours of the signifying economy of the depressed subject. The themes that I intend to discuss are: the onset of depression; decisions regarding forms of treatment; the nature of

[9] A version of this chapter has been published. Richard Ingram, "The Dramas and Melodramas of Depression," CTheory A064, Nov. 11, 1998, Nov. 29, 2004 <http:// www.ctheory.net/text_file.asp?pick=107>. It is reprinted by permission of Arthur and Marilouise Kroker. The date following the title of each of the chapters in this dissertation indicates the month in which the first draft was completed.

relations between physicians and patients; and explanations for the occurrence of experiences named as "depression."

1.1.2 The Onset of Depression: Autobiographical Narratives

While conducting research for this paper, R. essayed Paxil, nothing, Prozac, and Luvox to counter depression . . .

The languages of psychology, psychiatry, and psychoanalysis have permeated everyday life to the extent that people sometimes diagnose their own problems of the mind prior to any consultation with a physician. In these instances a decisive moment in the drama of accommodating the word "depression" in life narratives is initiated without the intervention of a recognized authority, that is, of a professional in the field of treating problems of the mind. In the case of William Styron, for example, the loss of lucidity that he was experiencing did not prevent him from reaching the conclusion that he "was suffering from a serious depressive illness" (Styron 5). His self-diagnosis followed the decision to "read a certain amount on the subject of depression, both in books tailored for the layman and in the weightier professional works including the psychiatrists' bible, DSM (The Diagnostic and Statistical Manual of the American Psychiatric Association)" (9). He therefore produced and claimed his own authority to write depression into his life narrative. This authority derives from identifying his dominant feeling as "a sense of self-hatred—or, put less categorically, a failure of self-esteem" that his reading informed him was "one of the most universally experienced symptoms" of depression (5).

Nevertheless, Styron's criteria for depression are characteristically imprecise since there is quite a difference between turning anger or hatred against oneself and experiencing a decline in self-worth. If the latter were taken as the main symptom of depression then the incidence of this problem of the mind would surely be higher than one in ten. Uncertainty about the basic parameters of the condition is a common phenomenon among people who claim the title of depression for their experiences. As Styron observes, "Depression is a disorder of mood, so mysteriously painful and elusive in the way it becomes known to the self—to the mediating intellect—as to verge close to being beyond description" (7). The difficulty of describing the descent into depression applies even to professionals undertaking the task of detecting and categorizing problems of the mind. For Martha Manning, a practising psychotherapist, diary entries over the course of a few weeks refer to an unfocused state of feeling "foggy and disconnected" (Undercurrents 34), and to a gradually increasing resistance to social interaction (39). An enigmatic but revealing account appears two months after these early signs of distress during a retreat at a Trappist monastery: "As I slow down, the frantic activity and noise of my life is replaced by a quiet ache, an emptiness I can't quite name. I suspect it's been following me for a while. I've just been able to outrun it" (51). As with Styron, therefore, an inaccessible alterity becomes a constant presence in day to day experience. This otherness is at once too remote to put into words and too pressing to ignore. It represents the subject's

loss of a centre, but perhaps also a radical attempt to compensate for decentring through the substitution of an inner void.

Another notable effect of the diffusion of the languages of psychology, psychiatry, and psychoanalysis, however, has been to bring suspicion to bear on the authenticity of such experiences. Thus John Bentley Mays, an art critic, confesses that

> the forensic language I invoke springs from nothing in my own heart or mind, is no more original than my routine complaining. Rather, it slides down on the page out of clinical case histories and medical records, a portrait of the nobody, nameless, extinguished, who is the topic of the technical literature on depression. (Mays xiv-xv)

Depressed subjectivity is surrounded by an aura of simulation arising from a suspicion that its behaviour amounts to no more than mimicry of previous cases. Adopting a certain anonymity is a condition for validation as a depressed subject, but also a basis for asking to what extent experiences are being channelled along set paths, as Theodor Adorno has suggested:

> Ready-made enlightenment turns not only spontaneous reflection but also analytical insights—whose power equals the energy and suffering that it cost to gain them—into mass-produced articles, and the painful secrets of the individual history, which the

> orthodox method is already inclined to reduce to formulae, into commonplace conventions. (Adorno 65)

It is certainly the case that the convenient language of psychology often smothers the particularities of individual experience. Nevertheless, Adorno's theory of the decline of problems of the mind into parodic forms tends, at least in the case of depression, to exclude the possibility that the alienation entailed in occupying a recognizable category can itself act as a means of coping with these "painful secrets." A degree of simulation would therefore constitute a defence mechanism against the acknowledgement of particular memories, experiences, or desires. It could even be suggested that familiarity with the "commonplace conventions" of depressive subjectivity may enable some individuals to avoid the loss of a sense of reality that is said to distinguish "psychosis" and "schizophrenia" from "depression." For William Styron, for example, reading about depression appears to have helped in arresting his "thought processes" from "being engulfed by a toxic and unnameable tide" (Styron 16). If the periods when "[r]ational thought was usually absent" had been witnessed by a psychiatrist (17), then they might well have been taken as evidence of psychosis, had he not managed to stem their occurrence by means of a strong identification with his self-diagnosis of depression.

In discussing the term "depression," Styron expresses a preference for the word "melancholia" that the former has come to replace, explaining that the latter "was usurped by a noun with a bland tonality and lacking any magisterial

presence, used indifferently to describe an economic decline or a rut in the ground, a true wimp of a word for such a major illness" (37). One attraction of his favoured diagnosis lies therefore in the construction of a worthy enemy against which to be engaged in struggle. By articulating depression or melancholia in this way, the depressive subject produces an internal fissure between a side believed to be capable of recognizing and confronting depression and a threatening other side.

1.1.3 Dramatic Interlude: Decisions Regarding Treatment

After the onset of depression, we encounter a phase in which life, art and theory converge in the production of narratives . . .

The dramatic interlude is over, but it may be only beginning. There has been a pause in the writing, a break. The break is done. It is through. Hence it could be a breakthrough. It might be the breakthrough to writing.

Who or what grants the authority to write about depression? This debate has taken place many times. In more general terms it is the question of locating an authorization to write. In the context of depression it can become a question of assurance that certain lines of thought are permitted, because depression is part of the same language as harsher words like psychosis and schizophrenia. "It's a slippery slope," as they say about drugs. Take one and you never know where it could lead you. From soft drugs to the hard stuff, the dangerous substances that make people unpredictable.

As author, R. is unauthorized. He is alone in front of a computer screen in an apartment somewhere in a large city, continually mulling over the terms of a decision. The decision recurs. It is the choice, the alternative faced by people who have been recruited to the language of the softer words of depression and melancholia as well as the harsher words that he would prefer not to reflect upon.

Certain nation-states control their populations through the administration of drugs. Such a line of thought, however, borders on impermissible. Once spoken, the lines of thought condense to form a sentence that prompts questions and questioning. For there are agencies that are assigned the task of determining the condition of anyone who thinks in those ways: their task is to locate paranoia, for the paranoid mind is an unstable mind. Its unpredictability renders it a potential threat to any body, even the one that bears it. The point is whether the body that carries the mind can bear these lines of thought, or whether it will slip into commanding, into becoming the author of acts that harm a body, whether its own or that of another.

But where can we locate such a mind? After all, it is a mind that has gone out of control in a body that can be said to be "out of its mind." Consequently, the paranoid mind is nowhere and everywhere.

Pausing only for fish—brain food, so they say—R. tries to pin down, to track down the decision. His finger-pecking on the keyboard nevertheless permits a style once called "stream-of-consciousness." Any style can stand in as an authorizer. Whether through conforming to the MLA Style Manual, or borrowing

a style said to belong to Virginia Woolf or to Friedrich Nietzsche, the "chosen" style has a recognized and recognizable form. In this way R. is able to escape anyone who questions his authority to think, or to write in this way.

In what way? R.'s writing is not theoretical: it does not carry the stamp of authority from theory. For what is theory? This question calls for a theory of theory, and thus threatens an infinite regress. Theory sounds as if it should be universal: can there not be a theory of everything, a theory for everything, a theory that goes along with everything (and anything)? Theory is neutral to the extent that it gains universality. Is it not the case, however, that theory always falls short of being neutral? Theory cannot avoid showing its colours. We have come to know, or at least think that we have come to know, that to the extent that theory can be pinned down or situated, theory is particular.

The question of the universal and the particular tells us that we are in the realm of philosophy. We could also call it the question of the local and the global. Authorization has generally been sought in the larger of these alternative terms, in the global or the universal. Why? Perhaps because they appear to be harder to reach, and so propose themselves as sources from which to draw the authority to create, to be creative.

In his early work, Jacques Derrida went off at a tangent from philosophy, daring not to claim its authority for his words. He wrote in solitude after speaking against his master, Michel Foucault, and described the period of writing as one of

intense loneliness. Does R. have the nerve to suggest the proximity of that experience/experiment to depression?

With a burst, three dramatic texts by Derrida arrived on the scene of theory: Speech and Phenomena, Writing and Difference and Of Grammatology.[10] They questioned the premise that authority is to be found in the moment of speech, or in the moment of the mind reflecting to itself, upon itself. Rather than according privilege to writing, the point was to find in writing the permission to write. Permission comes from somewhere between, from the *double* of speech and writing, and from neither term. For Derrida, did permission come from the performance itself? That is, from the dramatic interlude in which he suffered alone, or from the experience of depression? Deconstruction is not "depression" writing because that would make depression the transcendental signified, that which is held not to exist, or rather not to be available. Depression would attain the status of another god, beyond reach, the ultimate authority for all actions and performances.

Rodolphe Gasché has suggested the term "quasi-transcendentals" for the interrelated words that Derrida will not allow us to use for authorization, for the purpose of authorizing our words. Deconstruction was one of those words, but rapidly became an authority of its own, a place from which to gain permission to think or write freely. Gasché's work, The Tain of the Mirror, was, in spite of its

[10] La voix et le phénomène, L'écriture et la différence, and De la grammatologie were all published in 1967.

brilliance, a betrayal to the extent that re-inserting Derrida into a history of philosophy provided another mode of authority from a philosophical tradition.

In "Otobiographies," "Derrida" returned. The essay, a transcribed oration, asks where authority lies in Nietzsche's works, if authority can indeed be found within the works of this "known madman." The suggestion is that authorization for the madman's life and works comes only from his future readers, from the readers he awaits. His gamble, therefore, was that his life and work would be shown to have been of value. A terrible gamble: enough to drive anyone mad?

R. is gambling on his sanity. He can turn to the rebels, to the people who resist the language he fears, to provide him with support and reassurance. Perhaps he called one of them this very morning. Or he can remain in the fold, "staying onside," as commentators would say during a game. Staying onside means taking a certain set of drugs. Authorized, permitted, legal drugs. Drugs that tame the mind, that prevent it from becoming an unstable mind. But what would happen if the mind of any other bolted its stable? That would prove only its unpredictability, its capacity to perform any act it saw fit. In other words, that would prove only its capacity for performance.

It seems highly unlikely that the words that comprise R.'s performance could find their way into print. Yet what are they doing in front of his eyes if not appearing in print? R. lacks a recognized name. And what does any body have aside from its name as its sole possession, almost as its soul? Symbolic interactionists would call the name an "ascribed identity." Claiming to side with

agency rather than structure, structures reappear to perform the ascription. There is no solution to the question of agency and structure. Except to believe in secret agents and secret structures. As a secret agent, one can never be found out, and one can never find out even if one has agency. For there may indeed be secret structures, unknown, unseen. Fortunately no one believes in secret agents and secret structures, right?

R. fills time between drug doses. His supply of the drug that keeps the lid on, the drug that dispels "unwanted thoughts," that makes Descartes' dream of clear thinking a reality, runs out today. Yet he will return to the fold by staying on the drugs, and will avoid illicit drugs at all costs, knowing the latter to be a gamble not worth taking. The decision regarding his sanity is made by himself as well as by others in every moment. It is then unmade and remade.

In the meantime, thinking, writing, and performing—while the body adjusts, trying to be seated comfortably—are sufficient drugs to remain perfectly stable.

None of this ever happened, of course, because R. has never and will never write fiction.

Back to the main plot, therefore. "Are you seated comfortably? Then we'll begin."

1.1.4 Melodramatic Interlude: Relations between Physicians and Patients

The finest of lines passes between depression and its other, as between drama and melodrama . . .

May 1, 1998[11]

Dear Drs. X, Y, Z,

In hospital there were nights when my fear knew no bounds. Before this hospital stay—just as during the last stay[12]*—I would go to bed not knowing if I would live to see another day. There were many fears, different in shape and size. It seemed as if there was no combination of medications that could induce sleep. Even with all my will and imagination directed towards helping the drugs to take effect, the fear could leap a step by threatening to block creativity in the pursuit of sleep. Were my body and mind together too strong, too stubborn, too wilful to sleep? Would they find ways of resisting medication and refuse the deep rest of sleep that they seemed to crave? Usually we make ourselves tired through activity, by wearing ourselves out. If thoughts still crowd in, then we concentrate on gradually dispelling the anxieties and fears. Or we can welcome the drift of ideas—positive and negative—so that thinking goes wherever it wants until sleep arrives.*

What would you recommend when these activities and inactivities, practiced in different orders and disorders, do not bring what is most desired? What happens when sleep is most desirable, but body and mind hold out for

[11] An initial version of this letter was written on May 1, 1998. After my hospitalization in June 1998, the letter was extended to include what is now the final paragraph, which describes events on June 1, 1998 (see also 5.2). The original date of the letter is, however, preserved.

[12] See 4.1.14.

something greater, so that sleep does not come? I eventually learned to relax, and to trust that although they were not quite sleep, stillness and calm would be enough to allow body and mind to live another day. In the most desperate moments when trust waned, I would imagine begging for one of you to put me to sleep permanently, as one might do with a sick animal alone in a room, a room not of my own, almost the last place I wanted to be, struggling with these fears. And yet the struggle to overcome such fears appeared to be successful.

There were visitors who arrived unannounced: friends and relatives at any time of day, nurses and security guards checking the rooms through the night. I know better than to name such visits as "trials," for trials are a sure sign of paranoia, and so of the need to detain the person longer in hospital.

In a Christian or post-Christian culture the term "trial" suggests at once ethical, legal, and corporeal events, while also recalling the life of a certain martyred rebel who died a little less than two millennia ago. To speak of "trials" is still thought by you to demonstrate confusion, and despite the waxing and waning of Christianity in our world this confusion is named as "delusional." To confuse oneself in this way is to be "confused": no form of identification with a god, or with a man thought by many to be the son of a single god, will be tolerated. In your hospitals many of your male patients say through their words or actions that they are that man, or that they are a god, or the god. You take their words or actions as the very basis for a diagnosis of psychosis, and of schizophrenia if the articulations persist.

Disbelief and righteous anger would greet the act of declaring a cure for schizophrenia. There are ways of living with schizophrenia, nevertheless, that are learned, even if they are also unlearned. There is no reason to fear a name, so I teach myself to live without fear, and to accept that it may become one of my names. I declare a theoretical solution to schizophrenia in spite of the apparent incompatibility of theory with such a name. The application of the relational concepts that comprise discourse analysis to the discursive formation that contains names like depression, paranoia, anxiety, psychosis, and schizophrenia demonstrates that each of these names is no more than, but also no less than, an effect of language. If one can live with the phenomenon of communication, and of non-communication as another form of communication, then one can live with schizophrenia. Only in this way is it possible to live with a disease that is held to be incurable. This theory may or may not extend to conditions named by other discourses, for no one knows where the discursive ends and the non-discursive begins.

There are times when I feel like a god to have experienced such thoughts! Thankfully I am not a god: I was born and I will die. To imagine how a god might feel, however, is an aid to dispelling sadness, loneliness and tears. Would a god not be content in arriving at a solution to the riddle of how to order the universe, that is by allowing the universe to repeat infinitely in infinite variations so that every form of life can eventually experience every single possibility? The universe would begin, expand, and contract; ending so as to begin one more time, to

enable all other permutations and combinations of life to occur. Perhaps the being that thinks such a thought is the universe itself, a zero which grows to infinity and returns to zero. Would it not be content at having solved the ultimate puzzle?

R.

Dr. X (neurologist) notes: Excessive mental activity showing signs of electrical overload in the brain. Recommended action: E.E.G. test (brain wave scan).

Dr. Y (psychiatrist) notes: Persistent irritability in the face of psychiatric treatment forms part of a pattern of fairly standard mood disorder. Recommended action: continue current medication, adding a mood stabilizer. Monitor the patient closely, however, for signs of unbalanced behaviour. A diagnosis of psychosis cannot be ruled out if present trends in the patient's behaviour persist.

Dr. Z (psychiatrist) notes: The patient can live safely outside of hospital under the close supervision of a community care team. His progress following the seizure that brought him to hospital makes him an "atypical" patient.

In informal discussions with colleagues, Dr. Z observed grimly that "atypical" could mean perfectly normal or perfectly mad in this case, and that only time would tell.

1.1.5 Explanations of Depression: Towards a Micro-Discourse Analysis of "Psych" Discourses

A response to Slavoj Žižek's question, "Why should a dialectician learn to count to four?" (For They Know Not What They Do 179). Beyond writing in triplicate.

- "Micro-Discourse Analysis" is a name for a discourse that is coming into formation, a name for something that is acquiring a temporary coherence, a name for a conjuncture. It is a theory of events, of forces of attraction that assemble elements from near and far into what is understood as an "event," or a time-and-place, and of forces of repulsion that disperse elements to form other events. It can also be a name, therefore, for the operations of memory, whether of the "individual" body or of the "collective" body. Whereas Laclau and Mouffe's macro-discourse analysis looks down, from the social down to the local, micro-discourse analysis gazes up, from the personal up to the political.
- The discourses of "colonialism" have been divided into colonialist, anti-colonialist, and post-colonialist phases, and have encouraged speculation on whether "our times" can be named with any one of these terms. The phrase "our times," however, is merely a stand-in for the questions "who are we?" and "what is our time?" These have been the questions of the twentieth century, as laid out in Martin Heidegger's Being and Time. As the year 2000 approaches, the question of subjectivity weighs heavily on all beings. It is a way of posing the question of the universal and the

particular, the question of whether "we" are one or many. Put differently, it is a way of asking whether globalization is the ultimate millenarian movement. We are in the time of "Troubled Being and Being Troubled."

- In the discourses of "psych" (that is, of psychiatry, psychoanalysis, and psychology), a similar tripartite division has its uses: we can speak of psych, anti-psych, and post-psych phases. The early work of Michel Foucault and the work of Thomas Szasz belong to the moment of anti-psych, while Persimmon Blackbridge's novel Prozac Highway marks the transition to post-psych. The analogy with "colonialism" is more than fortuitous since psych discourses are precisely concerned with the colonization of the mind.
- In the discourses of "academia," a tripartite division of the pre-modern, the modern, and the post-modern again seems to be exhaustive as the twentieth century comes to a close. We may speak of an academic anxiety in these last two years of the millennium due to the apparent closure of the discourses of the "modern." We may also speak of a growing boredom, articulated most eloquently in the work of Jean Baudrillard, that is inseparable from manic/panic writing that seeks a way out of these tripartite closures.
- A micro-discourse analysis of psych discourses takes its lead from the discourse analysis of Ernesto Laclau and Chantal Mouffe that synthesized the work of Michel Foucault, Jacques Derrida, and Jacques Lacan. Laclau

and Mouffe reflect on the persistence of a division between the discursive and the non-discursive in the work of Michel Foucault, and express a preference for Derrida's view in the essay "Structure, Sign and Play in the Discourse of the Human Sciences" that the field of discursivity is exhaustive (Laclau and Mouffe 111). Micro-discourse analysis also follows Judith Butler's return to these questions in Bodies that Matter, where it is asked whether there is any component of sex and/or gender that is non- or extra-discursive (6).

- Micro-discourse analysis asks whether there is any component of disease and/or illness that is non- or extra-discursive. If there are candidates for a "something outside of the text," then surely disease, illness, and death would be among them? Yet this question is not as obvious as it first appears: is disease not simply dis-ease, or a lack of ease? Is illness not understood as the absence of health? Do ventures such as cloning and the Human Genome Project not signal the achievement of a form of human immortality? In short, is Friedrich Nietzsche's "overman" not on the brink of arrival?
- Micro-discourse analysis is applied to problems of the mind because the question of the dualism of mind and body, and of the relations between mind and body, are the very questions of the West, and of its colonization of the non-West.

- Psych discourses are constructed around such floating signifiers as depression, mania, psychosis, anxiety, neurosis, schizophrenia. There are no explanations for any of these "conditions" because, like all other discourses, there is a play of substitution and exchange among the chain(s) of signifiers. Once it is asked whether there is any difference between floating signifiers and empty signifiers, "humans" are in fact asking whether a Baudrillardean implosion of psych discourses is occurring. I/we/they are asking whether there is an end to the project(s) of the West, and whether it will be arrived at before or after the new millennium.
- Micro-discourse analysis is at once sociological and political. It begins with the negative floating signifiers of psych discourses (which can be summarized as "troubled being" and/or "being troubled"), and the positive floating signifiers of health discourses (e.g., well-being, ease, happiness, joy, wisdom). It observes that the signifiers of psych discourses can name social conditions as well as personal conditions. The politics of micro-discourse analysis are those of a "new humanism" that opposes cloning in order to prevent the absolute coincidence of identity and difference.

R. remains on pills for "clear thinking"—long live René Descartes or Socrates. His personal computer appears to be on the verge of a breakdown—long live Marshall McLuhan. The final episode of the X-Files was filmed at nearby Riverview psychiatric hospital while "The Dramas and Melodramas of Depression" was being written.

2 Mind-Problem Memoirs at the Limit

Foreword to 2.1

"Escaping the Dungeon: Kate Millett's The Loony-Bin Trip" was delivered at "Autobiography and Changing Identities: An International Conference," July 27-30, 2000, at the University of British Columbia. For that presentation, I chose to write about what I considered to be the most sophisticated of the mind problem memoirs that I had read, Kate Millett's The Loony-Bin Trip.

The Loony-Bin Trip tells the story of two attempts to withdraw from the medication that is the most common treatment for bipolar disorder (also known as manic depression): lithium. The first attempt, which involves confiding in the people around her, leads inexorably towards another spell in "the loony-bin." In the book's conclusion Millett describes a second, and on this occasion successful, attempt to stop taking lithium. The only people who knew about her action were two opponents of psychiatric medication with whom she maintained regular contact by telephone.

In The History of Sexuality, Michel Foucault shows how confession has become naturalized:

> The obligation to confess is now relayed through so many points, is so deeply ingrained in us, that we no longer perceive it as the effect of a power that constrains us; on the contrary, it seems to us that truth, lodged in our most secret nature, "demands" only to surface; that if it fails to do so, this is because a constraint holds it

> in place, the violence of a power weighs it down, and it can finally be articulated only at the price of a kind of liberation. (60)

For Millett, the "power that constrains" is located in the psychiatric practices to which she has been exposed prior to the point at which the narrative of The Loony-Bin Trip begins. The psychiatrist-patient relationship is characterized by a process of interrogation that installs the expectation of disclosure of personal information by the patient. Through this process patients are instructed in self-monitoring, an endeavour into which friends and relatives become drawn. Although The Loony-Bin Trip is a confessional text, the shift from telling to not telling the people around her of her plan to withdraw from lithium indicates that it is also about unlearning the compulsion to confess. Drawing on the discussion of the concept of "limit-experience" in Foucault's Remarks on Marx (30-32), I argue in this chapter that The Loony-Bin Trip can be understood as a "de-subjectifying undertaking" that searches for a line of flight out of the psychiatrist-patient relationship (31).[13]

My reading of The Loony-Bin Trip is also structured by Deleuze and Guattari's contention that a schism "lies at the heart of the constitution of the psychiatrist in the nineteenth century." According to Deleuze and Guattari,

[13] In A Thousand Plateaus, Deleuze and Guattari contrast "lines of articulation or segmentarity, strata and territories" to "lines of flight, movements of deterritorialization and destratification" (3). There are no "[t]erritorialities," they contend, that are not "shot through with lines of flight testifying to the presence within them of movements of deterritorialization and reterritorialization" (55).

psychiatrists have always been faced with the task of separating out two groups of patients: "people in the first group seem to be completely mad, but aren't," and people in the second group "do not seem mad in any way, but are" (A Thousand Plateaus 120). Deleuze and Guattari go on to suggest that

> the distinction between the two major kinds of delusions, ideational and active, in many ways recapitulates the distinction between the classes (paranoiacs do not particularly need to be committed, they are usually bourgeois, whereas monomaniacs, passional redress-seekers, are most often from the working and rural classes, or are marginal, as in the case of political assassins). [. . .] Not all paranoiacs are bourgeois, not all passionals or monomaniacs are proletarian. But God and his psychiatrists are charged with recognizing, among these de facto mixes, those who preserve, even in delusion, the class-based social order, and those who serve disorder, even strictly localized, such as haystack fires, parental murders, déclassé love and aggression. (121; translation modified)

For someone who has been subjected to psychiatric treatment, a similar dilemma arises in the context of writing a mind-problem memoir. Either one can aim to refute one's diagnosis, prove one's sanity, and demonstrate that treatment was unnecessary; or one can reject psychiatry completely. The first option entails separating oneself from others who undergo psychiatric treatment, thereby tacitly

condoning the treatment that others receive; whereas the second option identifies one as part of the radical section of the psychiatric survivor movement that advocates the abolition of psychiatry. I have named these two strategies as the strategy of separation and the strategy of abolition.[14] What makes The Loony-Bin Trip a pivotal text is Millett's understanding of these strategies, and her comprehensive examination of their possibilities.

[14] When "the mental institution's division of 'chronics' and 'acutes'" is contested by Randle P. McMurphy in Ken Kesey's One Flew Over the Cuckoo's Nest, it is a "hierarchy between those marked for eventual 'cure' and those consigned to perpetual incarceration" that is at stake (Mitchell and Snyder 173). McMurphy's rejection of a strategy of separation through successive lines of flight (that are not reterritorialized by a strategy of abolition) culminates in the violent consignment of his body to the category of "acute," in order for it to serve as "an example of what can happen if you buck the system" (Kesey 275).

2.1 Escaping the Dungeon: Kate Millett's The Loony-Bin Trip (July 2000)

I fall through the trapdoor again and discover the dungeon.

Kate Millett, The Loony-Bin Trip (224)

Kate Millett's account of twice falling through the "trapdoor," The Loony-Bin Trip, was written over an eight-year period and published in 1990. The book begins with a dedication that reads: "For those who've been there" (9). If The Loony-Bin Trip is an account of taking on psychiatry alone, continually finding yourself outnumbered, and staying alive through periods of confinement, then only psychiatric survivors have "been there." But it is also possible to understand the narrative of Millett's resistance to psychiatry as one among a complex weave of narratives of overlapping struggles against multiple forms of oppression. In this case, many more of us can be said to have "been there" through our involvement in these struggles.

In addition to this convergence of narratives within the text of The Loony-Bin Trip, narratives of this type can be seen to extend into the wider context of Millett's life and written works. From this perspective, the phrase, "For those who've been there," takes on another meaning: one that makes it still harder to separate out a narrative of resistance to psychiatry from other narratives of struggle against oppression. I am referring here to a double sense of "coming out"—as a psychiatric survivor and as a lesbian—that is suggested by Millett's dedication to people who have emerged from an undesirable place.

An essay written by Millett for The Guardian gives a sense of her broader concerns. The essay—which was published in June 1998, and has the dreadful title, "The Feminist Who Time Forgot"—begins with thoughts on her unsuccessful attempts to return to academia, even as an adjunct professor, and on publishers' refusals to reprint her books. In a characteristic gesture, she then broadens these reflections to consider the fate of a generation of radical and lesbian feminists, lamenting a collective failure to "build solidly enough to have created community or safety." The consequences of this failure have been severe: Millett refers to the "despairs that could only end in death: Maria del Drago chose suicide, so did Ellen Frankfurt, and Angela Fischer." She refers also to women who "disappeared to struggle alone in makeshift oblivion. Or vanished into asylums and have yet to return to tell the tale, as has Shula Firestone." In fact, Shulamith Firestone's second book, Airless Spaces, was published in the same year as Millett's essay, 1998. Firestone returned to tell many tales in Airless Spaces, therefore, but she did so twenty-eight years after the publication of her first book, The Dialectic of Sex: The Case for Feminist Revolution.

Kate Millett's farm and artists' colony in Poughkeepsie, New York, which in 1999 saw a celebration of its twenty year anniversary, represents one of the ways that she has worked towards building a community of women. The farm served as a refuge after civil rights lawyers freed her from psychiatric incarceration at the University of Minnesota in 1973. At that time she was also going through the break-up of her marriage and first identifying herself as a

lesbian. But as her book, The Loony-Bin Trip, relates, the farm no longer serves as a safe haven when she comes to question her psychiatric diagnosis of "manic depression."

The Loony-Bin Trip is divided into three parts, each of which is an act in an ongoing drama, with the location serving as title: Part One, "The Farm," Part Two, "Ireland," Part Three, "New York." In Part One, the present tense is used to describe events in the summer of 1980, with flashbacks gradually revealing details of her involuntary confinement seven years earlier. Millett strives for honesty with her lover Sophie Keir, and with the young artists—or "apprentices"—who come that summer to live and work at the farm. With Sophie, she discusses her decision to come off lithium, which she took consistently for more than six years following the first loony-bin trip of 1973. With the apprentices, she has "been honest with them about being busted," but is unsure how they will react once her "psychiatric history is no mere colourful tale of the past, but something of a recurrent possibility" (56), which is precisely what it becomes in the course of Part One. This sharing of confidences actually serves to incite suspicion rather than to build trust, and soon she is telling herself that the farm is "not the family you thought it was" (34), and speaking of "the circle closing around me, the accusations of madness" (72). Millett appears to become a little more discreet after observing this reaction—without going so far as to conceal or censor her political views—but in her writing she consistently aims to disclose her feelings to herself and her readers.

In the conclusion to The Loony-Bin Trip, she offers a number of reasons for having written this book, among which was the desire to "go back over the ground and discover whether I did go mad." At the same time, she is aware that honesty alone will not provide the answer, for whether she "[w]ent mad or was driven crazy [. . .] is not so cut and dried, cannot be." Something more than honesty is required, and one of the last thoughts she expresses about her memoir seems to speak of a writing that pushes right up against the limits of what can be said: "And if I did go mad, even acknowledging latitude and overlap, then what was madness, the irrational, what was it like? Experientially, rolling back the secret and shame, remembering" (313).

It is here that I draw a parallel with Michel Foucault's concept of *une expérience-limite*, which can be translated as "a limit-experience-experiment" in order to preserve the double sense of *expérience*.[15] Foucault used this concept to express the idea that writing is an act that changes the writer, a performance with

[15] Foucault distinguishes between a phenomenological understanding of "experience" and the idea of "limit-experience" that he derives from Nietzsche, Blanchot and Bataille in Remarks on Marx: "The phenomenologist's experience is basically a way of organizing the conscious perception of any aspect of daily, lived experience in its transitory form, in order to grasp its meaning. Nietzsche, Bataille, and Blanchot, on the contrary, try through experience to reach that point of life which lies as close as possible to the impossibility of living, which lies at the limit or extreme. [. . .] Moreover, phenomenology tries to grasp the significance of daily experience in order to reaffirm the fundamental character of the subject, of the self, of its transcendental functions. On the contrary, experience according to Nietzsche, Blanchot, and Bataille has rather the task of 'tearing' the subject from itself in such a way that it is no longer the subject as such, or that it is completely 'other' than itself so that it may arrive at its annihilation, its dissociation" (30-31).

the aim of becoming "other," an event in which, in his own words, "one writes in order to become someone other than who one is" (Death and the Labyrinth 182). When Millett speaks of her ambition to recall moments of madness buried by an imposed and self-imposed vow of silence, I want to suggest that writing The Loony-Bin Trip was a limit-experience-experiment for her, and moreover, that it is designed to be a limit-experience-experiment for her readers. The work of retrieving or reconstructing experience is one side of this limit-experience-experiment, and the other side is her decision to stop taking lithium, together with all of the consequences of that decision up to and including the writing of The Loony-Bin Trip.

Indeed, Millett herself uses the word "experiment" to describe her transition to a medication-free existence and the monitoring process in which changes resulting from this transition are observed by her and others. In the very first chapter of Part One, she lays out the terms of the experiment, identifies the initial observers as her lover, Sophie, and herself, and gives us a sense of just how high the stakes are:

> It is six weeks now we have been keeping check on the experiment, and if it works I am whole. Either I was never crazy or I have recovered and can be sane henceforth. To be whole, not a cracked egg, not an imperfect specimen, not a deformed intellect or a mental defective—but whole. It's working, I'll make it. (17)

In the preface, she goes so far as to call the decision to stop taking lithium "a gamble for my own reason" (12). Her decision is a "gamble," I believe, because the experiment involves an encounter with a limit, the approach of a boundary that can be recognized only once it has been surpassed.

By framing the transition to life without lithium as an "experiment," Millett appropriates the language of science and shifts her position in the experimental process from passive to active, from the one being acted upon to the one who acts. In her preface, there is a complementary movement in which psychiatry is divested of its status as a scientific undertaking, a subversion of psychiatric discourse that begins in the book's opening sentences:

> This is an account of a journey into that nightmare state *ascribed* to madness: that *social condition*, that experience of being cast out and confined. I am telling you what happened to me. Because the telling functions for me as a kind of exorcism, a retrieval and vindication of the self—the mind—through reliving what occurred. (11; my emphasis)

The exclusion and internment forced upon Millett had the effect of tearing out an old self, a mind said to be broken, and infusing her with a new self, a mind no longer her own. Psychiatry may have abandoned lobotomy, she implies, but it still practices a form of possession. By retracing the course of her "internal exile" (a concept that I elaborate in 3.3), Millett's strategy is to reverse the operation of possession. For psychiatry does not proceed on the basis of scientific

classifications of illness so much as by spreading a "general superstition of 'mental disease,'" backed up with "the physical fact of incarceration and compulsory drugs, [and] finally the threat of being put away and locked up forever, or if released, stigmatized throughout the rest of one's life. A fate [. . .] held before all of us through the whole course of our lives, the notion of 'losing one's mind'" (11).

In Millett's case, this "superstition" had its greatest impact once she had regained her freedom, in the period following the two committals to which she was subjected in 1973. She explains that at the time "it was accepted by those around me that I was 'crazy,' so I might just as well be." As she sank into a depression from which the only ways out seemed to be suicide or "help," she opted for the latter and "became a lithium patient," thereby acquiescing to the view that "[a]n unsound mind like mine must be tranquilized and occluded with a drug; left to itself it was tainted, unstable" (12). But as Vancouver artist Robin Peck has written, "Pills are like seeds that sprout upon ingestion to enclose the self within their 'architecture'" ("Scattered Across the Floor" 11). By agreeing to take pills, Millett was being obliged to conspire in her own capture. Swallowing lithium amounted to giving in to blackmail,

> [f]or in accepting lithium as a remedy for depression caused by incarceration and diagnosis, I was accepting the validity of both, together with the pronouncement of my incompetence and degenerative insanity; I was confessing to an illness whose other

> treatments lead to the loss of one's freedom and dignity through confinement. (12)

The drug had become the embodiment of her guilt; and overcoming bad faith could only happen through a double refusal of this substance: refusing to be taken in by lithium by refusing to take lithium in.[16]

In the early stages of the "experiment," Millett insists that its positive results extend beyond becoming more active in mind and body. The most important change is that "stopping the lithium [. . .] stopped the shame, the compliance," while also reinforcing her view that "lithium represented collusion" (95). "When I stopped," she adds, "I was no longer cooperating in some social and emotional way" (95). But this favourable assessment is not shared by the experiment's other observers, who grow in number as Kate Millett's lover, Sophie Keir, talks on the phone, describing the situation as some kind of crisis. The apprentices at the farm begin to take sides in a growing dispute over Millett's state of mind, until the moment arrives when Sophie compels her partner to take pink and yellow pills: lithium and valium.

This time, Millett is determined to reject all of the accusations directed at her in order to resist the ascription of madness. She is able to hold on to the role

[16] Millett's challenge to the biochemical theory of bipolar disorder is a key moment in her rejection of a "strategy of separation" (see 36-37 below). Whereas psychiatry maintains that bipolar disorder is the result of biochemical imbalances in the brain, Millett argues that depression is brought on by the effects of "incarceration and diagnosis." By coming off lithium, Millett is contesting a diagnostic category and the use of confinement to treat "mental illness."

of observer, though, and—referring back to the idea that psychiatry incites superstition—describe this "[m]ystical state, madness, how it frightens people. How utterly crazy *they* become, remote, rude, peculiar, cruel, taunting, farouche as wild beasts who have smelled danger, the unthinkable" (67). As far as the farm is concerned, however, she is "no longer in authority, no longer its author" (63). Alone in the place where she and Sophie sleep together, Millett waits to see if the unwanted medications will defeat her insomnia. A single sentence evokes the intensity of the situation, the sense of isolation, and the challenge of having to get to sleep: "Here in the coop kennelled this long night of the soul, a black chamber, a tunnel into a lens" (71). The effect of being cast out again, therefore, is to focus and sharpen her vision as if she were looking through a telescope.

For the rest of this sleepless night, her thoughts about the experiment to validate her sanity become more urgent as she struggles to keep the accusations at bay. She trains her long-range vision on the events of the first loony-bin trip, digging deeper into the "past" to understand her fate in the "present." These temporal divisions lose all meaning, however, as experience spirals towards limits, or beyond them. There is the fear of confronting the possibility of madness alone, after the judgements of others have been bracketed: "I tremble for what will come next, the breaking apart which this awful current of fear has prefaced. Maybe I will go mad this time and watch it happen" (85). And perhaps it is already happening because it happened once before, the shadow of repetition cast forward in time, a past destined to engulf the present. Millett returns to the theme

of honesty in her search for answers: "[B]e honest. You've had your moments. The loony-bin trip, the Thorazine, even just the terror. Everything becomes symbol and representation, echo and gesture, doubles and representatives" (85).

Encountering evidence of madness in memories of a kind of unlimited semiosis, Millett will not allow herself to excuse the latter as over-exuberant use of "poetic logic" (85). But, like Foucault in Folie et déraison, she is drawn to the possibility that there could be other ways of knowing concealed by the segregation, exclusion, and confinement of people said to be mad: "What if there was something on the other side of crazy, what if across that line there was a certain understanding, a special knowledge?" (85). Whereas Foucault's Folie et déraison traces the emergence of psychiatry as a discipline whose language "is a monologue of reason *about* madness" (Madness and Civilization xiii), Millett's investigations are situated at the level of what Foucault came to refer to as the "micropolitics" of the social field. For what Millett explains in meticulous detail are the workings of psychiatry's silencing operations in everyday life:

> Not only will you forgive everything and renounce your own claims as a precondition of getting out of those joints—they wouldn't let you on the streets without that—you must conceal your opinions and keep it under your hat about how you were wronged. It won't matter. Once out, they will beat you on the final draw—you will abandon your own convictions. Outside, you will

> no longer be right; far less will they be wrong. Outside, you have a record, to be a declared lunatic. (94)[17]

It is difficult not to infer at this point that Millett's attempts to confirm her sanity have been doomed all along. Yet here the limit-experience-experiment derives insights from its own failure. Although two sections of the book remain, it is already evident that Millett's goal of performing a "retrieval and vindication of the self—the mind" (11) by simply recounting what happened cannot be achieved. Instead, she has passed into a self that remains enclosed within the space of the carceral. No matter how hard you try to block out the charges of madness, "the prison begins to take over your head, your body; you are branded. It is in you, implacably growing like a cancer" (94).

This awful realization concludes Millett's "long night of the soul." With the dawn of a new day, she draws comfort from having survived the night, and compares her vigil to "Joan's nights in the field" (95). For a moment the experiment shifts from one of exorcising the demons of psychiatric control to one of affirming voices and visions,[18] and contemplating the terrible destiny of the martyr. A second strategy surfaces: the idea of becoming the outsider who

[17] Jeanine Grobe makes a similar observation in Beyond Bedlam: "The psychiatric institution taught me to accept being terrorized, tortured, tormented and traumatized because these were 'medicine' and I was 'sick'" (vii).

[18] In opposition to the psychiatric view that people who hear voices are experiencing auditory hallucinations, a movement has emerged in Europe that affirms voice-hearing as a real and non-pathological phenomenon. Adam James traces the history of this movement in Raising Our Voices (2001).

awakens oppositional forces capable of overturning the existing order. Millett's first strategy of reversing psychiatry's possession of her mind begins to look like a double betrayal: not just an abandonment of everything learned in the experience of madness, but a scornful turning away from anyone else who has been branded as mad. The first strategy could be called a "strategy of separation," since it consists of the aspiration to return to the side of the sane, and so to uphold a division that condemns others to the peculiar state of internal exile reserved for people said to be mad. The second strategy could be called a "strategy of abolition," since its objective can only be insurrection. If there is no escape from the prison, then the prison must be reduced to rubble.

Millett's brief glimpse of what I am calling a "strategy of abolition" subsides as the priority of survival reasserts itself. The circle of accusers tightens around her, and Part One closes with a dramatic showdown in New York when a group of four people—including a psychiatrist—descend on Millett's studio with the aim of having her committed. Although she evades the trap this time, she cannot avoid the thought: "This will go on all my life. I have a record" (166). And indeed the next time the circle closes in—during her stay in Ireland—her luck runs out. At the asylum to which the Irish police take her, the first words spoken to her by the unknown male authority figure she comes up against are: "'You're high'" (194). Before she even has the chance to speak, therefore, she is condemned by the shrinks' slang term for mania. The evidence for this claim has been communicated by telephone by her New York psychiatrist, enabling the man

to ask her: "'Why did you stop taking your lithium? We have a report that you went off lithium in July.'" Even in a country where she has no record, Millett finds herself caught by what she aptly terms an "international system of mental policing" (195). As this period of confinement continues with no hint that she will ever be released, the "system of mental policing" starts to invade her dreams. "But this dream—is not a dream," she insists, it is "a nightmare, a carnival of hell" that constantly repeats the same images: "The windows and the thin old face, my future. The organization that put me here: police, psychiatry, family, property, religion, state medicine. The web. Drawing tighter and tighter from one bin to another, one trap evaded after another, but there is no way out" (229).

Given the extent of her despair, it is hardly surprising that the strategy of abolition reaches its apex in this Irish madhouse when Millett is further tested by being forced to take two drugs that induce hallucinations, Thorazine and Prolixin. The dreams brought on by these so-called "medications" begin to blur the distinctions between night and day, between being asleep and being awake:

> And you dream of witches by the fire, uprisings, the whole gang of us building the fire high and higher and defying the doctors and nurses, and the nuns, even the Pope. An insurrection of the mad, the wretched of the earth in an incendiary fervour. France in the moment of passion. [. . .] Tonight, now finally, toward confrontation. After all the years of silence and the sidelong

> glance. Who better than the madwomen, surely the hardest witches of all, the most sat upon, those with the least to lose? (233)

In such moments, there is a condensation effect that enables many of the struggles in which Millett has been engaged—and others with which she has identified—to converge in this longing for an insurrection of madwomen demonized through the ages. Whereas the strategy of separation, which contests diagnoses and challenges stigma, remains caught within the truth games of psychiatric discourse, a strategy of abolition seeks to shatter the truth games themselves. The difference, therefore, is between acceptance and rejection of the rule that allows some of the game's participants (psychiatrists) to assume positions of author-authority in the lives of others (patients). Millett's commitment to non-violence ensured that her dreams of insurrection remained only dreams. She was obliged to wait for the opportunity to experiment with the possibility of writing herself back into positions of author-authority in her life narratives.

Millett's confinement in the asylum "Our Lady of Clare" comes to an end before any preparation of psychiatry's funeral pyre. Her rescuers are Irish women befriended during her stay in Galway. As her release approaches, Millett anticipates her inevitable capitulation to psychiatry, which becomes the theme of Part Three of The Loony-Bin Trip, "New York." She is aware that another confession of "manic depression" is inevitable because of the guilt that she cannot help but feel about her own thought processes as soon as the sedative effects of the drugs lift:

> The moments of clarity are the worst. You burn in humiliation remembering yesterday's folderol, your own foolish thoughts. Not the boredom of here, the passive futility of reality, but the flights of fancy, which would convict you, are the evidence that you merit your fate and are here for a purpose. The crime of the imaginary. The lure of madness as illness. (241)

But this "clarity" is precisely the recognition of a limit: a limit that Millett can now think beyond in principle, while having to bow to its force in practice. In a remarkable paragraph at the end of Part Two, Millett effectively declares the results of the limit-experience-experiment: "If you are to be any use, you will have to stop equating madness with captivity; that is, stop proving you aren't crazy, since this assumes that if you were, you might deserve to be locked up: you're only innocent if you're sane" (248).

The strategy of separation is bankrupt, yet if Millett had abandoned it outright, then The Loony-Bin Trip would probably not have been published. The reason why Millett cannot evade the truth game is that, quite literally, no one can evade the truth game of sanity and madness. Or, as Millett puts it:

> Not till you permit madness, coming apart into smithereens, can you really stand against the bin as prison and punishment. Then you have a case—not otherwise. But you don't even know madness from sanity. And you fear madness as much as the others, would cut it out of your mind like a cancer. [. . .] Say that you were

> mad, say lunaticking around Shannon Airport—they still have no right to put you here, deprive you of your liberty and even hope. Laing believes that and Szasz and David Cooper. But you don't believe it yet. No one believes it at all. That, finally, is the problem. (248)

What the limit-experience-experiment has yielded is a diagram of the micropolitics of psychiatry, and a diagnosis of an impasse.[19] For psychiatry has its own strategies of separation and abolition, evident in the ever-expanding editions of its Diagnostic and Statistical Manual of Mental Disorders. Since 1952, this book's lists of diagnostic categories have lengthened in proportion to its mad desire to anticipate all possible forms of madness, except its own. Each category operates as a truth game, each offering its own inflection of the question—"are you sane or are you mad?"—a question, moreover, which has left many of the people upon whom it has been thrust living on in quiet despair, or opting to take their own lives. But this diabolical text is accompanied by the promotion of a social paranoia always ready to be mobilized against anyone who refuses the truth game. In the one who refuses, psychiatry finds a "scapegoat" who will be used to justify its existence, a figure understood as the maddest of all, as the most suitable for "treatment," and as the most deserving of any violence required to implement

[19] John Rajchman elaborates the concepts of "diagram" and "diagnosis"—the importance of which was underlined in Deleuze's reading of Foucault—in the opening sections of his essay, "Diagram and Diagnosis" (43-49).

"treatment."[20] And so, the impasse: rebels made into scapegoats,[21] and scapegoats burning to be rebels.

[20] For Deleuze and Guattari, the scapegoat "incarnates that line of flight the signifying regime cannot tolerate, in other words, an absolute deterritorialization; the regime must block a line of flight of this kind or define it in an entirely negative fashion precisely because it exceeds the degree of deterritorialization of the signifying sign, however high it may be" (116).

[21] Wendy Funk's What DiffErenCe Does IT Make? (1998) and Lori Schiller's The Quiet Room (1996) are mind-problem memoirs in which resistance to treatment is met with the use of force.

Foreword to 2.2

"Life Plagiarizing Illness: Lauren Slater's Lying" was written in response to a call for papers issued by the on-line journal Nasty. I chose to write about Lauren Slater because her life and work contrast sharply with the life and work of Kate Millett. Whereas Millett saw continuities between psychiatrization and other oppressive relations that persuaded her to become increasingly active in the psychiatric survivor movement, Slater passed from the patient to the therapist side of the psychiatric relationship.

Lying (2000) is Slater's third memoir, following on from Welcome to My Country (1996) and Prozac Diary (1998). Welcome to My Country is a collection of essays about "the very beginning of [Slater's] career as a psychologist" (xiii), but leads to the revealing of secrets about her own troubled past. Prozac Diary describes what Slater refers to as her "Prozac career" (191), and focuses on the period of recovery during which Slater gained her qualifications as a psychologist. Only in Lying does Slater reflect on the plethora of mind problems that she experienced from her childhood to her early twenties, and even then she does so in an elliptical, and perhaps, by her own admission, a deceitful manner.

Slater deserves credit, though, for her willingness to question some of the basic premises of her profession. In this respect she differs from another mental health professional who straddles the psychiatrist-patient divide, Kay Redfield Jamison, whose insistence on lithium treatment for bipolar disorder borders on the dogmatic. Slater habitually adopts the strategy of separation discussed in the last

chapter; for example: "No longer able to tell stories *we* can understand, the schizophrenic is bumped to the borders of *our* world where *we* toss so many other senseless things" (Welcome to My Country 98; my emphasis). However, she is by no means comfortable with the "us-versus-them mindset" that "consistently plac[es] a rift between practitioners and patients," a "rift [that] is reflected in the language only practitioners are privy to" (189). It is her view that "time is fluid, and so are the boundaries between human beings, the border separating helper from the one who hurts always blurry. Wounds [. . .] are never confined to a single skin but reach out to rasp us all" (179). Confronted with a patient who not only has the same diagnosis of borderline personality disorder that she herself was given many years earlier, but who is also undergoing treatment at the same hospital where she was detained, "the border separating helper from the one who hurts" recedes. Recalling that she has "been in this room too, probably hundreds of times over the years, meeting with the psychiatrists who tried to treat me," she concludes her first memoir with a remarkable admission: "Ultimately it was not their treatments or their theories that helped me get better, but the kindness lodged in a difficult world" (198).

Given this disavowal of psychiatric treatment, Slater's endorsement of Prozac in Prozac Diary may come as a surprise. But Prozac Diary can be located in a succession of mind-problem memoirs that attribute increasing power to biochemical interventions. Mark Vonnegut's The Eden Express captures the moment in which a paradigm shift occurred in psychiatry as the biochemical

model began to take hold. "At first my friends and I were doubtful that there was any medical problem. It was all politics and philosophy," he asserts. "It took quite a bit to convince us that anything as pedestrian as biochemistry was relevant to something as profound and poetic as what I was going through" (271). Characterizing the shift as a move from poetic theory to biochemistry, Vonnegut identifies two advantages of the new paradigm:

> According to most authorities who believed in this or that poetic theory, my case was hopeless. The biochemists said otherwise. The poets in the business gave little hope and huge bills. The chemists fixed me up with embarrassingly inexpensive, simple nonprescription pills. Vitamins mostly. The biochemists said no-one was to blame. The poets all had notions that required someone's having made some mistake. (272)

It is for these reasons that Vonnegut entitled the short essay that preceded The Eden Express: "Why I Want to Bite R. D. Laing."

Over the course of the next decade megavitamin therapy was eclipsed by an enormously profitable psychopharmaceutical industry. The biochemical model became so entrenched that for many people with mind problems there no longer appeared to be any alternative to the new generation of prescription medications.[22]

[22] With three books that bravely take on biopsychiatry from within, David Healy has carefully documented how this norm has been established: The Antidepressant Era (1997), The Creation of Psychopharmacology (2002), Let Them Eat Prozac (2003).

Perhaps no text illustrates the hegemonic position of biochemistry in late twentieth century psychiatry as starkly as Elizabeth Wurtzel's Prozac Nation. Having been referred to a crisis management counsellor, Wurtzel pleads for drugs: "'I have every reason to be really happy and I am not, and to me it seems that I must be chemically deficient. It's not normal to have these feelings for no reason'" (147-148). In her commentary on this conversation she adds, "I was ready to scream, Give me lithium or give me death!" (147).[23]

Like Wurtzel, Slater was "one of the first to take Prozac" (Prozac Diary 3), following its approval by the United States Food and Drug Administration on December 27, 1987. For Slater, "the story of Prozac" was not a straightforward process of recovery because of "the difficulty and compromise of cure, the grief and light of illness passing, the fear as the walls of the hospital wash away" (4-5). More specifically, Prozac dissolved what she refers to as her "illness identity, a story of self that had illness as its main motive." The loss of this identity induced an existential crisis, because "[i]llness [. . .] had been the explanatory model on which [her] being was based" (50). Predictably, Prozac steps into the breach: "What does it mean [. . .] that my burgeoning contemplative bent does not come directly from God but from Prozac? Might this mean that Prozac is equal to

[23] In "Epilogue: Prozac Nation," Wurtzel moderates her position: "The secret I sometimes think that only I know is that Prozac really isn't that great" (Prozac Nation 343). "In the course of my own depression, I have gone from a thorough certainty that its origins are in bad biology to a more flexible belief that after an accumulation of life events made my head such an ugly place to be stuck in, my brain's chemistry started to agree" (345).

God?" (93). Far from resolving her angst, Prozac Diary concludes with much wringing of hands over the question of authenticity: "So. There it is. Here I am. Or here I am not. The difference really matters to me" (197), for "[t]his is Prozac's burden and its gift, keeping me alive to the most human of questions, bringing me forward, bringing me back, swaddling and unswaddling me, pushing me to ask which wrappings are real" (200).

In the reading of Lying presented in this chapter I have concentrated on the issues of truth and reality that Slater carries over from her second memoir. Lying may herald the end of the line for mind-problem memoirs that attribute seemingly limitless powers to biochemical intervention:

> In this time, right now, in psychiatry, there is a quiet revolution taking place concerning depression. The current story is that depression is a disease springing from a biochemical imbalance. The new story forming is that the evidence for a biochemical imbalance is very poor indeed, and depression may in fact have negligible chemical origins. And so the pendulum swings back. (221)

Slater's new concern, therefore, is with narrative, and it is through the concept of narrative that she adjudicates on what is true and real. "Lying is a book of narrative truth" (219), she states in the afterword, yet she also asserts that "[i]llness, medicine itself, is the ultimate narrative; there is no truth there" (220). It is difficult to see how these two statements can be reconciled, how narrative can

be both the means to arrive at the truth of a life and that which prevents truth from being found in illness or medicine. Recognizing the shortfalls of Slater's conception of narrative prompted me to embark on a more systematic analysis of the role of narrative, which is the subject of Section 3.

2.2 Life Plagiarizing Illness: Lauren Slater's Lying (July 2001)

> What, I wondered, would fill the silence, the space in me? What would make me real?
>
> *Lauren Slater*, Lying (156)
>
> To judge by the swelling (almost inflamed) new genre of the illness memoir, hospitals may be replacing war or prison as a place apart where writers go to get real.
>
> *Marni Jackson*, "Notes from the ER"
>
> *Believe in me because I don't believe in anything / and I want to be someone to believe*
>
> *Counting Crows*, "Mr. Jones"

In Lying: A Metaphorical Memoir, Lauren Slater frames her story with experiences of epilepsy,[24] while simultaneously leaving open the question of whether she has ever lived with epilepsy.[25] Like Marni Jackson, Slater is aware of the "huge proliferation of authoritative illness memoirs in recent years" (Lying 221). In fact her second book, Prozac Diary, contributed to the inflammation—not

[24] Slater's memoir was published in the United Kingdom with the title Spasm: A Memoir with Lies (2000), which seems to suggest some doubt about which metaphor is providing the most assistance in enabling her "to convey what are otherwise unutterable experiences" (Krieger ix).

[25] A version of this chapter has been published. Richard A. Ingram, "Life Plagiarizing Illness: Lauren Slater's Lying," Nasty Sept. 2001, Nov. 29, 2004 <http://nasty.cx/archives/000398.php>. Permission to reprint was not required in this instance because the on-line journal reserves copyright for its authors, as well as for itself.

to mention the inflation—of this "new genre." Slater has, however, come to doubt whether the combination of "people's personal experiences" and "the latest scientific 'evidence'" in these memoirs is sufficient for them to qualify as reliable accounts of illness. "The authority is illusory," she concludes, "the etiologies constructed" (221). These comments are offered by way of explanation for a book that she knows will frustrate many of her readers, and are summed up by the challenge issued in the final sentence of Lying: "When all is said and done, there is only one kind of illness memoir I can see to write, and that's a slippery, playful, impish, exasperating text, shaped, if it could be, like a question mark" (221).

As the title, Lying, and subtitle, A Metaphorical Memoir, suggest, many layers of doubt overdetermine everything that Slater writes: How much of this book consists of lies? Is her "illness" any more than a compulsion to lie? Are the lies confined to a past that the author has overcome, or could she also be lying now about the lies she once told? How much of her writing is encompassed by metaphor? Are her lies limited to the use of metaphor in order that they can still impart truths?

One approach to these questions is set out in the introduction to Lying by "*Hayward Krieger*, Professor of Philosophy, University of Southern California" (x). He argues that through her "unsettling and exciting [. . .] insistence on not revealing to us which aspects of her disease are factual, which symbolic, which real, which fantastical," we are encouraged "to enter with her a new kind of Heideggerian truth, the truth of the liminal, the not-knowing, the truth of

confusion" (ix-x). Indeed, "Professor Krieger" is himself situated within the text in this place of "not-knowing" where fact and fantasy intersect. In a case study of "patient LJS" (presumably Lauren Jean Slater) that comprises the fifth chapter of Lying, "The Biopsychosocial Consequences of a Corpus Callostomy in the Pediatric Patient," the co-authors (who are probably also fictitious) state that their patient "had an entrenched tendency toward mythomania" and

> frequently spoke of a correspondence with a professor of philosophy—a Hayward Krieger—with whom she discussed Ouspenskian ideas. However, we have been unable to locate or confirm the existence of any Hayward Krieger, which is not surprising, and only further underscores the diagnosis. (101)

As if to indicate just how unsettling Slater's mélange of truths and lies can be, several reviewers of Lying, myself included, have felt compelled to investigate whether Hayward Krieger is a fictional character. "Lying reeks of rat from the very first page," writes Rebecca Mead in the New York Times. "I was on the telephone to confirm my suspicion that there is no such person as Hayward Krieger before I'd even begun the first chapter" (par. 7). Natanya Pearlman conducted her inquiry on the Internet before reporting in Fabula Magazine that she had "visited USC's website, which lists faculty members, and found no one by the name of Hayward Krieger" (par. 6). Before reading these reviews I had travelled a similar path. My on-line search uncovered a schedule for the Enhancement Technologies Research Meeting 2, where Hayward Krieger is listed

as presenting a paper entitled "Prozac and Being." Professor Krieger was then based, according to the program, at the Viadrina European University in Frankfurt, Oder. His one publication included in the bibliography of the Enhancement Technologies Group is the chapter, "Antidepressants: A Heideggerian perspective," from a book called The Abuses of Psychopharmacology, which my university library was unable to trace.[26] The meeting schedule gives an email address for Professor Krieger, but four days after I sent an email to him, it bounced back.

This detective work may ignore Professor Krieger's advice to embrace "the truth of confusion," but it does yield results that are worth reflecting on. What does it mean when the best evidence for somebody's existence is to be found in the *suspended sentences* of cybertext? Virtual reality can be considered as a shadowplay in which corporeal existence is eclipsed. In this shadowplay a decisive reversal is taking place: the shadows no longer rely on any corporeality; instead the ascendance of virtuality is relegating bodies to the status of shadows of shadows. Cybertext endows identities with a presence that persists *indefinitely*—an uncertain yet potentially everlasting presence—at the cost of placing the body on death row. It becomes a matter of indifference whether a body bearing the name "Hayward Krieger" presented a paper, published an

[26] The Enhancement Technologies Bibliography provides this reference: "Krieger, Hayward. 1988. Antidepressants: A Heideggerian Perspective. In Moritz Krenz and Veronika Fuchtner (eds.) The Abuses of Psychopharmacology. Frankfurt (Oder): Europa Universität, 223-251."

article, or wrote an introduction. What matters is whether Internet "search engines"—omniscient beings to whom the body is being sacrificed—recognize names. When the dominant form of recognition passes into virtuality, therefore, "bodies no longer [. . .] project their shadows, but shadows project their bodies" (Baudrillard, The Perfect Crime 33).

On Professor Krieger's reading, Lying is less a web of lies than a text in which questions of truth are persistently deferred: "What makes this book disturbing is its incrementally rising refusal to state the facts of the illness about which [Slater] writes" (ix). The indeterminacy of Slater's memoir is produced by weaving a multiplicity of illnesses and treatment-induced complications into the narrative of living with—literal or metaphorical—epilepsy. Moreover, the "epilepsy" narrative is told by several voices that often address different audiences. The exception here is the relatively straightforward account of adapting to and learning from epilepsy that spans the second and third chapters, "Three Blind Mice" and "Learning to Fall." As Slater acknowledges, the structure of this narrative is lifted from Leonard Kriegel's essay, "Falling into Life," in which he reflects on "[h]aving lost the use of [his] legs during the polio epidemic [. . .] of 1944" (3). Both Kriegel and Slater are taught how to fall gently to the ground so as to minimize the risk of breaking bones when paralysis and epilepsy (respectively) make their bodies give way. For Kriegel, this process teaches him how to take life as it comes, to "[g]o with the flow, roll with the punch, slide with the threat until it is no longer a threat" (14). For Slater, the lesson lies in

"find[ing] a balance so true, no one can take it away," and is embodied in "the phrases *ride the wave, harness the energy of your opponent*" (53).

Slater's debt to Leonard Kriegel is significant not only for the proximity of his name to that of Hayward Krieger, but also because Slater confesses to being a plagiarist when she comes to discuss her development as a writer. Indeed, a tendency to blend other people's stories into her own is evident throughout Lying, from persuading childhood friends that she is dying because "'epilepsy causes cancer'" (66), to joining an Alcoholics Anonymous support group despite not having a drink problem. Hence Slater's plagiarism extends well beyond the borrowing of speech and writing to include the appropriation of experiences with illnesses that her body has not known. While the uncertainty about Professor Krieger's existence instills unease, the suggestion that many illnesses can be considered to be interchangeable provokes a more vehement reaction. Rebecca Mead's review for the New York Times concludes with this judgement: "Lying: A Metaphorical Memoir wants to be as charismatic and infuriating as an epileptic, which is a risky strategy, because when it does this most successfully, it is also at its most alienating. It's a tricky book—a sick book, even, metaphorically speaking" (par. 7).

Does Lying disturb the genre of illness memoir at the moment when this form of narrative threatens to become formulaic? Can Slater's refusal of the question of "authenticity" justify an accusation that her use of epilepsy as metaphor has unhealthy consequences? Is Lying a joyous dance that circles round

truth and avoids the weightiness of "getting real"? Or does Slater remain committed to a "higher truth"—whose articulation is possible only through metaphor—even as she dissimulates her attachment to "reality"? I want to pursue these questions by focusing on the telling of truths and lies in Lying, paying particular attention to the role of metaphor.

The importance of metaphor could hardly be given a stronger emphasis than it receives in Lying: "Metaphor is the greatest gift of language, for through it we can propel what are otherwise wordless experiences into shapes and sounds" (219). Nevertheless, this statement need not imply a break from the traditional view that imparting literal truths is the "proper" mode of expression, whereas metaphors tend to introduce "impurities" through their detours of meaning. For the last chapter of Lying, Slater selects an epigraph that appears to imply that exceptional circumstances render the risk of metaphor unavoidable: "What a metaphor expresses cannot be said directly or apart from it, for if it could be, one would have said it directly. Here, metaphor is a strategy of desperation, not decoration. *Sally McFague*, Models of God" (169). This quotation omits McFague's definition of metaphor, and foreshortens each of the two sentences. "A metaphor," McFague states, "is a word or phrase used inappropriately" because it "belongs in one context but is being used in another." But the belief that metaphor is "inappropriate" or "improper" is, she goes on to argue, losing ground:

> From Aristotle until recently, metaphor has been seen mainly as a poetic device to embellish or decorate. The idea was that in metaphor one used a word or phrase inappropriately but one need not have: whatever was being expressed could be said directly without the metaphor. Increasingly, however, the idea of metaphor as unsubstitutable is winning acceptance: what a metaphor expresses cannot be said directly or apart from it, for if it could be, one would have said it directly. Here, metaphor is a strategy of desperation, not decoration; it is an attempt to speak about what we do not know in terms of what we do know. (33)

What McFague is describing, then, is a shift in the theory of metaphor, which is then interpreted in what I think is a questionable manner. The change occurs at the level of assumptions about direct and indirect expression on which differing moral stances towards metaphor are based. Where it was once assumed that a direct form of expression could replace any metaphor without altering what was being said, it is now assumed that metaphor is used when no equivalent direct form of expression is available. If there is no alternative to using metaphor, then there are no longer any grounds for reproach. The problem is that McFague infers from the new theory that "metaphor is a strategy of desperation," which reintroduces the assumption that in normal circumstances a direct form of expression could substitute for metaphor. Aside from the shortcomings of

McFague's summary of theories of metaphor, what she fails to account for is why desperation demands metaphor rather than any other form of expression.

It is not difficult to see why Slater would want to conceal the tension in McFague's argument by extracting two half sentences for her epigraph. If the metaphors used by Slater in Lying are products of desperation, then to object to them would entail neglecting extreme constraints faced by the author. On the other hand, if metaphors are the only option in some contexts, then there is no longer any moral sanction for their use. Nor is it surprising that Slater drops McFague's remark that metaphor "is an attempt to speak about what we do not know in terms of what we do know," since the approach taken by Slater works mostly in the other direction. The main strategy of Lying, in other words, is to articulate what she has known in terms of what she has not known.

It is clear from the outset that Slater is not going to declare which, if any, of the many illnesses described in Lying she has experienced. In fact, the first chapter consists of a mere two words: "I exaggerate" (3). If Slater tends towards hyperbole, then the uncertainties that ensue appear to affect author and audience alike. No sooner has Slater begun her wanderings through childhood memories than she claims to be situated within the same maze into which her readers will be led:

> I have epilepsy. Or I feel I have epilepsy. Or I wish I had epilepsy, so I could find a way of explaining the dirty, spastic glittering place I had in my mother's heart. [. . .] I don't know where this is

> my mother or where this is my illness, or whether, like her, I am just confusing fact with fiction, and there is no epilepsy, just a clenched metaphor, a way of telling you what I have to tell you: my tale. (5-6)

Slater's "epilepsy" could be real or imaginary; it could be distinct from a fraught relationship with her mother, or a way of understanding and negotiating that relationship; it could be desired so strongly that longing breaks down any distinction between "real" and "imaginary"; it could stem from the same need to tell tall tales that she observed so often in her mother.

"Epilepsy" comes to function as the principal metaphor in Lying by acting as the nodal point for a cluster of related corporeal states and events.[27] Each of these conditions—which include aura, seizure, fit, spasm, fall, and split—has a metaphorical as well as a literal dimension. Slater's first "aura" serves as the starting point for the narrative of adjusting to life with epilepsy laid out in the second and third chapters: "The summer I turned ten I smelled jasmine everywhere I went," she begins. "That was one world, and I called it the jasmine world" (4). Slater comes to recognize that her auras usually signal the imminence of epileptic seizures. As the idea of a "jasmine world" suggests, however, the "aura" marks her entry into a realm where truths and lies intertwine and can no

[27] A "nodal point" is a signifier that establishes partial fixity in a discourse: "The impossibility of an ultimate fixity of meaning implies that there have to be partial fixations—otherwise, the very flow of differences would be impossible" (Laclau and Mouffe 112). I return to the idea of nodal points in the foreword to 4.1.

longer be disentangled. When Slater explores the connections between her maladies and the breakthrough that enabled her to write a "series of autobiographical stories" (144), the turning point is "an aura different from any [she]'d experienced before" (143). The rush of recollections that distinguishes this aura includes "a memory of falling out of a cherry tree and cracking open [her] head" (144). Having reported her mother's insistence that no such fall occurred, Slater offers these thoughts on her mother, herself, truths, lies, and writing:

> She was so full of denial, she's not to be trusted. Then again, neither am I. And anyway, just because something has the feel of truth doesn't mean it fits the facts. Sometimes I don't even know why the facts should matter. I often disregard them, even when I mean to get them right, I don't. I can't. Still, I like to write about me. Me! That's why I'm not a novelist. (145)

Given their positive connotations, it is no wonder that she rejects her neurologist's prescription for "'a low dose of Dilantin to clean up the auras.'" "'I like my auras,'" she responds, "'they give me things'" (148).

Slater's auras may stimulate her ability to write and generate material to shape into stories, but they also provide her with an alibi for not being able to attain "the facts." There is a circular logic at work here: corporeal events that could be real or imaginary are said to prevent her from discerning differences between real and imaginary corporeal events. All of which leads to the question:

if the author is incapable of making these distinctions, then how can she state so definitively that she is not a novelist?

Slater engages this question in the penultimate chapter of Lying, "How to Market this Book," which is written in the form of a memo addressed to both her publisher's marketing department and her editor. The memo stages a debate over whether the book should be published as fiction, non-fiction, or "faction" (159), a category no sooner mentioned than dismissed for being commercially unviable. Yet one of her purposes, Slater contends, is precisely "to ponder the blurry line between novels and memoirs" (160). Anyone who approaches the text as "just one more true account of yet another disease" meets with this rebuke: "It's not. If you read it that way, I will feel I have failed" (161-162). Despite proposing that the jacket cover of Lying should announce, "*a book that takes up residence in the murky gap between genres*" (161), she concludes the memo with this unambiguous request: "My *memoir*, please. Sell it as nonfiction, please" (165). The closest Slater comes to advancing an argument for why the category of novel is inappropriate is to ask: "Supposing I simply feel like an epileptic, a spastic person, one with a shivering brain; supposing I have chosen epilepsy because it is the most accurate conduit to convey my psyche to you? Would this not still be a memoir, *my memoir*?" (162). The question of the *proper* genre, therefore, is settled according to *property*: it's about me because it's mine. And yet even as she goes on to answer her own questions, a nagging doubt remains: can she be sure that she is real? "After all, if I were making the whole thing up—and I'm not

saying I'm making the whole thing up—but if I were, I would be doing it not to create a character as a novelist does, but, instead, to create a metaphor that conveys the real person I am" (162).

Slater's desire for "the real" surfaces when she discovers the pleasures of fabrication. A single childhood act is identified as "the moment when what [she] meant versus what [she] said parted ways." It was, she maintains rather implausibly, "[t]he worst [thing] I ever did" (65). By accepting a dare "to write on the wall 'God = shit,'" she broke her vow against blasphemy, and released a previously unknown talent for invention: "Words came in a rush, and none of them were mine" (65). Slater makes this confession in the fourth chapter, "Sincerely, Yours," which takes the form of a letter to the reader. By disclosing the complexities of her illness in this letter, Slater shows why her tale could not be contained within the limits of the essay structure borrowed from Leonard Kriegel. The abrupt end to her brief story of overcoming obstacles to living with epilepsy is undone in the last page of the chapter preceding "Sincerely, Yours," where Slater first draws attention to her use of metaphor as a narrative device. Even in this "work of nonfiction," she admits, the final event of the short story did not take place: "I was just using a metaphor to explain my mental state" (60). The narrator of Lying owns up to her memoir's dependency on fiction, therefore, just as the protagonist of Lying—Slater as she is growing up—discovers ways of creating new identities for herself. But the very success of her inventiveness, first manifested in convincing other children that she is dying of cancer, gives way to a

longing to be real: "I felt a craving in me, a craving for something safe and solid and absolute" (68-69).

If Lying went no further than the derivative short story with which it begins, then the metaphorical side of the author's "epilepsy" would scarcely be apparent. Fortunately for Slater, an etymological link opens the way to a more sophisticated memoir: "the word *epilepsy* comes from the Greek *epilepsia*, which means 'to take, to seize'" (71). So when Slater begins to steal, this new habit is simply an extension of the epilepsy from "[her] body" to "[her] soul" (71). And when she learns how to induce epileptic seizures, it is "no different from stealing, really," because now she is "taking time, taking attention" (86). In terms of psychiatric diagnoses, however, there is a difference between these behaviours: the compulsion to seize objects is categorized as "kleptomania," and the active seeking out of hospital time—more generally known as "Munchausen's syndrome"—is now referred to as a "factitious disorder" (American Psychiatric Association 269-70, 227-28). Slater inserts three case studies of "factitious illness" into her letter in order to lend support to her claim that "when [she] was thirteen [she] developed Munchausen's" (88). These case studies are, like their documented sources, probably all invented; and the third case study bears an uncanny resemblance to Slater herself.[28]

[28] The name used in this third case study is "Jean Levy" (90), the same name that Slater adopts to make a second application to a writers' retreat in chapter 6, "The Cherry Tree."

The possibility that Slater's need to simulate sickness could itself be an illness introduces further complications into the narrative. Maybe her true illness has always been Munchausen's syndrome, and epilepsy is just one of many forms of sickness that she has manufactured along the way. Maybe she is a habitual liar who has lived a perfectly healthy life; yet, dissatisfied with her "normality," she has felt obliged to display a range of "pathological" symptoms either in her life, or her memoir, or both. Slater delights in exploring some of these possibilities, even going so far as to admit on one occasion: "I am toying with you [. . .]" (163). But she refrains from offering the paradoxical suggestion that her tale consists only of lies, with the important exception, of course, of the title, Lying.

The question that hangs over Slater's myriad variations on the theme of her "illness" is: what, if anything, is at stake? Often it appears that the overriding objective is to determine her ontological status. When the "epilepsy" that shows itself in her appropriation of objects, ailments, and words evaporates into the metaphor of "seizure," nothing remains to secure her reality:

> I had spent half my life now seizing at this, seizing at that, my body clenched around air [. . .]. Epilepsy [. . .] means to need to possess, actively. You are born with a hole in you, genetic or otherwise, and so you seize at this, you seize at that, your mouth so hungry you'll take your own tongue if you have to." (156-157)

What she does retain, however, is the belief that her salvation is to be found in narrative. Before she dies, her hope is "to have *[her] life* laid out, the soul of the

story articulated at least" (164). The problem is that even when she resolves to separate truth from lies, having seen "that the self is forever surrounded by the loneliest smoke until it can tell its true tale" (210), the smoke refuses to disperse. And so she finds herself:

> back in the world [she] knows best, the strange warped world, a world of so many stories—I am an alcoholic I am not an alcoholic; I am an epileptic I am not an epileptic—a world peopled with princes, with color, with cities of salt and perpetual, perpetual possibilities, plots unfolding one into the other. (212-213)

In the end, Slater relinquishes the metaphors of "epilepsy" and "seizure," and willingly embraces the emptiness into which they dissolve:

> I went down, legs hurled out at the hip, I fell, and gave up the ground, and for that split second, spinning in utter space, I was nowhere, I was nothing, my mouth open round, like a zero, like 0, out of which the baby is born, the words spill, the planet pops, the trees grow, everything rising; real. (216-217)

Unable to affirm herself as more than nothing, Slater must leave it to us to make her real if, that is, we can still catch sight of her through the smoke.

3 The Order of Making Sense

Foreword to 3.1

From 1998 to 2002 I was fortunate enough to be involved in two interdisciplinary projects focusing on health, illness and narrative, both of which were based at the University of British Columbia. The first of these, "'Autopathography': Cultural Productions of the Body in Dis-ease" (1998-1999, made possible by a grant from the Hampton Research Endowment Fund), established the ground for the second, larger project, "An Interdisciplinary Inquiry into Narratives of Disease, Disability and Trauma" (1999-2002, funded by the Peter Wall Institute for Advanced Studies). As part of the "Narratives of Disease" project, researchers formed a number of working groups. I was one of several researchers who wanted to ensure that the concept of narrative would be subjected to critical scrutiny. The Access/Excess working group was founded in April 2000 to pursue this objective. We identified two areas of interest that account for the group's name: the question of accessibility around which people with disabilities have organized themselves politically, and the idea that for any narrative there is always "excess," that is, elements that cannot be articulated within the narrative.

Four members of the Access/Excess working group (Ulrich Teucher, Joy James, Jim Overboe and myself) organized a panel, "Health with/out Narratives" in which we each presented papers for the Fifth Annual Conference of the Society for Literature and Science, "Technologies, Bodies, Narratives: the Accountability

of Scientific and Medical Practices," Buffalo, New York, October 11-14, 2001. This chapter is a revised version of my paper.

Over the summer of 2001, the Access/Excess working group studied some of the key essays by the philosopher Martin Heidegger. I found that Heidegger's way of thinking about technology provided a set of concepts that could be used to critique a dimension of psychiatric care that has received less attention than involuntary treatment: the transformation of the lives of people with mind problems at the level of narrative.

The psychiatric survivor movement has, understandably, concentrated its efforts on bringing to light coercive practices within the mental health system. In the first part of this chapter, I consider actions against political prisoners that are already recognized as instances of torture alongside psychiatric practices that may be recognized as such in future. One of the leading psychiatric survivor groups, Support Coalition International, achieved an important breakthrough towards this end in January 2001 when their representative, the author of The Loony-Bin Trip, Kate Millett, persuaded the Trusteeship Council of the United Nations to investigate whether certain forms of psychiatric abuse should be categorized as torture.

In focusing on the harm that may be done in the name of care, there is a danger that the imbrication of involuntary (and voluntary) treatment with narrative intervention into patients' lives may be overlooked. What I propose in the second part of this chapter is that psychiatry needs to be analyzed as an

interdisciplinary endeavour combining carceral, pharmaceutical and narrative technologies. The idea that narration is a technology, which is pursued in 3.2, draws on Lauren Slater's assertion that "diagnosis itself is a narrative phenomenon" (Lying 220). The implication is that rather than serving as an instrument of liberation, autobiographical narratives often entrap patients more deeply within psychiatric discourse.

3.1 A Critique of Psychiatry's Narrative Interventions (October 2001)

I want to begin by telling you about a documentary that I saw two weeks ago at the Vancouver International Film Festival. It was shown before the main feature, Safaa Fathy's Derrida's Elsewhere (2000). Had I read details of the opening film's disturbing content in advance, I might well have chosen not to see it. In retrospect I am pleased that I watched this harrowing documentary, and not just because it gives me a way to begin this chapter.

The film, Khiam, directed by Joana Hadjithomas and Khalil Joreige, takes its name from a detention and interrogation camp in an area of south Lebanon that was referred to by Israel, between 1985 and 2000, as its "security zone." Following their release from the camp, six men and women who had been held without trial for many years gave testimonies that were edited together to produce this documentary. As I watched the survivors relating details of the atrocities that they had endured, I could not help comparing the technologies of torture with psychiatric practices that are generally subsumed under the heading of "care." I do not wish to conflate the experiences of torture survivors with those of psychiatric survivors. There are, nevertheless, some similarities between the ways that bodies are treated in detention camps and psychiatric institutions.

The former detainees shown in the documentary spoke of having been stripped of all personal belongings; referred to only as numbers; forced to live in confined spaces with poor sanitary conditions; and periodically subjected to electro-shock and whipping with barbed wire. They still managed to develop

forms of resistance during their years of torture, and recalled how resistance was made possible by the clear line of demarcation between friends and enemies in the camp. One man recalled this schism as a kind of privilege, because life is not usually so sharply defined. He explained that after returning to life outside of the camp, he found that he needed to be wary of everyone. In periods of solitary confinement the prisoners prized any object that came their way, particularly if it could be crafted into a needle, a pencil, or a gift for a fellow prisoner. At times when they were locked up together, sustaining each other by talking, their dreams took on great significance as material for discussion. On their own, the prisoners fashioned needles to repair their clothes; together, they wove their dream images into shared stories.

Almost no one actively seeks to become a political prisoner.[29] By contrast, there are circumstances in which people opt for psychiatric institutionalization: they may accept the advice of family members, friends or colleagues; they may be able to afford high-end care; they may be looking for refuge from violent relationships, or simply a place to eat. Even among these psychiatric patients who are not detained against their will, many find themselves locked up for rather longer than they had anticipated. Over the last three decades there has been a tendency to shorten the time that patients remain institutionalized, but it is still possible to spend years of one's life locked away from the world. Often new

[29] One exception would be Antonio Negri, who in 1997 voluntarily returned to Rome from exile in France in order to serve a lengthy sentence that was determined in absentia by an Italian court.

patients are welcomed to hospital wards with a stay in solitary confinement, euphemistically referred to as "seclusion." Most, if not all, personal belongings are removed before patients are subjected to solitary confinement, and during this time they may be deprived of access to toilet facilities. As with political prisoners, psychiatric patients can be threatened with, or given, electro-shock, though in this context it has been renamed "electro-convulsive therapy."

At least psychiatric patients are not whipped with barbed wire, you may point out. True, but they are strapped to beds with restraints, and sometimes raped and beaten by their supposed "caregivers."[30] There are, of course, important differences between the treatment of political prisoners and psychiatric patients. If they are to reveal sensitive information, political prisoners must be kept relatively lucid; whereas a key component of psychiatric treatment is the administration of psychotropic drugs. Detention camp guards do not go to great lengths to persuade prisoners that the effects of electro-shock are beneficial; whereas psychiatry is a discourse of "care" in which there is rarely any acknowledgement that its forms of treatment could be in any way harmful. In the documentary, torture survivors described the importance of knowing their enemy, of folding their dreams into a collective dreamlife, and of being able to create gifts for friends. Psychiatric drugs work to break down a dreamlife that is said to be overactive, and often bring on a state of inertia. This chemotherapy encourages patients to believe that nothing can be accomplished without the assistance of psychiatrists and their "medications." It

[30] For example, see Ken Steele's The Day the Voices Stopped (79-80).

is more difficult to build resistance when psychiatrists insist that they are the ones bearing gifts.

I have been comparing and contrasting the experiences of detention camp survivors with those of psychiatric survivors because the United Nations has recently agreed to investigate human rights' violations in the psychiatric system as possible instances of torture. On February 12, 2000, Kate Millett represented a psychiatric survivors' group, Support Coalition International, before the Trusteeship Council of the United Nations. The survivors' group was awarded NGO consultative status with the Economic and Social Council, and the Office of the High Commissioner for Human Rights (MindFreedom Online "Kate Millett's Account of Her Experience: Arguing for Human Rights Before the UN").

Rather than continuing to focus on the category of "torture," however, I want to examine the coordinated assaults on bodies that occur in both detention camps and psychiatric institutions as modern technologies. Martin Heidegger's 1953 essay, "The Question Concerning Technology," offers an approach that helps with this examination. Heidegger thinks beyond the prevailing conceptions of technology as "a means to an end" and "a human activity" (312), and comes to the view that technology is a bringing-forth of the concealed into unconcealment. He backs up this statement by tracing the etymology of the word "technology" to three related Greek words: *technē*, the art or method of making, *epistēmē*, knowledge or understanding, and *alētheia*, truth. Highlighting the word *lēthē*, forgetting or falling into oblivion, within the word *alētheia*, Heidegger suggests

that we think of *alētheia* as revealing or unconcealing. "What is decisive in *technē* does not lie at all in making and manipulating, nor in the using of means," Heidegger claims. "It is as revealing, and not as manufacturing, that *technē* is a bringing-forth" (319).

Technology, then, is a mode of revealing or unconcealing in which truth can be said to happen, to take place as an event. Heidegger argues that although modern technology does represent a break with the techniques of the artisan, the most significant change becomes visible only when technology is re-envisioned as that which enacts revealing. In this moment we see that modern technology is a specific kind of revealing: "Everywhere everything is ordered to stand by, to be immediately on hand, indeed to stand there just so that it may be called on for a further ordering" (322). The establishment of a detention and interrogation camp in which prisoners can be called on at any time to undergo torture is therefore a modern technology. Heidegger refers to this state in which everyone and everything is kept in readiness to be ordered around as "standing-reserve" (322). The grotesque technological apparatus of a prison camp oriented towards inducing the disclosure of secrets entails a double process of unconcealing. The camp reveals its detainees as bearers of secrets, that is, as bearers of information to be extracted through the use of force.

Despite the fact that in the essay "The Question Concerning Technology" Heidegger is reflecting on Nazi concentration camps—or perhaps precisely because he is doing so—he asserts that humans are "never transformed into mere

standing-reserve" (323). In the documentary it often sounds as if the former prisoners were simply ordered in ways that set no limits on further ordering, but their clandestine labour shows that some limits could be maintained. Whether the detainees were crafting gifts from the most basic materials or making connections by sharing their dreams, what was brought forth acted as a base from which resistance could grow. As word spread of conditions inside the prison camp, an international campaign formed calling for it to be shut down. On May 23, 2000, people from the town of Khiam surrounded the camp to demand that the prisoners be released. The jailers left unharmed, allowing the camp to be liberated (Amnesty International USA "'Where is the Door?' The Liberation of Khiam Prison in South Lebanon").

I have referred to the success of psychiatric survivors in persuading the United Nations that when psychiatrists confine, drug, electro-shock, and use restraints on patients, these practices may constitute acts of "torture" according to the UN's own definition of the term. I hope that this breakthrough signals that the liberation of patients—or detainees—from psychiatric institutions will be achieved within my lifetime. If we follow Heidegger's reflections on modern technology, however, then we have to develop a broader understanding of psychiatric treatment. Like the prison camp, the psychiatric hospital or ward involves a double process of unconcealing. Detainees are again revealed as bearers of information, but in this case that which is concealed is believed to be located in neurotransmitter systems rather than in the detainee's memory. Since

psychiatrists lack the means to detect biochemical imbalances in the patient's brain directly, they tend to rely on modelling the workings of neurotransmitter systems retroactively from observations of the effects of psychotropic drugs on those systems. The resulting simulation models are, I suggest, structured as narratives. And it is through these processes that patients' lives are rewritten around particular diagnostic categories. Indeed, as already noted (foreword to 2.2, 66), Lauren Slater makes a similar claim in the afterword to her third memoir, Lying, when she asserts that: "diagnosis itself is a narrative phenomenon" (220).

When psychiatric patients are locked in bare rooms, pumped full of drugs, they are made to pass through a state for which Jacques Lacan's term, "subjective destitution," appears to be an appropriate description.[31] At this zero degree of the self, patients' life stories dissolve, making them malleable, receptive to the moulding effects of diagnostic categories. The drugs that flow through a patient's body are already part of the inscription of a diagnosis, part of the psychiatrist's re-forming of the patient's life story as just one more example of the multitude of

[31] Slavoj Žižek distinguishes between subjectivization and subjective destitution as follows: "'Subjectivization' [. . .] consists in the purely formal gesture of symbolic conversion by means of which the subject integrates into his symbolic universe—turns into part and parcel of his life-narrative, provides with meaning—the meaningless contingency of his destiny. In clear contrast, 'subjective destitution' involves the opposite gesture: at the end of the psychoanalytic cure, the analysand has to suspend the urge to symbolize/internalize, to interpret, to search for 'deeper meaning'; he has to accept that the traumatic encounters which traced out the itinerary of his life were utterly contingent and indifferent, that they bear no 'deeper message'" (The Indivisible Remainder 94).

categories prescribed by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.

The classification system, or nosology, that has, since World War II, been mapped out in successive editions of the DSM, has facilitated an increasing convergence of diagnosis and treatment.[32] Yet in the United States the classification of mind problems began as an information-gathering exercise, rather than as a way of standardizing clinical practice. In the 1840 census, there was a single category of mind problems, "idiocy/insanity," but this number increased to seven for the 1880 census. Not until the latter years of World War I did the Census Bureau enlist the services of the psychiatric profession in this taxonomic exercise. Psychiatry therefore comes to inherit from the state apparatus the capacity to transform *at the level of narrative* the lives of people for whom mind problems may sometimes be an issue. While it is essential to identify psychiatric practices that amount to torture, the narrative interventions in which those practices are embedded should not be forgotten.

I want to conclude this chapter by returning to Heidegger's essay on technology. In my discussion of the detention camp and the psychiatric hospital, I spoke of a double process of revealing, as if these technological apparatuses of confinement were the means for turning bodies into bearers of information to be extracted. The statistical ordering of bodies has long been at work in the census,

[32] This paragraph draws on the section "Historical Background" in DSM-IV-TR (xxiv-xxvi). However, I am using the phrase "mind problems" in place of the psychiatric terms "mental illness" and "mental disorder."

and is reaching a new intensity with the human genome project. What now becomes clear is that it is not the technological apparatuses themselves that order everything and everyone as standing-reserve. Heidegger gestures towards a technological effect that unfolds in modern technology, an effect that exceeds the technologies themselves. He calls this technological effect *Gestell*, which is generally translated as "enframing." Enframing provokes us into an ordering attitude, so that, "Where enframing holds sway, regulating and securing of the standing-reserve mark all revealing" (332). Enframing, Heidegger argues, tends to block another kind of revealing in which humans come to grasp their involvement in—but not control over—unconcealing as the very secret that defines them. This revealing that brings-forth or presences—while also preserving a share in truth-making—is the domain of the arts.

In this way, Heidegger claims to locate a saving power within that which poses the greatest danger, the technological effect of enframing. In Ancient Greece, he believes, the art of presencing had not fissured into methods of production and fine arts. When "art was called simply *technē*," he states, "it was a single, manifold revealing" (339). But have we not seen that with its integration of carceral, pharmaceutical, and narrative interventions, psychiatry is just such a "single, manifold revealing"? As Jean Baudrillard contends in The Vital Illusion, the words of the poet Hölderlin that Heidegger appropriates "must be reversed" (81). "But where danger is, grows/ the saving power also," says Hölderlin; "the more the saving power grows," replies Baudrillard, "the greater the danger" (81).

Foreword to 3.2

"Reports from the Psych Wars" was presented at "Narratives of Disease, Disability and Trauma: An Interdisciplinary Conference," University of British Columbia, May 9-11, 2002. This conference was the culminating event of the three year "Narratives of Disease" project funded by the Peter Wall Institute for Advanced Studies.

In the first part of this chapter, I compare psychiatric expansionism to the nuclear arms race that followed World War II. Each of these phenomena is based on the generation of simulation models that seek to avert an extreme threat: nuclear war, and madness going undetected. Whereas the stockpiling of nuclear weapons has declined since the end of the Cold War, psychiatry continues to amass diagnostic categories that operate as security systems within what Kate Millett has called an "international system of mental policing" (The Loony-Bin Trip 195). When I refer to undetected madness as a simulated threat, I am not speaking of simulation in the conventional sense of artificial construction. Instead I am following Baudrillard's use of the term to refer to the production of a model that assumes the status of reality—or "hyperreality," as Baudrillard would say—because it precedes all other realities, which are relegated to the status of mere scenarios within the simulation model.

The clearest example of undetected madness as a simulated threat is the figure of the "psycho," in whom undiagnosed and/or untreated "mental illness" and a propensity to violence reside. Newspapers, television and cinema have

reinforced the idea of a danger to the public that requires constant vigilance on the part of the authorities. As a result, many people who have been through the mental health system live in fear of psychiatric hospitalization, a point that has been given expression in banners at psychiatric survivor demonstrations that read: "Damn Right We're Paranoid." This situation presents psychiatric survivors with the dilemma of whether or not to disclose our diagnoses to friends, lovers, family members and colleagues. On the one hand, failure to share information may be taken by psychiatrists as a sign of paranoia indicating the onset or presence of psychosis. On the other hand, telling others can lead to the sequence of events described by Kate Millett that was discussed in 2.1: people around us who are in the know look out for signs of relapse; the feeling of being monitored precipitates a breakdown of trust; the isolation that ensues leaves us with nothing to keep our fears in check, so that our "psychiatric histories" (official records of diagnosis and treatment) can catch up with us at any time. Hence the figure of the psycho can be seen to operate as a self-fulfilling prophecy, because it circulates fears that are capable of inducing paranoia.

My analysis of the figure of the psycho is located at the intersection of two sets of debates: the first concerns academic questions regarding the viability of ideology critique, and the second, strategic questions of how to effect change. This analysis is not presented systematically in "Reports from the Psych Wars," however, which is an inadequacy that I should now like to remedy.

The dominant strategy is one of demystification: the figure of the psycho is unmasked as a misrepresentation when it is countered with an alternative representation that is purported to be more accurate. To adopt this strategy is to judge oneself capable of discriminating between true and false representations, thereby tacitly endorsing psychiatry's mission of dispelling delusion. In terms of Baudrillard's theory of four "successive phases of the image," this form of ideology critique corresponds to the second phase, in which the image "masks and denatures a profound reality." Another strategy, an example of which is discussed in the opening paragraph of "Reports from the Psych Wars," is to embrace the debased image of the psycho with the aim of transforming its meaning. The assumption here is that images (and words) have no inherent meaning, and are given different meanings when they are successfully relocated to new contexts. This form of ideology critique no longer reveals a positive truth, but rather a negative truth—the absence of truth—and belongs to the third phase, in which the image "masks the *absence* of a profound reality." My argument that the figure of the psycho, and indeed all of psychiatry's diagnostic categories, are best understood as simulation models implies that they are surfaces with no depth, allowing neither a positive nor a negative truth to be uncovered. In this fourth phase, the image "has no relation to any reality whatsoever: it is its own pure simulacrum" (Simulacra and Simulation 6).

If Baudrillard is right in his statement that "appearances [. . .] are immortal" (164), then the era of ideology critique is over. Any remaining strategy

would have to be post-rationalist, and would, as I argue in 5.1, entail the "subordinat[ion]" of "hermeneutics to aesthetics" (see below 183). However, Baudrillard's images, like Barthes' mythologies, are presented in the form of, and function as, narratives. Towards the end of the first part of "Reports from the Psych Wars," I provide an example of a diagnostic category, psychosis, operating as a simulation model through a poster with an image of a young woman and accompanying explanatory text. This poster acts as a recruiting device by providing a narrative of sufficient flexibility to be applicable to a wide range of bodies. As was seen in the case of Kate Millett, from the moment when a psychiatrist assigns a diagnosis to your body, your psychiatric history will always precede you. In the second part of "Reports from the Psych Wars" I suggest that, because psychiatric diagnoses install what could be called an image-narrative that is irreversible and cannot be dislodged, it is necessary for attention to be turned from individual narratives to the forms of narrative.

Baudrillard's position that ideology critique has come to an end does not mean that ideology critique is impossible, but that it has been deprived of purpose:

> Analysis is itself perhaps the decisive element of the immense process of the freezing over of meaning. The surplus of meaning that theories bring, their competition at the level of meaning is completely secondary in relation to their coalition in the glacial and four-tiered operation of dissection and transparency. One must

> be conscious that, no matter how the analysis proceeds, it proceeds toward the freezing over of meaning, it assists in the precession [sic] of simulacra and of indifferent forms. The desert grows. (161)[33]

What Baudrillard fails to address is the question of why a narrative drive to analyse and produce meaning persists in spite of having become redundant. A common answer is to assert that narration is an instinct to be included in a definition of the essence of the human, with the generally unstated implication that the absence of this instinct is a mark of the inhuman. The existence of memoirs written by individuals whose physical illnesses have rendered communication almost impossible (such as Jean-Dominique Bauby's The Diving Bell and the Butterfly, which was dictated using the last remaining moving part of his body, his left eyelid) could be advanced to support the idea that narrative drive is part of the human essence. Rather than being a universal characteristic of humans, the need to make sense could also be understood as a response to a historically and geographically specific requirement to demonstrate one's ability to conform to a narrative form in order to avoid being categorized as less than human. It is for this reason that I introduce the concept of "The Order of Making Sense," which I take to be at once a regime and a code of conduct, a mode of governance and an ethical injunction.

[33] The allusion is to "The Desert Grows: Woe to Him Who Harbours Deserts. . .," which is one of the dithyrambic verses in Friedrich Nietzsche's Dithyrambs of Dionysus (31-39).

I can now state where this chapter stands in relation to debates concerning the viability of ideology critique, and strategies for effecting change. Each of Baudrillard's four phases of the image focuses on the meaning or lack of meaning of the image (or image-narrative), but I am proposing a critique of ideology that considers the form of narrative. The chapter concludes with an outline of a threefold strategy consisting of a critique of narrative as injunction, as technology, and as commodity.

3.2 Reports from the Psych Wars (May 2002)

What are the "psych wars"?[34] Two references help to provide a context for this concept. On November 19, 1999, the New York Daily News ran a headline on its front page that read: "Get the Violent Crazies Off Our Streets."[35] This headline conflates "craziness" with belligerence, and demands that a certain minority be removed from public spaces in which they are seen as dangerous trespassers. Ron Coleman, a prominent member of the Hearing Voices Network in the United Kingdom, coined the slogan "psychotic and proud" as a gesture of defiance against such exclusionary practices (James 110). Instead of protesting the negative effects of being labelled "psychotic," Coleman calmly affirms an identity that is generally believed to be among the least desirable of all social identities.

This "report" listens to the "psych wars," to the sounds of shots ringing out. The first section explores a few of the dimensions of psychiatric expansionism since World War II, invoking the work of Jean Baudrillard to develop an understanding of the unifying text of American—and increasingly global—psychiatry, the Diagnostic and Statistical Manual of Mental Disorders (or

[34] A version of this chapter has been accepted for publication. Richard A. Ingram, "Reports from the Psych Wars," Unfitting Stories: Narratives Approaches to Disease, Disability and Trauma, ed. Valerie Raoul, Connie Canam, Angela Henderson and Carla Paterson (forthcoming). The first part of this chapter has been published. Richard Ingram, "Reports from the Psych Wars, Section 1: Hyperreal Psych Wars," The Stigma of Cinemania, April 15, 2005 <http://www.cinemaniastigma.com/pages/9/index.htm>. It is reprinted with the permission of David Gonzalez.

[35] The front page bearing this headline is reproduced on David Gonzalez' website, The Stigma of Cinemania.

"DSM"), which was discussed briefly in 2.1. The second section critically appraises the concept of "narrative" as it functions in the context of the psych wars.

3.2.1 Hyperreal Psych Wars

It was the Hollywood mogul Samuel Goldwyn who observed, "Anyone who goes to a psychiatrist ought to have his head examined." Yet most people do not opt to become psychiatric patients. If the psychiatric profession were to rely on voluntary recruits alone, then its scope would be considerably smaller than it is now. As a disciplinary apparatus, therefore, psychiatry has relied on a steady stream of recruits who are press-ganged into service as patients. From the perspective of the state apparatus, the use of coercion has been justified as an essential component of what is sometimes called "the war on mental illness."

But the narrative of fighting to overcome this enemy has been challenged by a counternarrative that considers the very concept of "mental illness" to be fraudulent. By the 1970s, books such as E. Fuller Torrey's The Death of Psychiatry suggested that the profession was itself on the verge of collapse. Looking back, however, it is clear that far from expiring, psychiatry was undergoing a fundamental transformation. Indeed, the profession emerged strengthened from its breakdown by entering into a Faustian pact with the pharmaceutical industry. The condition of this pact was that psychiatry was obliged to renew theories of biologically determined behaviour that had been discredited by the events of World War II. Psychiatry's rehabilitation was

achieved by resuscitating theories of innate defects in order to shore up the concept of "mental illness," and to gain a more secure position within the medical establishment.

The success of the counternarrative that rejects the concept of "mental illness" could be measured in terms of the dramatic reduction in the number of institutionalized patients. By re-inventing itself as psycho-pharmacology, though, psychiatry has become less dependent on the mechanism of confinement. Not only has it managed to integrate the critique of the "stigma" of mental illness, psychiatry has also produced the category of "consumer" to supplement the category of "patient." This shift from "patient" to "consumer" enhances psychiatry's claim that it operates on the basis of consent.

Nevertheless, the process of de-institutionalization is being re-evaluated, and there are signs that it may be reversed. I have referred to the prominent American psychiatrist, E. Fuller Torrey, because he embodies this reversal, having mutated from a dissident within his profession into a leader of the new press gangs. In his 1997 book, Out of the Shadows: Confronting America's Mental Health Crisis, he states, "For a substantial minority [. . .] de-institutionalization has been a psychiatric *Titanic*" (11). It appears that the main reason behind the great push for de-institutionalization in the 1960s and 1970s is being forgotten, and that we need to have our memory jogged. David Gonzalez, a mad movement activist, arrived at the following striking comparison by employing information from the 1995 edition of the World Almanac and Book of

Facts on the number of Americans killed in combat (163), together with figures obtained in 1994 from the Centre for Mental Health Services:

> Between 1950 and 1964, more people died in United States federal, state and county "mental hospitals" than the number of Americans killed in the Revolutionary War, the War of 1812, the Mexican War, the Civil War, the Spanish-American War, World War I, World War II, the Korean War, Vietnam, and the Persian Gulf War combined. ("What the Media Chooses Not to Report")

In short, the "war on mental illness" has been the most lethal confrontation in which the United States has ever been engaged.

At the heart of this confrontation lies the text that is regularly referred to as the "psychiatrist's bible," the Diagnostic and Statistical Manual of Mental Disorders (the "DSM"). Since the first edition of the DSM was published in 1952, this text has grown exponentially. One indicator of the rapidity of its expansion is the number of pages needed to list and define the diagnostic categories in successive editions. For the second edition, published in 1968, the number of pages was 51; for the 1987 revised version of the third edition, the number was 350; and for the enigmatically named "text revision" version of the fourth edition that emerged in 2000, there are 742 pages of lists and definitions (Barss 21).

One way of approaching the DSM is to treat it as an ideological text in which the traces of battle are inscribed. Louise Armstrong, a journalist who has written about an aspect of the psych wars that she describes as "the psychiatric

policing of America's children," summarizes the militaristic manoeuvrings in and around the DSM with these observations: "Reading about the evolution of the DSM [. . .] is somewhat like reading the history of the Balkans: ongoing border wars, eruptions, skirmishes, the odd assassination, uprising, overthrow [. . .]" and "[The DSM] is an entirely *political* document" (Armstrong in Caplan ix). Although I do not doubt the productivity of this approach, the drawback is that it aims to diagnose psychiatry's underlying traumas by identifying textual symptoms, which entails the embrace of some of psychiatry's own methods.

In an effort to avoid making truth claims about the psych wars, I am going to utilize the concepts of "simulation" and "deterrence" as they are articulated by Jean Baudrillard in Simulacra and Simulation. There is a parallel, I want to suggest, between the nuclear arms race and the stockpiling of diagnostic categories since World War II. The connection between military and psychiatric expansionism is that in each instance, the simulation of an extreme threat triggers a proliferation of security systems, spreading like a chain reaction to cover all social relations. For psychiatry, the danger to be averted is any situation in which a mad person remains anonymous to the authorities. With this simulated threat as its alibi, the American Psychiatric Association has assembled the vast diagnostic machine of the DSM. Aside from being a perfect example of what Deleuze and Guattari call an "apparatus of capture,"[36] the diagnostic machine of the DSM

[36] Deleuze and Guattari state that the mark of an "apparatus of capture" is "that very particular kind of violence that creates or contributes to the creation of

functions as a security system that dissuades the population from behaviour that risks being identified as symptomatic of "mental illness."

A typical response of the "anti-psychiatry" or "mad movement" is to argue that the mad are less violent than the general population, and positively docile in comparison with psychiatrists who practise "involuntary commitment" and "involuntary treatment"—also known as arbitrary incarceration, forced drugging and electro-shock. But the strategy of rationalist critique will be ineffective if, as Baudrillard asserts, "we are in a logic of simulation, which no longer has anything to do with a logic of facts and an order of reason" (16). Following Baudrillard, then, will lead us to the conclusion that the figure of the "psycho" can be neither proved nor disproved because it surpasses the oppositions of "real" and "imaginary," "true" and "false"—in short, it is "hyperreal."

As for the DSM, its diagnostic categories have long ceased to represent realities that precede them, and have instead become simulation models that generate hyperrealities. The DSM may once have been compiled from "case studies," as narratives of investigation into the aetiology and trajectory of "mental disorders." However, a threshold has been crossed so that it is the lives of patients that are now expected to conform to the models of "mental disorders," rather than the other way round.

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that which it is directed against, and thus presupposes itself" (448). For example, the violent creation of the problem of "mental illness" by the discipline that justifies its existence in terms of the need to target this very problem.

Posters from a project known as the "Early Psychosis Initiative" illustrate how diagnostic categories operate as simulation models. Towards the end of April 2002, four posters started appearing on lampposts in the Vancouver-Richmond area, each of which showed a figure said to be between the age of 17 and 24. One of the posters reads:

> Mary used to be really popular. Now she won't talk to her friends because she doesn't trust anyone. Psychosis is a treatable medical condition that affects thinking and perception. Three out of 100 people will get it. Worried about yourself or a friend? Visit [website provided] or call us at [phone number provided] for confidential help.

On the website, there is a particularly chilling request that promises to usher in a wave of psychiatric McCarthyism: "The Early Intervention Program would like to hear from you if you or someone you know in the Vancouver or Richmond area is showing early signs of psychosis. Please email us at [email provided] or call [phone number provided]." This evangelistic project, co-ordinated by the Department of Psychiatry at the University of British Columbia, preaches a script into which we are invited to write ourselves, or those we know, as actors. Its simple narratives precede and have priority over the lives into which they will insert themselves, which is precisely why I consider them to be simulation models.

3.2.2 The Order of Making Sense

I now turn to the theme of "narrative" with the aim of raising some questions about the problem of "making sense," for which "narrative" is so often prescribed as the solution. The previous section began by referring to the decline and subsequent recovery of a psychiatric narrative based on the concept of "mental illness," and to an anti-psychiatric narrative that rejects this key concept. Gayatri Spivak has argued in A Critique of Post-Colonial Reason that "we need a commitment not only to narrative and counternarrative, but also to the rendering (im)possible of (another) narrative" (6). In this section, I challenge the assumption that there are only narratives, counternarratives, and excluded other narratives, by asking what is rendered impossible by the form(s) of narrative.

Madness can evade capture by inhabiting "the desert of the real" (Simulacra and Simulation 3) for only so long before it corrodes into models that substitute for the real. And when the real recedes, a desperate search for authenticity ensues. "When the real is no longer what it was," Baudrillard contends, "nostalgia assumes its full meaning" (6). The current popularity of autobiographical texts that recount the "lived experience" of madness could testify to what Baudrillard designates as a "[p]anic-stricken production of the real" (7).[37]

[37] Lauren Slater remarks on "the huge proliferation of authoritative illness memoirs in recent years, memoirs that talk about people's personal experiences with Tourette's and postpartum depression and manic depression, memoirs that are often rooted in the latest scientific 'evidence' [. . .]" (Lying 221).

My research has focused on the testimonies of psychiatric consumers, survivors, and ex-patients, especially on those published since the introduction of Prozac in the late 1980s. Instead of relegating these texts to the realm of nostalgia, I consider them to be strategic interventions in the psych wars. They could be read, I have argued, as attempts to reclaim authority and authorship in lives that have become organized to fit with the simulated narratives of psychiatry's diagnostic machine. There is a comment in a 1972 interview by the dissident psychiatrist, Félix Guattari, that supports this interpretation. Asked if radical critiques of psychiatry could transform the discipline into the leading human science, Guattari replied: "Rather than psychiatry why not the schizophrenics, the mad people themselves? I don't believe that those who work in the field of psychiatry, at least at this point, are really the ones in the avant-garde" (Chaosophy 83).[38]

Unfortunately, the goal of re-appropriating one's life from the psychiatric apparatus of capture is, I think, impossible. One explanation of why this objective is unattainable was proposed by Jacques Derrida in his 1963 lecture, "Cogito and the History of Madness," which is a critique of Michel Foucault's book, Folie et

[38] Guattari's remark was made at a time when critiques of psychiatry from within the profession would have been viewed by many as the basis for transforming the discipline. Hence the significance of Guattari's insistence that it is schizophrenics rather than dissident psychiatrists who constitute the avant-garde.

déraison.[39] Foucault had done his utmost to avoid writing a history of psychiatry, and had instead framed his project as an archaeological investigation that sought to excavate the silence of a madness that has been buried beneath psychiatric language. Derrida argued that the decisive flaw in this approach was that the silence of madness could only be evoked in the language of reason (see also 4.2.6). No one who resorted to the language of reason, even if they were, like Foucault, contesting reason, could avoid being complicit with psychiatry as the delegate of state apparatuses that uphold the rule of reason, on which their argument depends:

> All our European languages, the language of everything that has participated, from near or far, in the adventure of Western reason—all this is the immense delegation of the project defined by Foucault under the rubric of the capture or objectification of madness. *Nothing* within this language, and *no one* among those who speak it, can escape the historical guilt [. . .] which Foucault apparently wishes to put on trial. (Writing and Difference 35)

This debate manifests one of the dilemmas faced by the psychiatrized. The concept of "making sense" of illness, which has gathered all the force of a regulative ideal for people with all types of illness, is particularly oppressive

[39] A comprehensive analysis of this debate between Foucault and Derrida can be found in Roy Boyne's Foucault and Derrida (1990).

when it comes to hold sway over people who are judged to be "mentally ill" on the basis of their alleged failure to "make sense."

However, the "order of making sense" is by no means limited to psychiatrists and psychoanalysts. The anti-psychiatry movement often promotes holistic approaches centred on talk, writing, or art therapies as alternatives to the reductionism of psycho-pharmacology. In her study of the psychiatric survivor movement, A Fragile Revolution, Barbara Everett maintains that

> from the perspective of the actual patient, psychiatry and anti-psychiatry may not be as far apart as they appear to the protagonists. Each identifies the patient or client as a victim, either of disease or environment. In both cases, rescue is achieved only through professional intervention. (35)

To this I would add that psychiatry and anti-psychiatry believe that the condition from which "victims" should be "rescued" is one in which they have either lost or been deprived of the ability to "make sense."

Moreover, a growing convergence of the regulative ideals of "making sense" and "redemption through creative work" is leading to the elevation of "narrative therapy" to the status of a moral imperative. "Narrative therapy" is not a homogeneous concept: variations on the theme can be found in psychotherapy;[40]

[40] In the field of psychotherapy, Michael White and David Epston's Narrative Means to Therapeutic Ends (1990), has been followed by such titles as Narrative Therapy: The Social Construction of Preferred Realities by Jill

in some of the recently published memoirs by psychiatric consumers, survivors, and ex-patients; and in many disciplines across the humanities, social sciences, and health sciences. For an example of narrative therapy as moral imperative, I am going to cite the conclusion of Naomi Schor's essay, "Depression in the Nineties." "Narrative," she counsels, "however contested by currently dominant forms of criticism, must be retained lest storytelling be lost as an essential meaning-giving and, I will risk the word, universal means of making sense of one's hopes and desires, one's ideals and despair, not to say one's depression" (Bad Objects 163). My view is that by preserving the order of making sense, the kind of endorsement that Shor gives to narrative therapy colludes with the simulation models of psycho-pharmacology.

By juxtaposing two contrasting images, a 1997 advertisement for Prozac suggests a narrative of recovery. In the first image, an object barely recognizable as a vase lies in pieces above the slogan: "Depression shatters." In the second, the vase has been reassembled and contains a vibrant flower. Two slogans accompany the restored vase: "Prozac can help" and "Welcome back." Prozac can come to the rescue, we are encouraged to believe, whenever fragmentation, multiplicity, dispersion (the shattered vase), and "the blues" (the colour surrounding every piece of the vase), have broken us apart. We will understand that life itself had receded (the former absence of the flower), as warmth and vivacity (the red

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Freedman and Gene Combs (1996) and A Different Story: The Rise of Narrative in Psychotherapy by Christian Beels (2001).

flower) are restored. Prozac enables wholeness, unity, and coherence to return (the intact vase), and so puts Humpty Dumpty together again.

What I am highlighting here is the continuity between, and the inseparability of, Prozac and narrative, as discussed in 3.1. As was the case with the poster of "Mary," the simulation model integrates a diagnostic label with a specific treatment to produce psychiatric patients. A distinctive feature of this narrative is the transformation of the psychiatrized person into a consumer. Whereas the victims of "psychosis" are presumed to be in such a serious condition that informants are needed to turn them over to the authorities, this advertisement persuades us that consumers choose Prozac, and therefore that psychiatry operates on the basis of consent.

3.2.3 Towards a Critique of Narrative

Contrary to Shor, therefore, I think that the category of "narrative" is not receiving sufficient critical attention, and that the part played by narrative in the psych wars is predominantly pernicious. A triple critique of narrative needs to be developed, whose combined effect should be to erode the idea that madness is an illness consisting of a deficit in the capacity to "make sense." First, we need a critique of narrative as an injunction that results in those who fail to bow to the order of making sense being judged to be "mentally ill"; second, a critique of narrative as a technology or "mode of enframing" that positions psychiatric patients as senseless bodies, dependent on mental health professionals who are presumed to know the true nature of their patients' "mental disorders"; and third,

a critique of narrative as a commodity, which would analyse the role of narrative in psycho-pharmacology's pill-pushing campaigns, building on Roland Barthes' insight: "Why do we tell stories? For amusement or distraction? For 'instruction,' as they said in the seventeenth century? Does a story reflect or express an ideology, in Marxist sense of the word? Today all these justifications seem out of date to me. Every narrative thinks of itself as a kind of merchandise" (89).[41] To sum up: what I am proposing is an interrogation of the ways in which the psych wars are structured by the moralities of "production," "meaning," and "narrative." I want to emphasize that my aim is not to supplant them with counter-moralities of "anti-production," "anti-meaning," and "anti-narrative." Instead, it is to affirm that which comes before, between, and beyond the oppositions of production and non-production; meaning and non-meaning; narrative and non-narrative.

[41] The critique of narrative as injunction has been pursued in the current chapter; the critique of narrative as technology was the subject of 3.1; and the critique of narrative as commodity, an example of which was presented in my reading of the 1997 Prozac advertisement, has been developed in Jonathan Metzl's Prozac on the Couch (2003).

Foreword to 3.3

From August 16 to September 6, 2003, psychiatric survivors in Pasadena, California staged a hunger strike while demanding that the American Psychiatric Association (APA) and the National Association for the Mentally Ill (NAMI) provide evidence for their claims concerning the etiology of mental illness. The hunger strikers received messages of support from around the world, and eighteen people expressed their solidarity by fasting. The APA's initial response to their demands came in the form of a letter from its medical director, Dr. James Scully, Jr.. The director of Support Coalition International (SCI), David Oaks, who was one of the hunger strikers, passed this letter to the Fast for Freedom's fourteen-member panel of health academics and practitioners for them to assess its scientific claims. On Day Eleven, a delegation of hunger strikers met with APA President, Dr. Marcia Kraft Goin, at her office in Los Angeles, and she indicated that the APA's division of research would provide the requested evidence in due course. On September 26, 2003, the APA made good on this promise by releasing a lengthy press statement, to which the Fast for Freedom's scientific panel replied on December 15, 2003. Reports on the Fast for Freedom and the dialogue with the APA were published in many American newspapers, including The Washington Post and the LA Times ("Fast for Freedom in Mental Health").

On September 5, 2003, I presented "'You're Not Making Sense': Psychiatrization and Internal Exile" at the Inaugural Conference of the Disability Studies Association, University of Lancaster. By bringing the Fast for Freedom in

Mental Health to the attention of an audience at a disability studies conference, I hoped to raise the issue of tensions between people with "physical" disabilities and psychiatric survivors. One of the hunger strikers, Krista Erickson, who is blind, has since stated that she

> volunteered to be a hunger striker in the Fast for Freedom [. . .] to call upon the disability community—[her] community—to increase awareness of and become involved in advocating more noticeably and passionately for human rights and real choices in the mental health system. (6)

Rather than uniting with psychiatric survivors, Erickson observes, "the disability community has allowed discriminatory, segregationist, separate and unequal programs, services, policies and even laws harmful to people labeled with psychiatric disabilities" (6). Admittedly, it is often the case that there is resistance among psychiatric survivors to being identified as people with disabilities, a reaction that I discuss in this chapter.

The divisions between people with disabilities and psychiatric survivors arise from the Cartesian mind/body dualism, which, I argue, the Fast for Freedom called into question. By pursuing a form of protest that is centred on the body, the hunger strikers drew attention to the fact that psychiatrists do not monitor their patients' thinking in isolation from other bodily functions. Each of the following may provide the psychiatrist with evidence that the patient is not conforming to the order of making sense: ingestion of medications, sleeping patterns, sexual

activity, diet, bowel movements, and use of alcohol, tobacco and illicit substances. While professing to be a discipline that is primarily concerned with the mind, psychiatry nevertheless assumes authority over many aspects of patients' lives. This authority is perhaps most evident in the category of "non-compliance," which is used to describe patients who deviate from their prescribed medication schedule. The classification of patients as compliant or non-compliant operates on the assumption that the judgement of the psychiatrist is beyond doubt, both in issuing the prescription and determining that the failure to follow orders is inappropriate behaviour. In an individual, fasting would, like skipping medications, be read by a psychiatrist as a sign of mental illness. The Fast for Freedom revealed that whenever a psychiatrist interprets a patient's conduct in relation to a norm, the possibility that it may constitute political resistance is overlooked.

More broadly, then, the Fast for Freedom drew attention to an ongoing process of narrating patients' lives that psychiatry sustains following diagnosis. The moment of diagnosis is an example of what Deleuze and Guattari call an act of "incorporeal transformation," which "is recognizable by its instantaneousness, its immediacy, by the simultaneity of the statement expressing the transformation and the effect the transformation produces" (A Thousand Plateaus 81). Deleuze and Guattari distinguish between "the actions and passions" that affect bodies, which would include the narration of patients' lives by psychiatrists and all of the patients' feelings about the resulting narratives, and "acts, which are only

noncorporeal attributes or the 'expressed' of a statement" (80). The point that I wish to emphasize is that the hunger strikers were not undertaking the action of replacing psychiatrists' narratives with counter-narratives. Jeanine Grobe identifies the difficulty of producing a counter-narrative when she claims that "a person who has been smashed [by psychiatry] cannot be accessed by linear means; there is no holding thread. She must mosaic herself—making new rules as she goes and using the blood of her splintering for glue" (Beyond Bedlam back cover). The Fast for Freedom consisted not only of the corporeal action of refusing food, but also an instantaneous act of assigning noncorporeal attributes characteristic of an incorporeal transformation: the moment of becoming hunger strikers.

In this chapter I refer to the position of the psychiatric survivor at the margins of the order of making sense, as described by Jeanine Grobe, using the term, "internal exile."[42] This expression is also derived from Foucault:

> The madman's voyage is at once a rigorous division and an absolute Passage. In one sense, it simply develops, across a half-

[42] My use of this term is also intended to highlight similarities between the situations in which psychiatric survivors and people with (other) disabilities find themselves. David Mitchell enumerates the ways that disability surfaces as an "unsightly eruption of the anomalous (often physical in nature) in the social field of vision. The (re)marking of disability begins with a stare, a gesture of disgust, a slander or derisive comment on bodily deviance, a note of gossip about a rare or unsightly presence, a comment on the unsuitability of deformity for the appetites of polite society, or a sentiment about the unfortunate circumstances that bring disabilities into being," thereby effecting a "ruling out-of-bounds of the socially anomalous subject [. . .]" ("Narrative Prosthesis and the Materiality of Metaphor" 22).

> real, half-imagined geography, the madman's *liminal* position on the horizon of medieval concern—a position symbolized and made real at the same time by the madman's privilege of being *confined* within the city *gates*: his exclusion must enclose him; if he cannot and must not have another *prison* than the *threshold* itself, he is kept at the point of passage. He is put in the interior of the exterior, and inversely. A highly symbolic position, which will doubtless remain his until our own day, if we are willing to admit that what was formerly a visible fortress of order has now become the castle of our conscience. (Madness and Civilisation 11)

I turned to Derrida's Monolingualism of the Other and his thinking about hospitality in order to investigate the consequences of internal exile, because he discusses experiences that are in many ways similar to psychiatrization, while also differing from the latter in important respects.

3.3 "You're Not Making Sense": Psychiatrization and Internal Exile (September 2003)

I'm willing to make sense as soon as the rest of the world does.

Mark Vonnegut, The Eden Express (118)

As the title of this chapter suggests, I am concerned with forms of inclusion and exclusion, with who is made to feel welcome, and who is obliged to endure neglect, often in silence. Recently I have turned to the work of Jacques Derrida to explore the idea first raised by Georges Bataille of a paradoxical negative community, or in Bataille's own phrase: "'the community of those who do not have a community'" (Blanchot, The Unavowable Community 1). Derrida has employed the concept of hospitality to elaborate novel ways of approaching questions of inclusion and exclusion, and in Monolingualism of the Other he has been willing to disclose details of how these issues have touched his own life.

Before I return to the theme of hospitality, I think that it is important to summarize some of the personal experiences that have culminated in my presence at what is my first disability studies conference. In July 1995, I was detained at a psychiatric institution while studying in a small town not far from Chicago. As a psychiatric patient, I was diagnosed as "schizophrenic," placed on anti-psychotic medications, and told that it would be necessary to remain on these drugs for the rest of my life. Among the many "side effects" of this treatment was the drastic impact it had on my ability to concentrate (see 4.1.15). I deteriorated from being capable of reading dense theoretical texts in a single day to struggling through

three novels over the course of a full year. It was only when a Vancouver-based psychiatrist persuaded me to come off the anti-psychotic medication in the autumn of 1996 that my powers of concentration were partially restored, causing me to realize that I had been experiencing a medication-induced disability.

A year later I chanced upon a book by Irit Shimrat, Call Me Crazy: Stories from the Mad Movement, and belatedly learned about the existence of an international movement of psychiatric survivors, or more broadly of c/s/x, consumers, survivors, and ex-patients. By reading this book, I was interpellated as a psychiatric survivor, but not yet as a person with disabilities.

I will suspend my personal narrative at the moment of confronting this disjuncture, and introduce the perspective of one of the contributors to Call Me Crazy, Judy Johnny, who recalls a couple of incidents that illustrate the gap between the categories of "psychiatric survivor" and "person with disabilities." Her testimony is also useful for an understanding of the relevance of Derrida's writings on hospitality. Johnny found that in order to be part of a psychiatric survivors' group in Whitehorse, Yukon, she needed to invite herself. Or, in her own words, "I encouraged them to include people who have physical disabilities and have also had psychiatric treatment, and who want to be involved" (Shimrat 138). Johnny goes on to recount an occasion on which Shimrat declined an invitation that might have allowed the latter to bridge the gap between psychiatric survivors and people with disabilities:

> Irit told me that she was once asked to speak at a conference of people with disabilities and refused on the grounds that she wasn't disabled and didn't want to encourage the idea that "mental illness" was a disability. I think that's pompous. Maybe they don't have a person in that group who'll talk about those things. They need someone from outside to come in and say something about psychiatry. To sow that seed and then step aside, and let the people in the group take it upon themselves and go on from there.
>
> Maybe you don't feel you belong to the disabled group. But you could try saying, "I have been labelled as having a psychiatric disability. I don't think there's any such thing. I was disabled by the medications; let me talk to you about that." Then you can reach into that group. Even though you might not have a disability, there may be people who do and who want to be part of your group. So you want to be able to give an opening to someone who has a disability, who doesn't fit into the disability community for some reason—psychiatric or whatever. And you should remember that a lot of people with other issues don't feel they have a disability but have been labelled as having one. (141-142)

Shimrat's inclusion of Johnny's critique in her book can, I think, be read as an attempt to make amends for having failed to accept a gesture of hospitality. And as one of the readers of this dialogue in Call Me Crazy, I hope that my

presence at this conference will help to reduce what have been identified as the "fears and anxieties on both sides of being linked with the negatives that are often associated with the other" (Beresford, Gifford and Harrison 209). By invoking the "negatives" associated with psychiatric survivors and people with disabilities, Beresford, Gifford and Harrison give me the opportunity to defer Derrida a little longer by offering one example of resentment directed towards psychiatric survivors. This magazine, an alternative journal published in Toronto, focused on the psychiatric survivor movement for its first issue of 2002, entitled: "Has the World Gone Mad?" "Subversive, edgy and smart," the magazine's website boasts, "This is the real alternative to that" (This). And this is the closing paragraph of Gregory Boyd Bell's article, "No Straightjacket Required":

> Medicine is about healing. The challenge Mad Pride advances is what to do about people who insist that they aren't sick—it's the rest of us who have the problem. Since most people receiving psychiatric care pose little or no danger, the question really is how far the rest of society is willing to go to support people whose voices, visions or mood swings render them unproductive drains on the commonwealth. As caring people, we should be sympathetic to alternative treatments for those judged mentally ill. But if psychiatric survivors think we are about to shut down the

> psych wards and make every day an outpatient day, then they're a few sandwiches short of a picnic. (Boyd Bell 34)[43]

Try to imagine a special issue of a radical journal devoted to feminism or anti-racism ending a feature article by making a joke about the sanity of women or people of colour, and you will catch a glimpse of what the psychiatrized are up against.

This example of prejudice against the psychiatrized brings me to Derrida's essay, "Hostipitality," in which he observes that the Latin word from which the word "hospitality" is derived has "a troubled and troubling origin." The irony of this Latin word is that it "carries its own contradiction incorporated into it," because it "allows itself to be parasitized by its opposite, 'hostility,' the undesirable guest which it harbours as the self-contradiction in its own body" ("Hostipitality" 3). Boyd Bell's vision of extending hospitality towards the psychiatrized is severely limited by the condition that we are not permitted to contest his conception of a chasm between healthy, productive citizens and sick, unproductive citizens. Once we challenge his premise, "medicine is about

[43] The idea of closing psych wards, which Boyd Bell dismisses as insane, became the policy of one regional health authority in the United Kingdom in September 2004: "Mersey Care Trust, which provides mental health services in north Merseyside [...] plans [...] to shut all its inpatient psychiatric wards (many of them old and dilapidated) and move services into five new community mental health resource centres" ("Towering challenge"). The Mental Health Foundation's chief executive, Andrew McCulloch, welcomed this change, commenting: "'There is no evidence that traditional acute psychiatric inpatient care is good for your mental health, and there is plenty of evidence that it is expensive and ineffective. North Mersey is right at the cutting edge, taking modernisation of mental health services to its logical conclusion.'"

healing," we see that his position requires that hostility gains ascendancy over hospitality as the geographical isolation of the "sick" is enforced through the practice of involuntary confinement. By means of internment, the sick and unproductive are handed over to the hostipitality of the patron of the mad house, memorably described by Henri-Jacques Stiker in A History of Disability as "[t]he expert psychiatrist, absolute master of the rationalized space of the asylum where all madness ends up, the benevolent leader of the phalanxes of citizens without rights, [. . .] one of the quintessentially important personages of society" (138). What Boyd Bell does not grasp is that having the wrong experiences at the wrong time and place can cause anyone to find themselves in a space where all rights are withdrawn, a space in which tyranny is assumed to constitute an essential dimension of care and healing, which I have referred to in my title as "internal exile."

The psychiatric hospital could be viewed as the opposite of the "law of absolute hospitality" that, according to Derrida's essay "Foreigner Question," "commands a break with hospitality by right, with law or justice as rights" (Of Hospitality 25). Whereas psychiatry categorizes every manifestation of strange behaviour it witnesses, Derrida suggests that "one of the subtle and sometimes ungraspable differences between the foreigner [or stranger] and the absolute other is that the latter cannot have a name." In relation to this absolute other, he asserts that "the absolute or unconditional hospitality that I would like to offer him or her presupposes a break with hospitality in the ordinary sense, with conditional

hospitality, with the right to or pact of hospitality" (25). Derrida's absolute hospitality, whose impossibility he acknowledges, would be attained by following the commands that no conditions be attached, and that no name be ascribed to the other.

As an Algerian Jew, Derrida became a foreigner in his native land when the French government based in Vichy acted on its own initiative in 1940 to revoke citizenship for Jews in Algeria. In Monolingualism, Derrida reveals that he was among the many schoolchildren who were expelled from an education system that adopted the newly circumscribed definition of French citizens. For Derrida, the effect was one of being denied access to French language, literature, and culture. The point on which he insists is that this act of inhospitality, rooted at the level of language, continues to deprive him of the means to articulate what was, and what remains, lost.

It is because the restoration of narrative continuity is impossible that Derrida states in the epilogue to Monolingualism:

> What I am sketching here is, above all, not the beginning of some autobiographical or anamnestic outline, nor even a timid essay toward an intellectual bildungsroman [sic]. Rather than an exposition of myself, it is an account of what will have placed an obstacle in the way of this auto-exposition for me. An account, therefore, of what will have exposed me to that obstacle and

> thrown me against it. Of a serious traffic accident about which I never cease thinking. (70)

It is worth dwelling on the concept of "anamnesis," which Derrida mentions only incidentally, and relating it to Foucault's hypothesis in Discipline and Punish that the emergence of documentary techniques of anamnesis marks "the birth of the sciences of man" (191).[44] I want to highlight a small but decisive difference between "anamnesis" as it is defined in medicine, and the way that the same word is operationalized by psychiatrists. According to the medical understanding of this concept, anamnesis is the narration of early symptoms in the onset of illness, which is in most cases a process to which the patient contributes. The assumption made by psychiatrists, by contrast, is that few of their patients have what psychiatrists call "insight" into their own illness, a judgement that renders them unreliable witnesses in the exposition of what Derrida figuratively terms "traffic accidents."

Although I do not want to detract from the gravity of the inhospitable conduct to which Derrida and other Algerian Jews have been subjected, I wish to draw attention to three aspects that may be grounds for considering the internal exile of the psychiatrized to be of even greater severity. First, our encounter with psychiatry begins with either internment or becoming exposed to the threat of internment. Second, we are not just stripped of access to one or more languages, literatures, and cultures, but to language, literature, and culture per se. Third, the

[44] The concept of anamnesis is also analysed in 4.2.6.

application of these techniques of isolation is wrapped in a discourse of benevolent care, and backed up with irresistible force. Once a psychiatrist has informed you that "you're not making sense," you no longer have any say in determining what is in your interest, and all rights vanish into air.

Derrida proposes that what happened to Algerian Jews may have been a unique event in modern history: "I do not know whether there are other examples of this in the history of modern nation-states, examples of such a deprivation of citizenship decreed for tens and tens of thousands of people at a time" (Monolingualism 17). It is surprising that Derrida overlooks the laws of "mental health" or "mental hygiene" under which a much larger number of people around the world are detained, more often than not against their will. Or maybe it is not so surprising, for Derrida's thinking about hospitality is oriented towards the figure of the refugee or "asylum seeker," and therefore assumes that "asylum" is precisely that which is desired by the other. In the relationship between host and guest, Derrida looks only from the perspective of the host, and does not take sufficient account of the point that there is no hospitality unless the other is at all times given the option of declining the offer of hospitality.

I have already asserted that the psychiatric hospital could be considered as the antithesis of Derrida's impossible ideal of absolute hospitality, an impossibility of which Derrida writes: "It is necessary to do the impossible. If there is hospitality, the impossible must be done" (Monolingualism 14). The hunger strikers in Pasadena include psychiatric survivors who can testify that the

psychiatric hospital is also a space in which absolute hospitality is realized. Biopsychiatry is a perfect host, with the spittoon of the loony bin welcoming people who have been ejected from the mouth of the body of the social. The violence of a social order that judges many of the individuals who comprise it to be unassimilable is disavowed through a projection that articulates the psychiatrized as "a danger to themselves and others." Biopsychiatry targets the mouths of the psychiatrized, policing the words we speak, and making our re-entry to the body of the social conditional upon strict observance of a medication regimen. The Fast for Freedom draws attention to biopsychiatry's disciplinary control of the mouth, and to the violence of the phrase "you're not making sense," through which we are sentenced to constant surveillance as internal exiles. It is not just food that the hunger strikers are refusing to swallow; their statement is an expression of the views of psychiatric survivors around the world: we can no longer stomach a biopsychiatric order that seems incapable of recognizing that its hospitality enacts and engenders hostility towards the psychiatrized.

4 A Captured Body

Foreword to 4.1

In 1.1, my intention to perform a genre analysis of mind-problem memoirs was overtaken by a more pressing need to write about the two psychiatric hospitalizations that I experienced at the time (April and June 1998). It was necessary to take leave of absence from my studies in the fall of 1998 due to chronic depression, and it took me considerably longer to regain confidence in my academic abilities.

This second set of hospitalizations affected me in a more profound way, however, because they undermined the conception I had formed of my earlier hospitalizations in 1995. Having read Irit Shimrat's Call Me Crazy, I had assumed that my case resembled hers in that the diagnosis was basically an error. It became more difficult to sustain this assumption given the wide mood swings that affected me throughout 1998.[45] Moreover, I began to be aware of the problem that trying to prove one's own sanity is dependent on a dualism of sanity and insanity that condemns others to the second, devalued position. I recognized that I had been drawn into a truth game structured by psychiatrists' diagnoses, in which the only options were to support or oppose those diagnoses. It would be necessary, I concluded, to find a way of subverting the truth game itself. I arrived at these insights through studying Kate Millett's The Loony-Bin Trip in conjunction with

[45] A further bout of mind problems, requiring hospitalization lasting three weeks, overtook me from the end of 2003 through to the fall of 2004.

Deleuze and Guattari's A Thousand Plateaus, which led me to develop the concepts of a strategy of separation and a strategy of abolition that are articulated in 2.1.

The current chapter, "Framed," was written before 2.1, during the period in which I felt obliged to re-examine my 1995 hospitalizations. As I mention in 4.3.8, solitary confinement and neuroleptic medication for an alleged state of psychosis did not initially prevent me from continuing to think about the political and philosophical theory debates that had occupied me in the spring of 1995. My desire and capacity to pursue these theoretical reflections were soon extinguished, however, and did not resurface until after my 1998 hospitalizations. In this respect the Laclau-Mouffean methodology that I outlined in 1.1.5 could be regarded as a regression, because it takes no account of the alternatives to Laclau and Mouffe's theory that I encountered during the academic year 1994-1995. There may have been some resistance on my part to resuming my theoretical reflections from that time because of the difficulty of returning to the events of the summer of 1995 with which they were bound up. In addition, one psychiatrist had issued strict instructions to avoid thinking about those events (see 4.1.15), which suggested that any attempt to revive memories of that time was potentially dangerous for my health.

Intuitively, I suspected that the erosion of my commitment to Laclau and Mouffe was connected with my mind problems in the summer of 1995. Perhaps, I speculated, my subsequent return to the Laclau-Mouffe fold was motivated by a

wish to retrieve the solid ground that had given way beneath me as my doubts about their ideas escalated. Replying to a question that refers to his supposed "rejection of the Marxist framework," Ernesto Laclau emphatically states: "I haven't rejected Marxism. Something very different has occurred. It's Marxism that has broken up and I believe I'm holding on to its best fragments" (New Reflections on the Revolution of Our Time 201). Clearly, I fared rather less well, because when Laclau and Mouffe's post-Marxism disintegrated for me, it was I who was left in fragments. What I lost at that time, I later concluded, was a meta-narrative with which to make sense of the world.

My objection to post-Marxism, which emerged only after writing the current chapter, is that it displaces one meta-narrative only for another to be installed in its place. In Hegemony and Socialist Strategy, Laclau and Mouffe's deconstructive reading of the Marxist historical meta-narrative shows how the latter increasingly acknowledges the contingent nature of social relations by expanding the role of the concept of hegemony. Extending this tendency to its logical conclusion, the idea of an economic domain that remains impermeable to the practices of articulation and re-articulation, which are constitutive of social relations in all other domains, cannot be sustained. The economic domain cannot be considered to subsist at a more fundamental level than any other domain, moreover, because if everything is formed by articulatory practices then there are no distinct levels, and the base-superstructure metaphor collapses. Deprived of a primary domain that sets the parameters of change in all secondary domains—

thereby determining the course of history—Marxism breaks into fragments. Unfortunately, Laclau and Mouffe introduce a new term that enables the resurrection of meta-narrative, the "democratic revolution" (or "democratic imaginary"). "Socialist demands should," they propose, "be seen as a moment internal to the democratic revolution, and only intelligible on the basis of the equivalential logic which the latter establishes" (156). The problem is that this new entity appears to be endowed with the power to maintain itself as a constant presence: "the permanence of this egalitarian imaginary [. . .] permits us to establish a continuity between the struggles of the nineteenth century against the inequalities bequeathed by the *ancien régime* and the social movements of the present" (160).

Although I did not begin to formulate this critique of Laclau and Mouffe's post-Marxism until approximately nine months after completing the current chapter, "Framed," the themes of fragmentation and coherence were already guiding my thinking. Laclau and Mouffe establish a baseline of coherence by defining "the practice of articulation" as "the construction of nodal points which partially fix meaning." They go on to explain that "the partial nature of this fixation proceeds from the openness of the social, a result, in its turn, of the constant overflowing of every discourse by the infinitude of the field of discursivity" (113). In a parenthetical comment they reveal why a recognition of the contingent nature of all social relations must not be allowed to give rise to the triumph of fragmentation over coherence. As "privileged signifiers that fix the

meaning of a signifying chain," nodal points (a translation of Lacan's concept of *points de capiton*) impose a limitation on "the productivity of the signifying chain," and this limitation, they add, "establishes the positions that make predication possible—*a discourse incapable of generating any fixity of meaning is the discourse of the psychotic*" (112; my emphasis). What necessitates the partial fixation of meaning, in other words, is an assumption whose self-evidence is taken to be so complete that it can remain unstated: the idea of an encounter with "the discourse of the psychotic" is not only absurd, it is unworthy of consideration.

If the democratic imaginary is the horizon that preserves the directionality of history, then the discourse of the psychotic is the abyss in which the meaning of all the products of human labour, including history itself, is extinguished. Although Laclau and Mouffe are playing on familiar fears surrounding the figure of the psycho, their psycho is not the "unproductive drain" envisaged by Gregory Boyd Bell (see 105 above). The absence of coherence in the discourse of the psychotic is not due to an inability to construct meaning, but is the result of the limitless productivity of unrestrained signification exceeding all coherence. The experience that Laclau and Mouffe find inconceivable, I would infer, is one in which subjectivity is eclipsed by an openness to the infinitude of the field of discursivity.

Given that Laclau and Mouffe "argue that the critique of essentialism [. . .] is the necessary condition for understanding the widening of the field of social

struggles characteristic of the present stage of democratic politics" (New Reflections on the Revolution of Our Time ii), they have a remarkably essentialist conception of psychosis. Existing in a space—or non-space—that is somehow separated from the articulatory practices that constitute all other social and political identities, psychosis is fixed in perpetuity as the essence of unfixity. Laclau and Mouffe fail to take account of the hegemonic discourse of psychiatry that, by articulating a particular set of experiences as psychosis, provides them with a concept whose origins they do not investigate. Within the discourse of psychiatry, which has oscillated between psychoanalytic and biomedical models, psychosis has been anything but the stable sign that Laclau and Mouffe require it to be (see 4.2.9). Furthermore, Foucault has demonstrated that the category of mental illness, in which psychosis is included as a specific diagnosis, was made possible by a series of transformations of madness leading to the articulation of unreason as a pathology. What troubles me, and I think should be a concern for anyone else who has been diagnosed as psychotic, is the effect that the expulsion of psychosis from the realm of articulatory practices has on Laclau and Mouffe's interpretation of "democratic politics." The discourse of the psychotic can only function as the eternal guardian of meaning in the realm of articulatory practices, from which it has been banished, if there are and will always be people who are said to embody this discourse. Consequently, Laclau-Mouffean democratic politics lends support to psychiatry. Indeed, not only does Laclau and Mouffe's position imply that a challenge to the diagnostic category of psychosis is one

social struggle that must not be successful, but warding off such a challenge is the very condition for sustaining the articulatory practices that comprise democratic politics.

Whereas Laclau and Mouffe attribute the lack of coherence in the discourse of the psychotic to the overproduction of meaning, an excess of sense, psychiatry regards the discourse of the psychotic as beneath the threshold of sense (hence the phrase in the title of 3.3: "you're not making sense"). The psychotic stands condemned for producing either too much or too little meaning and is therefore in violation of what I have come to refer to as the order of making sense. As I knew from my readings of mind problem memoirs, the psychiatric view that people going through "psychosis"—and many other "mental illnesses"—have ceased to make sense can translate into a belief on the part of mental health professionals that patients will not recall what was done to them.[46] Jodi Lundgren's autobiographical novel, Touched, which resembles Susanna Kaysen's Girl, Interrupted in its use of reproduced documents obtained from medical records, includes a scene in which the protagonist, Jade King, confronts her psychiatrist at the end of her first post-hospital appointment:

[46] On the first occasion when I was subjected to solitary confinement in a psychiatric institution, an incident of this kind occurred. Seeing that the door had been left ajar, I assumed that I was being given permission to leave the cell. However, several members of staff standing outside the cell blocked me from opening the door. When I pushed harder to get out, wrapping my fingers around the edge of the door, one of the staff exclaimed: "Break his fingers if you have to."

> "Remember that bump I got on my head, and my broken tooth? You told my parents I only fell. You lied. You lied by omission. I had seizures! Why did you lie?"
>
> He smirks. "Well, yes, you did have *petit mal* seizures, but how can you remember that? If you were really having seizures, it should be a total blank for you."
>
> A total blank: mental health. But experience isn't just erased. It lingers until sense can be made of it.
>
> "Any other questions?"
>
> "What about the night they overdosed me on tranquillizers, found me in a death-sprawl on the floor beside my bed, barked at me to get up, had to rush me on a stretcher to an observation room, stare into my eyes with a pinprick flashlight? All because I wanted to sit up for a while and write, like you told me I could."
>
> "I don't have your file memorized; I have a lot of patients. I can't possibly remember what happened to you every night." (142)

In instances where abuse has taken place, psychiatric survivors who seek some form of redress often come up against attempts to disqualify their testimonies on the grounds that their recollections are said to be delusions, and hence further symptoms of mental illness.

What are psychiatric survivors to do with their haunting memories when there is no prospect of displacing the official narrative of their diagnosis and

treatment? These memories tend to be episodic, and when sense can be made of them it is usually a fragmentary sense. In the course of my research I became increasingly interested in deploying fragmentary writing to pursue the objectives that I set out in Section 3: critiquing the technological functions of narrative, and narrative as ethical injunction, and identifying the obstacles that impede internal exiles from producing narrative. These ideas could only emerge after working through Laclau and Mouffe's post-Marxist discourse analysis, a process that began with writing the current chapter. More specifically, it started with describing a dilemma in the fragment that is positioned in "Framed" as 4.1.3: wanting to scream because of the terror of solitary confinement, while being aware that screaming would be interpreted as a sign of mental illness. As for writing in fragments, it did not have the character of a decision; it appeared to be the only option.

4.1 Framed (April 2000)

4.1.1 Cast Out

> Most diseases can be separated from one's self and seen as foreign intruding entities. Schizophrenia is very poorly behaved in this respect. Colds, ulcers, flu, and cancer are things we get. Schizophrenic is something we are.
>
> *Mark Vonnegut*, The Eden Express (19)

Schizô, from *schizein*: to split, shatter, tear, cleave, part, separate, divide. *Phrên*: the mind as locus of perception and thought. Receiving the name "schizophrenic" shattered R.; yet this word declared his mind to have already been fractured, before the word locked him in its embrace. A double performative, therefore, that cast R. out of the realm of the "normal," and demanded that he adjust to life as a defective being. A diagnostic label that spoke of damage done; and as it was written on the body, the label exacerbated the damage done.

4.1.2 Blue Uniform Cops or White Uniform Cops?

> The method which consists in surprising you by night, forcing you into a strait jacket or capturing you in any other way, is no better than that of the policeman who slips a revolver into your pocket.
>
> *André Breton*, Nadja (141)
>
> Someone must have slandered Josef K., for one morning, without having done anything truly wrong, he was arrested.
>
> *Franz Kafka*, The Trial (3)

Someone must have slandered R., for on the evening of July 12, 1995, he walked out of a West Lafayette motel to be met by a police car and an ambulance. Without saying where he would be taken, a police officer informed R. that he must choose one of these vehicles. The ambulance sped across the Wabash River that divides West Lafayette from Lafayette, and deposited him in the emergency ward at a medical centre. A blood sample was taken to determine whether he had ingested illicit substances, and he was hooked up to an IV. Without being consulted, R. was then bundled into another ambulance that carried him to a behavioural health system facility on the outskirts of the city. Over a week later—shortly after the coverage for psychiatric treatment on his student health insurance policy had been exhausted—R. was discharged from the hospital. It would be an understatement to say that he is still struggling to understand the events that overtook him in the summer of 1995. It is likely that many of the scenes of his first incarceration will haunt him for the rest of his life.

4.1.3 Lock Up

One police officer stands by the open door, nervously watching the corridor. I interpret the fact that he keeps looking away from me as encouragement to make for the door. I keep up my dialogue with the other officer, all the time trying to decide whether I should try to leave. The conversation ends abruptly when a long arm is raised towards me. I find myself being pushed backwards, struggling not to fall over. Before I know what is happening, the long arm has forced me through another door, which is then slammed shut. I am alone in a small room with a

shiny blue mattress and a coarse linen cover. There is no light in the room, other than that which comes through a narrow vertical glass pane in the door. I try the handle, which is locked, and work hard at remaining calm. After a few hours I give in and hammer on the door, screaming to be let out. I know that my cries are just what they want to hear, providing "proof" that I am crazy, which makes me feel doubly defeated.

4.1.4 Auto-Seclusion

It was R.'s mother who led the effort to have him released. A couple of days after his spell in solitary confinement a nurse announced to him, "Your mother is on her way over from England." R. found this news highly unlikely.

On the day before his encounter with the police car and the ambulance, a friend, E., had supplied him with four sleeping tablets. In desperation at having barely slept for two weeks, R. had swallowed a couple of pills. Far from bringing on drowsiness, the medication only served to make him more alert and energetic, and to heighten his anxiety and agitation. Not realizing that he might be experiencing a paradoxical reaction, he concluded that the pills must have been narcotics. The police officer or doctor who believed that, in R.'s case, drug tests were a more pressing concern than medical care evidently shared the suspicion that he had been given stimulants. On arrival at the behavioural health system facility, R. was asked to read lengthy forms and to append his signature in order to indicate that his admission was "voluntary." The forms enabled him to specify which relatives, friends, and work contacts should be informed of his

whereabouts. He was determined that no one, not even his parents, would know that he had been checked into a hospital specializing in the treatment not only of people with mind problems, but also of people with addiction problems, until he had seen the results of the drug tests.

4.1.5 Thinking beyond Baudrillard

> It's 1968 and I've left the seminary and I'm heading down to America. What a wonderful day for me!
>
> Not to the East or West coasts, but to the heart of the heartland, Lafayette, Indiana, with its Kentucky sharecroppers drifting north to work piece-rate in the machine tool factories, and with its trumpet calls through the night for all the Hoosiers of the world to fess up to their Indiana birthright, and with all the sadness and boredom and delirium that was Lafayette on my mind. I was in the dead heart of America, and I had a lot to learn.
>
> *Arthur and Marilouise Kroker*, Hacking the Future (7)

R. moved to Indiana to study for a PhD in Political Science at the "lost university."[47] In his research, he continued to be fascinated by questions of subjectivity and agency. He wanted to know if it was possible to speak of agency after the "death of the subject." Working from the texts of Jacques Derrida, Ernesto Laclau and Chantal Mouffe, R. came to argue that, in an undecidable terrain, agency could only arise where a doubling of the subject occurred.

[47] This reference to Purdue University is explained in 4.2.7.

Through the figure of the double, a kind of secret agency might still be at work.[48] Like the terrain in which it arose, this secret agency was also undecidable. The double agent plays a dangerous game, never quite knowing whether s/he is the deceiver or the deceived.

The project of finding a workable conceptualization of agency appeared to R. as both an ethical and a political endeavour. The ethical dimension was distinct from moral concerns, he believed, because "moralities" were codes of values and norms that claimed to be universal, while "ethics" were situational evaluations whose fluidity blocked the production of laws. In the spring term, a graduate seminar on political theory gave him the opportunity to pursue these interests. Professor M. positioned Jean Baudrillard at the leading edge of postmodernism, and announced that the objective of the seminar was to think beyond Baudrillard. However, R. did not share Professor M.'s interpretation of Baudrillard as an apostle of "indifference" after the "death of politics." By distinguishing between

[48] The terms "secret agent" and "double agent" are adapted from Paul Smith's critique of Hegemony and Socialist Strategy, "Laclau's and Mouffe's Secret Agent." Smith argues that the radical democratic project envisaged by Laclau and Mouffe requires an agent that remains concealed in their work, and calls for excavation work to bring it to light. It is likely, he concludes, that this agent "will turn out, as in any good espionage story, to be a double agent—in the sense that its construction takes place not only in the multiplicity of political spaces but also in the historical realm of discourses and institutions" (Community at Loose Ends 110). Smith is right to sense that there is a "secret agent" at work in Laclau and Mouffe, but, as the term suggests, this agent only becomes visible when its agency dissipates. The secret agent is not a "double agent" because of its constitution along synchronic and diachronic axes, therefore, but rather because it operates for as long as it remains undetected, for as long as its presence remains uncertain.

ethics and morality, R. could respond by insisting that Baudrillard's indifference to morality remained a situational evaluation implying an ethical investment. Similarly, R. emphasized the importance of differentiating between "politics," which demarcates a particular realm of the social, and "the political," which denotes the moment of constitution of the social.[49] The death of politics, then, was an event that testified to the endurance of the political.

Throughout the course R. was encouraged to select readings by Jacques Derrida, Ernesto Laclau and Chantal Mouffe, and Slavoj Žižek, and these texts became important reference points for class discussions. At the same time he was being introduced to an analysis of the postmodern scene quite different from the one with which he was familiar. Combining themes from Gilles Deleuze, Michel Foucault and Jean Baudrillard, but intimately involved with Friedrich Nietzsche, this analysis was both a virulent disruption of postmodernity, and an affirmation of the pleasures of the flesh.

4.1.6 Things Not to Do at a Motel

E. handed over the sleeping tablets, and reminded R. to call him in the morning. The two of them had made plans to go to an outdoor music festival the next day to celebrate E.'s birthday. R. spent the night walking around the twin towns, attempting to work off the unexpected energizing effects of the pills. Once the sun had risen and the traffic was flowing, he phoned E.'s place. No answer. He left a

[49] This distinction between politics and the political corresponds to the difference between *la politique*, policy-making, and *le politique*, all that is political.

message, but guessed that E. must already have left. There was no point going home. R.'s new apartment had not yet been fitted with blinds, so he stood even less chance of being able to sleep during the day than he did at night. Realizing that his need for rest was becoming critical, it occurred to him that he could try checking into a motel. Exhaustion was finally setting in, and a room with curtains just might do the trick. R. slept deeply for several hours. Feeling elated, he showered, and went down to the restaurant for dinner.

"You fell asleep at the table," R.'s mother later explained to him in the hospital, "and the manager called emergency services. E. found out where you were taken, and called to let us know."

4.1.7 The Eruption of Undecidability

> It was necessary, I thought, to slow down this flow of reflections passing through me with incredible speed. Everything's going too fast, it's running, it's as if I always had to walk faster, and not only me but also other people, things, dust; everything is so clear; these are the reflections that never get confused, the thousands of infinitely small and distinct shocks.
>
> *Maurice Blanchot*, The Most High (77)

> In America it's summer, 200 people died from the heat in Chicago over the weekend. Most at risk are those with medical conditions, including the "mentally ill." Let's all go to the beach.
>
> *Persimmon Blackbridge*, Prozac Highway (176)

I take one of the white pills and lie down. Nothing. I could lie here all night staring at the ceiling, and probably will. Maybe a second pill will knock me out. Water and tablet slide down my throat. A hundred thoughts come to life. Flashes of insight or exaggerated fears, I'm not sure which. Is someone trying to kill me? A thousand connections come to me, ways of explaining how I have reached this moment of swallowing pills that may be ending my life. I don't have to focus, to ask myself to think. Thoughts just happen, each making way for another, few staying with me for more than a moment.

How does anyone know whether the pill matches the name on the wrapper? The arbitrary nature of the sign becomes a matter of life or death. Saussure's sign is the sum of signifier and signified: the drug works on me through its name and its substance. Derrida's *pharmakon* is undecidable: this pharmaceutical intervention may provide the cure to my insomnia, or it may poison me. I should have seen a doctor; I should have politely refused the mysterious tablets. The event of consultation proper to the context of medicine; the signature on the prescription guaranteeing the beneficent effect of the drug. But the taint of undecidability infects even the status of the doctor. Remedy or toxin? Friend or enemy? Signature or counterfeit? Doctor or charlatan? Only retrospectively does the undecidable assume the appearance of something that was decidable, and there is no "benefit of hindsight" if you're dead.

I regain enough composure to take action. Perhaps my friend just made a mistake and gave me the wrong medication. His place is ten minutes away by

foot. The night is dark, and the street names begin to play tricks on me. Have the signs been changed around to lead me astray? Or is the drug affecting my eyes? I reach one of the bridges to West Lafayette, which means that I have been walking in the wrong direction. It feels as if the left and right sides of my field of vision have been reversed. On the bridge it strikes me that I am no longer sure whether I am crossing to West Lafayette or leaving it: could Lafayette's road signs have been switched with those of West Lafayette? My head spins with doubles. At least there is the relief of not having to face the blazing sun. The heat wave rolling over the American mid-West has already claimed many lives in Chicago, and its unrelenting intensity is an unwelcome new experience for me. Do the slogans on the strip mall signs contain messages, clues about which direction I should follow? The crisis of the sign affects my every move. By the time I reach the university another white-hot day has begun. I guzzle on my water bottle. Without sunglasses, my eyes are ablaze.

4.1.8 You Dare to Refuse Medication?

> That energy for absolute isolation and detachment from my accustomed circumstances, the way I compelled myself no longer to let myself be cared for, served, *doctored*—this betrayed an unconditional certainty of instinct as to *what* at that time was needful above all else.
>
> *Friedrich Nietzsche*, Ecce Homo (10)

After surrendering his wallet and keys, R. was shown round the ward by a nurse. "The doctor has ordered lithium," she informed him almost as an aside. How could they demand that he take a metal familiar to him only as a constituent of batteries and as the title of a Nirvana song? It certainly sounded more like a poison than a cure, more like hemlock than aspirin. R. asked to leave the hospital, to return to his motel room. His admission had been voluntary; surely he could choose to stay somewhere else for the night? Two police officers arrived on the scene, and proceeded to berate him for refusing the lithium. The previous evening he had foolishly resorted to a non-prescribed medication, which had precipitated this slide down the rabbit hole. Under no circumstances, R. explained to Tweedledum and Tweedledee, was he going to swallow another unfamiliar substance. Beaming with pride, he announced that in this respect he had become his own doctor. But he was out of luck: they shoved him into the teapot and forced down the lid.

4.1.9 Rigid Regime, Rigid Body

When the door to the cell is opened, I wait until well after the person with the key has left before venturing out. Standing up and beginning to walk requires an immense effort. Whatever drug they injected me with, it has made my body feel heavier than the surrounding four walls. There is now another space for me to explore, yet I don't need to try the doors at each side to know that they are locked. Ahead of me is the nursing station that I was able to glimpse from the cell. I can walk no further than the window panel that separates me from the nursing station.

I lean against it to rest, and as I do so my muscles begin to seize up. A slow panic freezes my body. The pain is excruciating, but I just can't move. They are going to photograph me. Somehow I know this. My knees eventually give way, and like a collapsing chimney I crumble to the ground. The door to my left is opened, and a camera flash spreads its white light. Two people lift me back to the blue mattress, and leave me there with the door ajar. The ceiling spins, colours shimmer before my eyes, every limb stays locked in position. I begin to froth at the mouth. Someone comes to take another snapshot for my file. Several days later these pictures are shown to my mother to demonstrate the extent of my illness, and to justify the treatment that I received.

4.1.10 Loopy Drugs

> These scenes enclose and fit into each other endlessly, abyssally. The pharmacy has no foundation.
>
> *Jacques Derrida*, "Plato's Pharmacy" (148)

A procession of psychiatrists, psychologists, and case managers interviewed R. in the days following his stay in solitary confinement. Each wanted to persuade him that he had suffered a "psychotic episode." A nurse gave him some forms with information on the medications that he was now obliged to take. He was instructed to sign these forms to indicate that he consented to a course of treatment that could be referred to as chemotherapy. The side effects of the "anti-psychotic" drug included agitation, stiffness, and tremors. The second drug worked to counter the damage done by the first, but had its own list of side

effects. To R.'s amazement, the second drug could bring on confusion and even hallucinations. A perfect loop: one drug needing to be supplemented by another, the second causing the symptoms that the first was intended to dispel. R.'s signature would indicate that the treatment was "voluntary," and would release the hospital from having to assume responsibility for any adverse effects that the medications might produce. He wondered whether this interaction with the nurse might itself be a test to determine the clarity of his thought. Perhaps if he pointed out the logical aporia in these prescriptions, then the diagnosis of psychosis would be dropped, and his hospital stay would be over. After some discussion it became obvious that declining to sign the forms was not an option, unless he wished to return to solitary confinement.

R. was at least able to tell his mother about the harm that the drugs were doing to him when she arrived. Since the psychiatrists were singularly unhelpful, they questioned another nurse about the injections that had turned R.'s body to stone. The drug was called Haloperidol—approved by the United States Food and Drug Administration in the 1950s—and these side effects were quite common. Almost in tears, the nurse confided that she did not approve of its use.

4.1.11 A Test of Patients

> The administration of a great organized molar security has as its correlate a whole microsecurity of petty fears, a permanent molecular insecurity, to the point that the motto of domestic

> policymakers might be: a macropolitics of society by and for a micropolitics of security.
>
> *Gilles Deleuze and Félix Guattari*, A Thousand Plateaus (215-216)

They have a 72-hour detention order to keep me here. Weekends don't count, they tell my mother. It is obvious that they want to exhaust the US$10,000 coverage on my insurance policy, and it is equally obvious that there is nothing we can do to prevent this from happening. They tell me that they are surprised at my rate of recovery. Perhaps your diagnosis was incorrect, I would like to reply. I have come to realize, however, that whenever I express dissent it is interpreted as further evidence that I am detached from "reality." A perfect trap: either I agree that I have suffered a "psychotic episode," or I provide them with "evidence" that the episode has not yet concluded.

Adapting to my new identity as a psychiatric patient affects me at every level. There is a fridge stocked with juices and yogurts in which some products have red dots stuck to them, while others do not. The staff encourage patients to help themselves, but nothing is said about the mysterious red dots. Are the marked products for people with particular diets? Has one of the patients tagged items at random in an attempt to alleviate the overwhelming boredom of this place? Is the food and drink separated out according to whether we are being treated for mind problems or addiction problems? Could the staff be watching patients' reactions to the marked and unmarked provisions as another test of our

(in)sanity? The possibilities are endless. I do not want to ask about the red dots because the staff may think that having these kinds of suspicions constitutes paranoid thinking. I decide to avoid the fridge altogether, but know that if there is a diagnostic game organized around these provisions, then refusing to play is still a move within the larger diagnostic game.

Some scenes are formally designated as tests. A psychologist shows me a series of Rorschach images. "Tell me what you see, what these images look like to you." "Inkblots on paper," I reply. Unsatisfied, he asks for other descriptions. "A bat," I suggest, knowing that such a response is fairly common. I am paying this man hundreds of dollars to perform a test that is invalidated by my familiarity with its form.

Perhaps the wider purpose of this exercise is precisely to transform every interaction on the ward into a potential test. The name "Rorschach" contains the German word *Schach*, chess. As someone who began to play chess in the years between beginning to speak and learning to write, I find it difficult not to think of this hospital as a gigantic chess game. In chess, as in life, I have been concerned with finding the right moves. My professor's reading of Baudrillard comes back to me: Is it necessary to abandon the search for "right moves" and to embrace indifference in order to live well? If I answer the questions posed by the psychologist as randomly as I can manage, without attempting to second-guess the interviewer, will I be seen as a healthy individual once more? If I select items from the fridge in a carefree manner, will they think that I have made a complete

recovery? But I have only changed my focus from the difficulty of making particular choices to the overall impression that others have of me, which means that I still haven't discovered how to avoid thinking about the judgements pronounced by the psychiatrists. Indifference to being detained against my will is not an option.

4.1.12 Outside of Hospital, the Hospital Is Still inside You

In his last meeting with a psychiatrist at the hospital, R. was asked how he would manage the impact of institutionalization after being released. "By writing about my experiences," he replied immediately. The psychiatrist shifted uncomfortably in his chair. It was the first time that R. had succeeded in unsettling one of them, which was immensely satisfying given that they had been shaking him inside out for more than a week. Over the next year it was impossible for R. to keep his promise to write because the aftershocks from being locked up were far greater than he could have anticipated.

Moving back to his apartment gave him a sense of what it might be like to resume life beyond the intense surveillance of the psychiatric ward. The problem was that R. continued to feel the hospital acting upon him. He looked up Haloperidol in a directory of medications, only to discover that one version of the drug was designed to work for up to two months. No one had told R. which type was injected into his backside on several occasions during his time in solitary confinement. He did not know for sure, therefore, whether this "anti-psychotic" medication that could itself cause "psychosis" remained in his system. The

uncertainty played on his mind: the very possibility that at any moment he might be overtaken by drug-induced psychosis was enough to raise his fears to fever pitch. Moreover, R. had also been given supplies of the anti-psychotic medication that he had taken "voluntarily" on the ward, Risperidone, in which his confidence was no greater.

Beyond the effects of pills and potions, the hospital exerted its influence in less direct ways. R. became acutely aware of many aspects of dwellings, checking to see if doors were equipped with locks, worrying about windows that enabled people to observe his movements within a confined space. R.'s father arrived from England in the week following his discharge, which meant that both his parents were staying in the two-room apartment. They borrowed a fold-up bed for R., but every time he saw it, he was reminded of the hospital beds with four-point restraints that were used on patients who "misbehaved." Although his ability to communicate was increasingly impaired, after a few days he finally succeeded in explaining this association to his parents, who promptly removed the bed.

The most serious consequence of institutionalization, however, concerned sustenance: the fears about food and drink that R. had developed in the hospital escalated until eventually—despite the oppressive heat—he began to refuse water. A couple of days before his release, his mother had managed to obtain a print-out with the results of the drug screening carried out at the medical centre. The left column listed every imaginable narcotic, and the right column showed how many milligrams of each substance had been detected in R.'s blood. The string of zeros

did not reassure him; it only served to confirm that he was under suspicion of having addiction problems. Perhaps R.'s choices of food and drink were legible inside and outside of the hospital as indicative of particular addiction problems. By eating and drinking nothing he was once again "avoiding the fridge," withdrawing from a sign system that could contain another trap. Dinner at the motel had seemed like a safe option, after all, but soon turned into an ambush.[50]

4.1.13 Trust

I stand outside the patients' recreation room, and begin to weep. It is devastating to find myself on another psychiatric ward. At the point when I stopped drinking any fluids, my father booked all three of us onto the earliest available flight from Chicago back to England. After one night at my parents' house, they drove me to the city's main hospital and had me committed. It has taken me some time to discover that I have been locked up again. I walk the circuit of four corridors until I arrive back where I started. Having learned that the ward is shaped like a square, and that there is no way out, I come to a stop at the corner where patients flow in and out of the TV room, which is where I start crying.

Occasionally a nurse asks me if I am alright, but I can't speak. Too much anger, sadness, bewilderment. A coloured male nurse makes more of an effort to

[50] Mark Vonnegut explains why, in his view, people with mind problems often refuse food and drink: "My sense of taste was as badly screwed up as all my other senses, which had a lot to do with my giving up food in the first place and is also why so many schizies think they're being poisoned. I don't care how much you trust the people around you, you trust your own senses more. It sure don't taste like tomato juice" (The Eden Express 175).

communicate than the others. I open and close my lips, and he correctly interprets my gesture: "Are you thirsty?" That's it! I couldn't have said so myself, but his question is enough to convince me that it is alright to accept a glass of water. I dare to move it towards my mouth. "Go on," he says, with his eyes as well as with his words. Slowly I tilt the glass, and water crosses my lips. A little more persuasion is needed before I feel able to swallow. When I succeed, tears stream down my face. Your patience has saved my life!

4.1.14 To Sleep: Perchance to Die

Two nurses ask him to move into a bedroom. R. resists, because he knows what will happen there. He does not want to sleep at the hospital, but there is, of course, no choice. Once R. is lying on the bed, they ask him to stretch out his arms. A third person arrives. She tells him that she has also been a patient on this ward. She sits by the left side of the bed and offers to hold his hand, assuring R. that she has undergone what he is about to go through. R. is not comforted by this attention, and wonders whether they think that it excuses what they are doing. A tourniquet is applied; the needle is forced into his right arm.

R.'s head begins to hurt, and the pain keeps growing. Only the word "torture" fits this level of agony. He deduces that he is being put to sleep: not for the night, but for eternity. Nothing could hurt this much without being lethal. His life is over. The torment is unendurable, but soon he will not have to face it any longer. In facing the end, he becomes calm.

4.1.15 Over-Exposure

> And if seeing was fire, I required the plenitude of fire, and if seeing would infect me with madness, I madly wanted that madness.
>
> *Maurice Blanchot*, The Madness of the Day (12)
>
> Non-knowledge attained, absolute knowledge is no longer anything but one knowledge among others.
>
> *Georges Bataille*, Inner Experience (55)

Leaving the motel, the white skies remind me that I still have no sunglasses. A police officer approaches and asks my name. My thoughts are running in French, and I am unable to answer the question in my mother tongue. He demands to know whether I speak English. I am struggling to explain something important, but my ideas insist on taking a large detour: "Do you have any coloured officers on duty that I can talk to?"

At the medical centre, I begin to decipher my meandering logic. With sunglasses, neither the officer nor the skies would have appeared quite so white; though even sunglasses couldn't improve the dull homogeneity of Lafayette and West Lafayette's WASP-ish population. My strange question was the combination of a request for sunglasses with an observation on the tedious monoculture of large parts of the American mid-West. It is not just the weather that is oppressively white in these twin towns.

I ponder reversible logics and the possibility of an absolute reversibility. Perhaps I wanted to confide in a coloured officer because I am not, as I have always supposed, "white." Could I have been created as a being whose perceptions work in reverse? Am I a "person of colour"? I realize that my sense of reversibility has been developing for some time: in my vision (left-right reversal), in my sense of direction (East is West), even in my dreams. I remember the motel restaurant, where after dinner it occurred to me that perhaps I had always been awake at the times when I had thought that I was sleeping, and vice versa. But did this thought itself take shape in a dream? If so, is there no end to this invasion of anti-logic?

A nurse approaches, a white male—or at least that is what I would have assumed before the reversibility of perception became immanent to all of my experience. When I inform him that I need to use the washroom, he responds by fetching a large flask. If my reverse perception has somehow been corrected by over-exposure to the sun—enabling me to notice it for the first time—then I am about to learn for the first time whether I am male, female, or hermaphrodite. I shudder. If it wasn't for all the water that I drank, then I could linger in this fabulous state of non-knowledge.

4.1.16 Diagnosis Deferred

In the space of two months R. ceased to be a doctoral student who read hundreds of pages each week, and turned into a zombie who slept up to eighteen hours a day. Nevertheless, every psychiatrist whom he encountered during that period

believed that his condition showed considerable improvement. Before releasing him from the hospital, one of the psychiatrists warned R. against thinking about what had happened over the summer. "Shut it all away in a box," said the mind doctor, "and then leave it alone." R. was being advised to lock up part of his life, to direct practices of isolation and confinement towards events that were not—and would never be—complete, events that he was still living. The psychiatrist wanted R. to be ashamed of his experiences, and to regard his own memories as dangerous. Perhaps the mind doctor had read medical records containing R.'s new "psychiatric history"—transplanted to another continent—that recorded his promise to lift the lid of the large boxes used to store the mad.

By the time R. was permitted to return to his parents' house, his movement was restricted to a slow shuffle, and his speech to single sentences. Bad though the situation was, it could have been far worse. R.'s insurance policy may have contributed US$10,000 towards the cost of medical treatment in Indiana, but he was still left owing about half as much again. Even with this amount of coverage, many people would have found themselves homeless after accruing so much debt, missing rent payments, losing employment, and emerging from the loony-bin unable to work. And for someone without health insurance, a private facility like the hospital to which R. was taken would not have been an option. In a municipal or state institution, securing release would probably have taken considerably longer than at an institution where the profit motive tends to encourage a faster turnover of patients. Having parents who were in a position to

be able to travel to the United States, bring him back to England, and support him for a full year, saved R. from ending up on the streets. It also meant that he could continue to believe that it would be possible to resume his studies at the "lost university" one day.

As the months went by, however, these hopes receded. The university had granted R. one year's leave of absence, but mind problems often ignore such ultimatums. Because he missed North America so much, his parents suggested moving to Vancouver, BC, where he could stay with his brother. Another reason for their recommendation was the reputation of Greater Vancouver's Mental Health Services as one of the best systems of psychiatric care in the world.

Before leaving for Canada, the GP who had been seeing R. on a regular basis since he was discharged from hospital wrote a letter for him to deliver to a doctor or psychiatrist in Vancouver. Every time R. had asked for his diagnosis during the year in England, he had been told that the time for a reply to this question had not yet arrived. Since the envelope was taped, rather than sealed, no one would even know that R. had read the letter. Two words jumped out at him, and eclipsed all the others: "probably schizophrenic."

Foreword to 4.2

A first draft of "Double Trouble" was completed in February 2003, in response to a call for submissions for a book edited by Kimberly R. Myers, Illness in the Academy: A Collection of Pathographies by Academics. "Double Trouble" was revised and extended in October 2003.

Following the guidelines for submissions, "Double Trouble" focuses on the interplay between what the body knows and how the body understands what it endures. I am using the term "body" in the sense that it acquires in Nietzsche's later works, where the Cartesian hierarchy of mind over body is inverted. "The body and physiology the starting point," Nietzsche asserts in abbreviated form in a note dated 1885, which gives us "the correct idea of the nature of our subject-unity, namely as regents at the head of a communality [. . .], also of the dependence of these regents upon the ruled and of an order of rank and division of labour as the conditions that make possible the whole and its parts" (The Will to Power 271). There is no subject-unity, he remarks, unless the "regent" (mind or consciousness) remains unaware of much that occurs within the "communality," the greater body, of which the mind is only a part:[51]

> The relative ignorance in which the regent is kept concerning individual activities and even disturbances within the communality is among the conditions under which rule can be exercised [. . .],

[51] Nietzsche may have been influenced by the view of the theorist of the English Constitution, Walter Bagehot, that the role of the monarch is to be consulted and to dispense encouragement and warnings.

> we also gain a valuation of *not-knowing*, of seeing things on a broad scale, of simplification and falsification, of perspectivity. The most important thing, however, is: that we understand that the ruler and his subjects are of the same kind, all feeling, willing, thinking. (271)

Functions that were, in the Cartesian model, assigned to either the mind or the body are dispersed throughout the greater body. Although any part of the greater body may participate in performing each of these functions, the greater body rarely carries out any of these functions in unison. If what I have been calling mind problems occur when the unity of the subject recedes or is exceeded, then, according to Nietzsche, they may arise from the mind knowing too much about what is taking place in the greater body. Contrary to the psychiatric view that patients often lack "insight" into their condition, it may be that a surplus of insight renders the experience temporarily or permanently incommunicable. The idea that our coherence—our ability to hold together as subjects and our ability to make sense—is dependent on an element of non-knowledge is explored in the current chapter.

"Double Trouble" revisits the events described in "Framed," but situates them in the context of paths of knowing and experiences of illness dating back to my childhood. When I was first subjected to psychiatric treatment, no attempt was made to relate what was happening to me at that time to a traumatic childhood experience, in spite of the fact that I told the psychiatrists about this experience.

The lack of dialogue in this instance is, I suggest, symptomatic of a failure to comprehend mind problems within the history of the (greater) body. Moreover, the disembodied approach to mind problems that is implied by the concept of mental illness is mirrored by physicians' frequent inattentiveness to mind problems that may arise from medical procedures. The consequences of the Cartesian division between medicine for the body and psychiatry for the mind have been given stark expression by Emma Santos: "The body doctor is afraid of words and rejects me. The word doctor neglects the body and rejects me. I am alone" (qtd. in Trinh 137). Some psychiatric survivors view delusions and hallucinations, which psychiatrists urge us to recognize as unreal, as imaginative attempts to span the separations that psychiatry perpetuates—mind and body, real and unreal, past and present—or ways of escaping them. Jodi Lundgren, for example, argues:

> As psychiatry clings more and more desperately to biochemical explanations with an ever-less convincing disregard for the social conditions that foster emotional disturbance, "psychosis" responds with creative resistance. In fact, the therapeutic potential of creativity has long been recognized, even by the psychiatric establishment. But where treatments such as art therapy seek to return the individual to the existing social order, mad imaginings trace lines of flight away from it. ("Naked Marilyn" 25)

Phantasmagorical hyper-narratives, such as the one described in this chapter that I lived through in Indiana, are ways of evading a social order that privileges the mind over the body. These hyper-narratives arise when "we question the body and reject the evidence of the sharpened senses," when "we try [. . .] to see whether the inferior parts cannot enter into communication with us" (The Will to Power 272). Perhaps a day will come when such eccentric communication is, as the epigraph to "Double Trouble" proposes, accepted as idiomatic rather than being dismissed as pathological.

4.2 Double Trouble (February 2003)

> Although the idea that psychiatry deals with the analysis of communications is not new, the view that so-called mental illnesses are idioms rather than illnesses has not been adequately articulated, nor have its implications been fully appreciated.
>
> *Thomas Szasz*, The Myth of Mental Illness (145)

4.2.1 Ever After

There has been no resolution of the events I am about to relate, only further transformations.[52] In the summer of 1995 I was informed that I had suffered a "psychotic break." This judgement has changed every aspect of my life, down to the minutest detail of daily interactions. Whenever I talk to someone who knows about my "psychiatric history," I am usually able to say that I am doing fine. But my response is often tempered by apprehension over sounding too enthusiastic, because the questioner might be led to infer that I am going "manic." Farewell to the time when it was possible to answer the question "how are you?" without hesitation. Welcome to the world of second-guessing, of seemingly inescapable mind games, of double trouble.

4.2.2 Googols and Goolies

I had barely begun junior school before deciding that I wanted to be a mathematician. An uncluttered domain of idealized starting points and

[52] A version of this chapter has been accepted for publication. Richard A. Ingram, "Double Trouble," Illness in the Academy: A Collection of Pathographies by Academics, ed. Kimberly R. Myers (forthcoming).

determinable end points appealed to my desire for certainty. Everything was perfectly ordered in mathematical space, and problems had definite solutions. The discipline held out the promise of a precise knowledge that was not compromised by the endless ambiguities of answers provided by adults. For more than a decade I remained convinced that mathematics stood at the pinnacle of human achievement. Later I would come to view it as a quasi-religious endeavour to transcend the body in favour of a purified, supernatural existence.

At age nine, my ascent towards numerical heaven was interrupted by two surgical operations to correct my cryptorchism, that is, the refusal of one of my testicles to complete its descent into the scrotum. The procedure, which is known as orchidopexy, was unsuccessful: my right testicle was removed because of the risk that it might become cancerous. Before I left the hospital, one of the doctors decided that it would be edifying for me to be shown my deviant pod. I gazed at the small glass cylinder, feeling puzzled about the fate of the entombed gonad, and wondering what my life was going to be like now that I had moved into a perpetual state of "minus one."

The medical staff reassured my parents that their son's "development" would not be affected in any way. These words of consolation were relayed to me, but I do not recall anyone giving me a reason for why the extraction had been necessary. Neither did it occur to me, as a teenager, to ask someone for an explanation, in spite of dreaming incessantly of chasing after golf balls that were buried "in the rough," or had strayed "out of bounds."

Once, during a fever, I had a terrifying vision of an enormous sphere crushing my body, as if the prodigal ball had swelled to gigantic proportions and returned to wreak revenge on its former host. More often, I would feel a sense of incompletion that set me apart from other children. Gradually my anxieties over being not quite male, yet not female either, gave way to relief at not needing to conform to gender stereotypes. It was as if I could stand with my right leg beyond the binaries that structure what most people understand as the "real world," and look at it askance.

Admittedly, deep-seated unease about the condition of monorchia sometimes overtook me. What if the universe was a joke at my expense, in which I had been singled out as the punch line? Might I be a pinball bouncing around the machine, a mere spectacle for others' amusement? Perhaps no one could be trusted, not even my parents. After all, who else was responsible for submitting me to the surgeon's knife?

To anyone who wishes to categorize these troubled thoughts as early signs of paranoia, I would advise caution. Keep in mind that there was only one other monorchid man known to my peers, and his name rang out in playgrounds around the country to the tune of Colonel Bogie. The song may once have boosted the spirits of British soldiers fighting in World War II, but it did precious little for my fragile self-esteem:

> Hitler has only got one ball,
>
> The other in is the Albert Hall,

His mother, the dirty bugger,

Chopped it off when he was very small.

Even today, Hitler is frequently referred to as less than human. Indeed, one of the labels applied to him, "insane monster," is sometimes used to allude to the notion that monotesticularity was the cause of Hitler's "madness." This myth has been perpetuated through use of the expression, "lone nut."

4.2.3 Advocates of Incompleteness

Eleven years after entering a state of oneness (or minus oneness), I graduated from a university in the northwest of England with a degree in mathematics. I barely scraped through, however, after failing half of the first set of final examinations.[53] A second year course in logic had shattered my image of the mathematical method as an infallible device for proceeding from secure foundations to irrefutable knowledge. In 1931, Kurt Gödel demonstrated that this process is strictly limited due to the inevitability of arriving at undecidable statements. If the veracity of two contradictory statements that have been derived within the same system is indeterminate, then the attainment of complete and coherent knowledge is jeopardized. Gödel proved that incorporating either one of the troublesome statements into the axioms in order to re-establish consistency would not prevent new outbreaks of undecidability. When two undecidable statements arise, the choice is between pursuing completion by abandoning

[53] In this three-year degree program, the first set of final examinations was administered in the second year.

coherence, and preserving coherence by accepting incompletion. Either contradictory statements must be tolerated, or one of them must be disposed of arbitrarily. Far from serving as a model of epistemological perfection, mathematics shows that all knowledge falls prey to double trouble.[54]

Having discovered that the hot air balloon could not rise indefinitely, I bailed overboard and began reconciling myself to life on earth.[55] A degree in the social sciences supplied me with a basic grasp of the behaviour of people who were for the most part more grounded than I had been. Nevertheless, I was aware

[54] The phrase "double trouble" has been used in a different context by Hubert Dreyfus and Paul Rabinow (Michel Foucault 90-103).

[55] With the publication of the Tractatus Logico-Philosophicus in 1922, Ludwig Wittgenstein believed that he had established the presence of logical structure in the world. After a seven-year interlude he resumed his investigations into language, developing a more complex understanding of its workings. This transition is summarized by the character of John Maynard Keynes in Derek Jarman's film, Wittgenstein: "Let me tell you a little story. There was once a young man who dreamed of reducing the world to pure logic. Because he was a very clever young man, he actually managed to do it. And when he'd finished his work, he stood back and admired it. It was beautiful. A world purged of imperfection and indeterminacy. Countless acres of gleaming ice stretching to the horizon. So the clever young man looked around the world he had created, and decided to explore it. He took one step forward and fell flat on his back. You see, he had forgotten about friction. The ice was smooth and level and stainless, but you couldn't walk there. So the clever young man sat down and wept bitter tears. But as he grew into a wise old man, he came to understand that roughness and ambiguity aren't imperfections. They're what make the world turn. He wanted to run and dance. And the words and things scattered upon this ground were all battered and tarnished and ambiguous, and the wise old man saw that that was the way things were. But something in him was still homesick for the ice, where everything was radiant and absolute and relentless. Though he had come to like the idea of the rough ground, he couldn't bring himself to live there. So now he was marooned between earth and ice, at home in neither. And this was the cause of all his grief" ("Wittgenstein: The Derek Jarman Film" 142).

that surface stability is every bit as illusory as the Babelian towers of academic learning that are built within mathematics, the social sciences, and elsewhere. My master's degree program was organized around the work of Ernesto Laclau and Chantal Mouffe, and it was here that I happened upon an attempt to integrate the concept of undecidability into social and political thought.

Just as Gödel employs formal logic to show that mathematics is necessarily incomplete, so Laclau and Mouffe utilize formal linguistics to substantiate their claim that "the social only exists [. . .] as an effort to construct [the] impossible object" of society (Hegemony and Socialist Strategy 112). Any discursive formation that aims to incarnate society can be undercut by rival discursive formations, because for the latter it is always possible to locate and exploit the former's undecidable statements.[56] There is invariably struggle between discourses, therefore, and no discourse is capable of bringing this tension to an end. According to Laclau and Mouffe, the gap that separates a monopolizing discourse from being able to erase its adversaries completely is what prevents the realization of totalitarianism: "dislocation is the very form of freedom" ("New Reflections on the Revolution of Our Time" 43). Hence, we need not mourn the essential limitations of discursive formations, but should promote the democratic

[56] In this presentation of the ideas of Laclau and Mouffe, I am treating statements as the elementary units of discourse in order to emphasize the connections between Gödel's incompleteness theorem and Laclau-Mouffean post-Marxism. Laclau and Mouffe tend to follow the post-structuralist practice of taking signifiers as the basic unit of analysis, though their examples are often concerned with statements.

processes that their incoherence permits. Or, in the words of Leonard Cohen, "There is a crack in everything, that's how the light gets in" ("Anthem" 373).

4.2.4 The Unbearable Weight of Undecidability

Two years after publishing his study of undecidable statements, Kurt Gödel experienced a "crack-up," or a "breakdown," as an eruption of mind problems is variously described. Near the end of my first year in a doctoral program in the United States, having accomplished rather less in life than Gödel, I was compelled to admit myself "voluntarily" to a psychiatric institution.

Until this juncture, my impression of the psych discourses—psychology, psychiatry, and psychoanalysis—was that they were generally beneficent enterprises. Reading Michel Foucault's Madness and Civilization had familiarized me with some of psychiatry's murky past, but I assumed that the anti-psychiatry movement of the 1960s and 1970s must have engendered positive reforms.[57] As for psychoanalysis, I was drawn to the writings of Slavoj Žižek, because they contain a conception of the subject that complements Laclau and Mouffe's discourse analysis framework. Žižek is heavily indebted to Jacques Lacan's theory of pivotal moments of "subjective destitution" in psychoanalytic therapy, in which analysands are divested of their everyday identities and recognize themselves as the surplus that remains beyond identification. Lacanian psychoanalytic theory affirms this denuded state as the underlying condition of a

[57] Robert Whitaker's Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill suggests that my experiences of psychiatrization in the United States are all too common.

subject condemned to the ceaseless pursuit of a fix for its fundamental existential deficit.[58]

4.2.5 Piss Poor Treatment

For several hours, I have been locked inside a cold cell that contains only a blue mattress and a coarse blanket (see 4.1.3). I tried banging on the door when I started wanting to go to the washroom, but no one paid any attention. Eventually I had no choice but to urinate on the floor. At least it has given me a "solution" for my severe dehydration. I crawl on all fours, edging closer to the pool of yellow liquid. Overcoming my revulsion, I begin to lap it up. Have I fallen through to the underworld?

4.2.6 The Perils of Confession

More disgusting than this spectacle is how the hospital staff would likely have seen it. "The patient was observed consuming his own waste. He is clearly in the grips of a psychotic hallucination." In modern medicine, "anamnesis" refers to the history of early symptoms, whether recounted by the ill person or recorded by the physician. But the self-descriptions of psychiatrized people are routinely dismissed, which leaves psychiatrists and their underlings to invent narratives that are unconstrained by any obligation to overlap with the perspectives of patients.

[58] "The Lacanian notion of the subject aims precisely at the experience of 'pure' antagonism as self-hindering, self-blockage, this internal limit preventing the symbolic field from realizing its full identity: the stake of the entire process of subjectivation, of assuming different subject-positions, is ultimately to enable us to avoid this traumatic experience" (Žižek, "Beyond Discourse-Analysis" 253).

Foucault's Discipline and Punish depicts the incessant techniques of documentation that allow institutions to turn every individual into "a case which at one and the same time constitutes an object for a branch of knowledge and a hold for a branch of power" (191). Hospitals, like prisons, are disciplinary spaces in which biography has become a quotidian activity that organizes and directs activities of surveillance and judgement. No longer reserved for the heroic adventures of the privileged few, the biographical genre has expanded, subdivided, and multiplied into vast repositories for exhaustive information on the masses.

When authority figures are writing your life without even bothering to consult the protagonist, the obvious response is to struggle to regain the position of narrator. Unfortunately, confessional memoirs have a tendency to reinforce the regimes that they set out to contest. The insights imparted by these texts can easily serve to broaden the range of medical, psychiatric, and penal knowledge without posing a serious threat to existing power relations.[59] Perhaps it is better to arrest the progress of existing narratives by interrupting them with multiple complications, to render them confused, to deflect them from their righteous paths, to fragment them.

[59] For example, William Styron's Darkness Visible (1992), Lizzie Simon's Detour (2002), and Meri Nana-Ama Danquah's Willow Weep for Me (1998).

4.2.7 Postmodernists Anonymous

Best known as an engineering school, my fifth university seemed an unlikely venue for a hotbed of postmodernist theory. Adrift in the American Midwest, I doubt that it could be bestowed with a more appropriate alternate moniker than the French word that is its near-homonym and near-anagram: *perdu*, lost. Having been ejected from the political science department of a university in Atlantic Canada for questioning disciplinary boundaries, I was delighted at the prospect of settling into a more welcoming milieu. In intellectual terms, the change of scene meant that I was freed from the role of spokesperson and scapegoat for a homogenized postmodernism that I had enacted at my previous institution. Instead I could enter into a swirl of cross-fertilizing postmodernist varieties.

The "lost university" is located on the western shore, or left bank, of the Wabash River, and most of its students live in the twin towns of West Lafayette and Lafayette. When a heat wave hit the Midwest in July 1995,[60] this landscape presented me with the opportunity to stage my distress at having lived for almost two decades without an explanation for my orchidectomy, as if the geographical landscape itself was re-awakening the trauma of my childhood operations.

My hyperreal performance assumed the form of an epic perambulation and embodied meditation that lasted well over twelve hours (see 4.1.6). Wandering back and forth across the bridges connecting the east and west sections of a split

[60] This event is referred to in Persimmon Blackbridge's novel, Prozac Highway, and emphasis is placed on the threat that it posed to people diagnosed with psychiatric conditions (see 4.1.7).

conurbation, I became disoriented and experienced left-right vision reversal. Having walked throughout the night, recovered my sight and regained my sense of direction, I visited a police station on each side of the river. Confused by an apparent division in the "Law of the Father,"[61] I was suddenly possessed by fear and fascination over the implications of logics of reversal that had been vigorously explored in class discussions (see 4.1.14). Riding a wave of pleasure and pain, I finally crashed against the rocks of power-knowledge. Tagged as a "danger to myself and others," I was reeled in by the psych cops.

4.2.8 The Undecidability of Health and Illness

A few months before landing at the local loony bin, I was revelling in intellectual debates of exhilarating intensity (see the foreword to 4.1). Such was their momentum, in fact, that, alone in my cell, with a major tranquilizer coursing through my veins, I continued to puzzle over how it could be that my favourite professor at the "lost university" found the egoist philosophy of Max Stirner so appealing.[62] What I was sure about was that during the class in which the

[61] In Bodies that Matter, Judith Butler summarizes Žižek's reading of Lacan as follows: "The 'Law of the Father' induces trauma and foreclosure through the threat of castration, thereby producing the 'lack' against which all symbolization occurs" (196). Žižek argues that it is not possible "to *elude* the 'hard kernel' which announces itself through the 'patriarchal family'—the Real of the Law, the rock of castration" (The Sublime Object of Ideology 50). The doubling effect of two adjacent towns, each with its own police force, suggested that there might be inconsistencies in the application of the law, depending on which side of Wabash River one lived. Another reminder, perhaps, of the different ways that the two sides of my body, left and right, had been treated nineteen years earlier, for reasons that I was still struggling to grasp.

professor had prescribed the achievement of "ataraxia"[63]—a calm, undisturbed disposition—he had not intended that it be attained through neuroleptic injection.

One of the key texts in this professor's course during the spring term had been Derrida's essay, "Plato's Pharmacy." In Derrida's reading of Plato's Phaedrus, undecidability spreads through the disciplines, unleashed by the multivalence of the term "pharmakon." Whether the word is being used to describe the effects of writing on memory, of filiation on writing, or of philosophy on well-being, it signifies not only medicine, remedy, and cure, but also poison. Derrida goes on to investigate another multivalent term that, despite being absent from the Phaedrus, nevertheless exerts an influence over its dialogues, "pharmakos."

In addition to meaning a wizard, sorcerer, or poisoner, the word "pharmakos" connotes a scapegoat. According to this scenario, organs are expelled from bodies, and bodies from cities, because they are held to be poisonous. It now becomes evident just how many life experiences were condensed into my delirious ramble along the streets of West Lafayette and Lafayette; and as a penalty for re-visiting my operations by traversing the two towns, I was about to be deprived of my liberty, and almost of my life.

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[62] We had been reading extracts from Max Stirner's The Ego and Its Own (1995).

[63] Jean-François Lyotard has revealed that he "spent a few years studying several doctrines that support the notion of indifference: the Epicurean *ataraxia*, the Stoic *apatheia*, the extreme Stoic *adiaphora*, the Zen not-thinking, the Taoist nothingness, etc. [in an] M.A. dissertation [. . .] entitled Indifference as an Ethical Notion" (Peregrinations 9).

Derrida reminds us of the fate of the scapegoats of ancient Greek culture: "In general, the pharmakoi were put to death." However, because they were seen as corrupting elements within an otherwise healthy social body, the primary purpose of this ritual was to prevent them from reproducing: "Death occurred most often as a secondary effect of an energetic fustigation aimed first at the genital organs. Once the pharmakoi were *cut off* from the space of the city, the blows were designed to chase away or draw out the evil from their bodies" (130-132; my emphasis).

Pumped full of a drug that was contraindicated for people suffering from dehydration, I was fortunate not to die in that Indiana cell.[64] It is possible that drinking a substance (urine) that we usually consider to fall on the side of poison, rather than on the side of cure, saved my life. What almost killed me was a medical system in which care of the body and care of the mind are *cut off* from each other, a system in which physicians neglect the psychological impact of the removal of a sexual organ, and in which psychiatrists ignore the history of the body.

"Why did you walk all night and long into the next day?" one of the psychiatrists asked. "It felt like a test," I replied. They decided that I must be

[64] "Neuroleptics can produce a condition called neuroleptic malignant syndrome, which can be fatal. This is an extreme toxic reaction occurring in a small number of people who take these drugs. It closely resembles a disease called lethargic encephalitis, characterized by fever, sweating, unstable cardiovascular signs and in severe cases coma and death" (Irit Shimrat, Call Me Crazy 6). See 4.1.9 for a possible example of the early stages of neuroleptic malignant syndrome.

having a psychotic episode, and subjected me to their "anti-psychotic" poisons. "What were you thinking about at the time?" they wanted to know. "My childhood operations." If the connection between a "test" and a "testis" ever crossed their mind, then they did not let it deflect them from indoctrinating me into their belief that schizophrenia is a genetic condition, a hereditary defect, and perhaps a reason to discourage "patients" from reproducing.[65] Etymologically, the words "schizophrenia" and "castration" are related by being derived in part from the Greek verb, *keazein*, to split. A deeper understanding of the diagnostic term with which they were labelling me might have helped the psychiatrists to understand that they were as out of touch with my reality as I was with theirs.

As soon as I was released from hospital, I stopped taking their poisons. Able to think clearly once more, I questioned my parents and learned that the removal of my testicle had been a pre-emptive measure necessitated by the risk of cancer. It took me more than eight years to piece this puzzle together, but I know that I will spend many more trying to overcome the impact of the Cartesian division between medicine for the body and psychiatric "treatment" for the mind.

4.2.9 After Words: Beyond Discourse Analysis

> The term *psychotic* has historically received a number of different definitions, none of which has achieved universal acceptance. The narrowest definition of *psychotic* is restricted to delusions or

[65] On hearing this story, my psychotherapist wryly observed that contemporary psychiatrists lack a sense of the poetic.

> prominent hallucinations, with the hallucinations occurring in the absence of insight into their pathological nature. A slightly less restrictive definition would also include prominent hallucinations that the individual realizes are hallucinatory experiences. Broader still is a definition that includes other positive symptoms of Schizophrenia (i.e., disorganized speech, grossly distorted or catatonic behavior). [. . .] The term has also previously been defined as a "loss of ego boundaries" or a "gross impairment in reality testing."
>
> *American Psychiatric Association*, DSM-IV-TR (297)

> There is [. . .] a war between the odd and the even.
>
> *Leonard Cohen*, "There Is a War" (202)

Psychosis is diagnosed when a psychiatrist perceives that someone is no longer communicating according to the standards of a shared reality. In this relationship, the power to determine what qualifies as "reality" resides entirely with the psychiatrist.[66] Yet when individuals re-enact the traumatic events of their lives, forgotten experiences tend to surface in fragments. I have tried to show that jumbled speech and behaviour need not be pathological, that alternative forms of

[66] Pierre Klossowski describes psychiatrists as "the surveyors of the unconscious who [. . .] control the more or less variable range of the reality principle, to which the person who thinks or acts would bear witness" (Nietzsche and the Vicious Circle xviii).

expression may be contained within apparent incoherence, and hence that, in Szasz's words, "so-called mental illnesses" may be "idioms rather than illnesses."

Following my two operations, my body did not hold together, or cohere, as did the bodies of most other boys my age. Perhaps this corporeal incoherence spurred my flight into mathematics, a realm that held out the promise of absolute coherence. My identification with this discipline supplied me with a distinct view of the world. When I discovered Gödel, the picture dissolved before my eyes. This limit-experience of living through the collapse of what I believed to be the most secure reality gave me a glimpse of a simple fact that psychiatry is not yet mature enough to admit: there are many realities.

As a monotesticular child, I was made to feel not just peculiar, but potentially threatening in my difference. I was an oddity, oddness personified, out on a limb with Adolf Hitler. I hoped that learning about feminism might save me from becoming a tyrant, and began with Germaine Greer's The Female Eunuch, which seemed like an appropriate text for a teenage semi-eunuch to read. My abnormal body appeared to set me apart from the general population, as well as positioning me somewhere between "male" and "female." Mathematics offered a secure link to a shared reality at a time when my world was veering away from common knowledge, until the discipline revealed the fallibility of all systems of thought.

For Laclau and Mouffe, there is a shared reality only to the extent that one discourse successfully occludes its rivals. Moreover, the ongoing struggles

between discourses show that "reality" is never any more than an effect, a construction that is always in the process of being deconstructed: "Any objectivity [. . .] is merely a crystallized myth" (New Reflections 61). Laclau has proposed the concept of "mythical space" for the metaphorical representations that are suggested as alternatives to the dominant discourse. Yet Laclau is careful to distance himself from "irrationalism":

> In speaking of "mythical spaces" and their possible transformation into imaginary horizons, it is important to point out that we are not referring to anything that is essentially "primitive" and whose re-emergence in contemporary societies would constitute an outbreak of irrationalism. On the contrary, myth is constitutive of any possible society. (67)

The fear of being associated with madness becomes even more evident when Laclau infers:

> A society from which myth was radically excluded would be either an entirely "spatial" and "objective" society—where any dislocation had been banished, like the model for the operation of a perfect machine—or one in which dislocation lacked any space for representation and transcendence. In other words, the cemetery or the lunatic asylum. (67)

Once we have arrived at the view that "reality" is an effect, is there any basis for distinguishing between the rational and the irrational, the normal and the

psychotic? What justification can there be for the psych wars that keep people confined in psych wards? Is it not time to abandon the dangerous prejudice that life without sanity is equivalent to death?

5 Post-Nietzschean Aesthetics

Foreword to 5.1

This chapter combines two conference papers that focus on the conception of the body in Nietzsche's later work, the first from the perspective of aesthetics and the second from the perspective of health and illness. "Post-Nietzschean Aesthetics: Beyond the Body Beautiful" was presented at the Seventh Annual Individual Interdisciplinary Studies Graduate Program Symposium, "*Too* Human: Imagining Subjectivities in the Arts, Sciences and Technologies," March 6, 2003, at the University of British Columbia. "Beyond the Body Beautiful: The Uses and Dangers of Nietzsche's Rethinking of Health and Illness" was delivered at the Second Global Conference, "Making Sense of: Health, Illness and Disease," July 14-17, 2003, at St. Hilda's College, Oxford. I subsequently integrated the two papers, preserving the title from the second.

When I commenced work on this dissertation, I did not anticipate devoting a chapter to the analysis of Nietzsche's ideas about health and aesthetics. I was drawn to his philosophy of health because, by proposing a different standard of health, he provides individuals with an alternative to over-medicalized life. I recognized, however, that the implications of this innovation at a societal level are double-edged. On one side, there is the possibility of the emergence of healthier cultures that would be rid of the concept of human destiny; on the other, there is the risk of a eugenicist agenda developing out of Nietzsche's thought. I came to the view that the radical potential of his philosophy of health could best be

revealed through a reading that focused on his foregrounding of aesthetics, and especially on his belief that life is a work of art. It is in his revision of Kant's concept of the sublime that Nietzsche challenges the ideal of the body beautiful, thereby providing the basis for undermining eugenics. Beyond the body beautiful lies the sublime body that, in exceeding the rationalist sense-making imperative, creates new ways of joyously making sense and non-sense. Nietzsche invites us to be part of a Dionysian intoxication in which our bodies open out into the formless, and the formless penetrates us.

Whereas medicine and psychiatry conceive of disease, disability and trauma as forms of adversity to be alleviated or overcome, Nietzsche suggests that perceiving a need to find meaning in suffering is indicative of a more significant malaise. For Nietzsche, illness is merely another aspect of life, a perspective that Sarah Kofman elucidates in Nietzsche and Metaphor:

> Illness is not a negation of health, it is not its other, it does not result from the operation of an opposing death force which inhibits life. It is still life which, going too far in its own direction, ends up like all excellent things by "sublating" itself. Illness is a "relief" for health: [. . .] the centres of perspective must "relieve" each other or else be relieved by illness. (52-53)

When someone who is ill infers that her condition results from either misfortune or a personal failing, she is identifying a message in events that bear no inherent

meaning. Believing in misfortune breeds *ressentiment*, which is directed towards an external agent:

> every sufferer instinctively seeks a cause for his suffering; still more precisely, a perpetrator, still more precisely, a *guilty* perpetrator who is receptive to suffering—in short, some living thing on which, in response to some pretext or other, he can discharge his affects in deed or in effigy: for the discharge of affect is the sufferer's greatest attempt at relief, namely at *anesthetization*—his involuntary craved narcotic against torment of any kind. (On the Genealogy of Morality 91)

As a moral regime, the order of making sense tends to prompt a redirection of *ressentiment* that turns it inward: "'someone must be to blame for [your suffering]: but you yourself are this someone, you alone are to blame for it—*you alone are to blame for yourself!*'" (92). Nietzsche's discovery, therefore, is that the anguish of modern humans arises from the "problem of [their] meaning" and the apparent "meaninglessness of suffering, not the suffering itself" (117).

Among the philosophers, Nietzsche acknowledges the importance of Kant's struggle to dignify suffering by infusing it with purpose. In his essays on the French Revolution, Kant hits upon an ingenious application for the concept of the sublime that he developed in the Critique of Judgment. A sublime feeling arises in observers of an event that renders visible the schism between the goal of achieving freedom under moral law and attempts to realize that goal. It would not

be possible to observe the deficiency of practice in relation to ideals without the existence of a pure reason capable of preserving these ideals as the horizon of human history. Although the scope of reason will remain unknowable unless the horizon is somehow reached, Kant's experience of the sublime is intended to demonstrate that reason operates as an all-seeing eye, discerning and maintaining the directionality of history. The expression and pursuit of great ideals in events such as the French Revolution do not occur without suffering, but the confirmation of reason's sovereign presence in history reassures us that there is a perspective from which suffering will not have been in vain.

For Nietzsche, the absolute perspective that gives meaning to suffering is no more than Kant's invention, and is therefore exposed as a particular perspective. What Kant imagines is "an eye that cannot possibly be thought, [. . .] an absurdity and non-concept of an eye" (On the Genealogy of Morality 85). Ridiculing "contradictory concepts [such] as 'pure reason,'" Nietzsche asserts that "[t]here is *only* a perspectival seeing, *only* a perspectival 'knowing'; and *the more* affects we allow to speak about a matter, *the more* eyes, different eyes, we know how to bring to bear on one and the same matter, that much more complete will our 'concept' of this matter, our 'objectivity,' be." Highlighting the disembodied character of pure reason, Nietzsche asks: "But to eliminate the will altogether, to disconnect the affects one and all, supposing that we were capable of this: what? would that not be to *castrate* the intellect?" (85).

When Kant envisages a historical progression towards the eradication of suffering, he omits the perspective of illness and thereby fails to learn from illness as an integral part of life. As Sarah Kofman remarks in her commentary on Nietzsche's Ecce Homo,

> La maladie permet de découvrir que la vie—et *vita est femina*—est indissociablement joie et souffrance et qu'on ne peut vouloir l'une sans l'autre. (Explosion I 183-4)
>
> Illness reveals that in life—and *vita est femina*—joy and suffering are inseparable and one cannot wish for one without the other.

It would not be wise to wish for suffering to be abolished because "being sick can even be an energetic stimulant to life, to more life" (Ecce Homo 10). Whether it is healthy or sick, the body is capable of erupting with an energy that is both creative and destructive: the "explosions" to which the title of Kofman's book refers. The Nietzschean sublime body breaks through the confines of the body beautiful in a "great human being" whose "greatness lies in the fact that *he expends himself. . .*" (Twilight of the Idols *and* The Anti-Christ 109). According to Nietzsche, there was a time when the sublime body was a collective experience: the Dionysian mysteries celebrated "[*e*]*ternal* life, the eternal recurrence of life; the future promised and consecrated in the past," and proclaimed a "triumphant Yes to life beyond death and change; *true* life as a collective continuation of life through procreation, through the mysteries of sexuality" (120).

The post-Nietzschean aesthetic that I elaborate in this chapter consists of what might be called a "materialist sublime."[67] This aesthetic does not shun the body in favour of a reason that is situated in the mind or spirit alone, but rather affirms the movements of the body through cycles of fecundity and depletion; health and illness; life and death. When the inseparability of joy and suffering, and the inevitability of the body's eventual dissolution, are not just accepted but welcomed, then there can be no eugenic project of perfecting the body beautiful. As a way of exceeding the order of making sense, an aesthetic of the materialist sublime provides an alternative to political strategies of direct confrontation with psychiatry.

[67] I am grateful to Charles Barbour for suggesting this phrase. In the "End Notes" to their translation of Zur Geneaologie der Moral, Maudemarie Clark and Alan J. Swensen observe that "Nietzsche knew Kant through his study of Schopenhauer [. . .] and of Friedrich Albert Lange's History of Materialism, a neo-Kantian work and important source for much of Nietzsche's knowledge of contemporary science, including Darwin's theory. Nietzsche read Lange's book immediately after its publication in the summer of 1866 and, according to Nietzsche's biographer, Paul Curt Janz, also read Kuno Fischer's two-volume work on Kant as well as Kant's Critique of Judgment during the following two years" (On the Genealogy of Morality 126-127). For Nietzsche to have familiarized himself with materialist thought immediately prior to examining Kant's aesthetics lends support to the pertinence of the concept of a "materialist sublime" in the context of Nietzsche's own aesthetics.

5.1 Beyond the Body Beautiful: The Uses and Dangers of Nietzsche's Rethinking of Health and Illness (November 2003)

What is the relevance of Friedrich Nietzsche to the question of making sense of health, illness and disease?[68] First, Nietzsche challenges us to rethink many of our common assumptions about the nature of health and illness. By taking life as his one great cause, Nietzsche's philosophy of health puts into perspective the illnesses of individuals through an investigation of the ways that illnesses can be experienced as transformative and life-enhancing events. Second, Nietzsche acts as a diagnostician of the modern age, urging us to face up to a crisis in our ability to make sense of anything and everything. It is this diminished creative capacity that Nietzsche identifies as a more fundamental illness than any recognized by medicine or psychiatry.

In assessing Nietzsche's ideas, certain biographical and historical factors demand attention. Appointed as a professor at the age of twenty-four, Nietzsche experienced frequent bouts of serious illness that led to him applying for, and being granted, retirement just ten years later. Although Nietzsche's health problems persisted, he believed that they afforded him a level of insight that was, quite simply, unique in human history: "I have a subtler sense of smell for the signs of ascent and decline than any other human being before me; I am the

[68] A version of this chapter has been published. Richard A. Ingram, "Beyond the Body Beautiful: The Uses and Dangers of Nietzsche's Rethinking of Health and Illness," Interdisciplinary Perspectives on Health, Illness and Disease (New York: Rodopi, 2004) 21-34. It is reprinted with the permission of Rodopi.

teacher *par excellence* for this—I know both, I am both" (On the Genealogy of Morals *and* Ecce Homo 222). Such was the strength of this conviction that Nietzsche made the mistake of declaring himself to be, according to the report of a Turinese medical doctor, "'a famous man.'" After his death in 1900, Nietzsche was to become a famous man; but in 1890 this erroneous self-representation was interpreted by the medical doctor as a sign of "'mental degeneration'" (Ronell 81), and Nietzsche was duly despatched to a psychiatric clinic.

Nietzsche's extraordinary output as an author was thereby brought to a dramatic and sudden end just as he was beginning to gain a wide readership. In his correspondence, Nietzsche had occasionally expressed anxieties concerning the misuses to which his writings might be put. In June 1884, he confided to his sister: "I am frightened by the thought of what unqualified and unsuitable people may invoke my authority one day" (Selected Letters of Friedrich Nietzsche 81). These premonitions were to prove well founded, as Nietzsche's legacy was claimed by Benito Mussolini and Adolf Hitler, both of whom were endorsed by Nietzsche's sister. The adoption of Nietzsche by fascist leaders inevitably provoked controversy over whether his thought anticipates the theory and practice of fascism, and these debates show no sign of losing their intensity.[69]

[69] For a collection of essays that provide a balanced and well-informed analysis of the plausibility of such claims, see Jacob Golomb and Robert S. Wistrich, eds., Nietzsche: Godfather of Fascism? On the Uses and Abuses of a Philosophy (2002).

Armed with information of this kind, Nietzsche's accusers often dismiss his work either on the grounds that he is better classified as a clinical case than read as a philosopher, or out of the belief that he is a proto-fascist. Daniel White and Gert Hellerich have exposed a major flaw with the first of these objections by showing that instead of seeing Nietzsche's "philosophy of health" as "symptomatic of his physical condition," we may approach it as "a challenge to the cultural assumptions underlying the science of medicine" (White and Hellerich 129). Consider this entry from Nietzsche's notebooks, dated around 1885-86:

> Health and sickliness: be careful! The yardstick remains the body's efflorescence, the mind's elasticity, courage and cheerfulness—but also, of course, *how much sickliness it can take upon itself* and *overcome*—can *make* healthy. What would destroy more tender men is one of the stimulants of *great* health. (Writings from the Late Notebooks 78)

Rather than accepting the judgements of medicine about whether individuals, including himself, are healthy or ill, Nietzsche's advice is to adopt a different standard. An energetic disposition that does not succumb to pessimism can conquer certain illnesses by incorporating setbacks and using them to grow stronger. In order to distinguish his revaluation of health and illness from the standard applied by medicine, Nietzsche coins the phrase "great health."

Within a year of composing this note, Nietzsche wrote a second preface for his 1882 book, The Gay Science, in which he described the latter as the fruit of a protracted struggle:

> Gratitude flows forth incessantly, as if that which was most unexpected had just happened—the gratitude of a convalescent—for *recovery* was what was most unexpected. "Gay Science": this signifies the saturnalia of a mind that has patiently resisted a terrible, long pressure—patiently, severely, coldly, without yielding, but also without hope—and is now all of a sudden attacked by hope, by hope for health, by the *intoxication* of recovery. (3)

The "cheerfulness" that Nietzsche prescribes for coping with illness excludes maintaining hope for improvement. Indeed, it is precisely at the moment when unanticipated recovery occurs that hope for that which is commonly called health—the standard of health promoted by medical science—confronts the convalescent as an obstacle to great health. Even as he enjoys and gives thanks for his return to health, Nietzsche wants to avoid being like the character in the verse, "Dialogue," whose amnesia ensures that lessons learned in the struggle with illness are lost:

> A. Was I ill? Have I recovered?
>
> Has my doctor been discovered?
>
> How have I forgotten all?

B. Now I know you have recovered:

Healthy is who can't recall. (12)

What, then, is the wisdom that Nietzsche gleans from enduring long periods of poor health? In the first section of his autobiography, "Why I Am So Wise," Nietzsche recalls discovering that his cognitive powers were often heightened at these times:

> In the midst of the torments that go with an uninterrupted three-day migraine, accompanied by laborious vomiting of phlegm, I possessed a dialectician's clarity *par excellence* and thought through with very cold blood matters for which under healthier circumstances I am not mountain-climber, not subtle, not *cold* enough. (222-223)

Far from accepting the passive role of the patient, Nietzsche explores the terrain of his illness, and finds himself better equipped for tackling intellectual questions that he would otherwise be unable to negotiate. With this shift from passivity to activity, Nietzsche becomes more perceptive: "Everything in me became subtler—observation itself as well as all organs of observation." Having acquired new sensory techniques, Nietzsche's unprecedented capacity for insight flows from the realization of the uses to which these skills can be put: "Now I know, have the know-how, to *reverse perspectives*: the first reason why a 'revaluation of values' is perhaps possible for me alone" (223).

In developing his ability to reverse perspectives, Nietzsche made a leap that was both the basis for his philosophy of health, and the source of many of his more alarming ideas. It is once again in the section "Why I Am So Wise" that he discloses the connection between his poor health and his philosophical breakthroughs:

> Freedom from *ressentiment*, enlightenment about *ressentiment* - who knows how much I am ultimately indebted, in this respect also, to my protracted sickness! This problem is far from simple: one must have experienced it from strength as well as from weakness. If anything at all must be adduced from being sick and being weak, it is that man's really remedial instinct, his *fighting instinct* wears out. One cannot get rid of anything, one cannot get over anything, one cannot repel anything—everything hurts. Men and things obtrude too closely; experiences strike one too deeply; memory becomes a festering wound. Sickness itself *is* a kind of *ressentiment*. (229-230)

To his illness, Nietzsche credits the discovery of the phenomenon of *ressentiment*, the resentment that consists of hyper-sensitivity, and overtakes the body when negative impacts cannot be forgotten. *Ressentiment* cuts across medicine's division of the healthy and the sick, enabling Nietzsche to arrive at his diagnosis of the fundamental illness of rationalist cultures: nihilism.

Seizing the position of doctor, Nietzsche lays bare an epidemic of *ressentiment* in which his patients are everyone who suffers from an inability to create new ways of making sense. This failure befalls both the healthy and the sick, as these categories are defined by regular doctors, and is expressed most succinctly in the maxim: "He who does not know how to put his will into things at least puts a *meaning* into them: that is, he believes there is a will in them already (principle of 'belief')" (Twilight of the Idols *and* The Anti-Christ 34). To interpret events as containing particular meanings is, for Nietzsche, to have assumed that meanings are inherent to events, and therefore to have surreptitiously infused events with meanings at the outset. Nietzsche is showing that interpretation amounts to the repetition of old ways of making sense that have become sedimented as beliefs. The unchallenged meanings of belief constitute a beyond, an other-world that devalues life in this world.

How does this other-world develop? The crucial contrast is between our "remedial instinct" to fight, overcome, and forget pain and suffering, and the rationalist tendency to search for the underlying meanings of pain and suffering, an illness for which Gilles Deleuze and Félix Guattari have since supplied the term "interpretosis" (A Thousand Plateaus 114). Nietzsche traces the victory of rationalism over instinct back to Socrates: "Socrates is [. . .] an instrument of Greek disintegration, [. . .] a typical decadent. 'Rationality' *against* instinct. 'Rationality' at any price as a dangerous force that undermines life" (On the Genealogy of Morals *and* Ecce Homo 271). Being seduced into valuing

rationality as higher than bodily instinct marks the onset of the illness of nihilism. Through the figure of Zarathustra, Nietzsche effects a reversal of perspectives that relegates rationality to a subordinate position in relation to bodily instinct: "The body is a great reason," states Zarathustra in the section of Thus Spoke Zarathustra entitled "The Despisers of the Body," "a plurality with one sense, a war and a peace, a herd and a shepherd. An instrument of your body is also your little reason, my brother, which you call 'spirit'—a little instrument and toy of your great reason" (Thus Spoke Zarathustra 34).

Nietzsche's judgement is that when the self cannot do what Zarathustra tells us "it would do above all else," that is, "to create beyond itself" (35), it is mired in nihilism, and would do best to pass away quietly. The aphorism, "A moral code for physicians," sees the eugenicist potential of Nietzsche's new medical order reach its nadir:

> The invalid is a parasite on society. In a certain state it is indecent to go on living. To vegetate on in cowardly dependence on physicians and medicaments after the meaning of life, the *right* to life, has been lost ought to entail the profound contempt of society. Physicians, in their turn, ought to be the communicators of this contempt—not prescriptions, but every day a fresh dose of disgust with their patients. . . . To create a new responsibility, that of the physician, in all cases in which the highest interest of life, of *ascending* life, demands the most ruthless suppression and

> sequestration of degenerating life—for example in determining the right to reproduce, the right to be born, the right to live. . . . (Twilight of the Idols *and* The Anti-Christ 99)

Anyone who is incapable of following Nietzsche's example, in other words, forfeits the right to live, and the right to bring new lives into the world. By failing to learn how to experience illness as a way for the self to undergo transformation through the expansion of creative powers, such people are shown to be part of descending life. As such, they become a burden to individuals who are capable of self-transformation, or self-overcoming, and should be disposed of forthwith.

Where does Nietzsche's philosophy of health go astray? How can it be that this genealogist of morals, the most patient unraveller of moralities, ends up proposing such an abhorrent moral code? These questions can be answered by retracing the path that leads Nietzsche from his self-transformation during a time of poor health through to the revaluation of all values in which nihilism is overcome.

While he is sick, Nietzsche discovers that sense and intellect can be heightened by illness, thereby opening up perspectives that would otherwise remain inaccessible. The myth of the body beautiful crumbles as the idea that a healthy body is required to view the world correctly gives way to the perspectivism of the sublime, self-overcoming body. The problem is that Nietzsche then comes to value the operation of reversing opposed perspectives ahead of the vast array of perspectives that illness allows him to glimpse. When

the sublime body is no longer understood by Nietzsche as a process, but rather as a goal, it is declared to be the standard of the "great health." Having dismantled one illusion, Nietzsche erects another in its place.

Nietzsche teaches us that the standard of health advanced by medicine devalues life by closing off access to the multiple perspectives that become visible through illnesses. The experience of illness is considered by medicine to bring only negative impacts to bear on the body, and recovery is therefore presumed to consist of the restoration of health. Nietzsche's illnesses permitted him to uncover their positive impacts, and to view the concepts of health and illness from different angles. As the decade of the 1880s reached its end, Nietzsche came to believe that his "great health" was impregnable. He had overcome all illness, he concluded, by reversing the common understandings of health and illness. It is in this context that Nietzsche's descent—or ascent—into madness at the end of 1889 can be read as the final act in the drama of his philosophy of health. For Nietzsche's body rebelled against his hubris with a reminder that within one lifetime, only a finite number of illnesses, and a finite number of perspectives can be experienced. Nietzsche's body supplemented his philosophy of health with the observation that there are certain illnesses that bring the activity of writing to an end, and resist the reversal of health and illness.

For a period in his life, Nietzsche did overcome illness by undoing the duality of health and illness without reversing its opposed terms. It could be said that he started to capitulate to illness when he constructed a new duality of great

health, or ascending life, and degeneration, or descending life. Having diagnosed a cultural crisis in creating new ways of making sense, Nietzsche rushed to cure himself of the illness of nihilism. With the benefit of knowing the outcome of this precipitate action, it can be recognized that Nietzsche would have been wise to heed the advice of the following aphorism from the book that he published at the beginning of his last decade of creating new ways of making sense, Daybreak: "Thinking about Illness!—To calm the imagination of the invalid, so that at least he should not, as hitherto, have to suffer *more* from thinking about his illness than from the illness itself—that, I think, would be something! It would be a great deal! Do you now understand our task?" (53).

Having charted the trajectory of Nietzsche's philosophy of health, the implications of the diagnosis of nihilism can be considered more closely. If thinking about an illness causes greater suffering than the illness itself, it is because the imagination strains to find meanings in corporeal events that bear no meaning other than that which is created from them. With the concept of *ressentiment*, Nietzsche highlights the repetitive movement of passing through the same sensations, to which we are condemned when we cannot raise the strength to abandon the rationalist sense-making imperative. These sensations have often been accorded the highest value by the intellect, thereby separating them from their lowly origins. Yet, as Nietzsche warned in an essay that remained unpublished within his lifetime, the distance from the highest values conceived by

the intellect to the lowest values is never further than the length of the digestive tract:

> Does nature not remain silent about almost everything, even about our bodies, banishing and enclosing us within a proud, illusory consciousness, far away from the twists and turns of the bowels, the rapid flow of the blood stream and the complicated tremblings of the nerve-fibres? Nature has thrown away the key, and woe betide fateful curiosity should it ever succeed in peering through a crack in the chamber of consciousness, out and down into the depths, and thus gain an intimation of the fact that humanity, in the indifference of its ignorance, rests on the pitiless, the greedy, the insatiable, the murderous—clinging in dreams, as it were, to the back of a tiger. ("On Truth and Lying in a Non-Moral Sense" 142-143)

The activity of thought remains self-deceiving until it acknowledges that fierce currents of corporeal desire drive all our pursuits, even those which proceed under the privileged sign of "reason."

Nietzsche's rethinking of health and illness in the lives of individuals is part of his intervention in the wider social malaise. Just as he contemplates the situation of individuals who suffer from thinking about their illnesses, so he reflects on cultures that seek refuge from cycles of birth and death in illusory ideas of human destiny. At all levels, Nietzsche aims to sweep aside the notion

that pain serves a purpose. Neither the lives of individuals nor the histories of cultures move towards the achievement of particular or universal ends. There is no possibility of making sense of pain and suffering as necessary sacrifices contributing to the attainment of a world in which they will no longer arise. Far from being a cause for further sorrow, however, the absence of purpose enables endless experimentation by removing obstructions to new ways of making sense and non-sense. Nietzsche's revaluation of all values can therefore be understood as an attempt to subordinate hermeneutics to aesthetics.[70]

A close reading of the aphorism "Beautiful and ugly" from Twilight of the Idols will provide a clearer view of the sublime body on which Nietzsche's aesthetics are centred (89). It is here that Nietzsche shows that the cost of the rationalist sense-making imperative is the cultivation of resentment towards life. Only by overcoming this imperative will the sublime body release itself.

In the aphorism "Beautiful and ugly," Nietzsche contests the philosophy of history that Kant derives from an aesthetics of the sublime. By resorting to the concept of the sublime, Kant tacitly admits that the previously highest value of the beautiful cannot be sustained. Nietzsche spells out what Kant can only hint at, that is, the fact that the beautiful has crashed from the heavens down to earth: "Nothing is so conditional, let us say *circumscribed*, as our feeling for the beautiful. Anyone who tried to divorce it from man's pleasure in man would at

[70] As early as 1872, Nietzsche asserts that "our highest dignity lies in our significance as works of art—for only as an *aesthetic phenomenon* is existence and the world eternally *justified*" (The Birth of Tragedy 33).

once find the ground give way beneath him" (Twilight of the Idols *and* The Anti-Christ 89). The beautiful is inseparable from corporeal delights that ascetic moralities believe to be ugly and evil, and will not allow itself to be raised into an abstraction. For Nietzsche, Kant's approach to beauty is shown to be vacuous: "The 'beautiful in itself' is not even a concept, merely a phrase" (89). What Nietzsche finds objectionable is Kant's insistence on stripping away desire from the feeling of pleasure or displeasure that accompanies judgements regarding beauty, a move that Kant justifies on the basis that we "like the beautiful without any interest" (Critique of Judgment 127), whereas desiring entails an object in which we have an interest.[71]

Nietzsche discerns a will to power at work in Kant's cerebral perspective on aesthetics, and believes that Kant overlooks this point: "[Man] alone has bestowed beauty upon the world—alas! only a very human, all too human beauty . . ." (Twilight of the Idols *and* The Anti-Christ 89). At stake is Kant's desire to preserve an experience that will reassure us of our ability to supply history with a goal that surpasses human understanding: the goal of achieving freedom governed by moral law. Kant identifies this experience with a mental event that occurs

[71] This objection is directly expressed by Nietzsche in On the Genealogy of Morality: "[W]e receive from [the philosophers], right from the beginning, definitions in which, as in that famous definition Kant gives of the beautiful, the lack of a more refined self-experience sits in the form of a fat worm of basic error. 'The beautiful,' Kant said, 'is what pleases *without interest*.' Without interest! Compare this definition with one made by a real 'spectator' and artist—Stendhal, who in one place calls the beautiful *une promesse de bonheur*. What is *rejected* and crossed out here, in any case, is precisely the one thing Kant emphasizes in the aesthetic condition: *le désintéressement*" (72).

during our apprehension of the sublime, and finds a contemporaneous example in the qualified enthusiasm of people like himself who observed the French Revolution from a distance ("An Old Question Raised Again" 143-146).

The French Revolution confirms for Kant that there are objects of such magnitude that imagination is incapable of comprehending them. In contrast to the restful appreciation of the beautiful, the failure of imagination when confronted with the sublime produces displeasure and unease at the chasm between sensibility and reason. Yet in the same instant that we feel revulsion towards an object in relation to which "even the greatest power of sensibility is inadequate" (Critique of Judgment 115), the object also exerts an attraction over us.

The paradox of a simultaneous pleasure and displeasure arises because imagination operates under the direction of reason to strive towards an objective that it is not yet capable of attaining. Dissonance gives way to consonance once it dawns on us that an object first perceived as overwhelming becomes "small when compared with ideas of reason" (115). The feeling of the sublime affords us a glimpse of a disembodied perspective of reason that provides the only vantage point from which the progressive nature of human history can be confirmed.

Nietzsche does not reject Kant's opposition of the beautiful and the sublime, but reconfigures it. He starts by applying a tuning fork to Kant's "ideas of reason," and through their hollow ring exposes them as empty idols from which

meaning has drained away.[72] Kant's feeling of the sublime is considered "reactive" by Nietzsche because it calls for the body to submit to a view from nowhere that has always already been evaluated as superior to all embodied perspectives. Kant detaches reason from its corporeal base, elevates it to the position of highest principle, and proposes that we genuflect to it. For Nietzsche, Kant's "ideas of reason" are forms, images, or idols demanding to be worshipped, and still belong to an "all too human beauty." Hence Nietzsche's concise appraisal of the beautiful: "In the beautiful, man sets himself up as the standard of perfection; in select cases he worships himself in it" (Twilight of the Idols *and* The Anti-Christ 89).

Kant's concept of the sublime barely manages to conceal the ascetic ideal according to which the forces of the desiring body are instructed in self-denial. In return for acquiescing to the devaluation of life, humans are offered the consolation of belief in historical progress towards a moral order. But when the body is deprived of the outlet of recreation and re-creation, what is cultivated is *ressentiment*: resentment towards life. In place of the joyous affirmation of life as a work of art, what remains is a pallid hope for the future that sanctions a disciplinary regime for bodies in the here and now.

[72] Nietzsche gives Twilight of the Idols an alternative title, How to Philosophize with a Hammer. Rather than using his hammer to smash idols, however, Nietzsche wields it to test ideas and reveal them to be hollow illusions: "This little book is a *grand declaration of war*; and as regards the sounding-out of idols, this time they are not idols of the age but *eternal* idols which are here touched with the hammer as with a tuning fork" (Nietzsche, Twilight of the Idols 32).

Nietzsche, on the other hand, wearing the mask of Zarathustra, urges us to dance, laugh, and forget the weighty demands of moralists: "We should consider every day lost on which we have not danced at least once. And we should call every truth false which was not accompanied by at least one laugh" (Thus Spoke Zarathustra 210). Zarathustra's message could be summed up with the phrase: "It's the body, stupid!"

> I want to speak to the despisers of the body. I would not have them learn and teach differently, but merely say farewell to their own bodies—and thus become silent.
>
> "Body am I, and soul"—thus speaks the child. And why should one not speak like children?
>
> But the awakened and knowing say: body am I entirely, and nothing else; and soul is only a word for something about the body.
>
> [. . . . . .]
>
> There is more reason in your body than in your best wisdom. (35)

In contrast to despisers of the body such as Kant, the way of Zarathustra is the festival of life in which Dionysian ecstasy completely overtakes the senses. "It is only in the Dionysian mysteries, in the psychology of the Dionysian condition," Nietzsche emphasizes at the end of Twilight of the Idols, "that the fundamental fact of the Hellenic instinct expresses itself—its 'will to life'" (120).

In the same section of Twilight of the Idols as the aphorism, "Beautiful and ugly," Nietzsche asks: "What is the meaning of the antithetical concepts

Apollonian and Dionysian, both conceived as forms of intoxication, which I introduced into aesthetics?" The Apollonian artist is a creator of beautiful images, statues, and narratives, of stable modes of being; whereas, "[i]n the Dionysian state [. . .] the entire emotional system is alerted and intensified: so that it discharges all its powers of representation, imitation, transfiguration, transmutation, every kind of mimicry and play-acting, conjointly" (84). The body formed through the discipline of the ascetic ideal, that is, the body beautiful, capitulates as the sublime body comes to the fore. The body beautiful opens out into the formless, into that which cannot be represented in an image, preserved in a statue, or symbolized in a narrative: the unstable sublime body.

Foreword to 5.2

Inspiration came to Nietzsche on August 6, 1881, during "the first of a series of extended stays in Sils-Maria, in the Upper Engadine mountains of Switzerland" (Safranski 220). Seven years later Nietzsche described his "experience of inspiration" as

> An ecstasy whose tremendous tension sometimes discharges itself in a flood of tears, while one's steps now involuntarily rush along, now involuntarily lag; a complete being outside of oneself with the distinct consciousness of a multitude of subtle shudders and trickles down to one's toes. (Ecce Homo 72-73)

It was in this moment that "the *idea of eternal recurrence*, the highest formula of affirmation that can possibly be attained" took hold of him (69).

Such were his apprehensions about the idea of eternal recurrence and its effects that at first Nietzsche would only hint at what had happened that day. In a letter dated August 14, 1881, to his friend Peter Gast, he confides: "On my horizon, thoughts have arisen such as I have never seen before—I will not speak of them, but will keep my unshakeable peace" (Selected Letters 178). He goes on to disclose the extent of the risks inherent in his type of existence, and to offer an account of the euphoria that may be what gives rise to those risks:

> Ah, my friend, sometimes the idea runs through my head that I am living an extremely dangerous life, for I am one of those machines which can explode. The intensities of my feeling make me shudder

> and laugh; several times I could not leave my room for the ridiculous reason that my eyes were inflamed—from what? Each time, I had wept too much on my previous day's walk, not sentimental tears but tears of joy; I sang and talked nonsense, filled with a glimpse of things which put me in advance of all other men. (178)

This separation from the rest of humanity is also mentioned in Nietzsche's notebooks, but on this occasion in spatial rather than temporal terms: "'6000 feet above the ocean and far higher still above all things human!'" (Safranski 221).

In Part Three of Thus Spoke Zarathustra, written in January 1884, and published later that year, Nietzsche contrasts two understandings of eternal recurrence. His character, Zarathustra, rejects the interpretation that "time itself is a circle" because it overlooks the "Moment" in which eternal recurrence arises as a question (158). As Martin Heidegger emphasises in his lectures on Nietzsche in the summer of 1937, we must "adopt a stance of [our] own within the 'Moment' itself, that is, in time and its temporality" (Nietzsche 2: 44). After he has spoken about eternal recurrence, Zarathustra declares: "I was afraid of my own thoughts and the thoughts behind my thoughts" (Thus Spoke Zarathustra 158). To be confronted with the question of eternal recurrence is to glimpse the groundlessness of all values: the problem of nihilism. "*Only by way of nihilism and the moment is the eternal recurrence of the same to be thought*," Heidegger infers, adding that "in such thinking the thinker as such slips into the ring of

eternal recurrence, indeed in such a way as to help achieve the ring, help decide it" (Nietzsche 2: 183).

For Nietzsche, the cost of inventing a language that few of his contemporaries could come close to comprehending was having to endure a formidable isolation. "A friendly voice seldom reaches me nowadays. I am alone now, absurdly alone," he confides to Reinhardt von Seydlitz in a letter dated February 12, 1888: "I have imperceptibly become something like a lair myself—something hidden away, which people do not find, even if they go out and look for it. *But people do not go out in search of such things. . .*" (Selected Letters 283). The reception of his work in Germany was particularly disappointing to Nietzsche: "there has not yet been a *single* even moderately reputable review of any *one* of my books." Indeed, he was being dismissed amidst accusations regarding his mental health: "People help themselves out now with the phrases 'eccentric,' 'pathological,' 'psychiatric'" (284). This observation is repeated in a letter to Malwinda von Meisenbug composed in Sils-Maria at the end of July 1888: "People in the 'dear old Fatherland' treat me like a man who ought to be locked up—this is the form of their 'understanding'!" (302). Even thirty years later, when his work was celebrated in a study by Ernst Bertram, the latter still "derides eternal recurrence—which in Heidegger's view is Nietzsche's central thought—as a 'fake revelation,' the 'deceptively aping, lunatic *mysterium* of the later Nietzsche'" (Krell 240).

On June 1, 1998, my existence appeared to open up to the infinitude of time and space, an experience that I described in 1.1.4. Five years later, I felt confident enough to revisit memories of that day. "Dangerous Thoughts" is an excerpt from a presentation to Dr. Richard Lane's Critical Theory Group on July 2, 2003. I believe that the significance of this kind of experience lies less in what can be recounted to others than in what remains incommunicable. It is not by chance that Nietzsche's references to eternal recurrence are fragmentary and elusive. Such events can only be approached through what Maurice Blanchot calls "fragmentary speech" (and "fragmentary writing"), which

> does not know self-sufficiency; [and] does not suffice, does not speak in view of itself, does not have its content as its meaning. But neither does it combine with other fragments to form a more complete thought, a general knowledge. The fragmentary does not precede the whole, but says itself *outside* the whole, after it. (The Infinite Conversation 152)

These are limit-experiences, then, which cannot happen unless the subject is eclipsed. As Georges Bataille states: "No one is—for a moment—sovereign who does not lose himself" (Sovereignty 401). Bataille's "sovereign experience" is, as Stuart Kendall clarifies, "not subjective experience; it means experiencing the world not in relation to God, but from the position of God" ("Editor's Introduction" xxx). Hubris of this magnitude is not without consequences, as will be evident from the conclusion of "Dangerous Thoughts."

5.2 Dangerous Thoughts: Eternal Recurrence and the Moment of Decision (July 2003)

> Each person should have an unyielding singularity, but not everyone has the good fortune to be mad, or, like Andy Warhol, to be a machine.
>
> *Jean Baudrillard*, Fragments (8)
>
> [T]here is no such thing as a man who exists singly and solely on his own.
>
> *Martin Heidegger*, "The Question Concerning Technology" (337)

June 1, 1998. I don't cope well with the heat. It's a glorious day in the city, and as I stroll along I ponder the mysteries of the cosmos. Does the universe expand indefinitely, using up its energies in the slow heat-death predicted by the second law of thermodynamics? If so, would it mind speeding up a fraction, since it is so indecently hot today? Or does the universe reach a limit and fold back on itself, collapsing inwards in the biggest of all possible implosions?

Suddenly it becomes my decision. I have to choose for the universe, acting as a pivot for all time and being. I concentrate hard because it will happen as I think it; the destiny of everything resting on this moment of cognition. Barely has the question come into view than the solution follows. The universe will expand and contract indefinitely; an infinity of big bangs and big crunches. Life will recur in endless repetition, with endless variation.

A couple walk by, appearing not to see me. Have I passed out of the earthly realm? Is that what happens when you experience limitless euphoria from determining the fate of the universe? I walk down to the beach. No one seems to see me. I don't want to speak, for fear that no one will hear me, confirming that I am present only as a ghost, or as a god, perhaps.

I walk straight into the sea, and am reassured to see the water pass around my legs. Eventually a young boy stares at me, no doubt curious that a man in full-length trousers and shoes is striding through the water. "What is your name?" I ask. "Adam," he replies. "Oh dear," I think to myself.

As the day ends, I talk with a friend on the phone. I am concerned that my solution for the destiny of everything is flawed, or that I need to communicate it to someone before going to bed for what may be my last sleep. Her reassuring words tell me that she knows the solution, and that I don't need to strain to explain it to her. But they also tell me what I should have already known: that god is a woman, and either she—my friend—is god, or all women—collectively—are god, and that this phone call may have been my last task in life. *I cannot complete the conversation, because it is not for me to have the last word. I leave the phone hanging, my friend asking if I'm still there.*

Later the same night an ambulance is called and R. is committed for being "a danger to himself and/or others."

"Delusions and grandiose ideation," the nurse writes in R.'s chart.

Epilogue

> In [Blanchot's *récits*], the question of narrative does not just function as a metatextual frame, but becomes a compelling thematic motif within the writing itself. [...] Blanchot's shorter fictions narrate events but by that token also narrate themselves; they expose, within narrative, the resistance of events to narrative structures, and thus, while accepting the limitations of narrative, signify their refusal to conform to narrative expectations; they acknowledge the requirements of narrative but fall short of satisfying them. They are simultaneously narratives of unfinished events and events of unfinished narrative, occurring [. . .] not in the historical past or in the present, but in the future: a future that is not a modality of the present, but a time of incompletion, promise, and hope: of approach without arrival, destination without destiny.
>
> *Leslie Hill*, Bataille, Klossowski, Blanchot (228-229)

The requirement, in Blanchot's case, is for the text to testify to the madness of the day by simultaneously supplying a narrative and doing justice to what escapes narrative; and while it is between these irreconcilable demands that Blanchot's *récit* comes to be written, it is the result of the dissymmetry between them that it proves impossible for the text to adequately satisfy either one.

Leslie Hill, Blanchot: Extreme Contemporary (101)

The closing paragraphs of Maurice Blanchot's The Madness of the Day tell of the protagonist's subjection to "an authoritarian interrogation, overseen and controlled by a strict set of rules." Two figures, identified as "an eye doctor" and "a specialist in mental illness," judged the protagonist's circular, repetitive narrative to be inadequate, and demanded that he "'get down to the facts.'" But the protagonist admits that he "was not capable of forming a story out of these events," since he "had lost the sense of the story," which is something "that happens in a good many illnesses." The protagonist perceived a third figure, "the chief of police," who exerted an influence over the scene. Despite being absent from the interrogation, the power of the chief of police flowed through his representatives, the ophthalmologist and the psychiatrist, intensifying the demand for a linear narrative. "[B]ecause there were two of them, there were three, and this third remained firmly convinced," the protagonist believes, "that a writer, a man who speaks and who reasons with distinction, is always capable of recounting facts that he remembers" (18).

The narrative that was rejected by the doctors had been extracted by force: "The annoying thing" about the doctors, the protagonist recalls, "was that their authority loomed larger by the hour. One is not aware of it, but these men are kings." Obliged to talk to doctors who claimed all of his thoughts as their own, he found that his "story would put itself at their service." He continues:

> Right before their eyes, though they were not at all startled, I became a drop of water, a spot of ink. I reduced myself to them.

> The whole of me passed in full view before them, and when at last nothing was present but my perfect nothingness and there was nothing more to see, they ceased to see me too. Very irritated, they stood up and cried out, "All right, where are you? Where are you hiding? Hiding is forbidden," etc. (14)

Acquiescing to the medical and legal injunction to render oneself transparent only makes the authorities more convinced that the confession is incomplete. The last line of The Madness of the Day follows on from, and responds to, the statement expressing the belief of the third figure that "a writer [. . .] is always capable of recounting facts that he remembers." This line is also an apt rebuttal to the order of making sense: "A story [*récit*]? No. No stories [*pas de récit*], never again" (18).

In The Madness of the Day, a line of flight from the order of making sense may eschew narrative, but it does so as only one of Blanchot's *récits* that "inscribe their own limitations, exceed their own borders, and fall short of self-identity" (Hill, Bataille, Klossowski, Blanchot 229). Emmanuel Levinas concludes his "Exercises on 'The Madness of the Day'" by highlighting the affirmation of work that persists in spite of the reduction of madness to the absence of work within the order of making sense:

> In their helping objectivity [the doctors] are accomplices to order, i.e. the established order. They prompt you to tell the story, to adopt the mode of existence that can be resumed in a fable—

excluding the extra-vagant [sic]. Logical order is re-established by an order. The invitation to narrate is a summons. [. . .] It suffices that there be two for the powers to be served. To tell a story, to speak, is already to make a police report. "No stories, never again"—these are the last words of the text. But still madness. The very presence of the text belies the ultimate freedom of refusal. A text, a texture, a work! Despite all refusal, somewhere in the brain, "it keeps on knitting." (170)

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