

**READING THROUGH MADNESS:
COUNTER-PSYCHIATRIC EPISTEMOLOGIES
AND THE BIOPOLITICS OF (IN)SANITY
IN POST-WORLD WAR II ANGLO-ATLANTIC
WOMEN'S NARRATIVES**

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ABSTRACT

In my dissertation, I advance an interpretive perspective that emerges from the politics of the Mad Movement (also known as the Psychiatric Consumer/Survivor/Ex-patient Movement). This movement began in the 1970s in response to patient abuses in the psychiatric system and continues today in various forms. I argue that literary studies, which often reads madness in the reductive terms of psychiatric diagnosis or which renders madness as metaphor, would benefit from mad perspectives; likewise, literary studies has much to offer the nascent field of Mad(ness) Studies in terms of methods for locating the discursive conditions of madness' emergence. Drawing on Foucault's work on madness and biopolitics; poststructuralist feminism; Disability Studies; and Mad Movement writings, I concentrate on texts which narrate intersecting experiences of madness, resistance, community and identity: Mary Jane Ward's *The Snake Pit* (1947), Sylvia Plath's *The Bell Jar* (1963), Susanna Kaysen's *Girl, Interrupted* (1994), Claire Allen's *Poppy Shakespeare* (2007), Liz Kettle's *Broken Biscuits* (2007), Bobby Baker's *Diary Drawings: Mental Illness and Me* (2010), Persimmon Blackbridge's *Prozac Highway* (2000), Joan Riley's *The Unbelonging* (1985) and Helen Oyeyemi's *The Icarus Girl* (2004). I further explore mad reading practices through my reading of a blog project I conducted for research purposes in which people with experience of the mental health system reviewed depictions of madness and mental health treatment in literature, film, popular culture and news media. In reading through a mad perspective, I postulate some of the material and ideological effects that establishing mad reading practices and communities might have. I consider how madness is gendered, and how it intersects with other aspects of embodiment such as race, class and sexuality; how narratives of madness elucidate the relationship between psychiatry and colonialism, patriarchy, eugenics and neoliberalism; and how they invite us to question the limits of reason, truth and subjectivity.

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Introduction:

Making Literature Mad, Making Mad Literature:
Counter-psychiatric Perspectives and “The Literary”

I have experienced love, sorrow, madness, and if I cannot make these experiences meaningful, no new experience will help me.

—Sylvia Plath, Sunday, November 15, 1959, *The Unabridged Journals of Sylvia Plath* (530)

Preamble: Reading as a Madwoman

When I began graduate school, I moved away from my hometown, to a new city, and a new university. One of the things that I was glad nobody knew about me in this new place was that I had (or, some would say, have) a “serious mental illness.” As a new graduate student I was reserved about my history of psychiatrization, because I feared that if my colleagues and professors knew this history, they wouldn’t trust me, or would think me less capable. Aside from wanting to avoid these assumptions (which I’d encountered so many times before) I also wanted to leave behind the diagnostic label I’d been given. I was sceptical about this label, not only because I wasn’t sure it applied to me, but also because I wasn’t sure about the usefulness of labelling altogether. Towards the end of my master’s degree, however, I did disclose, quite openly, that I have been diagnosed, drugged, and institutionalized. I made this disclosure because after spending that year reading and studying and conversing, I realized that literary studies, as a discipline, needs the stories of psychiatrized people.

My “coming out” as mad was in fact facilitated through my study of literature. The summer term of my master’s degree, I took a course with Dr. Cathy Gris  called Visionary Women. We read all sorts of literature by and/or about madwomen in this class: everything from Julian of Norwich’s *Revelations of Divine Love* (1373), to H.D.’s *Trilogy* (1944), to works of

science fiction featuring female protagonists who are read as mad within the text and/or by literary critics—namely Marge Piercy’s *Woman on the Edge of Time* (1976) Octavia Butler’s *Parable of the Sower* (1993) and Larissa Lai’s *Salt Fish Girl* (2002). While I identified closely with many of these readings and the madwomen who wrote or featured in them, it seemed that most of the students in my class did not. In fact, some of them cavalierly dismissed the value of this visionary literature *because* it was “crazy.” While for the first time I was considering the possibility that there might be a “mad canon,” some classmates were simultaneously calling the worth of its works into question. When the class read *Woman on the Edge of Time*, I was in fact surprised by the harshness with which classmates judged Connie, the novel’s protagonist, a Chicana woman who has been institutionalized in a state mental hospital. Despite the fact that they were reading science fiction, a genre where time travel happens routinely, my peers rejected the possibility that Connie is actually travelling in time; instead, they insisted that she must be delusional, and that her travels to the future world of Mattapoissett are an elaborate hallucination. They also decried her attempted murder of her doctors—an act of resistance at the novel’s end—to be simply vicious, violent behaviour, typical of a crazy person. I found this desire to reinforce the psychiatrization of a fictional character, and to judge that character based on the discourses of madness being imposed on her, both fascinating and deeply troubling. If my colleagues found madwomen so off-putting in the context of a novel, what might they think if they knew they had a madwoman in their midst? I decided to find out.

I had to give a seminar in that class, and, for my topic, I chose to read *Woman on the Edge of Time* from a reader response perspective. That is, I read it from my own perspective as a psychiatrized person who has had some similar experiences as Connie (alas, not the time travel), and who thus reads her madness not as a given, but as something that had been constructed

around her, and which she comes to embody over time. In addition to giving my personal perspective on Connie's madness and psychiatrization based on my lived experiences, however, I also argued that "sane" individuals who have experienced neither madness nor psychiatrization could also learn to think and read from a mad perspective. In making this argument, I borrowed from feminist reader response critic Jonathan Culler. As Culler notes, feminist literary criticism has historically been based upon women reading texts through the lens of their lived experiences; yet, this idea that a woman can read "as a woman" by reading her own experience onto a text, assumes that there are commonalities among women's experiences, and that there is one way to "be a woman." Culler posits that "to ask a woman to read as a woman is in fact a double or divided request. It appeals to the condition of being a woman as if it were a given and simultaneously urges that this condition be created or achieved" (513). Reading as a woman therefore requires, in fact, not being a woman, but taking up the position of women, since the purpose of assuming a female reader is to change the way in which one reads a text, drawing one's focus towards its sexual politics (513). Women can and historically have been required to take up the position of reading from a man's perspective, identifying with the experiences and viewpoints of male characters even when, as Culler points out, this perspective goes "against their own interests as women" (514).¹ He argues that just as women have read as men, readers of all sexes can take up the position of reading as a woman by "identifying with the experience of women characters" and by "question[ing] the literary and political assumptions on which their reading has been based" (514). Similarly, I argued in my seminar on *Woman on the Edge of Time* that to read as a mad person would mean to identify with the experiences of mad characters or writers, and to recognize and question the political assumptions involved in one's reading of mad characters. Culler argues that "to read as a woman is to avoid reading as a man, identifying the

specific defences and distortions of male readings and provide correctives” (516). Likewise, to read as a mad person means to avoid reading from a “sane” perspective—that is, one which naturalizes psychiatric discourses of madness, takes psychiatric labels as a biological given, reinforces stereotypes about “the mentally ill” and views mad figures as other. In my seminar, I gave an example of such a “mad” reading. I argued that to read Connie as simply a crazy person was to miss the book’s critique of a mental health system which medicalizes not only difference (Connie is originally institutionalized because she is poor and Chicana, not because she is seeing things others do not) but also the envisioning of other worlds (which is another way to read the future place Mattapoissett). My fear was that—in giving this critique of “sane” reading practices, and in offering up madness as an alternative reading perspective—I, like Connie, would be labelled crazy and dismissed. Fortunately, however, this was not the response I received. In fact, the other students in the class seemed interested in my reading of the novel, and especially in the idea of madness as a new critical reading perspective for them.² Out of this initial small project comes the one that you have before you. Thinking through what a mad or counter-psychiatric perspective might look like led me to try to find other mad people’s stories. Since these stories, as I discovered, are most often written by doctors, and not by mad people themselves, I often had to resort to reading about mad people as case studies within the broader history of psychiatry. In learning about the history of psychiatry, however, I discovered that there is also a history of psychiatric resistance. Reading about psychiatric resistance led me to the contemporary mad movement, and to further exploration of mad politics, culture and literature. In order to situate madwoman’s literature within its historical, political, social and discursive contexts, I will now give a brief overview of this history, and the theoretical concepts (drawn from mad activism, Foucault, poststructuralist feminism and Disability Studies) that we can use to understand that

history. In weaving together history, literature and theory, I posit a framework for understanding some of the questions I hope this project will begin to address: What would reading through a mad perspective look like? What material and ideological effects might it have? How is madness gendered, and how does it intersect with other aspects of identity and embodiment such as race, class and sexuality? How might madness narratives elucidate the relationship between psychiatry and colonialism, patriarchy, eugenics and neoliberalism? How do narratives of madness invite us to question the limits of reason, truth and subjectivity?

A Note on Language

I use some language here that may not be familiar to readers who are not acquainted with the mad movement, with critical scholarly work on madness, or with Disability Studies. The first of these terms is the word “mad” itself. Within the context of the psychiatric consumer/survivor/ex-patient/mad movement (which I will discuss more later on in this chapter), the term mad has been reclaimed, much like the term “queer” in the context of the LGBTQ movement, and is used as a politicized identity label by some people who have had experience of the mental health system. Some theorists (notably, Michel Foucault in *History of Madness* and *Madness and Civilization*) as well as some historians (notably, Roy Porter in *A Brief History of Madness* and Dale Peterson in *A Mad People's History of Madness*) have also used the terms mad and madness in describing the genesis of the phenomena which today is known as mental illness, but which was called madness until it was medicalized in the nineteenth century. People within the mad movement may self-identify by a variety of labels including, but not limited to: mentally ill, person living with mental health issues, person with a mental health label, person living with spiritual difficulties, disabled, person with a (psycho-social) disability, neuro-diverse, ex-patient, psychiatric survivor, psychiatric consumer, service user, (ex-)psychiatric inmate,

crazy, lunatic, nutter, mad, deviant, otherkin. I am not going to define all of the above terms here, because they do not have set definitions. I include them to show the diversity that exists within the context of the mad movement. The way in which these terms are used varies from community to community and from person to person. Which terms people use and how they use them depends on where they live, what their politics are, what generation they are part of, what historical moment they live in, and whether they want to reclaim certain terms that have been used to oppress them. The ways in which terms are used, as well as who uses them, also shifts over time, and is a matter of continual debate within the mad community. And of course, some people involved in the mad movement reject the idea of labelling altogether. Although I am mindful of the nuanced use (or non-use) of these various terms, I will be using the term mad here to describe people who have been deemed mentally ill, have had experiences of the mental health system, and/or have had experiences which they self-identify as mad or mentally ill; this is both for the sake of brevity, and because I feel that the terms mad and mad people signal a politics of psychiatric resistance.³

Ableism, Mentalism, Sanism: Although sometimes the term ableism, which refers to systemic discrimination against and oppression of people with disabilities—is used by, and in relation to, psychiatrized people, many people in the mad community do not like to use the term ableism because they do not consider themselves disabled. As Essya Nabbali observes, “mad people are generally absent from the wider disability movement as an identifiable group. Recent reports suggest this is because both disabled people and mad people have internalized the worldview of the dominant ‘Western’ culture, and consequently harbour deep within themselves the negative stereotypes linked to the other” (4). Mad community members’ desires not to be associated with disability stereotypes as well as disability community members’ desires not to be

associated with mental illness stereotypes are two of the main reasons why the relationship between the communities has often been fraught. It is important to note, however, that lots of mad people have multiple disability labels, not only pertaining to madness, but also to sensory and physical disabilities as well.⁴ Instead of using the term ableism, many mad people use the terms mentalism and/or sanism. Mentalism refers to discrimination on the basis of intellectual or psychiatric disability. The term was first used in print by one of the founders of the mad movement, Judi Chamberlin, in *On Our Own* (1978). She points out that:

Negative stereotypes of the ‘mentally ill’ are everywhere and are difficult not to internalize, no matter how sensitive one becomes. This stereotyping has been termed ‘sane chauvinism’ or ‘mentalism’ by mental patients’ liberation groups. Like sexism, mentalism is built into the language—*sick* and *crazy* are widely used to refer to behaviour of which the speaker disapproves. (Chamberlin 66, emphasis in original)

As Erick Fabris writes in *Tranquil Prisons*, sanism, which is usually used interchangeably with mentalism in the mad community, “means prejudgement or prejudice against mentally ill people” (9). The term was coined in the 1960s by activist and lawyer Mortin Birnbaum, in conversation with African-American feminist and lawyer Florynce Kennedy (9). American legal activist and scholar Michael Perlin has also discussed sanism extensively in his work on mental disability in international human rights law. Perlin notes that disability has only become a concern in human rights law as recently as the 1990s, and that mental disability has been particularly neglected (*International Human Rights* 3). He argues that sanism is behind this oversight in the law, and that it has created problems for mad people such as a “lack of comprehensive legislation [regarding mental disability], lack of access to independent counsel, inadequate care, lack of community programming, and inhumane forensic systems” (7). Perlin is

concerned with the way that sanism has permeated the law, from legal theory to legal process on the ground, where the majority of people involved in conducting legal proceedings (lawyers, “expert” and lay witnesses, jury) bring pre-existing sanist biases to the table (*International Human Rights* 34, “Sanism” 374). As Perlin points out in “On ‘Sanism,’” moreover,

Sanism is as insidious as other ‘isms’ and is, in some ways, more troubling, since it is largely invisible and largely socially acceptable. Further, sanism is frequently practiced, consciously or unconsciously, by individuals who regularly take liberal or progressive positions decrying similar biases and prejudices that involve sex, race, ethnicity or sexual orientation. Sanism is a form of bigotry that ‘respectable people can express in public.’ Like other ‘isms,’ sanism is based largely upon stereotype, myth, superstition, and deindividualization. To sustain and perpetuate sanism, we use pre-reflective ‘ordinary common sense’ (OCS) and other cognitive-simplifying devices such as heuristic reasoning in an unconscious response to events both in everyday life and in the legal process. (374-5)

In legal, medical, social work, and academic discourse, as in popular culture, news media, and everyday small talk, sanism is deeply and invisibly embedded, and often those employing sanist stereotypes or logic may be unaware of the implications of their words or actions. Poole et al, in their work on sanism in social work, importantly differentiate between sanism and stigma, a term popular in main-stream mental health awareness campaigns which refers to common practices of labeling, stereotyping, and disapproval. They argue, following both Thornicroft’s and Sayce’s criticisms, that a focus on “mental health stigma” is too limiting, in that it “minimizes the jagged reality of widespread rights abuse and oppression (or sanism) experienced by individuals with such ‘mental health’ histories” (21). While stigma is often used to refer to individual acts of discrimination, such as using a sanist slur to dismiss someone, sanism refers to a form of systemic oppression that includes, but is not limited to the multiple and often insidious forms that

stigma can take. In fact, as Poole et al argue, drawing on The Coalition Against Sanist Attitudes, “stigma is only possible because of ‘sanist beliefs, attitudes, and practices’” (25). In other words, stigma can only be perpetuated because it is supported by sanism as a dominant system of thought embedded in Western institutions and culture. As Marina Morrow and Julia Weisser observe in their work on social justice and mental health recovery, sanism involves “the valuing of rational thinking and socially acceptable forms of behavior, and the subsequent ostracization and/or punishment of people who do not or cannot conform” (31). Sanism works through various state and non-state apparatuses to categorize, segregate and deprive those who are deemed not rational in thinking or behavior. I will discuss the material effects of sanism further as I explore the relationship between biopolitics and sanism later in this chapter.

Recent mad definitions of the term sanism give a sense of how sanism operates both materially and ideologically. Eric Fabris “uses the term to mean the very construction of difference as ‘madness’ and the dividing of bodies into mad and sound” (9). Poole et al, drawing on Kalinowski and Risser, similarly describe sanism as functioning by dividing people into “power-up” and “power-down” groups: “The power-up group is assumed to be normal, healthy, and capable. The power-down group is assumed to be sick, disabled, unreliable, and possibly violent” (25). The term sanism, unlike stigma, “aim[s] to unsettle assumptions about rationality, normality and madness,” as Morrow and Weisser point out (29). Thus sanism, particularly as it has been used in more recent Disability Studies and Mad Studies research has an important discursive function, in that it works to trouble the very epistemology of madness, asking us to question how we know (or think we know) where lies the border between sanity and madness. I will be employing the term sanism throughout this work, because it points to the social, cultural and material dividing of “mentally ill” bodies from “healthy” or reasoned ones, while

questioning the idea that such categories are easily established and maintained. I also use the term sanism to refer pragmatically to the systemic discrimination and oppression that people who have been given a psychiatric diagnosis (who may be perceived as mentally ill in some or all situations), as well as people who are perceived to be mentally ill (who may not have a psychiatric diagnosis), experience some or all of the time.

Psychiatry, Eugenics, Biopolitics

Originating in the lunatic asylums of the nineteenth century as a method of managing the mad, psychiatry emerged more or less simultaneously on both sides of the Atlantic, with numbers of public asylums increasing exponentially over the course of the century in Britain, the United States and Canada (Porter, *Brief History* 120; Scull, *Social Order* 240, 248). Throughout the twentieth century, and into the twenty-first, the development of psychiatric practices, including the use of a common diagnostic manual and treatment methods, has been more-or-less concurrent in all three nations, and often the result of collaboration among psychiatrists across the west (Porter *Brief History* 213). In *Cultural Locations of Disability*, Sharon Snyder and David Mitchell term the alliance of nations working together to medicalize mental and physical difference the “Eugenic Atlantic” (101). Across the United States, Britain, Canada, France and Germany, policies were being implemented in the first half of the twentieth century to not only manage, but also exterminate people with disabilities, the culmination of which was Nazi euthanasia (4, 121; Kühl 90). As Stephen Kühl argues in his study of the relationship between the American eugenics movement and Nazi Germany, and as Snyder and Mitchell further point out, however, contemporary disability institutions, like psychiatry, are haunted by Eugenic Atlantic reasoning (Snyder and Mitchell 147; Kühl 4-11). Britain, the United States and Canada

are particularly linked in more recent history in that they all, towards the end of the century, moved away from hospitalization for psychiatric patients and towards the use of community treatment orders (CTOs), spurred partly by a neoliberal agenda of more effective management for less expenditure (Moncrieff 237; Ramon 117). This de-institutionalization has been supported by CTO legislation in all three countries: The National Health Service and Community Care Act (1990) and the Mental Health Act (2007) in the UK, and in the US and Canada, policies at the state/provincial level such as Kendra's Law in New York (1999), and the Mental Health Act in Ontario (1990, 2010).

In the Western world, women's worries, discontent and dissent in particular have been classified as forms of illness since the rise of psychiatry in the nineteenth century (Chesler 56; Newnes 23; Showalter 3-5). These "illnesses" have been and continue to be treated using physically and mentally punitive methods such as incarceration, restraints, forced labour, mind-altering drugs and electric shock treatment (Newnes 9). Women, furthermore, are subjected to the most invasive psychiatric treatments more frequently than men (Newnes 9; Appignanesi 7). Furthermore, as Ladelle McWhorter argues, the eugenic logic that haunts Britain, Canada and the United States is gendered, and it particularly implicates racialized people, queer people, and women (14). Due to the gender discrepancy in psychiatric treatment, and in eugenic reasoning, I have chosen to focus from a mad feminist perspective on women's narratives that deal directly with experiences of madness, and its biopolitical management.

There is a large existing body of feminist criticism on the topic of women's madness, from feminist critiques of psychiatry, such as Phyllis Chesler's classic *Women and Madness* (1972) to works of feminist psychoanalysis such as Julia Kristeva's *Powers of Horror* (1982); however, there is much less criticism that deals with madness and psychiatry from the

perspective of women's lived experiences of madness and/or psychiatrization. Therefore, my focus will be on women's counter-psychiatric writing in Britain, Canada and the United States since World War II. In other words, I will be looking not only at ways in which one might read not just as a mad person, but also as a mad woman, with particular experiences of not only gender and madness, but also of race, class, sexuality, and other intersections of identity and embodiment. A mad reading practice thus involves looking for not only saneist biases in texts, and reading from the perspective of mad experience, but also paying attention to instances and patterns of sexism, racism, classism, heterosexism, cissexism/cisgenderism, ableism and ageism, which are often intertwined with experiences of sanism in a biopolitical system.⁵

My approach to reading through madness is particularly indebted to recent Foucauldian work in Disability Studies. Foucauldian theorists read disability and mental illness as categories used for biopolitical control. In the introduction to *Foucault and the Government of Disability*, Shelley Tremain argues that a Foucauldian approach to disability is preferable to the more commonly used social model of disability. In the social model, disability is defined as a stigma which is imposed upon a person's diagnosed intellectual or physical impairment, with impairment and disability often conflated into a single essentialized category (9). Tremain further suggests that defining "people with disabilities" as an essentialized social identity actually supports and extends the governmental practices that define disability in the first place (10). Similarly, madness has been, since the nineteenth century, studied primarily from a psychiatric perspective, one that essentializes mental illness and bolsters the medicalization and management of the mad.

In contrast with psychiatry's emphasis, a Foucauldian approach such as Tremain's reads disability and mental illness as biopolitical categories, and psychiatry as an apparatus of

biopolitics. Biopolitics, a concept defined by Foucault in his Collège de France Lectures (1975-76), is the politics of populations, biology, and the body (*Society Must Be Defended* 243-4).

Foucault defines biopolitics as the power over life, arguing that, in the modern age, the site of power in the west became the right of the social body to maintain and proliferate life by making some parts of the population live and letting others die (*Sexuality* 136; *Society* 241). This power over life is the root of eugenics, and works through two mechanisms which function together.

The first mechanism, anatomopolitics (also known as disciplinarity), disciplines at the level of the individual body, through techniques such as surveillance and bureaucracy, which make the individual optimally productive. The second mechanism is biopolitics, which regulates at the level of the population, categorizing it into groups of people or “races,” which are ordered hierarchically (*Sexuality* 139; *Society* 241, 254). As Foucault queries in *Society Must be*

Defended:

What in fact is racism? It is primarily a way of introducing a break between what must live and what must die. The appearance within the biological continuum of a human race of races, the distinction among races, the hierarchy of races, the fact that certain races are described as good and that others, in contrast, are described as inferior: all this is a way of separating out the groups that exist within a population that appears to be a biological domain. This will allow power to treat that population as a mixture of races, or to be more accurate, to treat the species, to subdivide the species it controls, into the subspecies known, precisely, as races. (254)

Through biopolitics, groups of people or races at the top of the hierarchy are sustained and enriched (made to live), and those at the bottom—including racialized people, sexual deviants, and people who have been deemed disabled or mentally ill—are segregated and deprived, socially and materially (let to die). Anatomopolitics and biopolitics function not only through state institutions such as the census, the tax system, schools and clinics, but also through governmentality, a diffuse network of non-state regulatory apparatuses such as private institutions (schools, clinics), news media, scientific research bodies, religious institutions, and

social or charitable organizations (Huffer 309, note 61, Brown *Regulating Aversion* 81).

Foucault's use of the term "race" may seem to limit our understanding of the multifold ways in which biopolitics operates, in that it deems all forms of categorization and oppression "racism."

This discursive move arguably risks conflating a vast range of experiences, and erasing the specificity of what we commonly understand as racism, or what Foucault in *Abnormal* calls ethnic racism: the systemic segregation and disciplining of a group of people who share—or are presumed to share—a fixed set of common biological and cultural traits (C Taylor 749, Foucault 316).

While Foucault understands race more broadly, as a categorization tactic within a state political system, ethnic racism is particularly entrenched in Anglo-Atlantic state ideologies. In Anglo-Atlantic cultures, race is understood as biologically fixed and culturally homogenous. As Hazel Carby notes, and as I discuss further in Chapter Four, this concept of race is illustrated by post-decolonization pro-multiculturalism curriculum reforms in Britain which emphasized invariably "positive" representations of black culture and experience, a generalization which is as simplistic as including only "negative" representations of black people (223). Black culture is reduced to "a limited number of 'cultural' sites" such as music (ie. reggae) and religion (ie. Rastafarianism) which are "divorced from the political and economic struggles of being black in Britain" (224). These cultural texts are examined in a vacuum, instead of being used to introduce either the complex social histories from which they emerged, or the way in which black cultures of resistance are commodified for mass consumption (225). As Stuart Hall similarly argues in "Minimal Selves," racial groups are understood as culturally and biologically homogenous within Anglo-Atlantic capitalist cultures because this shores up the racist foundations of the nation and serves as a justification for anti-immigration policies; however, the borders around

race and other identity categories are indefinitely shifting. Hall writes of his own process of becoming black through his experience of migration: “The fact is ‘black’ has never been just there either. It has always been an unstable identity, psychically, culturally, politically. It, too, is a narrative, a story, a history. Something constructed, told, spoken, not simply found... Black is an identity which had to be learned and could only be learned in a certain moment” (116). I invoke Hall and Carby as a way to emphasize the affinities between Foucault’s broader biopolitical concept of race/racism (what he also calls “neoracism” or “internal racism”), and the more specific formation of ethnic race/racism. All three thinkers understand the parameters of race (in either sense of the term) as discursively constructed and mutable rather than innate (C Taylor 748). For my purposes, Foucault’s broader concept of race is important because it allows me to link state forms of ethnic racism to state forms of sanism.

It is important to note that while Foucault recognizes ethnic racism as a specific form of racism (as when in *Abnormal* he discusses biopolitics’s emergence out of ethnic racism, or, as Stoler notes, when he opposed the Algerian war as racist), he did not engage with the context of colonialism or the “racial underpinnings of French society” explicitly in his work because class, and not race, was at the forefront of social and political theory at the time (C Taylor 749, Stoler 23)⁶; While Foucault invokes empire in his genealogy of racism lectures, imperialism, rather than being treated more specifically, is, as Stoler points out, subsumed and “explained *in absentia*” under what is the more pressing issue for Foucault: “the set of practices that allow a state to identify not primarily its external foes, but its enemies within” (28). These set of practices culminated in Nazi eugenics, which sought to “racialize” the species, classifying people according to a “heredity-perversion system” that “conferred abnormality on individual bodies, casting certain deviations as both internal dangers to the body politic and as inheritable legacies

that threatened the well-being of a race” (28, 31). Alys Eve Weinbaum points out that Foucault’s use of the term race in his theorizing of biopolitics comes from his reading in “Nietzsche, Genealogy, History,” of Nietzsche’s *On the Genealogy of Morals*. In this article, Foucault suggests that Nietzsche’s term for race or stock, *herkunft*, rather than signifying something “organic, knowable or ‘pure,’” instead denotes “affiliation to a group [by] bonds of blood, tradition or social class” (45). Thus, rather than positing a return to the lost origins of German national identity, Foucault reads Nietzsche’s work as a critique of “exactly the type of organic, finite, empirical knowledge about the self that... notions of racial nationalism predicated on the reproducibility of race presume to designate” (46). By understanding national identity as a dispersive set of “misconnections, misalliances, and ‘accidents,’” Foucault’s reading of Nietzsche deconstructs the “truth” of race (46). For Foucault, it is important to view race genealogically—focusing on how it gained significance as a historical object—rather than in the more commonly understood terms of biology or identity politics; a genealogical perspective undermines, as Weinbaum observes, “the idea that racial ‘purity’ can be reproduced” and instead suggests that racial categories are constructed “by repressing or otherwise manipulating the dimly, sometimes unconsciously perceived complexity of our racial and reproductive histories” (59). Thus, while ethnic racism is not Foucault’s focus, by working to deconstruct race as a knowable, biological category, Foucault undermines the discursive foundation upon which it relies. In this project, I aim to add to this undermining by linking constructions of reason and sanity, gender and sexuality, and race as intersectional categories of biopolitical management, which are reified and employed by a variety of governmental institutions.

To many of us who have experienced the implementation of biopolitics through psychiatric incarceration or CTOs, psychiatry tends to feel like a hermetic, top-down system

upon which we have no influence. Considering Nazi eugenics as a form of biopolitics, it is easy to misunderstand biopolitics as a totalitarian system of oppression where those at the top of the hierarchy dominate those lower down. Foucault argues, however, that “power is exercised through networks, and individuals do not simply circulate in those networks; they are in a position to both submit to and exercise this power” (*Society*, 29). One way that mad people can exercise power and to intervene into the discourse of madness is to respond to their marginalization through community building and through literary and artistic production. In the conclusion to *Madness and Civilization*, Foucault offers: “by the madness which interrupts it, a work of art opens a void, a moment of silence... where the world is forced to question itself” (288). Madness and art, argues Foucault, do not share a language; the two are discursively connected only insofar as they limit one another (285). When madness interrupts a piece of art, however, a space of silence is opened up; in that space, the world, which defines itself in opposition to madness, is forced to question its own sanity, and to answer for the ways in which it seeks to arrange and measure madness (288, 289). Drawing on the idea of the disruptive and interventionist capacities of artistic production, I will, in what follows, examine madness’s power to interrupt its representation as mental illness in cultural texts: texts which encourage their reader to question both the psychiatrization of difference and established notions of (in)sanity. My examination of these narratives extends Foucault’s work on madness. Much as Foucault charted the emergence of racism as a discourse in order to challenge the fixity of race, I will explore the way in which madwomen’s narratives undermine psychiatric readings of madness through their accounts of being managed by, and finding ways to intervene in, the mental health system, often by building alternative interpretive and kinship communities. This intervention can be both discursive, in that the narratives undermine psychiatry’s truth claims

vis-à-vis madness, but also material, in that the different understandings of madness and criticisms of psychiatry they offer may be taken up within personal lives, interpretive communities, public discourses and public policies. For example, Mary Jane Ward's *The Snake Pit*, which I discuss in Chapter One, and its film adaptation, had a material influence in that they spurred psychiatric hospital reform activism and legislation in New York State (Egan 16, Noble B12).

Mad People's Counter-Psychiatric Resistance and Development of Mad Alternatives

In response to both psychiatric treatment methods and the legislation enforcing them, people who have been labelled mentally ill have organized both politically and artistically, forming an international community of psychiatric users, survivors, and resisters. Originally called the ex-patient or patient's liberation movement, this activist network, inspired by civil rights, feminism and other social justice movements, took form in the 1970s across Britain, the United States, and Canada, in reaction against the involuntary confinement and abusive treatment of those deemed mentally ill (Shorter 273-4; Morrison ix; Porter, *Brief History* 210). Now known variously as the psychiatric service user/consumer/survivor movement, the c/s/x (consumer/survivor/ex-patient) movement, the mad (pride) movement, and the anti-psychiatry movement, depending on the history, politics and/or aims of a given group, mad activism continues in numerous incarnations today, including mad pride festivals, artist and theatre collectives and productions, concerts and musical compilations, on-line and in-person peer support communities and psychiatric reform/anti-psychiatry advocacy groups. The artistic production and critical perspectives coming out of this movement are the foundation for my dissertation and are the roots of the nascent field of Mad Studies. Among theories and interdisciplinary fields such as Women's Studies, Critical

Race Studies, Queer Studies, and more recently, Critical Disability Studies, which take up marginalized perspectives and/or point out the ways in which more traditional theoretical perspectives may be essentialist, unhistoricized or oppressive, a critical academic study of madness has, until recently, stood out as a curiously obvious omission.⁷ Foucault's *The History of Sexuality* (1978) has been highly influential in both the LGBTQ movement and the development of queer theory and Queer Studies. Similarly, Foucault's work on madness inspired, in part, the patient's liberation movement, yet neither Foucault's work on madness, nor the mad movement have managed, up until now, to spur its own field—whether in terms of (inter)discipline or literary criticism— as has other Foucauldian work, and as have other grass-roots movements.

Fortunately, a long-overdue interdisciplinary field based on counter-psychiatric discourses has been steadily gaining momentum over the course of the past decade or so. Since I first conceived of this project in 2008, I have witnessed, and been part of, a minor explosion in mad scholarship, and the coming into being of Mad(ness) Studies as an (inter)discipline.⁸ Geoffrey Reaume has been teaching a course in Mad People's History (from which this project benefitted directly) since 2000.⁹ *Disability Studies Quarterly* put out a call for papers in September 2011 for a forthcoming special issue on Madness and Disability Studies; *Transgressive Culture* put out a call for papers for a special issue on Madness and Culture in February 2012. In the spring of 2010, the first PsychOUT: A Conference for Organizing Resistance Against Psychiatry was hosted by the Ontario Institute of Studies in Education at the University of Toronto, and in 2011, the second PsychOUT was hosted by the PhD Program in Environmental Psychology at The Graduate Centre, City University New York. Although PsychOUT is primarily an activist conference, it was attended by activists, community members,

health care providers and academics, and was held, in both instances, in academic settings, an example which shows the often blurred divide between academic and activist, ivory tower and community, in the context of Mad Studies.¹⁰ An international gathering of mad scholars and activists from Scotland, England, the US, and Canada, entitled Mad Positive in the Academy: An International Dialogue on Practice was hosted by Ryerson University's School of Disability Studies in May 2012. In the summer of 2013, just as I was submitting this dissertation, the first Mad Studies anthology, *Mad Matters: A Critical Reader in Canadian Mad Studies*, edited by Brenda LeFrançois, Robert Menzies and Geoffrey Reaume, was published and promises to be highly influential in the establishment of the field. While this flurry of activity is certainly exciting and encouraging to my own work, I often feel like a bit of an oddity as the only mad scholar I know who works primarily in literary studies. The Madness and Literature Network, an international group of "researchers, academics, clinicians, service users, carers and creative writers" is one exception to the isolation I feel as a mad literary studies scholar. They are seeking to "develop an interdisciplinary, global dialogue about the issues raised around representations of madness in literature." The network hopes this dialogue, including several conferences and the archive they produce in the form of an online database of book reviews and a book, *Madness in Post-1945 British and American Fiction*, author: Crawford et al, can be used educationally to help increase empathy and critical thinking about madness among mental health practitioners. Although some of the contributors in their book review database might identify as psychiatric consumers, survivors or mad people, the reviews mostly do not focus on mad people, and, as is the case with much literary criticism dealing with "mental illness," often invoke the clinical, rather than the literary. To me, the tendency for literary scholars to bolster mental illness discourse through their textual analysis is a problem in literary studies, one which I discuss more

in-depth in my examination of Helen Oyeyemi's *The Icarus Girl* and its criticism (see pages 196-198). My aim, by contrast, is to use my literary studies training—Foucauldian and feminist theories, as well as close reading practices—to offer up “the literary” to Mad Studies as the latter emerges.

Importantly, although I am invested in counter-psychiatric perspectives on madness and mad literature, I do not think it is helpful to establish a hierarchy of texts, whereby the “good” works of mad literature are those that obviously resist or subvert psychiatry, while those that replicate, submit to or celebrate psychiatric ways of knowing are “bad”: simply the products of a false consciousness and not worthy of study. That being said, I have chosen to look at works which do offer alternative standpoints on madness and/or critiques of psychiatry, and which focus on the perspectives of mad authors and characters; I have made this choice because I am invested in bringing counter-discourses of madness to the fore. Counter-psychiatric discourse is often subsumed by psychiatric hegemony, which sometimes takes the form of patient porn, as I will discuss shortly. There is also the issue of access to mad people's stories, which is limited by print culture itself. The majority of psychiatric consumers and survivors will never be able to record their stories (or have them recorded) outside of their doctor's case records.¹¹ Many narratives of madness, whether autobiographically inspired or not, may never make it to publication, because they are dismissed as unimportant, uninteresting, melodramatic or too depressing (Sylvia Plath's *The Bell Jar* almost met this fate, as I discuss in Chapter One). For these reasons, the published narratives of madness that are available should not be thought to represent all mad people, including those who cannot or choose not to put their voices into print. Published texts are, however, important sites of inquiry, in that they give us new ways to look at silencing, otherness, authorial intent, the circulation of discourses of madness, and the

relationship between bodies and texts. Published depictions of madness are particularly important, furthermore, because they allow for widespread dissemination of at least a few mad perspectives, despite the restrictions of a sanist culture. In fact, one of the aims of the mad movement has been, and continues to be, working to give mad people venues through which to tell our own stories on our own terms.¹² I thus regard the work at hand of engaging with literature as, in part, activist work that I am doing as a member of, and for, the mad community.

Mad (Hi)stories, Mad Pride: Why Narratives of Lived Experience Matter

Attention to the particularities of mad people's experiences and the ways in which they narrate them is an important amendment to Foucault's work. In *Madness and Civilization*, Foucault charts the development of madness from an "undifferentiated experience," something that has societal value, to a state of mental illness, something that needs to be disjoined from society, both discursively and materially (xi-xii). Foucault's history is valuable in showing the development of psychiatry as a function of biopolitics; however, his account largely passes over not only the individual voices of those experiencing madness and psychiatrization, but also the issue of gender. The goal of bringing madwomen's literature into literary studies has been part, however, of the feminist historical project of working to reclaim women's lives and experiences; while I maintain that canon expansion remains important, I also think it is crucial to consider the ways in which poststructuralist feminism has troubled an easy (re)claiming of experience as an historical artefact. Foucauldian feminist Joan Scott cautions us against making recourse to "experience" in the creating of alternative narratives of the past. She begins her article with Samuel R. Delaney's *The Motion of Light and Water*, in which he gives an account of going to a gay bathhouse. Seeing and being among a mass of naked male bodies, he feels as though he is

encountering his gay identity, and the powerful potential of gay politics, for the first time.

Delaney's project, in recounting this episode and others, is to "render visible what has hitherto been hidden from history" (23). My intent is similar in that I want to help bring mad stories and culture into public and academic dialogues. As Scott argues, however, simply making experience visible, as Delaney does in the instance of the bath house, is problematic in that it fits within an orthodox historical framework: the calling of old historical narratives into question by discovering new ones. While alternative stories of the past, such as feminist and LGBTQ histories, have expanded constructions of the subject and challenged conventional historical ways of knowing, they have given authority to their projects by fixing, totalizing and/or naturalizing "experience," rather than taking its construction into account (25). As Scott notes,

Questions about the constructed nature of experience, about how subjects are constituted as different in the first place, about how one's vision is structured—about language (or discourse) and history—are left aside. The evidence of experience then becomes evidence for the fact of difference, rather than a way of exploring how difference is established, how it operates, how and in what ways it constitutes subjects who see and act in the world. (25)

In other words, making recourse to the authority of experience and of identity can result in the reification of a given identity as naturally different or other. As Lynn Huffer observes, drawing on Scott and Foucault, attempting to "capture" mad experience in particular risks reproducing the "despotic gesture of a positivist science that pins down and names sexual deviants" and other mad people (64).

The universalizing and naturalizing of experience that Scott contests can take place in the work of reclaiming mad histories. Yet, in many cases, the very aim of looking at experiences of madness and psychiatrization and of using them to (re)write mad people's history is to deconstruct "mental illness": to look at the way it emerged as a category, and the way it functions to oppress. Furthermore, the mad movement emerged, partly out of philosophical and

psychological work—examples include Thomas Szasz’s *The Myth of Mental Illness* (American, 1960), R.D. Laing’s *The Divided Self* (Scottish, 1960), Foucault’s *History of Madness* (French, 1961) and *Madness and Civilization* (1965), and David Cooper’s *The Language of Madness* (British, 1978)—which had at its foundation the deconstructing or de-naturalizing of madness as a biological phenomenon, and the reframing of it as a social category. Those origins aside, there is a risk that the construction of experiences of “mental illness” might not be taken into account in some patients’ histories, histories of mental illness, or histories of psychiatry. These accounts of the past, while they may be critical of the treatment of the “mentally ill,” may not be interested in questioning the idea of mental illness itself and the way in which psychiatric discourses and diagnoses shape not only peoples’ experiences of madness and psychiatrization, but also their identities as mad people. Even within the politicized context of the mad movement, “mad experience,” like “women’s experience” in the context of some feminist activism, is sometimes homogenized in order to create an authoritative “mad perspective” for political purposes.¹³ Scott notes that it is tempting to throw out the idea of “experience” because it so easily goes unquestioned as something outside of discourse, rather than something that is historically, culturally and discursively dependent; ultimately, however, she insists that it remains an important area of inquiry, as long as it is treated not as “the authoritative evidence (because seen or felt) that grounds what is known, but rather [as] that which we seek to explain, that about which knowledge is produced” (26). Scott suggests that “it is precisely the questions precluded—questions about discourse, difference and subjectivity, as well as about what counts as experience and who gets to make that determination that would enable us to historicize experience” as well as “the identities it produces” (35, 26). Thus, while I want to work to make experiences of madness and psychiatrization visible, my aim in doing so is primarily to examine

the discursive construction of particular experiences *as* mad or mentally ill. Specifically, I look at the way in which madness narratives themselves perform and/or theorize the discursive construction of madness and mad subjects, often through the creation of alternative interpretive communities of characters within the text and readers outside of it. Through these tactics of interruption, deconstruction and (re)interpretation, these narratives of madness call into question the innate “madness” or “illness” of experiences framed as such.

Another risk of making visible mad experiences and narratives is that these accounts will be consumed voyeuristically, rather than critically: that they will be romanticized, fetishized and exoticized, or, alternately, held up as objects of derision, disgust or fear. In the mad community, narratives that appropriate and commodify psychiatrized people, putting our “vulnerability” on display, are often referred to as patient porn. These stories are pornographic in the sense that, as Costa et al observe in their article on Toronto’s Recovering Our Stories project, “while some people reveal their most intimate personal details, others achieve relief through passive watching, while still others profit from the collaboration of those on the front lines in compromised positions” (Costa et al, 86, 99 note 6). Often, patient porn is commissioned by mental health agencies, who ask psychiatric consumers and survivors to tell their stories of “recovery” in a public forum such as an event or webpage, sometimes in exchange for minimal remuneration in the form of transit tokens, food, or a \$20 honorarium (Costa et al 89). As Costa et al note, the purpose of having former and current patients tell their stories in these venues is generally to remind the public and/or policy makers of the importance of mental health surveillance, the efficacy and necessity of psychiatric treatment, and the resultant need for more program and research funding (86, 89):

[Recovery narratives] prove that the golden road to recovery will reveal itself—but only if you take your medication and listen to your mental health care providers. Issues of

systemic poverty and discrimination, an appalling lack of choice in services, and mistreatment are conveniently left out of the story. Favoured stories feature the uplifting message that with a little hard work and perseverance, you too can be cured. Common themes include: How this or that service saved my life; how this or that medication saved my life; and how this or that pursuit of a normal existence saved my life. The ubiquitous message is that mental illness is a biological problem and treatment (i.e. pharmaceuticals) the solution. (89)

Published madness memoirs written by psychiatric consumers may be somewhat more attentive to systemic issues and the lack of choice within psychiatric care than narratives specifically touted as “success” stories by mental health organizations; however, many of the recovery-narrative tropes that Costa et al outline are characteristic of memoirs of madness as well. Despite the disruptive potential of literature, not all works by or about people who have been psychiatrized or who might be described as mad resist psychiatric discourse. Some celebrate or reinforce this discourse, and others have a fraught relationship with psychiatry. In her bestselling memoir *Prozac Nation*, for example, Elizabeth Wurtzel, while ambivalent about the safety of psychiatric drugs, and at times critical of psychiatry, observes that “Prozac has rather minimal side effects, the lithium has a few more, but basically the pair keep me functioning as a sane human being, at least most of the time” (18). She also gives a lengthy explanation—reminiscent of drug pamphlets produced by pharmaceutical companies—of how these drugs purportedly work (298). Another example is law professor and patients’ rights advocate Elyn Saks’s bestselling memoir about growing up schizophrenic and finally recovering through psychoanalysis and use of the anti-psychotic Zyprexa, which “shut the door” on her “psychotic thoughts” (304). She relates her final acceptance of herself as “mentally ill” when the drug begins to work for her, and concludes her narrative with an explanation of the *Diagnostic and Statistical Manual for Mental Disorders* criteria for schizophrenia and how it applies to her (304, 328-9). While both of these memoirs are critical of psychiatry to a degree, they nevertheless

offer pharmaceuticals as the primary “solution” to “mental illness,” the thing that allows their authors to be “successful”—that is, middle-class professionals. In their work on the mainstreaming of the recovery model in the UK, Harper and Speed contend that:

These concepts [of recovery and resilience] are individualistic, based on medicalized and neoliberal notions of individual responsibility. This individualism is commensurate with the rise of neoliberal identity politics, focused on individualizing disparate group struggles of recognition rather than collective struggles around redistribution.... [W]e contend that, rather than banishing deficit, recovery and resilience discourse simply reframes deficits as strengths and is thus implicitly reliant on deficit-based models. (9-10)

Stories of individual success, usually achieved through a combination of medication and hard work, minimize the inadequacies of the mental health system, “obscuring the social and political links between distress and structural injustice,” instead framing madness as a personal, biological deficiency that needs to be overcome, primarily through medical means (10).¹⁴ The recovery and resilience model emerged from positive psychology, and relies on seeing the “mentally ill” individual’s “deficits” as negatives that can be turned into positives, obstacles that can be overcome through individual “choices” and “self-care” (13).¹⁵ Because the recovery model frames madness as a personal, rather than a political problem, it negates the impetus for collective political action.

My concerns around the voyeuristic consumption of madness/mental illness narratives are further affirmed by Linda Alcoff and Laura Gray’s argument that survivors of sexual violence often face a similar reinforcement of their status as damaged subjects who can be salvaged by telling their stories to “experts” in public forums. This form of testimony is often used to reinforce sanist and sexist models of individual responsibility and pathology. Drawing on Foucault, Alcoff and Gray contend that speech is a “central locus of power”:

The act of speaking out in and of itself transforms power relations and subjectivities, or the very way in which we experience and define ourselves. But... bringing things into the realm of discourse works also to inscribe them into hegemonic structures and to

produce docile, self-monitoring bodies who willingly submit themselves to (and thus help to create and legitimate) the authority of experts. (260)

Sexual violence survivor speech can be liberating for survivors, in that it allows them to be visible in a patriarchal culture that condones and promotes sexual violence. Speaking out can pose a challenge, furthermore, to patriarchal speaking arrangements, that devalue, restrict or prohibit women's and children's speech, especially when it interprets or contradicts men's speech, which is understood as authoritative (267). Similarly, psychiatric survivor speech makes mad people visible in a saneist and ableist world. It challenges patriarchal and saneist speaking arrangements, in which the perspectives of mental health professionals and other "experts" are informed and definitive, while those of mad people (and particularly madwomen) are unreasonable, and thus unimportant or even unintelligible. As Alcoff and Gray further note, however, (sexual violence) survivor speech is often co-opted by "experts"—particularly mental health professionals—who may categorize survivors' stories as fantastical, theatrical or mad, or use them to "construct victim- and woman-blaming explanatory theories for abuse" (262). This objectifying of sexual violence survivors and co-opting of their stories happens especially within the context of news stories and talk shows, which "display the emotions of survivors for public consumption and unfailingly mediate the survivors' discourse through expert analysis and interpretation" (277). In the process of "entertaining," by sensationalizing, these shows also serve to "widen the emotional distance between the audience and the survivors," who are often objectified as mad or otherwise untrustworthy (277). This framing of sexual violence survivors as mad is no coincidence, furthermore, since discourses of madness and histories of violence often surface coextensively, as I examine in my discussion of Liz Kettle's in Chapter Two (see pages 103-5). As I further explore in my discussion of Joan Riley's *The Unbelonging* (see pages 191-194), the construction of sexual subjectivities—including that of the "damaged" sexual

subject who has survived assault—is intertwined with personal and social histories of race, reproduction and madness as well. Sexual violence survivors’ stories can thus be used to reinforce both patriarchal speaking arrangements (“experts” must interpret survivors’ stories to get to the “truth”) and woman-blaming discourses. Similarly, patient porn, while reminding us that mental illness can happen to anyone, paradoxically serves to widen the distance between “sane” people and mad people, reassuring the former that they are essentially different from the latter. Emphasizing this difference through psychiatric discourse serves to reaffirm the hegemony of the psychiatric model of madness. Alcoff and Grey caution sexual violence survivors to consider where, when, how, to whom and for what purpose they are telling their stories before they consent to do so. Likewise, The Recovering our Stories Project in Toronto, as their webpage states, is working to “raise questions and concerns about how institutions use [psychiatric service user, consumer and survivor] stories in their own interest” and to “create spaces where we can resist, reinvent and reclaim our stories.” My work is partly about reinventing and reclaiming my own story of psychiatrization; it is also about using the privilege of my education to make a space in the academy for other people’s stories, in a way that resists pathologizing and—as much as possible considering my privilege—hierarchizing.

Alcoff and Grey suggest that one of the best ways to avoid the sensationalizing and co-opting of sexual violence survivors’ stories is for survivors to tell their stories “horizontally”: that is, to other survivors, rather than to “experts” to whom they have to defend their perspective (278). In this study, I do my best to present mad people’s stories in a “horizontal fashion.” One of the ways I do this is by outing myself as a psychiatric survivor, making visible and consciously compromising the binary between researcher (or “expert”) and subject (mad people). While I am interested in looking at the ways in which discourses of madness operate and work to

shape mad people's identities and stories—and in encouraging others to take up a similar mode of analysis when it comes to madness narratives—I am not interested in typifying madness, or in judging its authenticity. These sorts of examinations serve to reinforce psychiatric discourse, which seeks to categorize madness for the purposes of “treatment.”

Another way in which I will engage in “horizontal” telling is by including other mad people's interpretations in my work, particularly in Chapter Four, where I include excerpts from a blog project I facilitated, which asked people with experience of the mental health system to give their take on the depictions of madness and mental health treatment that they encounter in their day-to-day lives (see Appendices I-III for ethics approval documentation pertaining to this project). Although I am part of the mad community, I am only one mad person, reading from my own experience. Not all mad people read texts in the same way, and thus I want to dispel any illusion that my mad reading is *the* mad reading of any given text. I cannot speak for all mad people, or for all people who might read through a mad perspective. I am, however, someone who knows a few things about approaching and interpreting literature, and those skills, I argue, are ones that could be of value to Mad Studies. As Scott argues, “‘the literary’[...] open[s] new possibilities for analyzing discursive productions of social and political reality as complex, contradictory processes” (34). Reading narratives of madness as literature can be useful in the creation of alternate histories, because literature allows for multiple meanings: it does not set out a direct relationship between words and things, but instead allows for a fluidity that is up for interpretation by each reader. “The literary” thus offers an alternative to one pathologizing standpoint, which silences mad people (both living and fictional) while reifying the dominant discourse of madness. Not only is “the literary” valuable to Mad Studies because it allows for this multiplicity, literature itself is important because it is one of the few places, as Foucault

argues, which can deconstruct mental illness and allow us a glimpse of the madness that lies beneath. In *History of Madness* (1961, English translation 2010) and its much-abbreviated English translation, *Madness and Civilization* (1965), Foucault argues that literature opens up a liminal space in-between reason and madness. As he writes in “Madness, the Absence of an Oeuvre,”:

We, after all, are the ones who, today, are surprised to see two languages (that of madness and that of literature) communicate, when their incompatibility was built by our own history. Since the seventeenth century, madness and mental illness have occupied space in the same field of excluded languages (roughly speaking, that of insanity). When it enters another region of excluded language (one that is circumscribed, held sacred, feared, erected vertically above itself, reflected itself in a useless and transgressive Fold, and is known as literature), madness releases itself from its kinship (ancient or recent, according to the scale we choose) with mental illness. (*History of Madness* 549)

As Huffer explains, Foucault reminds us that we will never be able to access madness directly—even through literature’s descriptive potential—because madness is precisely that which is illegible. We can access madness indirectly, however, in the artistic endeavours of the mad: Foucault uses the works of several “mad geniuses,” including Van Gogh and Nietzsche, as examples (119). Literature, like madness, belongs to the realm of unreason, because it “inscribes inside itself the principle of its own decoding”—it is metaphorical and affective, rather than “objective” and concrete, and allows for interpretation. Yet literature, as Foucault points out above, is also “feared” because it has the capacity to unfold the discourses that define it as unreasonable and turn them in on themselves (*History of Madness* 549). The visual art and literature of “mad geniuses” is, as Huffer puts it, propagated with images of “reason struggling, back and forth from city to city, with forms of unreason that call into question the very definition of reason and the limits of the subject” (56). These images of the struggle between madness and reason over the discursive forms that will pin them down are not representations of madness in

and of themselves, but they show us the way in which madness comes to be governed, discursively and materially, as mental illness. Literature does not show us madness unmediated, but it does unfold the discourses of madness and of mental illness from one another, revealing the ways in which they are bound up together (Foucault *Madness* 549). Literature offers us an opportunity, in other words, to discover the traces of madness' disappearance into the field of excluded (unintelligible) languages, as well as the historical relationship between mental illness and discourses of race, gender and sexuality, whose origins are also obscured. In tracing the resonances of these linked phenomena from behind and within the dominant discourse, literature compromises the precarious boundary between reason (what is known as truth) and madness (what cannot be accessed because it is outside of discourse) (542). It is critical that, while the texts I examine in my project are explicitly "about madness," that does not mean they allow madness to speak unhindered; rather, I assert that the texts I chose are mad in the sense that they use "the literary" to unbind madness from mental illness, and to narrativize the coming-into-being of women as mad subjects. This discursive play—the invocation of the discourses which shape narratives of madness—is not only hidden in narrative form and literary trope, but narrativized overtly in the everyday experiences of madness, psychiatrization, sexism, racism, resistance and community.

Foucault, like Scott, makes a case for the importance of literary criticism in the continual unfolding of discourses of madness. He argues that literary criticism—rather than bringing external judgement or mediation to a text— must be "part, at the heart of literature, of the void that it creates in its own language; they [the languages of criticism] are the necessary, but necessarily unfinished, movement whereby speech [parole - an individual linguistic act] is brought back to its language [langue - language as an abstract system], and whereby language is

established in speech” (548). In other words, criticism does the work of untangling the relationship between narrative and the discourses that shape it. As a literary critic, I will thus endeavour to find the spaces in which the narratives I examine unfold their own discursive parameters, revealing the construction of madness as mental illness, interrogating the interpellation of the mad subject (who is concurrently classed, racialized, gendered and sexualized), and compromising the boundary between madness and sanity.

My first chapter engages with feminist readings and (re-)visionings of psychiatrization, focusing on three American narratives of involuntary hospitalization: Mary Jane Ward’s *The Snake Pit* (1947), Sylvia Plath’s *The Bell Jar* (1963) and Susanna Kaysen’s *Girl, Interrupted* (1994). There is an inter-textual continuity between these autobiographical texts, in that each one served as an inspiration for the next. They were also all enormously popular, each spurring a film version, becoming cult classics in their own right, and establishing a link across three generations of women’s experiences of not only psychiatrization, but of feminist resistance. This resistance is enacted through the everyday experiences of community building and of articulating experience both within and against gender norms and hierarchies of authority. These texts provided the basis for a body of madwomen’s writing which has become its own genre since the publication of *The Bell Jar*, and which—as I will show by reading these texts through Sara Ahmed’s work on willfulness—has laid the foundation for a gendered politics of madness. This mad feminism often does not tie itself to other branches of feminist activism and theory or to broader critiques of psychiatry; however, in re-appropriating and re-theorizing experiences of madness, this mad feminism provides a mode of connection among and resistance for madwomen outside of identity politics.

My second chapter looks at the ways in which the closing of and cutbacks to institutions under neoliberalism has affected mad identities. Deinstitutionalization, in a sense, extends the boundaries of institutionalization, subjecting mad people and other marginalized populations to increased surveillance and the medicalization and criminalization of their everyday lives: they are governed through mental health awareness campaigns, being “sectioned” (detained under the Mental Health Act), mandatory attendance at day hospitals and group therapy, and constant assessment of their economic solvency (for the purposes of determining both their level of disability, and their eligibility for benefits). On the other hand, being outside of hospital walls allows mad people different kinds of opportunities for both forming community with other psychiatrized and “sane” people, and for resisting psychiatric labels and treatments. I will explore the way in which three contemporary British narratives—Claire Allen’s novel *Poppy Shakespeare* (2007), Liz Kettle’s novel *Broken Biscuits* (2007) and Bobby Baker’s graphic memoir *Diary Drawings: Mental Illness and Me* (2010)—resist recovery narrative tropes, refusing to define their madnesses according any one discourse, or to portray its resolution through either psychoanalytic discovery or psychiatric medication. The protagonists’ interactions with both fellow patients and professionals in institutional spaces in the community provide them with opportunities to satirize the structures of power at work in their medicalization, including neoliberal biopolitics. Allan, Kettle, and Baker’s accounts draw attention to mad people’s necessary negotiations of boundedness and mobility, of passing as sane (and thus being tolerated within the community) and of not passing as sane (and thus encountering violence within it). Through this negotiation of the slippery terms of their identities and their belonging, Baker, Kettle and Allan’s protagonists set out to redefine their madnesses, both within the context of, and in opposition to, the systems of governance which unavoidably shape their lives.

My third chapter will attend to the ways in which mad communities challenge the boundaries of identity. Mad people forge a sense of kinship by creating networks through which to circulate discourses, politics, and practices based in madness, queerness and other intersecting experiences of difference. For example, the protagonist of Persimmon Blackbridge's novel *Prozac Highway* (2000), Vancouver performance artist Jam, finds support but also conflict within both her "crazy family" on ThisIsCrazy, an online mad listserv, and her queer chosen family, with whom she interacts in person. I posit that the contention and differences within and between these communities, and particularly between Jam and her queer mad cyber lover Fruitbat, allow for moments of eros to emerge. This eros is the lyrical affinity between queerness and madness that Foucault represents in the image of the Renaissance Ship of Fools (a "kinship"), but which he argues was subsumed in modernity by the discourses of sexuality and psychiatry (Huffer 61, 103). Considering the ways in which mad affiliation emerges through the sharing and reworking of discourse, I also elaborate on the idea of what it means to read from a mad perspective, one which is informed by, but is also broader than, my own experiences and interpretations of psychiatrization. I endeavour to theorize mad reading practices as a form of community building by analyzing excerpts from *MadArtReview*, a private blog I created for research purposes (see documentation of ethics approval in Appendices I-III), where mad people were invited to write about the depiction of madness and the mental health system in films, novels, news media et cetera, as well as discuss these texts and the issues they raise. Through a reading of *MadArtReview* alongside *Prozac Highway*, I look at the way in which mad people undermine the fixing of madness as identity, instead carefully negotiating their identifications and affiliations, and consciously blurring boundaries. I suggest that this blurring offers the

possibility of messy affiliations across difference, and the re-emergence of a kinship between queerness and madness.

In my fourth and final chapter, I complicate these emergent possibilities for mad affiliation by foregrounding the relationship between discourses of madness, colonialism and ethnic racism, deliberately interrupting the possibility of a teleological reading of mad politics. I trouble the way in which some literary critics, drawing on postmodern perspectives (and postcolonial approaches emerging from postmodernism), reify psychiatric (and implicitly ethnocentric) understandings of madness through diagnostic readings of migrant characters. I examine the ties between ethnic racism and psychiatrization in two novels which deal with black migrant girls' coming-of-age in Britain—Joan Riley's *The Unbelonging* (1985) and Helen Oyeyemi's *The Icarus Girl* (2004)—as well as some of the existing criticism that engages (sometimes in a problematically sanist fashion) with these novels' intersections of race and racism, sexuality and gender, cultural hybridity and madness. As an alternative to simplistic psychiatric and psychological readings of these texts, I argue for a perspective which takes into account the protagonists' own understandings of experiences which are deemed mad by those around them, but which are managed primarily through non-psychiatric apparatuses of biopolitics and anatomopolitics. *The Unbelonging* and *The Icarus Girl* not only show the ways in which colonial notions of race and madness continue to haunt “happy” British multiculturalism, they also posit alternative understandings of madness by drawing on a multiplicity of discourses: continuing histories of colonialism, imperialism, racism and psychiatry and, in the case of *The Icarus Girl*, on Yoruba cultural practices as well (Ahmed 142). These novels' unwillingness to pin down their protagonists' experiences according to any one discourse, furthermore, posits an epistemology of mad subjectivity which, like Sara Ahmed's notion of the willful “melancholy

migrant,”—who points out continuing racism in British culture while also affiliating with it—is “conflicted” and “plural” continually gesturing towards their own shifting location in intersecting histories, cultures and discourses (Ahmed 159; Gikandi 199).

Each of these mad texts works to show that, as Foucault argues, power, rather than simply oppressing, circulates through networks (*Society*, 29). Mad texts not only give examples of the ways in which people who have been, or are apt to be, diagnosed as mentally ill can exercise power—by talking back to psychiatry, forging community, envisioning “sticky” identities which do not fit into tidy biopolitical categories, and creating alternative concepts of, and ways of coping with, madness—they also function as interventions into biopolitics in and of themselves (Love 185). These texts posit a new form of biopolitics, which, rather than serving a eugenic function, provides time and space for a collaborative exploration of how we function and are made to function mentally, physically and spiritually, how our identities configure, are troubled, and are remade, and how we can support ourselves and others in our searches for kinship, meaning, and wellbeing.

Chapter 1:

The Personal is Political: American Narratives of Institutionalization as Mad Feminist Pedagogy

The very word ‘therapy’ is obviously a misnomer if carried to its logical conclusion. Therapy assumes that someone is sick and that there is a cure, e.g. a personal solution. I am greatly offended that I or any other woman is thought to need therapy in the first place. Women are messed over, not messed up! We need to change the objective conditions, not adjust to them.

—Carol Hanisch, “The Personal is Political,” *Notes from the Second Year: Women’s Liberation*, 1969 (no pagination)

Madwomen’s Literature in Post-WWII America

The madwoman is by no means a new figure in American literature; however, narratives actually written from the perspective of madwomen, and which make madness and its treatment central, have increased exponentially in numbers since the end of World War II. In particular, novels and memoirs which feature a young, white, middle-class woman, who is talented and physically attractive, and who experiences a breakdown, seem to have found a contemporary following in America, as I will show as this chapter unfolds. I am interested in why it is that these narratives have gained such popularity over the course of the last 60 years. I know that I was drawn to such stories because, like many authors of novels and memoirs dealing with madness and psychiatrization, I related to the subject matter on a personal level. I often wonder, reading through these texts, if other fans of madwomen’s writing similarly identify with the protagonist’s experiences, and if that is what draws them in. Since I presume that not every person who reads and enjoys madwomen’s narratives has had experience of the mental health system or even of something they might self-identify as madness, I began to wonder what appeal these narratives have for “sane” readers.

As Susan Hubert remarks, the fascination with madwomen's narratives can easily be dismissed as a kind of objectifying voyeurism (107); notwithstanding, the body of literary criticism which emerged out of 1960s and 70s feminism and the rise of Women's Studies—as well as responses to this body of work—seem to indicate a more affective and more political attachment to the figure of the madwoman, particularly among an audience of white, middle-class women.¹⁶ In foundational works of feminist literary and cultural criticism such as Gilbert and Gubar's *The Madwoman in the Attic* (1979), Elaine Showalter's *The Female Malady* (1985), Carroll Smith-Rosenberg's *Disorderly Conduct: Visions of Gender in Victorian America* (1986), and Patricia Yaeger's *Honey-Mad Women: Emancipatory Strategies in Women's Writing* (1988), the madwoman becomes not just an object of fascination, but an icon of women's oppression and women's resistance. These works explicitly tie women's madness to gendered social expectations. The trope of madness as metaphor for women's rebellion, however, is not uncontested within feminist literary criticism. More recent works on the topic, such as Shoshana Felman's "Women and Madness: The Critical Phallacy" (1993), Marta Caminero-Santangelo's *The Madwoman Can't Speak: Or Why Insanity is Not Subversive* (1998), Elizabeth Donaldson's "The Corpus of the Madwoman: Toward a Feminist Disability Studies Theory of Embodiment and Mental Illness" (2013) and Rita Felski's *Literature After Feminism* (2003) contest, on various grounds, Gilbert and Gubar's argument that the madwoman (most famously typified by Bertha Mason in Bronte's *Jane Eyre*) is the double of the good middle-class Victorian woman, and the expression of her suppressed anxiety and rage (Gilbert and Gubar 85, 88). One counter-argument, shared by Caminero-Santangelo and Donaldson, is that figuring madness as a metaphor for rebellion ignores the real suffering of many women experiencing mental illness (Donaldson 100, Caminero-Santangelo 3). I agree with Donaldson (100), Caminero-Santangelo

(3), Felman (7), and Showalter (5) that madness is not inherently subversive and in fact often leads to women being further suppressed; however, I maintain, like Showalter, that what is treated as madness may be a (sometimes unconscious) visceral expression of dissent, particularly as I explore in Susanna Kaysen's memoir as this chapter unfolds (Showalter 5, Kaysen 42, 51). I contest that rebellion and real suffering are not mutually exclusive; and furthermore, understanding madness as embodied—as a real condition, experienced physically—is not dependant upon understanding it as a neurobiological disorder.¹⁷ My purpose in outlining this existing feminist work on the madwoman is not to position myself on either side of the subversive/oppressive, real/metaphorical madness debate. From a Foucauldian perspective where power can be both submitted to and exercised, madness can be all of these things at once (Foucault *Society* 29). I give an overview of this argument to show how compelling the madwoman is as a cultural figure, and to demonstrate the great investment of many feminists in the madwoman trope, regardless of how they position themselves in relation to it.

I argue that, like the critics who worked to reclaim (mad)women's voices from across Anglo-American history as feminist literary criticism emerged in the 1970s, readers of narratives written from the perspectives of madwomen are often drawn to the gender issues that play out in the lives of mad protagonists. These issues—such as choosing or balancing between career and family life; the sexual double standard; the privileging of men's (supposedly rational) perspectives over those of women (who are deemed too emotional)—are applicable not only to mad or “mentally ill” women, but also to women who have been defined, or self-define, in other ways. This link between a mad and a gender critique, is, I think, implicit in 1970s feminist discourse, as my epigraph from Carol Hanisch suggests.¹⁸ Although women's madness narratives inevitably deal with feminist concerns, these are often not specifically claimed as such within the

context of these narratives, since gender politics tend to be overshadowed or subsumed by the politics of madness, or vice versa. It becomes impossible to separate what is part of being a woman and what is part of being mad.¹⁹ To give a parallel example, many racialized women note that when they face discrimination, it is difficult to discern whether those actions and words are motivated by racism, sexism, or both. For many racialized women, furthermore, resisting racism may come before, or be inextricable from, resisting sexism. For instance, civil rights activist and feminist Barbara Emerson explains, “I’m an African-American woman, in that order. Now I realize full well that lots of women see their gender, or see, feel, think their gender first, and then their race. It doesn’t happen to come to me that way” (62). Similarly, for many madwomen, particularly those who are otherwise privileged by being white and middle-class, their identity as psychiatrized subjects—whether they self-label as mentally ill, mad (lunatic, crazy, nuts), ex-patient, consumer or survivor—may come before, or may be inextricable, from their gender. Furthermore, for many madwomen, challenging the tenets of patriarchy—including sexism, racism, classism and heterosexism—cannot be separated from the more immediate struggles of resisting psychiatrization and sanism.²⁰ Rather than being read as yielding a politics of intersectionality, however, madwomen’s narratives often end up labelled as either stories of psychiatric resistance, or of feminist resistance, but not both. While the politics of madness can overshadow the politics of gender in these narratives, or vice versa, I argue that this is in fact because these issues cannot be easily separated. I suggest that it is the very intertwining of mad and feminist concerns which lends madness narratives not only much of their appeal, but also much of their political potential.

Rather than undertaking the formidable task of surveying post-war madwomen’s literature in America in order to illustrate my point, I will instead examine three narratives, Mary

Jane Ward's *The Snake Pit* (1947), Sylvia Plath's *The Bell Jar* (1963), and Susanna Kaysen's *Girl, Interrupted* (1994).²¹ All three of these narratives of institutionalization were best-selling sensations at the time of their release, and the latter two have maintained a popular following today. As I will show, these works share an intertextual relationship, in that each one served as an inspiration for the next. These narratives also chart, to an extent, the emergence of women's activism in America following the Second World War. As Susan Hubert notes:

Feminism, the antipsychiatry movement, and other revolutionary philosophies had a significant impact on women's madness narratives in the late twentieth century. Writers who participated in antipsychiatry movements or were at least influenced by them were also more likely to resist the tendency to internalize psychiatric oppression. (96)

Although a close reading of Ward, Kaysen, and Plath's texts supports the idea that they may have been influenced by (or in many cases that they anticipated) aspects of feminist and psychiatric resistance movements, I argue that what is attractive about them is that they do not *seem* political. Instead, they allow for a kind of empowerment that does not explicitly attach itself to feminism, to patient liberation, or to other political ideologies or movements; yet, at the same time, these narratives are suffused with examples of political action at both an individual and a grass-roots level. The protagonists in each are feminists only in the sense that for them—institutionalized madwomen—the personal is the *only* way to be political. From inside of a mental hospital, they are severely restricted in their ability to engage in more obvious political actions, such as petitioning politicians, joining activist groups, speaking publicly, attending protests and partaking in other forms of public dissent.²²

Consider that public displays of dissent are simply too risky both for many mad people, and for many “sane” women who live outside of institution walls. For example, in Occupy Mental Health/Occupy Psychiatry, a Facebook group for psychiatric survivors and resisters to organize action as part of the Occupy Movement, one woman posted, “I'm not rebelling in public

and ending up getting in trouble, losing my children, my home and everything I hold dear. You want folks to rebel, how about you sticking your neck out first.” As this comment reveals, actions of public dissent carry with them the possibility not only of losing social status, family ties, or employment, but also the threat of criminalization, psychiatrization, and along with these, incarceration. Women are more likely to be psychiatrized than men, and women already marginalized on the basis of things like race or class are more likely to be criminalized for dissenting actions than are middle-class white women;²³ however, even women who hold race and class privilege, like Mary Jane Ward, Sylvia Plath and Susanna Kaysen, stand to lose both social status and personal relationships through political activism, which is apt to be deemed either criminality, or craziness (particularly the latter in the case of privileged women).²⁴

I argue, then, that some women who feel that they cannot or should not attach themselves to feminism because of this risk, might, like Ward, Plath and Kaysen’s protagonists, feel or be empowered in some ways by seeking psychiatric diagnosis and/or identifying themselves as depressed or mentally ill. Although being psychiatrized is in many ways disempowering, being labelled as mad does allow licence for some sorts of behaviour that, while labelled as symptoms in a diagnosed person, might be considered dissidence in a sane person. As Maria Farland argues, “in *The Bell Jar*, as in the anti-psychiatric treatises of clinicians like Laing, madness represents one possible release from the deformations of social convention, emerging as Esther’s best prospect for liberation from conformist ideals of marriage and family” (56). For Esther, as for Virginia and Kaysen, being mad allows for a certain kind of liberty, because it removes them, at least temporarily, from the expectations of marriage, career, family and gendered social decorum. As Kaysen notes of her hospital friends, “we were six lunatics, so we behaved like lunatics” (51). For many madwomen, however, there may also be a slippery relationship between

being externally identified as mad or mentally ill, understanding oneself as mad/mentally ill in an innate sense, and articulating or performing “lunacy,” to borrow Kaysen’s term. While at times women may “put on” madness for the purposes of subversion, they may not always have control over how this identification or performance is interpreted and dealt with by others. Importantly, Ward, Plath, and Kaysen’s protagonists only become dissenting once they have nothing left to lose—they have already been deemed mentally ill and have been incarcerated as a result. They do not risk much by stepping a little further outside of the norms, by speaking their minds, or by behaving as “lunatics,” since these are expected. The dissent captured in these three texts thus functions, I argue, as a kind of pedagogy, a guide for how to turn mad experience (which is also, in many cases, women’s experience) into a new version of politics. Particularly for white, middle-class women living in post-World War II America, madness could actually allow for politicization, because it created a space for verbal, physical and creative action; this creativity includes madness narratives like Ward’s, Plath’s and Kaysen’s, which portray moments of mad and feminist resistance, forms of dissent which exist not only outside of grassroots activism, but also inside of institution walls.

While we can read the rebellious actions of madwomen as evidence of the way in which power circulates, it is also important to think specifically about how the texts that represent them might be understood as sites of politics. As Foucault argues, individuals are not “inert matter to which power is applied” but are rather “one of power’s first effects” (*Society* 30). While power constitutes bodies as subjects—it “allows bodies, gestures, discourses and desires to be identified and constituted as something individual”—it is not wielded by one person down onto others (30). He notes: “power is exercised through networks, and individuals do not simply circulate in those networks; they are in a position to both submit to and exercise this power” (29). For Foucault,

the way in which power shapes and categorizes individuals, and circulates through them, is the central mechanism of politics in the modern age. Thus narratives of madness are political in that they are characterized by both resistance to, and subjectification through the discourses and institutions of psychiatry (32). As Foucault himself cautions, however, it is important to consider the historical, political and economic conditions which allow for particular subjects such as the “mentally ill woman” to emerge (33, 45). Therefore, while it is important to look at women’s relationship to psychiatry as a site of politics (that is, as a place where subjects are created and managed, and where power is circulated) it is also important to consider the specific social contexts in which women write and read the narratives of mad politics.

The politics of madwomen’s narratives are not only to be found within the text itself, in its representations of power: they circulate in individual reader and community responses to these texts. In *Beyond Feminist Aesthetics*, Rita Felski re-examines the importance of women’s literary representation and gendered authorship, while also critiquing the existing frameworks for feminist literary criticism. She interrogates the strategy of reading texts in terms of their fidelity to pre-set (and often classed and raced) assumptions about gendered ideologies and experiences. She furthermore questions approaches that value only non-realist texts, such as French feminist “écriture féminine,” which privilege “multiplicity, indeterminacy, or negativity” (8). Felski posits that there is nothing inherently feminist, or even subversive, in either unproblematically representing femininity/feminism, or in playing with language and genre (7-8). As she asserts:

Literature does not merely constitute a self-referential and metalinguistic system, as some literary theorists appear to believe, but is also a medium which can profoundly influence individual and cultural self-understanding in the sphere of everyday life, charting the changing preoccupations of social groups through symbolic functions by means of which they make sense of experience. (7)

Rather than being located simply in textual aesthetics then, subversion is often to be found in the relationship between texts and reading communities. Felski proposes that feminist literary criticism needs to “account for the pleasure gained from literature and art in cases where the ideologies of text and feminist reader cannot be said to coincide” (4). This is important to keep in mind in the case of popular madwomen’s literature, which was and is read broadly, not just by feminists and/or madwomen. Integral to the politics of madwomen’s narratives is that they engage in meaning-making, or theorizing meaning out of, everyday thoughts, situations and interactions, using everyday language. Thus in part, the politics of madwomen’s narratives happens simply through their readers identifying situations in them that play out in their own lives and communities.

Not only do madwomen’s narratives connect their readers to the politics of their everyday lives, they also forge political alliances among women across physical and ideological distance. Sara Ahmed provides a framework for this sense of connection in her exploration of willfulness and willful female characters. She notes that:

We can read in willfulness the very potential to deviate from well-trodden paths, to wander, to err, to stray. Willfulness might be required to speak out about the injustice of what recedes; willfulness might be required to keep going “the wrong way.” The recognition of willfulness can become part of a shared feminist inheritance that is between texts and between characters, as well as a point of connection between fictional feminists and feminists who read fiction. (249)

Like Felski, who posits that literature can help individuals to understand their experiences in the context of their political and social sphere, Ahmed offers willfulness specifically as a feminist point of connection across experiences. Madwomen, who are characterized by their willfulness, may be recognized as kin by readers who identify with that willfulness, whether or not they themselves enact it. And while some readers may find in this willfulness only a sense of connection to a shared feminist, and/or a shared mad inheritance, some may also read it as a call

to action. The theorizing of gender and of madness in madwomen's narratives can function pedagogically, giving readers means by which to do politics, to circulate power, and to, as Ahmed puts it, "go the wrong way." In engaging with madwomen's writing, readers can not only find, or renew their connection to, a mad community, they can also discover ways of theorizing and navigating their experiences, their selves, their societies, and the structures of power that circulate through them.

American Madwomen as Literary Celebrities

Mary Jane Ward, a previously published but still relatively unknown writer, produced, at the age of 41, the novel that would finally be her big break, or so it seemed. *The Snake Pit*, published in 1946, was a best seller, going through three print runs—a total of half-a-million copies—in its first year. In that same year, it was translated into multiple languages for foreign editions, was a dual selection for the Book-of-the-Month Club, and was a condensed story in *Reader's Digest* (*Current Biography* 622-3). In 1948 it was turned into an Academy Award winning film, directed by Anatole Litvak and starring Olivia de Havilland.

The Snake Pit tells the story of Virginia Stuart Cunningham, a young writer who has a breakdown and ends up in a state mental institution—a "snake pit"—where she and her fellow patients are treated like prisoners and are subjected to various horrific treatment methods.²⁵ Although Ward denied that the novel was autobiographical following its publication, she, like her protagonist Virginia, spent three years writing without critical or financial success, while living an otherwise expensive life in New York City; these circumstances lead her to have a break down, and to be institutionalized in a state hospital in 1941 (*Current Biography* 624).

Although the publisher of Ward's first two novels refused *The Snake Pit*, telling her that nobody would buy it, it seems that madness and the treatment of psychiatric patients were topics the reading public found compelling (*Current Biography* 623; Hutchens 147). Certainly, Ward renders Virginia's experience of being a patient in vivid terms: she gives detailed descriptions of the protagonist's thought processes, as well as the external conditions in which she is forced to live; she even uses the second-person perspective at various points in the novel, thus compelling the reader to assume Virginia's point-of-view. Yet it seems unlikely, considering the critical and commercial shortfalls of not only her previous, but also her subsequent (highly anticipated) novel, *The Professor's Umbrella*, that the quality of Ward's writing was the only reason that *The Snake Pit* was a smashing critical and commercial success.²⁶ Rather, it seems that the experiences of being mad and institutionalized themselves—experiences Ward fills with moments not only of horror, despair, loneliness and pain, but also of kindness, catharsis, connection and self-determination—was particularly what drew in a reading (and later a viewing) audience.

Several pieces in the *New York Times* published in the same year as *The Snake Pit*, and in the years following its success as both a novel and a film, support the appeal of madness narratives to post-war readers. In a piece published three months after *The Snake Pit*, reviewer Charles Poore begins by noting, “the immense popularity of ‘The Snake Pit’ would seem to indicate that there are many people who may want to read a book called ‘Asylum Piece,’ published today. This is a collection of short stories dealing with men and women in various stages of insanity, told, for the most part, from their point of view” (31). Poore's review indicates not only the status of Ward's novel as the benchmark against which similarly themed stories would be measured, but also the particular appeal of madness narratives that are told from the

perspective of mad people. In a *New York Times* review of another novel published around the same time as *The Snake Pit*, reviewer Orville Prescott similarly notes the popularity of the theme of madness, and measures the novel at hand against Ward's. He writes:

Ethol Sexton's first novel, 'Count Me Among the Living,' is a dark and terrible study of the tragedy of a young woman's descent into madness. Such subjects are popular these days, and a nice commentary upon the state of the nation that popularity is! The fashion has reached a new peak this spring with Mary Jane Ward's brilliant and moving story of an insane woman's experiences in an asylum, 'The Snake Pit,' and now with Miss Sexton's oppressively powerful book. (19)

Prescott's sarcastic remark about the popularity of madness narratives and the state of the nation is telling, not only because it evidences that popularity, but also because it is indicative of attitudes towards those deemed insane in the 1940s and 50s. His comment could initially be construed as condemning both the mad, as well as reader interest in madness; however, his review, which praises Sexton's portrait of the genesis of madness, and Ward's critique of its treatment could also be read as an indictment of a society which drives so many people mad, or at least deems so many unreasonable. Indeed, it seems that, though Ward insisted her novel was not autobiographical, and that it was "no attempt to write any sort of report," her aim in writing *The Snake Pit* was, in part, to bring attention to the poor conditions in mental hospitals (*Current Biography* 624; Caminero-Santangelo 22).²⁷ This intention is further indicated by both her activism in mental health care reform and by her later novel, *Counterclockwise* (1969), which models Ward's idea of "good" mental health care and its benefits (Ksander 1).

My speculation that it is the topic of madness and its treatment that readers found particularly compelling in *The Snake Pit* is further borne out by the more lasting, if less sudden, popularity of its next-generation successor, Sylvia Plath's autobiographical novel, *The Bell Jar*. Mary Jane Ward and her work have drifted into relative obscurity, remaining largely unknown by Generation X and Y readers and literary scholars; meanwhile, Sylvia Plath, famous for her

poetry, her romanticized yet ill-fated marriage to Ted Hughes, and her memorable suicide has remained a twentieth-century literary and feminist icon. Arguably, the enduring popularity of *The Bell Jar* had at least partially to do with Plath's notoriety. One Plath biographer, Ronald Hayman, argues that *The Bell Jar* "would soon have sunk into oblivion if it hadn't been revealed that Victoria Lucas was the poet Sylvia Plath who had just committed suicide" (197). Although several authors, capitalizing on what was obviously a popular topic, wrote novels about madness in the years following the publication of *The Snake Pit*, none of them attained the lasting impact of Plath's novel.²⁸ *The Bell Jar* has also received the most critical attention of the three texts I will be discussing. Kate Baldwin notes that "much Plath criticism has attended to the various implications of such identifications [with *The Bell Jar*'s feeling and sentiment] for an Anglo-American, largely female, English-speaking audience" (22). Baldwin recognizes that *The Bell Jar*, like *The Snake Pit* and *Girl, Interrupted*, offered and continues to offer a narrative with which many privileged women have closely identified. It is a story in which they "[find] solace" (Baldwin 21).

The Bell Jar, like *The Snake Pit*, was based on personal experience. At the end of a summer of bitter disappointments related to her writing career, Plath, like her protagonist Esther, attempted suicide by overdosing on sleeping pills in the cellar of her mother's house on August 24, 1954 (Stevenson 45). Subsequently, she was admitted to McLean Hospital, a private, prestigious mental institution in Belmont, Massachusetts. Her stay came courtesy of her benefactor, romance writer Olive Higgins Prouty, who is fictionalized as Philomena Guinea in *The Bell Jar* (47). Plath's hospitalization and the events leading up to it are refigured in her novel. Having read *The Snake Pit*, and noted its popularity, Plath decided that a similarly themed novel might be a commercial success. As Maria Farland notes, "the mass-market appeal of

mental breakdown novels and memoirs was evident both in the widespread circulation of Ward's novel and in the popularity of Shirley Jackson's 1951 novel *Hangsaman*. In this instance, Plath demonstrated a canny nose for trends" (55). There is evidence that Plath was well aware of the American appetite for madness narratives. On June 13, 1959, she wrote in her journal, "Read COSMOPOLITAN from cover to cover. Two mental-health articles. I must write one about a college girl suicide. THE DAY I DIED. And a story, a novel even. Must get out SNAKE PIT. There is an increasing market for mental-hospital stuff. I am a fool if I don't relive, recreate it" (Plath, *Journals* 495; emphasis in original). It is possible Plath read *The Snake Pit* even before her own institutionalization and thought she might write something like it; however, her statement that she must "relive" her own "mental-hospital stuff" seems to indicate that it was not only a desire for commercial success and a connection with Ward's story that provided the impetus for her to write *The Bell Jar*, but also her own deeply affecting experience of institutionalization.

Like Ward, Plath shied away from her autobiographical connection to her novel, partly afraid that some of the novel's characterizations would be upsetting to the people they were based on and partly because she did not consider it a "serious work" (Hayman 198). She first published it under the name "Victoria Lukas," telling friends that "potboilers like that" needed to come out under a pseudonym because "she didn't want them to be judged as the work of a poet" (Stevenson 285).²⁹ Despite her own emphasis on the novel's commercial aim, and devaluing of its literary merits, Plath was, as one of her biographers, Anne Stevenson notes, quite disappointed at the response *The Bell Jar* received, both from British reviewers, who gave it a lukewarm reception, and from the American publishers who turned the novel down.³⁰ Plath's American publisher at Knopf, Judith Jones, rejected *The Bell Jar*, observing that "up to the point

of her breakdown the attitude of your young girl had seemed a perfectly normal combination of brashness and disgust with the world, but I was not at all prepared as a reader to accept the extent of her illness” (qtd in Stevenson 285). Similarly, a publisher at Harper and Row, Elizabeth Lawrence, argued that following the protagonist’s breakdown in *The Bell Jar*, “the story ceases to be a novel and becomes a case history. It does not enlarge the reader’s knowledge of the girl substantially, or have the necessary dramatic impact” (qtd in Stevenson 285). While Plath saw the “mental-hospital stuff” as the potboiler aspect of her novel—that which would draw in reader attention, as it had in *The Snake Pit*—it seems that American publishers did not find Plath’s attempt to replicate the experience of a breakdown engaging. As such, these publishers failed to anticipate that it was exactly the protagonist’s “case history” to which readers might be drawn, and to which many might personally relate. Critic Marjorie Perloff, writing in 1972, reacts to the popularity of *The Bell Jar* among young women with similar incredulity:

I do not think, in short, that subject matter alone can account for *The Bell Jar*’s popular appeal. The novel’s most enthusiastic admirers, after all, have been the young, who tend to take health, whether physical or mental, enormously for granted, and whose preoccupations, a decade after *The Bell Jar* was written and two decades after the period with which it deals, are far removed from the fashion world of the *Mademoiselle* College Board, the Barbizon Hotel for Women, the Yale Junior Prom, or even the particular conditions under which shock therapy is likely to benefit the schizophrenic. (508)

Perloff’s assumption that young people are not preoccupied with their physical and mental health, that they cannot relate to Esther’s social circumstances and that they could not have personal experience of madness or psychiatric treatment echo Jones’s surprise at the “extent” of Esther Green’s “illness” (qtd in Stevenson 285). These critics’ skepticism about how well an audience of “normal” people might be able to relate to the novel perhaps says more about the failure of those who have not experienced madness to understand the diversity and commonness of mad experience than about the realism or appeal of Plath’s narrative. Certainly, that *The Bell*

Jar comes so close to capturing a kind of madness many young, middle-class American women experience has lent it much of its lasting attraction.

The Bell Jar, eventually published under Plath's own name, also made way for another generation of madwomen writers, one who increasingly used their own names and overtly claimed their autobiographical connections. Susanna Kaysen's memoir *Girl, Interrupted* was, like *The Snake Pit*, immediately and hugely popular. Its initial print run of 13 500 copies sold out. It stayed on the *New York Times* bestseller list for seven years after its publication. Like Ward's novel, it was turned into an Academy Award winning film, directed by James Mangold and starring Winona Ryder and Angelina Jolie. Outside of the immediacy of their novels' popularity however, Kaysen arguably has more in common with Plath than with Ward. Kaysen, like Plath, was institutionalized at McLean Hospital. In *Girl, Interrupted*, Kaysen remarks upon Plath's previous tenure there, and muses, "our hospital was famous, and housed many poets and singers. Did the hospital specialize in poets and singers, or was it that poets and singers specialized in madness?" (48). In this short passage, Kaysen establishes her place within a lineage of moneyed creative people who have experienced institutionalization. Just as Kaysen identifies with Plath and the other mad artists who came before her, Kaysen's readership identified with her experience of young womanhood, madness and institutionalization, and with her explication of these experiences in her memoir. As Elizabeth Marshall comments, "As recently as 2000, a reporter for the *Boston Globe* [Alison Bass] suggested that Susanna Kaysen's *Girl, Interrupted* threatened to replace Sylvia Plath's *The Bell Jar* as the 'Must-read for young women in high school and college'" (117). *Girl, Interrupted*, much like *The Bell Jar*, found its niche among an audience of predominantly white, middle-class young women who identified

with Kaysen's experience of adolescence, madness and psychiatrization. As Marshall further notes:

During Kaysen's promotional tour for *Girl, Interrupted*, young women with bandages on their wrists waited to speak with Kaysen about their own suicide attempts. In an interview, Kaysen states that the girls 'wanted to look at me and understand themselves.' Given that Kaysen writes about her suicide attempt, it is perhaps not all that surprising that girls turn to Kaysen. Her personal account of her experiences makes her somehow accessible. (128)

Like *The Bell Jar*, which took place in the 1950s, was published in the 1960s, and maintains a following today, *Girl, Interrupted* spoke to young women's experiences in the 1990s, even though the events it describes took place three decades previous. As Ahmed argues of willful women characters and readers' relationship to them, Kaysen, like Ward and Plath's protagonists, serve as a point of connection to a shared madwomen's—and shared feminist—inheritance (249). Although there have been changes in the discourses of both femininity and psychiatry as well as in mental health policy over the course of the second half of the twentieth century, young women's experiences of madness have cross-generational similarities, especially when they share class and cultural backgrounds. Kaysen's self-injury and suicide attempt, and her feelings about these experiences, are not unique to the 1960s, even though she connects some of these sensibilities to contemporary social and political events, such as the Vietnam War, the Civil Rights movement, and 1960s counter-culture more generally. Ward, Plath and Kaysen's narratives are similar in that they all, whether consciously or not, have a relationship with feminist discourses; as I explore next, however, the ways in which they react to, reflect, or shape these discourses through their negotiations of identity politics, their (dis)affiliation with grassroots politics and their querying of the boundaries around reason, register the particularity of the social and cultural moments from which they emerged.

A (Mad)woman's Guide to Politics in Cold War America

Mary Jane Ward's *The Snake Pit* was published 27 years after the American women's suffrage movement ended with the passing of the Nineteenth Amendment, and only two years after the end of the Second World War. Reflecting this historical moment, *The Snake Pit*, through protagonist Virginia Stuart Cunningham, advocates for and shows the challenges of women's new opportunities in the public sphere; it also anticipates, through Virginia's relationship to labour both inside and outside the hospital, some of the thinking pivotal to second-wave feminism, which would be captured in works such as Betty Friedan's *The Feminine Mystique* (1963). Throughout *The Snake Pit*, Virginia reflects on her struggles to become a writer, struggles which are often tied to her gender, and to her madness. Like Susanna Kaysen's query a generation later—"did the hospital specialize in poets and singers, or was it that poets and singers specialized in madness?" (48)—Ward's novel questions whether and why writers, and particularly women writers, are apt to go mad and to be psychiatrized. For Virginia, writing, though it is her passion, is also experienced as something rife with contradictions and constrictions. She is pressured by friends and acquaintances to write something "serious," that has "social significance," but simultaneously is not given the space or time to write anything at all (Ward 81, 16). As a Juniper Hill Hospital patient, Virginia's ability to write is seriously curtailed. She has to earn writing privileges, and even once her psychiatrist, Dr. Kik, grants these, she must write continually for one hour each day under the distracting supervision of a nurse. Although this experience might seem particular to the stringency of the institutional environment, Virginia's recollections of previous writing experiences echo Virginia Woolf's desire for a room of one's own (and Ward arguably invokes Woolf, another madwoman, in the naming of her protagonist). Ward's Virginia recalls having to deal with the scarcity of private,

uninterrupted writing time while living in a co-operative in New York a year previous to her hospitalization. She notes that, “she was never alone in that big house,” and that “no one takes a writer’s business seriously. It is something to be done at odd moments when there is nothing else” (37). Even outside of the hospital, then, Virginia found her ability to write constrained by the assumptions and demands of others. She also remarks early on in the novel that the majority of her writing work has been, like most labour by women, unpaid or poorly paid (6, 8).

Not only does Virginia highlight her experience of not being taken seriously as a writer, and particularly as a woman writer of fiction, she also parallels this experience with women’s overall struggles to be accepted as professionals and to have their labour valued. She recalls some of her past encounters with sexist attitudes towards women’s career ambitions: her late fiancée Gordon laughing when she confessed to him her long-ago dream of becoming a doctor, and her husband Robert commenting with distaste that his “old flame” Isabel “was awfully cute and a very good dancer” before she “changed” and became a lawyer (53, 51). Virginia furthermore connects these sexist attitudes towards women’s professional work with the need to recognize women’s domestic labour. The cleaning and cooking she and other patients are made to do as part of “occupational therapy” in the hospital is, like much of women’s labour in the home, not considered work at all (43). Her critique of unpaid patient labour thus functions as a critique of the gendered inequities of labour and pay in the outside world as well.³¹

Virginia recalls that while working both to save money and to finish her book—skills that are undervalued by Robert—she “began to wonder what the tired housewife would like to read” (39).³² In this moment, Virginia begins to conceive of her writing as a means of connection or organization among women, something that might be done in solidarity with other forms of women’s labour. Through Virginia, Ward seems to anticipate the idea of the personal as

political, positing that some books which have social significance might not deal directly with social problems or political movements, but rather, would appeal to women living everyday middle-class and working-class lives. In fact, losing focus on the personal—and implicitly political—aim of her writing is what Virginia identifies as the root of her breakdown. At her hospital discharge, she offers an alternate explanation to her psychiatrist Dr. Kik's theory that the cause of her breakdown was suppressed guilt over the long-ago death of her first fiancée, Gordon. She tells Dr. Gifford, a colleague of Dr. Kik's, "I'm sure Dr. Kik was wrong... I was tired... And I suppose I was scared about money. It was my fault that Robert gave up his nice job at home, and so I kept trying to write something that would make up for it. It's bad when a writer begins to think more about the check than the story. It makes you awfully nervous" (183). By thinking of writing as a trade that will make money or that will advance or maintain social status, rather than conceiving of it as an artistic, social or political practice, Virginia drives herself to overwork, insomnia, and madness (183). The hospital environment's restrictions thus recall for Virginia the difficulties that landed her in "the snake pit" in the first place. These difficulties, which are focused around gendered divisions of labour and the gendered wage gap, are not exclusive to the mad, but are issues women across social and economic divides face in different ways and to varying degrees.

Ironically, it is the restrictive hospital environment that reminds Virginia of the importance of using her writing as a means of connection and politicization among women. Through Virginia's experience of institutionalization, Ward introduces the idea of peer support, a practice central to the mad movement, and something that happens in Juniper Hill on both an emotional and material level. This peer support is facilitated by a system of psychiatric institutionalization, which gathers madwomen together (voluntarily or not) under the same roof;

before the establishment of the mad movement and its various communication networks, institutionalization was the primary way in which mad people were able to connect with one another. Contrarily, the institution forbids this connectivity, and thus feelings of both competition (for example, for doctor attention) and solidarity are fostered among the women as they attempt to both comply with and resist the demands of the institution, and to care for both themselves and others.³³ The simultaneous opportunities for and constraints on patient solidarity are another example of the way in which power circulates within biopolitical institutions such as psychiatry.

As a hospital inmate, Virginia shows great curiosity about and empathy for her fellow patients, and they reciprocate. She notes this feeling of understanding between mad people when she tells a nurse urging her to stay away from a “dangerous” patient, “sometimes a sick animal knows more about how another sick animal should be treated” (131). In an example of this compassion among patients, Grace, Virginia’s friend, looks out for Virginia and helps her to remember hospital rules since she knows that Virginia has problems with memory (13-14). This mutual care and understanding among patients, furthermore, is often an attempt to compensate for the inequalities that exist in the hospital. When Robert tells Virginia that Dr. Kik has taken a “personal interest” and “made a special case of” her, she wonders, “what happens to the ones he isn’t especially interested in?” (72). While Virginia sometimes needs other patients’ help in overcoming the side-effects of this “special-care,” including traumatic treatments like hydrotherapy, cold packs and electroconvulsive therapy, she is nevertheless aware of her economic privilege relative to most of the other patients, and regularly reciprocates the help she receives from other patients in the form of gifts (10-14).

It is not only the privileged Virginia, however, who shares her small luxuries with others. The women of Juniper Hill, in addition to helping each other negotiate the hospital environment and cope with their internal struggles, also make a point of sharing any small comforts or treats they are able to procure, from either staff or visiting relatives. One patient, May, gets the rare gift of a few pecans, and shares these with Virginia, who gives part of her portion to Louise, who then divides her share up into tiny crumbs, to be shared among several other women (165-7). Virginia is in awe of this practice of sharing and the sense of community it builds. The narrator observes that, “the generosity of the Juniper Hill paupers was something that never failed to make Virginia weep” (167). Thus, it is in the hospital that Virginia’s interest in connecting with other women, and exploring their desires and experiences, is rekindled. The use of the word “pauper” is particularly interesting, furthermore, because it ties together histories of state intervention into the lives of the poor—who in Britain were regulated through their lodging (both voluntary and involuntary) in workhouses until 1929—and the lives of mad people, who have been and continue to be managed partly through lodging (both voluntary and involuntary) in hospitals and other institutions.³⁴ Virginia’s comment also reveals a class disparity between herself, a patient who is being “treated” and housed at her husband’s expense, and those who are, as the term “pauper” implies, wards of the state.

The narrative furthermore frames Virginia’s generosity as a political act. As one of the wealthier inmates, she is always giving away her belongings. She gives away most of her cigarettes to other women, and makes them ashtrays out of paper, so they won’t burn their hands, or get in trouble for dropping their ash on the floor (24). After insisting that she be moved to a mixed-race ward of the hospital, furthermore, Virginia offers her expensive fur hood—a Christmas gift from her husband—to a black woman who doesn’t have any hat to wear during a

patient trip across the hospital campus in winter (137). A nurse scolds Virginia, horrified that she has given her hood—bought, as she notes, at Saks Fifth Avenue—to a black woman. She says to Virginia, “it’s people like you who stir up all this racial business” (138). The nurse’s chastisement pinpoints the political implications of Virginia’s benevolence. Virginia’s insistence that she be moved to a mixed ward, as well as her valuing of people (sharing, care-taking and solidarity) over things (consumerism, branding, and classed and racialized hierarchies), shows the way in which she uses the hospital environment as a staging ground for the kind of politics she had hoped to embody in her writing, a politics of people exercising power while also being subjectified by it (Foucault, *Society*, 29). While the institution seems like a place where inmates are powerless and prohibited from political engagement, it is actually through the restrictions of this environment, and through her madness, that Virginia is able to both recognize and use power, and to become politically re-engaged.

In *The Bell Jar*, as in *The Snake Pit*, gendered troubles are transformed, through medicalization, into mental troubles, but it is through confines of the institutional environment that Plath, like Ward, learns how to negotiate gender politics. Numerous critics have focused on *The Bell Jar*’s gender politics, but generally these commentaries subsume, rather than emphasize, mad politics. Stephen Gould Axelrod, like many critics, focuses on the way in which Esther Greenwood’s gender troubles are tied to her feelings of alienation, feelings which are common features of post-World War II American coming-of-age narratives. Unlike these other narratives, however, which feature young men (such as Holden Caulfield in *Catcher in the Rye*), *The Bell Jar*’s “Esther must combat the additional alienation of being an aspiring woman in an era of strict limitations for women” (Axelrod 135). Axelrod sums up Esther’s gendered feelings of alienation: “if the prospect of a high-powered career suddenly seems implausible, the

alternative of marriage and motherhood seems dull” (136). As is the case with Virginia in *The Snake Pit*, many of the gender issues that would become the keystones of feminism in the 1960s and 70s, such as gendered divisions of labour, and the sexual double standard, are sticking points for Esther as she tries to decide how she wants to live her life.³⁵ Numerous critics have addressed these gender issues, and the feelings of alienation they create in Esther; furthermore, quite a few critics see this alienation as the root of her madness. Perloff, for example, suggests that “Esther's experience differs from that of so-called ‘normal’ girls in degree rather than in kind. It is simply a stylized or heightened version of the young American girl's quest to forge her own identity, to be herself rather than what others expect her to be” (509). By saying that Esther’s experiences of alienation are not different in kind than any “normal” girl’s, Perloff seemingly brackets Esther’s madness; indeed, she seems to do so throughout her article, arguing that Esther’s struggle to choose her path is “a malaise hardly confined to schizophrenics” (514). Despite this troubling of the border between sanity and madness, however, she continues to define Esther as “a schizophrenic” (something Esther is never called in the novel), without seeming to notice this contradiction (521).³⁶

What is at stake in readings that evade Esther's medicalization, reducing her madness to simply an issue of gender politics rather than one of mad politics as well? Such readings occlude not only the specificity of psychiatric oppression—which is separate from, if often intertwined with sexism—but also the way in which Esther mobilizes a critique of medicalization as a means of working through her gender troubles. One critic, Marilyn Boyer, does address Esther’s medicalization more specifically. Using a combination of feminist, disability studies, and psychoanalytic theories, Boyer argues that the limits of the symbolic order—which is inherently phallogentric—stifle the creative abilities of female and feminized characters in *The Bell Jar*,

thus “disabling” them. This disabling is represented metaphorically in the novel through temporary disabilities, when “the female body is inebriated, poisoned, broken, assaulted, depressed, shocked, overdosed, and bled,” usually as a result of male agency or articulation (Boyer 200). Esther can only emerge from her state of disability, argues Boyer, by finding her own female imagery outside of a male symbolic order (200-1, 219). Particularly astute is Boyer's observation that, while the cause of Esther's “mental disability” is her relationship to the phallogentric order, the shock treatments she undergoes “debilitate her even further” and additionally minimize her ability to assert herself using language (213, 214). E. Miller Budick, like Boyer, focuses on the issue of language in *The Bell Jar*, arguing that Plath attempts to “write in the feminine,” as a way of challenging male language, and securing women (and particularly women writers), against male domination (873). While Boyer reads Esther's less painful shock treatment with Dr. Nolan as still a masculine force which erases Esther's ability to use language to articulate herself, Budick reads this as a feminine experience, a rebirth into a world where women have “freedom and control” over their own identities and destinies (880).

Although I agree with Boyer that even the second electrocution is highly traumatic and produces a silencing effect on Esther, I don't think that Budick is wrong in her assertion that the shocks Dr. Nolan administers function as a kind of rebirth for Esther. I am not convinced, however, that Dr. Nolan shocks Esther into wellness—or a state of confident, sexually-assured womanhood; I think that such a reading ignores Esther's mad critique of the traumatic psychiatric practices of which Dr. Nolan is a part. Following her second experience of electric shock therapy, Esther takes steps to ensure that she will not become a lifelong psychiatric patient. She expresses her fear of this fate after a nurse, who is also employed at a state hospital, tells her about the poor conditions she would face were she in this other hospital. Esther

explains: “I felt the nurse had been instructed to show me my alternatives. Either I got better, or I fell down, down, like a burning, then a burnt-out star, from Belsize, to Caplan, to Wymark and finally, after Doctor Nolan and Mrs. Guinea had given me up, to the state place next door” (221). This echoes Esther’s pre-suicide attempt prediction that “finally, when the money was used up, I would be moved to a state hospital, with hundreds of people like me, in a big cage in the basement. The more hopeless you were, the further away they hid you” (169).³⁷ For Esther, the threat of becoming a permanent patient, and of being subjected to more draconian conditions and treatment over time, is arguably what motivates her to follow doctor’s rules (221). In this sense, Esther is, to use Budick’s word, reborn, into an ethos of psychiatric resistance. This ethos, however, must disguise itself as a return to “wellness” to facilitate Esther’s escape from patienthood.

Maria Farland, who uniquely looks at *The Bell Jar* from an anti-psychiatry perspective, argues that Plath’s novel straddles two genres—the “mental breakdown fictions” of the postwar period and the sociological critiques of both the beat poets and anti-psychiatrists such as R.D. Laing. In combining these forms, suggests Farland, the novel both affirms and critiques anti-psychiatry discourses: “while she echoes anti-psychiatry’s contempt for the coercive treatment of patients, Plath is less sanguine about the consensual doctor-patient relations that were the utopian ideal of clinical anti-psychiatry” (55). Although Esther certainly feels that Dr. Nolan is preferable to Dr. Gordon—she even has feelings of love and trust for the former—Esther is still wary of the treatment methods Dr. Nolan uses (Plath 223-4). Furthermore, since she is given no choice in the matter of whether or not to comply with Dr. Nolan’s treatment plan, it is impossible to say whether she agrees with it. It might be that Esther trusts Dr. Nolan because the only choice she has is to trust. If she does not comply willingly with treatment, it will simply be imposed

against her will. Although the “bell jar” in which Esther is living—a metaphor for her feeling of being invisibly confined through continual surveillance, like the specimens kept in bell jars in laboratories—lifts following her electric shock, it is hard to say whether this change happens because of the treatment Dr. Nolan provides (both shock and talk), or whether it is because Esther has decided to follow the rules. As Linda Wagner-Martin questions, “is [Dr. Nolan’s] strategy as a psychiatrist only to get Esther over her depression rather than to lead her to find a new model of accepting a healthy mind and body?” (45). Her apparent good will and kindness aside, it is Dr. Nolan who decides whether Esther is sick or sane, how she will be treated, and whether she will be sent for discharge review.

When she initially meets Dr. Nolan, Esther tells her about her first, painful experience of electric shock, willfully asserting her unwillingness to undergo the procedure again. Dr. Nolan tells her, “It’s not supposed to be like that... if it’s done properly... it’s like going to sleep” (200). Esther replies, “if anyone does that to me again, I’ll kill myself” (200). Here, instead of being voiceless, Esther is adamant about her feelings regarding electric shock. She is also doubtful about Dr. Nolan’s perception of the procedure. She thinks, “I didn’t see how Doctor Nolan could tell if you went to sleep during shock treatment if she’d never had a shock treatment herself. How did she know the person didn’t just look as if he was asleep, while all the time, inside, he was feeling the blue volts and the noise?” (217). Esther’s opinion of shock originates in her own bodily experience, while Dr. Nolan’s is based only on observation and medical theory. From Esther’s vantage point, the other Belsize patients look “quiet and extinguished” following shock (217). Like Ward’s Virginia, who asserts that a sick animal (or patient) knows more about how another sick animal (or patient) should be treated, Esther is curious as to how patients themselves might experience and describe this “treatment” (Ward 131; Plath 217).

Esther's ECT queries are an example of the willingness to "go the wrong way" that Ahmed explores, a moment of mad feminist politicization which asks us to query the ethics of consent (Ahmed 249).

Earlier in the novel, Esther lays the foundation for this criticism of the politics of consent when she reveals her deep suspicion of medical knowledge, which is based on supposedly objective facts, rather than subjective experiences. When her boyfriend Buddy takes her on a tour of the hospital where he works, Esther gets a chance to watch a woman deliver a baby. Buddy explains that the woman, Mrs. Tomolillo, has been given a drug that will make her forget the pain of her labour. Esther thinks, "it sounded just like the sort of drug a man would invent. Here was a woman in terrible pain, obviously feeling every bit of it or she wouldn't groan like that, and she would go straight home and start another baby, because the drug would make her forget how bad the pain had been" (68). While Buddy thinks of the drug as a boon to Mrs. Tomolillo, Esther understands it as a way of forgetting and avoiding a bodily experience that should be remembered. Like the electric shock therapy Esther undergoes, the drug Mrs. Tomolillo has been given dulls the senses, leaving her unable to be affected by or learn from her experience in the same way. Although in one sense the drug helps Mrs. Tomolillo, just as shock therapy helps Esther, these treatments also work to erase memory and feeling, "wipe[ing] [them] out like chalk on a blackboard" (226). Just as Mrs. Tomolillo will likely have another baby because she forgets her pain, Esther, wiped clean of her resolve to do otherwise, will also have a baby (4). Esther's critique of pain medication and ECT thus further functions as commentary on the dampening effect that medicalization can have on reproductive choice, as well as the function of medicine in reproducing both normative (maternal) femininity and normative (white, heterosexual) families. Though Esther does not criticize Dr. Nolan's treatment decisions in *The Bell Jar* as vocally as

Virginia criticizes Dr. Kik's in *The Snake Pit*, *The Bell Jar* undermines psychiatric discourse through Esther's recollection of her trip to the hospital with Buddy.³⁸ In regards to Mrs. Tomolillo's labour, Esther thinks, "if you had to have all that pain anyway, you might just as well stay awake" (69). Esther, who still remembers her breakdown and the events leading up to it, as we know from her retrospectively written account, might likewise want to remember the intensity of feeling, and the sense of rebellion, that was part of her madness.

Plath's narrative reveals the broader political implications of women's medicalization through its linking of Mrs. Tomolillo's labour, Esther's electric shock therapy, and the electrocution of the Rosenbergs. During her hospital visit, Esther notes that the delivery bed on which Mrs. Tomolillo lay "looked like some awful torture table, with those metal stirrups sticking up in mid-air at one end and all sorts of instruments and wires and tubes I couldn't make out properly on the other" (67). This image of the medicalization of childbirth makes her terrified of giving birth, and foreshadows her justified fear of other forms of medicalization—such as electric shock—to which women are subjected (239). This link between obstetric and psychiatric medicalization of women's bodies as ways of biopolitically reproducing normative femininity is furthermore reinforced by Esther re-encountering Mrs. Tomolillo—or at least a woman whose name sounds the same to Esther—as a fellow psychiatric patient in the city hospital (188).

Esther's reference to the obstetrics tools and procedures she witnesses as instruments of "torture" also foreshadow the connection she makes between her electric shock treatment and Cold War politics. Plath opens *The Bell Jar* with the words:

It was a queer, sultry summer, the summer they electrocuted the Rosenbergs, and I didn't know what I was doing in New York. I'm stupid about executions. The idea of being electrocuted makes me sick, and that's all there was to read about in the papers... It had nothing to do with me, but I couldn't help wondering what it would be like, being burned alive all along your nerves. (1)

Ethel and Julius Rosenberg, a Jewish Russian-American communist couple, were accused of passing information about the atomic bomb to the Soviet Union. They were convicted of conspiracy to commit espionage and were executed by electric chair on June 19, 1953.

Controversy still surrounds the Rosenberg case, and numerous scholars have argued that at least Ethel Rosenberg was innocent, and was a victim of McCarthyism (Zinn 434-5). Numerous critics have made the connection between Esther's therapeutic electrocution, and the Rosenbergs' lethal one. Axelrod notes:

Although the elimination of the Rosenbergs, in what René Girard would call a 'sacrificial crisis,' is intended to strengthen the bonds among community members who remain, it has the opposite effect on Esther, who identifies herself with the couple's transgression and pain. Ironically, Esther will later undergo electroconvulsive treatment as a result of her own inability to adapt to societal norms—a pale echo of the Rosenbergs' electrocutions. (136)

Although Americans are supposed to rejoice and feel safe because the Rosenbergs—identified as traitors against the state and the security of its citizens—have been killed, Esther is instead sickened by their death.³⁹ Just as a jury and judge decide that the Rosenbergs are traitors, the authority figures in Esther's life, such as her mother and her doctors, decide that Esther's rebellion against gendered and capitalist expectations about work and family must be corrected. Budick argues that "in the context of international relations, electricity preserves social order by painfully punishing dissent. In the world of sexual relations, it is the powerful male charge that obliterates female consciousness (Esther falls asleep after her treatment), shrinking and fragmenting her identity" (878). While Budick and Axelrod see international and sexual politics reflecting one another in *The Bell Jar* through the trope of electrocution, Marta Caminero-Santangelo makes a similar connection between "aberrant behaviour and unpopular political beliefs" in *The Snake Pit*, where Virginia wonders wryly if her electric shock is a punishment for voting for socialist presidential candidate Norman Thomas (Ward 29; Caminero-Santangelo 22).

In the case of *The Bell Jar*, however, the link between electric shock and McCarthyism is more than just a provocative juxtaposition. As Kate Baldwin argues, gender and cold war politics were much more deeply intertwined than they appear on the surface, and Plath's novel reveals this complexity: "*The Bell Jar* offers impulses both towards mental health - an integrated selfhood - and towards the unfeasibility of such a selfhood; this is not, as is commonly thought, because of an impossible choice between 'motherhood' and 'career,' but rather because of the sexual, racial, and global terms of Esther's contradictory location" (24). Baldwin notes that the press made a point of constructing Ethel Rosenberg as a bad mother, the other to the good maternal American woman. Ethel, the "enemy within," serves as a reminder to Esther not only of the possibility of becoming a bad mother, but also of the threat of Soviet influence (Baldwin 26, 25). Esther, who not only desires to sleep with a Russian (Constantin) but also desires to *be* a Russian woman (his fellow simultaneous translator at the UN), espouses the threat of this influence; Plath moreover exposes the irony of this "threat," in that that which is purportedly disagreeable in Soviet culture (the "masculine" Russian woman who is educated, wears a suit, has a government job and voices political rhetoric in public) becomes, for Esther, a desirable alternative to American norms of femininity (Plath 78, Baldwin 31). Esther's desire to be the Russian translator, barking out idioms in a foreign language, however, as Baldwin posits, "suggests the simultaneous enticement of national narratives that seem to offer identity as a solution and the foundation of that lure in rhetoric that is overblown, idiomatic, and empty" (31). Like Baldwin, I suggest that *The Bell Jar* is critical of Cold War identity politics—both the role of the all-American college girl preparing for a life of sanctioned sexuality as a wife and mother, and that of the masculinized and asexual Russian woman.

By comparison with the communitarian politics of *The Snake Pit*, it may seem as though mad politics are absent from *The Bell Jar*'s more individualist narrative; to the contrary, Esther's motives are decidedly political. Finding patriarchal institutions and ideologies such as marriage, education, corporatism and psychiatry impossibly confining, Esther attempts to assert herself as an individual both within and against them. This fraught work of becoming an individual involves, in part, Esther's repudiation of identities that cannot offer her the freedoms she desires. Through Esther's relationship to racial and cultural others in the text, including the Russians and the "Negro" kitchen worker at the institution, Plath shows that the only way to integrate the self is by rejecting and marginalizing others. Esther resists her identification with Mrs. Tomalillo,⁴⁰ who goes through the childbirth Esther insists she will never endure; Joan, an old friend and fellow patient, whose queerness and madness Esther rejects;⁴¹ and the "Negro" whom Esther kicks because he offers her baked beans and green beans in one meal (Plath 231, 192). As Baldwin argues, these beans and beans serve as a metaphor for the illusion of a choice when there is actually no choice at all (34-35). Despite resisting her identification with these others in order to assert herself as a free agent, Esther's ability to choose either her treatment or her reproductive future proves elusive.

Though *The Bell Jar* may not immediately present itself as a tract on the consequences of state biopolitics, Esther's narrative nonetheless shows that those who are marginalized by Cold War notions of belonging—including "Negros," Russians, communists, "bad" mothers and other gender deviants—will be sorted out, whether through criminalization or medicalization, and let to die. In order to be made to live, subjects must self-actualize within the confines of identity categories that suit state projects of population management, and furthermore, must participate in the marginalizing of those who do not or cannot fit these categories. Although Esther may

attempt to work outside the confines of a married woman/fallen woman dichotomy, her obtaining a diaphragm near the novel's end, the injurious results of losing her virginity thereafter, and the foreclosing of queer eros through Joan's suicide indicate the impossibility of sexual choice for women. Furthermore, as Wagner-Martin argues, *The Bell Jar* "does not inspire the reader to believe [Esther] has yet become her own person" because it ends with her still in an objectified position, awaiting the inspection of her sanity by a board of doctors (53). In order to prove her sanity, Esther must be precisely *not* her own person, but rather, a person who fits in with the world. Ultimately, in order to maintain her femininity, her sanity, and her place in national discourses of belonging—to be "made to live" rather than let to die in a public mental institution—Esther must embrace the fiction of an integrated self, one that rejects the mad and bad others who are, as Baldwin says of the "Negro" kitchen worker, "always-already broken" and without access to these fictions (35).

While *The Bell Jar* subtly engages with Cold War politics, Susanna Kaysen's *Girl, Interrupted* takes as its background the Vietnam War and the emergence of late 1960s counterculture. In her memoir, Kaysen recalls that she and her fellow patients fervently watched the political events happening outside of hospital walls. She observes that, "the world didn't stop because we weren't in it anymore; far from it. Night after night tiny bodies fell to the ground on our TV screen: black people, young people, Vietnamese people, poor people—some dead, some only bashed up for the moment" (92). Kaysen recognizes that the white, upper-middle class women living in McLean, an "expensive, well-appointed hospital," are privileged over those being killed in Vietnam, who are more often than not poor people of colour (93). Kaysen and her friends also watch student protesters on TV "taking over universities and abolishing classes" and "sticking their tongues out at policemen" (92). Although the McLean women have more in

common with the student protestors, who are largely white and middle-class, than with the soldiers and civilians being killed in Vietnam, they are living a world apart from that of either the soldiers or the protestors. From the relative comfort of their ward lounge, they watch on as their contemporaries not only go to war, but also protest, get beaten by police, and are arrested. As Kaysen puts it, “locked up with our rages and rebellions... the worst we got was an afternoon in seclusion. Usually all we got was a smile, a shake of the head, a note on our charts:

‘Identification with protest movement.’ They got cracked skulls, black eyes, kicks to the kidneys—and then, they got locked up with their rages and rebellions” (93). While it is important to note that not all McLean patients were as well-treated as Kaysen, from her perspective, institutionalization protects those on her ward from direct contact with the violence of the outside world and its criminalizing consequences; that said, institutionalization does not shield them from harm altogether.⁴² As Hubert notes, Kaysen’s narrative shows that “even though people might be ‘cured’ of mental illness, they are not protected from the injustices and tragedies of life” (100). Kaysen’s narrative also suggests, however, without belabouring the details of mental health treatment, that those living inside of institution walls have other kinds of injustices to face, such as the electric shock which makes Cynthia cry every week and leaves her speech jumbled, or the cold packs and zombifying drugs that punish Polly’s grief (23). Thus, while Kaysen and her friends are kept safe from the violence of protest, they have, in a sense, simply skipped a step: they have been incarcerated before they even got a chance to properly rebel, to do something that would make a political statement. Kaysen notes that, “the protestors were doing the kinds of things we had fantasies of doing” (92). The women of McLean find in the protests a cause to be locked up over, something “real” to be punished over, and they wish that they could claim this rebellion as the reason for their own incarceration.

The McLean women particularly identify with those rebelling when the protestors' criminalization is echoed by their own medicalization. For example, one patient, Cynthia, identifies with the image of Black Panther Bobby Seale, who, following his arrest during a protest at the 1968 Democratic National Convention, was bound and gagged for talking back to the lawyers and judge presiding over his trial (Seale 180, 194). As Kaysen recalls, "Cynthia was particularly upset. 'They do that to me!' she cried. It was true that they did tie you down and put something in your mouth when you had shock, to stop you from biting your tongue during the convulsion" (93). Although Cynthia links her own gagging and restraints to those of Bobby Seale, another patient, Lisa, contests that there is a primary difference between their two situations. While Seale must be gagged because, as Lisa argues, "they're afraid people will believe what he says," the same is not true for Cynthia or the other patients, who will never be believed because of their mentally ill status. Kaysen's assertion that Seale has the credibility that they as psychiatric patients "will always lack" somewhat belies the continuing history of black people being devoiced and disbelieved, particularly within the context of the criminal justice system.⁴³ Nevertheless, in addition to linking racism and sanism as forms of oppression, her comparison also makes an apt connection between psychiatric incarceration—which can occur without a precipitating action, an arrest, or a trial—and penal incarceration—which is, at least in theory, preceded by due process.

While the McLean women are unable to partake in the protest movement that rises up around them, Kaysen offers the possibility that perhaps their institutionalization itself serves as a way to protest: "the opportunity to be incarcerated was just too good to resist. It was a very big No—the biggest No this side of suicide" (42). Like Ward and Plath's characters, Kaysen is institutionalized, in part, because she does not meet up to the expectations of normal femininity—

—getting a “real” job (not writing) or at the very least finding a suitable (white, middle-class) husband—that are put upon her. Claiming her madness, and signing herself off to an institution, becomes, for Kaysen, a way to enact a protest against these expectations, when there are few other options in 1967 for her to do so. As an upper middle-class woman, whose father is a Princeton professor, Kaysen is supposed to want to go to college, to choose an appropriate career, to settle down and get married. She is not, however, eager to do any of these things. She recalls that:

My classmates were spinning their fantasies for the future: lawyer, ethnobotanist, Buddhist monk (it was a very progressive high school). Even the dumb, uninteresting ones who were there to provide ‘balance’ looked forward to their marriages and children. I knew I wasn’t going to have any of this because I knew I didn’t want it. But did that mean I would have nothing?

I was the first person in the history of the school not to go to college. Of course, at least a third of my classmates never finished college. By 1968, people were dropping out daily.

Quite often now, people say to me, when I tell them I didn’t go to college, ‘Oh, how marvelous!’ They wouldn’t have thought it was so marvelous back then. They didn’t; my classmates were just the sorts of people who now tell me how marvelous I am. In 1966, I was a pariah. (156)

The life that Kaysen chooses is one that many of her classmates, who will be swept up by 1960s counterculture, will envy. Read in this context, her decisions—both to forgo college, and to be institutionalized (she is, technically, a voluntary patient)—register in retrospect as political, even if they were not recognized as such at the time.⁴⁴ Kaysen’s institutionalization, furthermore, allows her to exercise power in new ways. As Marshall suggests, “she lands in an all-female world, where the parameters of appropriate gendered behavior expand” (121). Despite the restrictions imposed upon the women living in McLean—such as the threat of seclusion, wet packs, and drugging—they are allowed a certain kind of freedom. Not only have they been deemed mad, and thus they are expected to behave madly, they are also, as Marshall argues, living in a space between girlhood and adulthood, one which allows more leeway in terms of

behaviour (121). Living in the space of mad adolescence, the girls are able to act out in ways that they could not on the outside, at least not without facing, like their protester contemporaries, a more significant consequence, whether social, medical or penal.⁴⁵ Already institutionalized, however, the women break many social rules. They sneak men into their rooms for hurried sex in the fifteen minutes between the nurses' room checks (65). On a supervised day trip off-ward, an intersex patient who claims to be a Martian's girlfriend, and is referred to as such, uses the words "dick" and "clit" to describe flavours in the ice cream parlour (31, 53). Following her escape, capture, and solitary confinement, Lisa wraps everything in the lounge in toilet paper, including the sprinkler system and the catatonic patients on the couch (24). On another occasion, Lisa is out to prove that she is crazier than the other patient named Lisa, so she steals all the light bulbs in the ward and puts them into one of the patient phone booths, where they break when the other Lisa opens the door (61). In Kaysen's narrative, the McLean women's pranks work not only to break up the monotony of their incarceration, they also undermine the idea that the authority figures in their lives, including parents and psychiatrists, hold all of the power. The institution, while limiting what actions the women can take, also provides them with an opportunity to discover ways in which they can creatively exercise power, and transgress established hierarchies and norms.

Although the patients sometimes act out against each other, as in the case of Lisa baiting the other Lisa to break the stolen lightbulbs, they also work together, to cheer each other up, or to protect one another. Lisa makes everyone laugh, and makes cocoa for the night staff and any fellow insomniacs (20). Kaysen tries to cheer up and distract her roommate Georgina when her boyfriend, a fellow patient, is unable to visit for several weeks (29). All the other women on the ward give fellow patient Torrey, who is being discharged, advice on how to escape from the

nurses who will be delivering her to her parents (97). The McLean women form a community, sharing what they have and helping each other out. In a sense, they, like the inmates in *The Snake Pit*, actually form a kind of alternate economy, which troubles capitalism's status as the only viable system of exchange. As Marshall argues, Kaysen's portrayal of a mental hospital as a place where rebellion, community and economy can happen in ways that they cannot in the outside world functions as a kind of pedagogy which allows readers to conceive of girlhood, and connect to other girls and women in a new way. *Girl, Interrupted* was published in the 1990s during a period of particular popular preoccupation with the white, middle-class "wounded girl" narrative. As Marshall argues, "wounded girl" narratives, like recovery narratives, generally focus on the ways in which the girl, rather than society, is disturbed/diseased, and offer personalized and medicalized solutions to her problems. *Girl, Interrupted*, on the other hand, like *The Bell Jar* and *The Snake Pit*, complicates the genesis of madness, and its status as a "problem" that can, and must, be resolved (119). Kaysen not only shows the possibilities that madness allowed her and fellow patients, she also complicates the pathologization of that madness by showing that it is shaped, at least in part, by gendered social expectations, a set of paradigms which can neither be fully resisted, nor fully subverted.

Kaysen's memoir is framed by facsimiles of her psychiatric case records, but her narrative, which is woven around this frame, reveals the starkness of these records, which more than fall short of accounting for the politics of her madness, including the gendered nature of her diagnosis, and her dissenting actions because of and in spite of it. Kaysen, rather than letting these records define her, uses them to confirm her own narrative authority. For example, she devotes a whole chapter to annotating her diagnosis of Borderline Personality Disorder, as it is presented in the *Diagnostic and Statistical Manual of Mental Disorders* (Third Edition), which

she quotes in full.⁴⁶ For example, “instability of self-image” is part of the diagnostic criteria for a Borderline Personality, but as Kaysen explains: “my self-image was not unstable. I saw myself, quite correctly, as unfit for the educational and social systems. But my parents and teachers did not share my self-image. Their image of me was unstable, since it was out of kilter with reality and based on their needs and wishes” (155). Here she identifies one of the main components of her “disorder” as simply a refusal to meet up to social expectations. Another “symptom” of Borderline Personality is “compulsive promiscuity” (157). In response to this, Kaysen questions how many girls a seventeen-year-old boy would have to have sex with to be called promiscuous, versus how many boys a seventeen-year-old girl would have to have sex with to be labelled the same. In doing so, she questions the diagnostic criteria’s reliance on the sexual double standard, which she deems at least partly responsible for Borderline Personality occurring more often in women than in men (158, 157). By doing a close reading of her diagnosis through the lens of her experiences, Kaysen undermines its authority. In Marshall’s words, “as she places pressure on the gendered terms of her diagnosis, she offers counter-pedagogies” (123). Kaysen shows that rather than being deficient, her personality was merely incompatible with the norms of adolescent girlhood, norms that are perhaps disordered themselves. By annotating her diagnosis, Kaysen challenges not only her mentally ill status and diagnostic criteria, but also allows for a different way of knowing mad experience. This epistemology is based not on medical knowledge, or on gender norms, but on re-narrating lived experience, much as Virginia does when she attributes her madness to pressures to write “serious” (that is, profitable) literature rather than to repressed guilt, or when Esther rejects Dr. Nolan’s take on ECT’s benefits, and by extension, the idea that madness is something that must be expunged.

While *Girl, Interrupted* offers empowerment for young women through what Marshall calls its “alternative gendered pedagogies,” Kaysen does not, at least in the memoir, identify with the feminist movement (129). She recalls that following her discharge, her former roommate, Georgina, who had also been discharged, convinced her to attend a consciousness-raising group. While Georgina has “a certain cachet” in the group because she has been institutionalized, Kaysen notes that this cachet does not seem to apply to her because she, unlike all the other women, is married (161). Although Kaysen does not identify with the grass-roots side of the feminist movement, or, as far as we know, the mad movement, she does conceive of young womanhood and madness in ways that are in solidarity with feminist critiques of gender norms. Similarly, Kaysen echoes, particularly through her critique of her diagnosis, and other aspects of her patient records, many of the mad movement’s challenges to psychiatry. When Kaysen describes the McLean women’s affinity with the student protestors, ever growing in numbers, she notes that, “we thought eventually they’d get around to ‘liberating’ us too” (92). Although Kaysen’s narrative does not end with McLean hospital being stormed like the Bastille, it does, through its critique of psychiatry, retrospectively anticipate and reflect the Patients’ Liberation Movement, which was inspired in part by the counterculture of 1968. As Hubert notes:

Particularly during the progressive era, institutions were viewed as the way to eradicate many social ills. By the 1960s, however, many people viewed institutions with suspicion—if not outright contempt. As the 1960s generation ‘dropped out’ of corporate America and ‘turned on’ to psychedelic drugs, institutions and traditions were seen as weapons of social conformity that stifled individual freedom and interfered with personal growth. (94)

If Kaysen does not consider herself a feminist, then neither does she identify herself in the terms of mad pride. And yet, as Felski posits of fiction, Kaysen’s memoir may be politicizing because it offers self-definition through everyday life experiences, rather than in the sometimes limiting politics of identity (7). Like Esther in *The Bell Jar*, who writes from a presumed place of future

“sanity” that is marked by motherhood, Kaysen’s “recovery” from her “disorder” and the end of her institutionalization is indicated by her acceptance of a marriage proposal. Her marriage signals, at least to the McLean keyholders, her willingness to move away from her “rages and rebellions” and madness and towards domesticity, monogamy and “sanity” (133, 93). Kaysen furthermore admits wanting to distance herself from “insane” people, who remind her of her own madness by asking “terrible” questions she still cannot answer, and reminding her of the tenuousness of her sanity, and freedom (125). It is important to note that for Kaysen, as for Esther and Ward, there are good political and material reasons to not identify as mentally ill or mad. Kaysen’s disaffiliation with either a mad or a feminist politic is perhaps necessary to attain mainstream recognition, a legitimacy Kaysen requires in order to do establish herself as an author. Kaysen nevertheless puts forth issues in her memoir which are central to mad and feminist movements, and which, perhaps more significantly, are important to her readers, who may be looking for everyday ways to critically respond to sexism and psychiatrization.

Indeed, I want to suggest that it is the very absence of identity politics that make all three of the madness narratives under discussion here work as political pedagogy. *The Snake Pit*, *The Bell Jar* and *Girl, Interrupted* all engage with the (often gendered) political issues of their time, as I have endeavoured to show here, but they do so by depicting and theorizing the everyday lives of middle-class white madwomen in America. These narratives, as I hope I have shown, often covertly reflect and contribute to larger political discussions by linking these to experiences of madness and psychiatrization. One of the most important things about Ward, Plath and Kaysen’s stories is that they offer up mad politics in a world where these are much less visible than other more prolific branches of grass-roots identity politics. Rather than avoiding the

political issues surrounding madness and psychiatrization, these narratives implicitly theorize madness as a political space in and of itself.

In *Girl, Interrupted*, Kaysen posits that madness is a space that allows for different kinds of thinking and experience. She explains that, “it is easy to slip into a parallel universe. There are so many of them: worlds of the insane, the criminal, the crippled, the dying, perhaps of the dead as well. These worlds exist alongside this world and resemble it, but are not in it” (5). In these parallel universes (“there”), which exist alongside the world most people perceive (“here”), time can move differently. Objects “there” sometimes look like things other than what they are “here.” And while those “here” can simply discount the existence of “there,” excluding it from rational thought, those living in parallel universes such as madness cannot discount the existence of “here,” because they can still see it mirrored around them (6). In Ahmed’s terms, Kaysen is willfully reaching back to grasp at “what recedes”—namely, madness, which, as Foucault articulates, slips out of intelligibility the moment it speaks of itself. In doing so, she addresses the slippage between and contextual dependency of sanity/madness, real/unreal and foreground/background (Ahmed 249; Huffer 119; Foucault *Madness* 549). Kaysen theorizes madness as a space which one might shift back and forth through in order to cultivate new forms of perception and thinking. Her description of madness as a kind of parallel universe is highly reminiscent of Foucault’s notion of heterotopias: set-apart spaces that have a relationship to all other social spaces, but which “suspect, neutralize or invert the set of relations that they happen to designate, mirror or reflect” (*Of Other Spaces* 24). In other words, heterotopias reflect the social, interrogating the terms that shape it, and revealing, through their own unrealness, the illusory nature of the “real” (24). For Kaysen, as for Foucault, madness, as a heterotopia (a

“there”) can turn a mirror back on the rational space of the “real” or (“here”), and in doing so, ask it to account for its exclusions.

Ward and Plath, like Kaysen, seem to appreciate the potential of slipping between madness and “the real.” In the *Snake Pit*, Virginia Cunningham’s heterotopias—her madness, as well as her surroundings (a more draconian double of the society outside)—allow her to appreciate some of the “crazy” actions of her fellow patients, from their unabashed dancing and singing, to their seeing and hearing things she does not, to their great generosity (136, 141, 160). As she moves out of her madness, however, and towards her discharge from the institution, she notices that she is becoming impatient with her cohort’s antics and more selfish about her possessions (167-8). She reflects: “I am nearing non-patient status. The softness is leaving. The sympathy. Yes, and the generosity... it is a queer way to judge your sanity” (167). Her phrasing—that she is “nearing” non-patient status—is in itself suggestive of a moving from one mental space (madness) and the material space that embodies it (Juniper Hill) into another (sanity, the outside world). As Virginia begins to think of herself as a sane person, she distances herself from mad people, and starts to think of them as other. If being sane involves keeping others at an emotional and material distance, suggests Ward, then perhaps being open to madness—giving up the drive to know and define what is “real” and “sane” and what is not—can build understanding and connection across incommensurable differences.

Esther Greenwood, on the other hand, does not comment on the potential benefits of her madness; in fact, she is, as I have argued, determined to avoid expressions of difference or rebellion which may be read as mad and result in her continued or future (re-)incarceration. While working to conform to the dominant discourses of femininity and sanity, however, Esther simultaneously critiques the “real” to which she must aspire. Indeed, Esther questions outright

the value of reason. She remarks, “I hated the very idea of the eighteenth century, with all those smug men writing tight little couplets and being so dead keen on reason” (131). Esther’s dislike of eighteenth-century rationality echoes a previous fantasy, in which she is able to out-argue Buddy, who devalues poetry as “a piece of dust,” and always wins arguments because he is “very scientific” and can “always prove things” (58). Thus although Esther does not address the potential of madness as directly as Kaysen, or Ward, she disputes the idea that certain people—Enlightenment writers, doctors and scientists, men—have access to knowledge that is more “true” or “real” than other people’s. To her, “people were made of nothing so much as dust, and I couldn’t see that doctoring all that dust was a bit better than writing poems people would remember and repeat to themselves when they were unhappy, or sick, or couldn’t sleep” (59). Esther not only offers up the idea that knowledge based on emotions and experiences (the stuff of poetry) is equally valuable to knowledge based on “reason,” but also, like Ahmed, makes the case for literature’s ability to provide connection to a shared affective and political inheritance for those who may not have access to these things in the material spaces of the “real.” Although Esther does not tie this critique of reason explicitly to her madness or medicalization, her comment about poetry posits, in a sense, an alternative pedagogy of mad knowledge, the idea that “unreasonable” feelings, thoughts, ideas and experiences might be put down or worked through in words. Plath, Ward and Kaysen’s narratives neither serve to call (mad)women to action through grassroots activism, nor to provide easy answers for how to deal with the many difficult aspects of (mad)women’s experiences. What these narratives do, however, is to show the possibilities of madness (and even institutionalized madness) as a slippery discursive space from which to creatively and collectively intervene in the relations of power.

Chapter 2:

Among Them But Not of Them:

British (De)institutionalization, Neoliberalism, and Madwomen in the Community

To cure the British disease with socialism was like trying to cure leukaemia with leeches.
—Margaret Thatcher, *The Downing Street Years* (8)

Institutionalization is about control, not simply bricks and mortar.
—Erick Fabris, *Tranquil Prisons* (137)

Mad People and Community in Three Twenty-First Century British Narratives

This chapter considers three responses to the governance of mad people in neoliberal Britain: Claire Allan's novel *Poppy Shakespeare*, Liz Kettle's novel *Broken Biscuits* and Bobby Baker's graphic memoir *Diary Drawings: Mental Illness and Me*. These narratives all revolve around madwomen who are “consumers” of mental health services living in London at the beginning of the twenty-first century. Although each protagonist either experiences in-patient treatment in a mental hospital in the course of the narrative, or discusses her past experiences of incarceration (as is the case with N in *Poppy Shakespeare*) all are primarily day patients, living in the community.⁴⁷ As becomes clear in each story, however, the term “community treatment” is somewhat euphemistic, since mad people both are and are not part of the community.

I argue that Allan, Baker, and Kettle's narratives call to account contemporary British neoliberalism, and the mental health policies and practices that support it, for the way in which they produce madness and govern the mad through “community care.” The literary texts I will be exploring, like those in my first chapter, are important in part because they are political without seeming overtly so. They are “just stories.” On the other hand, they also contain elements of political satire.⁴⁸ In her review in *The Telegraph*, Katie Owen notes of *Broken Biscuits* and *Poppy Shakespeare*: “Both novels question the boundaries between sanity and insanity, and both

are indictments of the National Health Service's handling of the mentally ill" (np). As these narratives point out, care in the community changes rather than removes the boundaries of institutionalization. In the age of decarceration, mad people's everyday lives are surveilled, medicalized, and criminalized, but such restrictions exist in tension with the increased mobility and opportunities available to some mad people when they are outside of hospital walls.

This tension between boundedness and mobility furthermore parallels the friction between madness and sanity, since mad people in the community—unlike mad people who are contained within and clearly demarcated as mad by the four walls of an institution—can be read as both mad and sane. This is especially true when mad people like me occupy positions of privilege. As a white, middle-class, cisgender, scholarship-holding PhD candidate, I am rarely perceived as mentally ill or mad. Similarly, in her memoir *Diary Drawings*, middle-class performance artist Bobby Baker—who had already established credibility in her field prior to going mad—portrays her protagonist as passing behind a mask (literalized in many of her drawings) of sanity most of the time in her public life. *Poppy Shakespeare* and *Broken Biscuits*'s protagonists, by contrast, are additionally marked as mad by their poverty, their reliance on disability benefits and social programs, and their lack of education; therefore, they often fail to fully pass as sane even when they put in great effort to do so, as when Jodie tries to strike up a conversation with two men in a bar and is violently rejected, or when N applies three layers of make-up as part of her attempt to look sane and “posh” (Kettle 25; Allan 325-6). The suspense and humor of Allan, Kettle and Baker's works come from their characters' negotiation of mobility/boundedness and passing/not passing; the authors undertake the negotiation of these boundaries in part by playing with the tropes of first-person confessional narratives. Julia Watson points out in her article on *Diary Drawings* that Baker's project is ultimately not a humanist one,

despite seeming to fit the common understanding of autobiography as “a humanist narrative about wholeness and self-actualization” (25). As Watson observes in her work on Baker’s diaries as posthuman visual prosthetics:

Baker may have initially conceived of her project as a private diary for relief from mental distress and the monsters that take her over, but it became something different: not a chronicle of ‘recovery,’ with its humanist implications, but a site for the artistic rendering of a fragmented and multifaceted self-conception that might be called, in Cary Wolfe’s term, humanist posthumanist, a radically reformulated embodiment. (25)

Like Baker, both Kettle and Allan play with “recovery” narrative and Bildungsroman expectations, never allowing their protagonists a resolved sense of wholeness or completion.⁴⁹ While *Diary Drawings*, *Poppy Shakespeare*, and *Broken Biscuits* each use confessional tropes to reveal the insides of mad lives, Allan, Baker and Kettle also selectively conceal information that could be used to pin down their characters as either mad or sane. This concealment happens both through the omission of details, but also through the use of techniques such as hyperbole, (visual) metaphor, caricature and non-linear time which I read as generating critical commentary on the slippery boundaries around madness and community.

Historical Background: Decarceration, Neoliberalism and Governmentality in Britain

To grasp the satire of Allen, Baker and Kettle’s representations of contemporary mental health structures and shifting notions of community, it is important to historically contextualize their narratives. From the end of World War II to the mid-1970s, there was a flood of sociological research examining the poor conditions in mental hospitals as well as the harmful effects of institutionalization on patients. As Andrew Scull explains, this research led to a reform movement across Britain and the United States whose goal was to abolish the mental hospital (*Insanity of Place* 308; *Decarceration* 96).⁵⁰ Britain’s primary motivation for closing institutions,

however, was the mounting expense of running and maintaining them (26). By 1954, British patient populations—housed in hospitals that had been built at least a century before, and which had fallen into dismal repair in the face of insufficient funds and increased labour costs due to unionization—peaked after rising continually since 1845, with the exception of wartime (*Insanity of Place* 104; *Decarceration* 65-6). Considering the costs involved, governments on both sides of the Atlantic had committed to phasing out mental hospitals by the 1960s (*Insanity of Place* 104, Knapp et al 37); however, in 1977, at the time of Scull's study, patient admission rates were continuing to rise, and hospitals, now fallen even further into disrepair, for the most part remained open to maintain the jobs of those employed there (*Decarceration* 66-67, 71).

Hospitals also persist, as Erick Fabris notes with reference to the Canadian context in *Tranquil Prisons*, as “points of initiation in the new geography of ‘community mental health,’” where patients are temporarily hospitalized and referred to other clinics and services (136). Scull uses the term decarceration to refer to the move from long-term residence in hospitals and prisons (incarceration) to “treatment” and “rehabilitation” in the community, and I prefer this term over the more common “deinstitutionalization,” which seems inaccurate, considering that community care, as I will contend here, is another form of institutionalization.⁵¹

Institutionalization does not require a physical location—the bricks and mortar Fabris evokes in this chapter's epigraph (137); rather, institutionalization is a system of social, psychiatric, and juridical regulation which takes place across of a variety of state and privately run sites such as schools, counselling centres, welfare offices, pharmacies, subsidized housing developments, general hospital emergency rooms, closed-circuit surveillance technology, courts, and news media. This broader sense of institutionalization has implications for the study of mad literature, furthermore, since it challenges popular conceptions of madness narratives as those that engage

only with particular sites of institutionalization—especially the mental hospital, which was the focus of my previous chapter. Madness narratives, like mad people, shape and are shaped by a variety of institutions, and not only those characterized by bricks-and-mortar.

Although the rise of psychopharmacology (and particularly the development of neuroleptic drugs such as Thorazine/Largactil) occurred almost concurrently with decarceration, the development and supposed success of these new drugs is not an adequate explanation for the move towards community treatment, which actually began shortly before these drugs were introduced (Scull 78-80). Nevertheless, as Fabris argues, “imposed drug treatment acts on the brain to limit the body as any restraint does, and over time as any prison does... Restraint by chemical means is not just a metaphoric jailing of the ‘self’ or the ‘mind’ (as ‘mental illness’ is sometimes said to be) but a bodily seizure through use of the central nervous system” (115). Thus while neuroleptic drugs may not have *caused* decarceration, as many have argued, they are responsible, at least in part, for the ongoing “success” of “community care,” because they are able to control and limit mad people’s actions, acting as “chemical straightjackets” (Scull *Decarceration* 87, 89, Breggin 145). Because of the restraining effect of drugs, the idea that psychiatric medication is successful in treating “serious mental illness” prevails, despite studies that suggest that individuals who are “treated” with neuroleptics are more likely to become chronically ill.⁵²

Politically, decarceration also corresponded with other shifts happening in Britain. The twentieth-century campaign for decarceration was successful where a previous such campaign a century before was not. While in the nineteenth century, decarceration would have involved giving the mad some source of financial support in the community—support which was not available to any other disadvantaged people under the English Poor Law—in the mid-twentieth

century, the welfare state had already been established to provide such supports, as Scull points out (130, 135). The cost of providing universal welfare measures, however, continued to increase, particularly during and following the Second World War.⁵³ This project combined with, as Ashley Dawson notes, the “internationalization of significant sectors of British capital after the 1960s” led to a financial crisis (Scull 135, Dawson 14). Margaret Thatcher was elected prime minister in 1979 with a promise to fix the financial ills making Britain the “sick man of Europe,” which it was named in the media at the time.⁵⁴ Ironically, considering this metaphor, the Thatcher administration’s “cure” for Britain’s so-called sickness was, in part, to curtail public health and welfare programs, which they viewed as part of an unrealistic, inefficient, and even antiquated socialized policy regime, as this chapter’s epigraph from Thatcher suggests.⁵⁵ The Thatcher government’s market-driven policies, which led to the privatization of services such as health care and utilities, the tightening of eligibility for welfare benefits, a curtailing of trade union power, the opening up of free trade, and an increase in population management on the part of the state hailed the beginning of neoliberalism in Britain (Tyler 62; Moncrieff 237; Ramon 116, 117). Wendy Brown defines neoliberalism in *Edgework*:

In ordinary parlance, neoliberalism refers to the repudiation of Keynesian welfare state economics and the ascendance of the Chicago School of political economy—von Hayek, Friedman, and others. In popular usage, neoliberalism is equated with a radically free market: maximized competition and free trade achieved through economic deregulation, elimination of tariffs, and a range of monetary and social policies favorable to business and indifferent toward poverty, social deracination, cultural decimation, long-term resource depletion, and environmental destruction... For progressives, neoliberalism is thus a pejorative not only because it conjures economic policies that sustain or deepen local poverty and the subordination of peripheral to core nations, but also because it is compatible with, and sometimes even productive of, authoritarian, despotic, paramilitaristic, and corrupt state forms as well as agents within civil society. (37-8)

As Brown contends, neoliberalism does not simply encompass a set of policies on particular issues; rather, it is an underlying “political rationality” that transcends economic concerns and

the conventional liberal/conservative divide, and which particularly emerges in the form of governmentality (38, 39). Governmentality, a concept laid out by Foucault in his Collège de France lectures, is a set of tactics which emerged out of liberalism and are used by the state to “produce and organize” subjects. The state uses these tactics on its citizens, and citizens use these tactics on one another; however, governmentality is not espoused as such in the law of the state (Brown *Regulating Aversion* 79). Governmentality, in the twenty-first century, primarily works through social sites, such as scientific discourse, religious discourse, popular culture, and news media (81). Regulation through mental health discourses and institutions is an example of governmentality, since, in the twenty-first century, psychiatry, an apparatus of biopolitics, functions both ideologically and materially through a diffuse network of state and non-state apparatuses. As Joanna Moncreiff argues, pharmaceutical companies, free-trade markets (helpful in expanding pharmaceutical sales), the discourse of consumerism as social ethos, medical bodies such as the American Psychiatric Association and the Royal College of Psychiatrists and General Practitioners, and not-for-profit mental health organizations such as the National Institute of Mental Health England (NIMHE) have all been a part of shaping and regulating the contemporary “mentally ill” subject whose “chemically imbalanced” state must be identified through social surveillance and rectified through medication (245-9).

More commonly than not, people are not forced into their psychiatrization through laws or coercion, but rather, come to it “voluntarily” because doing so is normalized through television dramas, celebrity tell-alls, awareness campaigns and scientific reporting. Contemporary governmentality fits well with neoliberalism because it expends few of the state’s resources while maximizing the regulation of both populations (biopolitics) and individuals (anatomopolitics/disciplinarity). As I noted in the introduction, under biopolitics, which I

understand as governmentality's answer to the problem of population, mad people, an unruly and expendable "race," must be separated off from the rest of the "normal" population, who are fostered by the state.⁵⁶ In the community, the public is subject to a deluge of messages about "mental illness" through the discourses of science, medicine and public health and safety, all of which contribute to the production and regulation of mad people. Not only does this public discourse encourage citizens to surveil one another, reporting "crazy" behaviour to doctors and/or police, this surveillance can also be enshrined in law, as when citizens, outraged at stories of "mentally ill killers" petition for stricter laws regulating "the mentally ill."⁵⁷

In Britain, the state and various governmental institutions (particularly the news media) have produced multiple versions of the "mentally ill" subject, which are then used to justify community treatment orders and an austerity approach to disability benefits.⁵⁸ As Shulamit Ramon argues, one of the specific characteristics of the neoliberal governments of Thatcher and her successors is the "ambivalent treatment of [psychiatric] service users as either consumers and/or as deviants and scroungers" (116). Regardless of whether politicians and the public consider them "consumers" (victims of illness who need treatment and social supports) or "deviants/scroungers" (rebellious and/or dangerous freeloaders who need to get a job), the idea that mad people must be controlled through community, medical, and police surveillance, bureaucratization, and chemical incarceration persists. In fact, the very idea that communities and the state have to "do something" about (or with, or for) mad people is itself a form of governance, in that it produces mad people as subjects requiring regulation.

Decarceration as Institutionalization in *Poppy Shakespeare*, *Diary Drawings* and *Broken Biscuits*

The neoliberal regulation and segregation of mad people is particularly pointed in Claire Allan's novel, *Poppy Shakespeare*, which features mad people who are governed through a combination of sites including a semi-privatized day hospital, social housing, psychiatric categorization, drug treatment, cognitive behavioural therapy, social assistance bureaucracy and patient advocacy structures. Allan, who spent ten years as a mental patient herself, tells the story of N, a life-long "dribbler" (N's word for mad person) living in North London, and receiving services at The Abaddon Mental Health Centre, which, like many contemporary mental health institutions, has existed in various incarnations since at least the nineteenth century (67).⁵⁹ The Dorothy Fish day centre, typical of the many mental health institutions deemed worthy of closure beginning in the 1950s, shows signs of age and neglect. Allan describes it as having a filthy "shit-coloured carpet," walls stained a "pale shitty brown" from cigarette smoke and thrown coffee cups, and adornments that include a clock with no hands and a dead plant—fixtures appropriate to a place where time has essentially stopped because nothing ever grows or changes (326, 7, 9). Since most days are pretty much the same at the Dorothy Fish, it is a remarkable occurrence when a new posh patient, Poppy, appears on the scene (55). Poppy is exceptional in that she, unlike most folks at the Dorothy Fish, has never made use of mental health services in the past, and has not been sectioned (put under a community treatment order); she is nevertheless (and for reasons unknown even to her) required to be at the day centre, under threat of being admitted as an in-patient should she fail to comply (77-9). Much of Allan's critique of decarceration comes through the absurdity of Poppy's situation, and through the juxtaposition of "normal" Poppy and "mad" N, whose differences, as it turns out, are mainly the result of being shaped by divergent discourses of mental illness and wellness.

The satire that is central to *Poppy Shakespeare* appears early in the novel in a long speech that Middle-Class Michael, a “day dribbler” (day patient) and the head of the Abaddon Patients' Rights Council, makes to welcome Poppy. When giving a history of the Abaddon, Michael mentions that in the 1980s patients were “with the help of medication, community-based resources and day hospitals such as this one, enabled to live as part of a wider society” (68). This historical “fact” of integration into society stands in contrast to the reality of the Dorothy Fish patients' lives; as we find out, they are essentially a segregated class, or in Foucauldian terms, a “race” (Foucault *Society* 255). N and the other “day dribblers” live in the Darkwoods Estate, an area at the base of Abaddon Hill, upon which the hospital is built. N comments that “it weren't such a bad estate to be honest, packed full of dribblers on account of being so handy for the Abaddon, and sanity-free 'cause no sniff in his right mind would take a flat so close to a mental hospital” (49). While there are no walls around the Darkwoods, it is a space bounded by hegemony, where only mad people and poor people live, and which middle and upper class “sane” folks (“sniffs”) strictly avoid.⁶⁰

In Allan's and Baker's works, madness and class are very much intertwined; the pairing of the two satirizes decarceration as a broadening of institutionalization into the community, and particularly into economically disadvantaged communities. The fact that Middle-Class Michael is titled as such in *Poppy Shakespeare* reveals how rare it is for middle-class people to be mad.⁶¹ Poppy is unusual not only in that she does not have a history of psychiatrization but also because, while straddling the line between middle-class and working-class identities, she—at least from N's perspective—is economically privileged. She has new clothing and a flat in a decent area of town, and although like most “dribblers” she does not have a post-secondary education, she has always supported herself through clerical work (234, 241-2, 145-6). Once Poppy has been

deemed mad and is required to spend her days at the Dorothy Fish rather than working, however, it becomes increasingly difficult to maintain the appearance of middle-class status (283).⁶² Quickly acclimatizing to the shift from the working world to a “care” context, Poppy stops wearing her posh clothing and carefully fixing her hair, and instead takes up the habits of her mad compatriots: chewing her nails to the quick, mumbling to herself, and spending her weekends drinking, smoking, and watching videos with N (276-7, 283).

In *Diary Drawings*, Bobby Baker likewise struggles to maintain middle-class respectability while living with her madness. She notes that her family’s finances became “really dire,” forcing her to hold a private sale of paintings in her house and requiring that her and her husband work constantly to make ends meet (127). She is also marked physically as mad/disabled by her weight gain and by mobility issues (127, 89). Unlike Poppy, however, Baker maintains a life outside of her psychiatrization. Even while she chooses to spend most of her days at the Pine Street Day Centre, attending group therapy and using art to help her deal with depression, anxiety and self-injury, she also continues her work as a performance artist. Baker maintains her credibility as an artist, and thus her career, by separating, at least in part, her mad life from her “sane” family/working life, attempting to contain it within the Day Centre and the crisis hospitals where she is periodically admitted. So, while Baker largely remains among “sane” people, her mobility is dependent upon being able to pass as “normal” at least part of the time. Her protagonist’s situation provides a critique of the supposed integration of mad people into the community, precisely by showing that her participation in the public sphere in fact relies on her maintaining at least a façade of sanity.

In several of her diary drawings, Baker expresses the tension between mad and sane versions of herself, and her fears about not passing, given that she is “in the community” only on

the grace of her ability to pass as sane and middle-class. Baker organizes her visual diary entries in a linear fashion labelled according to the day they were created (beginning with Day One and ending with Day 701). Her book presents a selection of 158 of her drawings out of the more than 700 that she created. The drawings are broken into “stages,” or chapters of a sort, that are each prefaced by a brief introduction. “Day 392” features a picture of her wearing a red snake biting its own tail as a necklace, a dark green snake going in one eye socket and out the other and a light green snake going in her right nostril and out her mouth. It bears the caption: “During admissions to ‘The Haven’ [crisis hospital] I would go home every day to cook and shop. It was my way of showing how much I cared for my family because I was terrified they would see what was actually in my head” (Baker 73). Griselda Pollock argues that the masking and doubling in Baker’s diary “[build] upon a hope that someone might not only see it, but truly see it... the pain of what remains unseen/unrecognized by others,” an agony represented in figures such as the snakes (258). I argue, in contrast, that Baker’s drawings work more as a vessel to contain her pain and madness so that they can be managed, exhibited only to chosen individuals at particular moments. Baker states of her drawings that she could “choose whether to destroy them, keep them private or show to others” (124); her fear of her family discovering “what was actually in [her] head,” furthermore, reinforces her desire for containment and a careful negotiation of disclosure (73). Her need to manage disclosure, furthermore, critiques the notion that mental health treatment fixes or even fully manages “mental illness”: if it did, Baker’s negotiations would not be necessary. Baker’s ongoing efforts to keep her role as madwoman apart from her roles as artist, wife and mother are a theme throughout *Diary Drawings*. “Day 25,” which shows her face peeling off and bloodied around the edges to reveal a ghoulish grinning skeleton head beneath represents the fear that her mask will be peeled off to expose an inner horror (34). “Day

12” (also the book’s cover) shows a picture of her with two mouths, possibly evoking the fear that she does not know which one will speak at any given time. Will her words frighten those around her, or will they be the things a normal wife and mother is expected to say? (30).⁶³

In her work as a performance artist, as in her home life, Baker also wears a mask, symbolic of the way she selectively conceals and performs her madness. “Day 543,” for example, shows her, drawn literally rough around the edges, with tears streaming out of her eyes, her mouth wide open (possibly screaming) and her hands raised in the air, while strapped to the front of her is a full-body mask that looks calm and together, wearing her costume for her show *How to Live* (142). While Baker must perform containment and relative sanity in order to maintain her status as a professional artist, the irony is that her work often involves performing various types of madness or otherness on stage. As Marina Warner observes in the introduction to *Diary Drawings*, “In [her earlier performance piece] *Take a Peek!* ... BB staged a series of fairground amusements and freak shows starring herself as monster. She put herself on as a madwoman in order not to be one, but the drawings touch the underside of this display, and record wild veerings between command and disarray, between containment and exploding” (9). In other words, Baker’s performances, including work for the stage and her treatment diaries, work as a form of self-governance, both producing and containing her as a mad subject. Her balancing act between being mad and being (or at least appearing) sane in her artist life is depicted particularly poignantly in her drawing of herself posing for her piece *Displaying the Sunday Dinner*. *Sunday Dinner* is a photograph of her wearing her trademark white smock, and on top of it, a cabbage crown, potato necklace and earrings, meat bra, carrot skirt, and feet stuck in casseroles for shoes. In the diary drawing representing this piece, colourful clouds surround Baker, each filled with one word, written repeatedly: blue for “weep,” red for “teeter,” pink for

“dither” and yellow for “panic” (57).⁶⁴ Although by wearing her family’s dinner Baker is performing and critiquing the madness that is—or is induced by—domesticity, paradoxically, she must contain her current experience of madness in order to do so.

Baker not only performs the madwoman in order to contain her, she also, ironically, represents the pressures of domesticity and femininity on the stage, in order to make possible the continuation of her domestic performance in everyday life. As Claire MacDonald argues of Baker’s performance piece *Drawing on a Mother’s Experience*, in which Baker performs both artist and mother, “I read Bobby Baker’s work as angry and subversive, using fractured notions of self to work across the divide between self as artist and self as mother... Baker’s housewife persona is both part of herself and a strategy in her self-representation” (190-191). Likewise, *Diary Drawings* is simultaneously an autobiographical representation of Baker’s experiences in the mental health system, an enactment of Baker’s madness, and an artistic crafting of Baker’s madwoman, mother and artist personas. Baker’s performance art and her diary drawings playfully stage her real life performances of domesticity and madness and in doing so, obscure her current experiences of these things. As Baker notes in her written epilogue to the published diaries, receiving care as a day patient and as an inpatient in facilities she could leave at will allowed her to continue to be an active part of her family. Being in the community—maintaining some financial solvency, having a home, and being a wife and mother—was beneficial in that it “helped [her] to hang on to fragments of self-respect” (210). On the other hand, the pressure to “be in the community” contributes to the stress that repeatedly leads to her psychiatric segregation. Watson concurs, suggesting that Baker’s need both to be “in the community” and to continue her domestic labour play a part in her madness:

During performances she recites droll monologues about how women's capabilities as domestic machines producing food and labor are both overwhelming and incapacitating. Attaching food or kitchen implements to her body suggests that the food prepared by Bobby's 'endearingly eccentric' domestic persona is producing her as much as she produces it. Such extensions might be considered prosthetic in that they signal both Baker's labor and her position as woman and mother, a socially constructed, gendered dependency. Her edible and mechanical attachments, that is, both ironically mark feminized domesticity and suggest how gendered labor is an impediment to self-realization. (21-2)

While Baker's continued family and household labour help her to maintain her dignity and her social position in the face of her madness, it is the very things that Baker herself presents as maddening mental and physical burdens that divert her away from potentially less Sisyphean pursuits. In addition to her drive towards the domestic however, Baker must furthermore deal with the pressure of producing something personal, even when such intimate subject matter may invoke difficulties in her life. She reveals in an interview with Catherine McLean-Hopkins:

When I did *Drawing on a Mother's Experience* I felt that I'd so exposed myself and there's always this anxiety about being self-indulgent so then I sort of backed away from that with *Cook Dems* and other pieces and the disastrous *Chocolate Money* (1990) and then I did *Kitchen Show* which again was more personal and then backed away somewhat. (249)

Here, Baker expresses the difficulty of negotiating between making personal art, which she sees as her best work, and avoiding the anxiety caused by the self-exposure these performances entail. It is almost as though in order to be acclaimed as an artist, she must also concede to living with a sense of rawness and anxiety—a bit of madness. Watson, picking up on this tension, writes: “the split between Bobby's public and private selves recurs in the diary pages as an expression of rupture, suggesting an attachment to an animating force that Bobby both dreads and cultivates” (32). Thus, while Baker is, for all appearances as a mother and professional artist, more integrated into the (sane/respectable) community than are either N in *Poppy Shakespeare* or Jodie in *Broken Biscuits*, maintaining this integration is, ironically, bound up with her madness.

Jodie, in *Broken Biscuits*, is also an artist and was raised in a middle-class home; unlike Baker, however, she is unable to balance her madness with a sane persona, and thus her status as a pass-for-sane member of the community is more tenuous. Jodie's inability to pass reveals that mad people's integration into the community is dependent upon being able to perform class norms as well as norms of sanity, and that the two are intertwined. Jody went mad part way through her time at art school, never finishing her diploma or establishing a career. Baker uses her art and the revenue it generates to help sustain her middle-class respectability, but this option is not available to Jodie.⁶⁵ Her life in the present of the novel is one of poverty and exclusion brought about by her madness. While Jodie does not live in an area designated for mad people, as N does, she is not really a part of the community in which she lives. This exclusion is made clear at the novel's beginning when Jodie tries to strike up conversation with some men in a bar, and, when she persists after they decide to ignore her (in itself a form of ostracizing) one of them reacts violently, pushing her to the ground (Kettle 25). Kettle further reinforces the physicality of Jodie's separation from the community in a scene where she is walking home with her date, Owen, the first mad-identified person she has met. When Owen pokes fun at Jodie's neighbours' kitschy house, aspiring to bourgeois aesthetics with its decorated trash cans, "matching yuccas in huge ornate green plastic pots," wrought-iron fence keeping others out, and "Our Wee Cottage" on its name plate, Jodie defends them saying, "They're alright." Skeptical, Owen asks Jodie whether they have ever invited her to tea. Jodie replies in the negative, but counters with "they've never had a go at me or anything" (128). Faced with the possibility of taunting and even assault, the best that Jodie has learned to hope for is to be tolerated (128). Jodie's comment shows that, in neoliberal Britain, the absence of violence signals tolerance, while the constant possibility of intolerance/violence functions as a mechanism for governing madness, restricting it

to certain material and discursive sites. To adapt Judith Butler's terms, Jodie is not quite recognizable as a subject, because she does not fit within the "sane," middle-class norms of recognition (*Frames*, 5, 8). Jodie is accustomed to being on the outskirts of sociability, as becomes obvious in all of her awkward, anxiety-ridden attempts to interact with people.

As with Jodie's neighbourhood, it is not only ideological boundaries but also social norms and practices, which, in *Poppy Shakespeare*, mark as other and thus contain the residents of The Darkwoods. Allan's portrait of The Darkwoods suggests that social housing projects are biopolitical, separating "undesirable" people from the rest of the population, much as psychiatric hospitals segregate the mad primarily through physical or anatomopolitical means. N describes her neighbourhood as such: "You had schizos on balconies hurling plates whilst beneath them old ladies pissed in the gutter and alkie's threw beer cans at passing cars as naked rappers tried to direct the traffic" (49). "Sniffs" who can afford to live elsewhere are not only put off by the tangible characteristics of the environment—its noisiness, crowdedness, and dirtiness—but also by an ideological barrier: the fact that The Darkwoods is intended for mad people. Not only is the Darkwoods conveniently located next to a psychiatric hospital, the very organization of the neighbourhood seems designed with madness in mind. N describes the numbering system of the houses in the estate, observing, "they must have had dribblers design it, I reckon, 'cause it definitely didn't make no sense. I lived in 17B Rowan Walk, which was in between 66F and 17F. Above me was 36DD and the whole of the Darkwoods was numbered like that, like they ordered it flat-packed and screwed it all together wrong" (50). The Darkwoods is demarcated by system of understanding insensible to "sane" people, which reflects Foucault's claim that madness has its own language (*Madness and Civilization* 285). N explains that people get lost regularly in the Darkwoods and that the way to get around is to "trust your instincts" (50). If you try to use

reason to figure out the way the number system works, you will inevitably get lost. Thus, the very structure of the neighbourhood encourages the madness it contains; in biopolitical terms, it produces the mad subject and contains the mad population. Indeed, the epigraph of the novel, from Anton Chekov—"since prisons and madhouses exist, why, somebody is bound to sit in them"—suggests that the mere existence of places for the mad, such as the Abaddon and the Darkwoods, will mean that madness will continue. This perspective is in line with sociological work that emerged in the 1950s and 60s (notably that of Erving Goffman) which suggested that institutionalization exacerbates the deviance that institutions such as mental hospitals and prisons hope to curtail. This sociological theory was, in part, behind the decarceration movement in the twentieth century (Scully, *Decarceration* 96). *Poppy Shakespeare* reveals, however, that care in the community—in spaces like the Darkwoods which are characterized by squalor, little support, and often chaos—is no less encouraging of madness or other forms of deviance than are hospitals and prisons (Allan 49). N's description highlights continuities between different historical eras' institutional projects.

Just as the materiality and ideology of the Darkwoods help to sustain madness rather than to support integration into sanity, the situations that "dribblers" experience at the Dorothy Fish often prove to be distressing rather than healing. Riots break out at several points in the novel, usually because the Abaddon's routines have been disrupted. The patients, so dependent on these routines, cannot cope with change, especially when they are not given information about what is happening. For example, the "dribblers" are regularly fed a hot lunch in the Dorothy Fish canteen. At 11 am, the "flops" (in-patients) who get to eat first, begin to queue in front of the lifts, waiting for the nurses to "[herd] them down like cows" at 11:45 to queue up again in front of the locked canteen doors. In a life devoid of activity, in which access to food is controlled,

lunch becomes a central feature of the day. N recalls that “one day the van broke down with the food but Canteen Coral [the lunch server] never explained or nothing, and outside the flops... they got a bit restless... then suddenly there’s tables flying and panic alarms going crazy” (16). This rebellion, in which both “flops” and “day dribblers” take part, ends in riot police rushing in and nurses tranquilizing the “flops,” who N describes as “lain on their beds from A to Z like slaughtered carcasses” the day after (16). The situation could have been mitigated by providing the “flops” with information, rather than treating them as creatures incapable of understanding—or outside of intelligibility, as Foucault would put it; instead, the situation creates a panic that only reinforces the herd mentality ascribed to the “flops” in the first place. The response to the canteen riot—calling in police to subdue patients enough that they can be drugged—which is figured in the metaphor of cattle farming, satirizes the connections between disciplinary institutions (psychiatric institutions, policing, factory farming), and the way in which medicalization and criminalization are intertwined in contemporary mental health care.

On the Origins of Madness: The Social and Biographical in N, Jodie, and Baker’s Madnesses

In *Poppy Shakespeare*, the way in which different institutions work together to both produce and manage the mad is reinforced through narrator N’s remembrances of her childhood, which was governed by the foster care system, the mental health system, and the police. N opens her narrative by asserting that “no one at all, alive or dead or both or neither, knew as much about dribbling as I did” (2). N explains to Poppy: “I been a dribbler since before I was born. Been fostered out fifty-three times... Self-harming since the age of two. Tried to *top* myself at fourteen... Been sectioned more times than you’ve wiped your arse” (258, emphasis in original). N, who also relates remembrances of her childhood in a group home, of her mother being taken

away by police because she is “not very well,” and of the many loved ones who have died by suicide (her father, mother, grandmother, and her childhood best friend Mandy) makes clear a history of being produced as mad through discourses of degeneracy (3). According to both social and psychiatric perspectives, she is mad: either genetically and/or because of family trauma, poverty and institutional violence. Since her madness, regardless of origin, is justification for her management through government bureaucracy, psychiatry, and the legal system, however, the precise origins of her individual madness are insignificant. The irrelevance of origins suggests that the management of mad people is ultimately not dependent on one particular discourse, such as the psychiatric model of madness, or on one particular institution, such as the Abaddon, since regulation can occur through a variety of discourses and means.⁶⁶

Like *Poppy Shakespeare*, *Diary Drawings* and *Broken Biscuits* trace the way in which their protagonists came to be governed as mad. Arguably, the focus of Kettle’s novel is the genesis of Jodie’s madness. The story is told from a dual perspective: the chapters alternate between Jodie’s life—which Jodie narrates in first person—and the life of her paternal grandmother, Agnes—narrated in third person—who is now living with dementia in a home for the elderly. As Agnes’s story unfolds, we learn that her incarceration against her will in the home, a situation with which Jodie identifies, is not her first time being psychiatrized. Agnes’s mother (Jodie’s great-grandmother), was confined to an asylum following the death of three of her sons by childhood illness, and Agnes herself was subsequently hospitalized and subjected to insulin shock therapy following her first husband Ernest’s death by suicide (177-8, 129, 135). Ernest, a German, returned home after the Second World War, which he spent in internment, only to discover that Agnes was continuing an affair she had begun some years earlier. In a *Lady Macbeth*-like act of guilt, Agnes injures her daughter, Rebecca (the second child of her affair,

now estranged) by scrubbing her raw, along with the bloody carpet where Ernest died (135). Agnes later flashes back to this incident while babysitting Jodie, and locks Jodie in Rebecca's old room (113). On the surface, this detailed unfolding of Jodie's history of encounters with both familial and institutional trauma seems like a straightforward account of the origins of her madness; however, as I will argue, Kettle, like Baker and Allan, ultimately resists an easy pinpointing of the origin of her protagonist's madness, by revealing the ways in which the discourses surrounding her madness work to interpellate and manage Jodie as mad.

Baker spends proportionately less time dealing with the origins of madness than either Kettle or Allan do. Instead, she draws many difficult experiences, including career and domestic stresses, her father's death in an accident when she was young, her mother's ongoing illness and then death, and her own battle with breast cancer (85, 163, 678). As her oncologist says in a speech bubble in "Day 664"—where Baker finds out she has cancer—"that's rather a lot to have on your plate" (183). While Baker is transparent in *Diary Drawings* about being overworked and overwhelmed, as I discussed previously, she does not attribute her madness to any one event, past or present, nor does she give any indication that she believes her madness to be simply neurobiological—in fact, she eventually eschews drug treatment (139). Instead, Baker's drawings begin *in medias res*, when she is already mad. The drawings are prefaced by an introduction written by literary scholar Marina Warner, but Baker's only introduction is an explanatory note that says, "in 1996 things started to unravel for me" (17).⁶⁷ Unlike Jodie, whose madness, though multi-faceted in its proclaimed origins, can be traced back to one event, Baker does not cite any particular moment as her "breaking point." In the book's coda, Baker reinforces this ambiguity, noting that:

I'm glad that the question 'Whose fault is it/Why did you get ill?' gets asked, as it allows me to explain why I will not answer it directly... I would have to spend hours, days and

months to explain the sense I've finally made of my own period of illness—and even then it would only make sense within that specific context... And anyway, it's my business. It's just lazy, sexist and cruel to blame the mother, or the father, or the patient with the 'flawed personality.' It's not my 'fault' that I got ill. It's no one's 'fault,' and it's not about being weak either. I think the causes of mental illness are far more complex than I can do justice to here, but I'm hoping to investigate them in future artworks. The topics I shall be focusing on are: family history, including experiences of major world events such as wars and economic crises; the impact of tragedy and trauma on families; social geography; power, oh, and temperament. And that's just for starters. (208)

Even when Baker gets more specific at the end of this passage, giving a list of things that may contribute to mental illness/madness, she still avoids answering the question directly; rather, she offers multiple causes that are, importantly, inextricable from one another and not amenable to being narrated in a linear, progressive order.

Likewise, in *Broken Biscuits*, Kettle offers up an analogous multiplicity of reasons—trauma, social context, institutional violence—for Jodie's madness throughout the novel; however, the novel's climax, in which Jodie recalls the day that Agnes confined her in Rebecca's room, does pinpoint a moment of origin for Jodie's madness. Jodie explains:

I know it was only one night. I know that nobody actually hurt me. I know other kids get beaten and raped. But I can see now that night has always been there at the back of my mind. Before then I thought the world was safe and lovely and full of flowers and teddies. That feeling went away. Grown-ups did very scary things, and they didn't come to save me. The hollow shifting sand feeling in my tummy started when I was four and stayed with me all my life: one more thing that's made me the woman I am today. Multiple bereavement, accidents, heredity all helped. A night alone in the dark, clicking beetles and the need for food to calm myself clinched it. (221)

This explanation of her madness, which ties together all of the threads of memory that weave throughout the narrative, is conspicuously tidy. For most mad people, the question of how or why we became mad cannot be answered quite so summarily, as Baker iterates. Many of us may never be able to point to a particular event and claim that moment as origin. Yet, Kettle, despite her explanatory climax, does not entirely give way to the conventions of recovery narratives, where the origin of one's madness is identified (usually as genetics/"chemical imbalance," but in

some cases as “trauma”) and is then “cured” through medication, therapy and the (sometimes coerced) “healing” of familial ties (Costa et al 89, 96). Leading up to her flashback, the narrative seems to suggest that Jodie might have experienced sexual abuse at the hands of Roger, Agnes’s second husband. Roger, a hospital porter, meets Agnes when she is undergoing insulin shock therapy. In hospital, Roger sexually harasses and touches Agnes (136). When he takes Agnes out in the yard by herself, he tells her “me and the nurses have got what you might call an arrangement,” suggesting that he has done the same to other patients (139). Roger also rapes Agnes at least once after they are married, the night Jodie stays over, after Agnes has locked her up. The phrasing of the rape scene—“‘Shut it,’ he grunted between pushes, ‘you’ll wake the girl’”—seems to suggest that Jodie’s presence is connected to Roger’s arousal (117). This connection is reinforced by the usually gruff Roger’s affection for Jodie, whom he encourages to call him “Uncle Roger” (116, 45). Jodie reveals that “the thought of him made me shiver,” and that she finds the smell of wallflowers, which Roger used to grow, panic inducing (51, 45). Combined, these details gesture to Jodie having suffered sexual violence at the hands of Roger.

So, while Jodie traces the beginnings of her madness back to one traumatic moment in an almost psychoanalytic fashion, it is not the moment we (or maybe even she) has been expecting. Judith Butler argues in *Giving an Account of Oneself* that self-crafting is always a negotiation with whichever norms are applicable to the subject who is seeking to define themselves. Although what a person “can be,” and what stories they can tell, are constrained by existing norms, there is space for norms of recognition to be challenged (22). The norms of trauma narratives sway Jodie (and swayed me) to believe that Roger sexually assaulted her. Liberal individualist discourse dictates that if you are going to go mad, and be dependent on public housing or social assistance, you better have a “good” reason, like childhood abuse, or at least an

illness you “can’t help” because it is inherent. Jodie’s comment “I know that nobody actually hurt me. I know other kids get beaten and raped,” exemplifies the trope of needing “sufficient” trauma to claim the legitimacy of one’s madness (221). Yet Jodie’s explanation of her madness—“multiple bereavement, accidents, heredity all helped. A night alone in the dark... clinched it”—challenges the norms of recognition by arguing that madness has multiple and complex causes, and is not rooted in one trauma. Jodie’s challenge to the norms of recognition compromises the governance of the mad, since it reveals the way in which mad people must shape their narratives of madness (or allow them to be shaped by others) in order to become recognizable subjects “worthy” of inclusion on even the margins of middle-class “sane” community.

Poppy Shakespeare likewise undermines the forms by which madness can be recognized, but it does so using a different method than either the refusal to pinpoint a cause for madness in *Diary Drawings*, or the rewriting of the childhood trauma narrative in *Broken Biscuits*. Michael Faber points out that: “Allan deliberately avoids the heartstring-tugging childhood flashbacks that make misery memoirs such as David Pelzer’s so phenomenally successful. Part of her point is that psychiatric institutionalization condemns the sufferer to an endless, vacuous, trivial present” (np). Allan undermines the governance of the mad by suggesting that not only does madness have multifaceted origins—which cannot be traced to one event—but that it is entirely constructed through governmentality. As it turns out, N is mad *because* she has “been a dribbler since before [she] was born” (285). There is no outside to her madness. She was hailed as a mad subject by being born to two mad parents and at least one mad grandparent. Her madness was reinforced in the foster care system, and again, repeatedly, in the mental health system (268, 3-4). She has never existed as a “sane” subject, outside of a system of institutions. N is in fact comfortable being a “dribbler,” as are many of her comrades. As N tells Poppy, “dribblers’ll get

used to anything in time” (158). N is so enmeshed in her insular institutionalized life that, when she meets Poppy, she speaks as though Poppy already knows the Dorothy Fish and its patients, dropping their names and making comparisons without giving context (60). Near the start of the novel, the Dorothy Fish patients are reminded of just how habituated they can (and have) become to their lives as mad people when a fellow patient, ironically named Pollyanna, dies by suicide shortly following her discharge. She indicates in her suicide note—read aloud in the common room—that “I feel completely unprepared / For life outside. I’m old and scared” (35). Even though Pollyanna was a day patient, she was still thoroughly institutionalized. The move to community care has not changed the fact of mad people’s dependency on a system that—aside from inadvertently providing some spaces to build community, such as the Dorothy Fish—has done little to improve the quality of life of those deemed mad.

The “day dribblers” come to the Dorothy Fish each day by “choice,” but Allan reveals the way in which the out-patients are socially compelled to make that choice. Poppy is indignant when she finds out that all of the day patients are voluntary. She exclaims, “you mean you *choose* to come!” to which Rosetta replies “we come ‘cause we need to” (79, emphasis original). In Foucauldian terms, their attendance at the Dorothy Fish is an example of simultaneously submitting to and exercising power. The Day Dribblers are there partly out of habit, partly out of belief in their own madness—and subsequently their “need” for psychiatric intervention and supervision—and partly because they like to be in the company of friends, making their own fun and their own “treatment.” This “treatment” includes everything from telling tall tales, to providing one another with emotional support, to trading and selling their prescribed drugs, thereby establishing medication regimes based on their preferred drug effects (44-6, 24, 17, 112). All of the Dorothy Fish patients work exceedingly hard to maintain their patient status,

particularly once patients start to be discharged regularly (184). Because N and all of her friends are terrified of being discharged, N assumes Poppy is upset because she is not mad enough, not because she has been psychiatrized (28, 64). The Dorothy Fish patients are in fact offended by Poppy's desire to be discharged (186). The irony of this desire to remain "dribblers" and to not be associated with "sniffs" satirizes state efforts to end dependence on social assistance by "integrating" mad people into the community; it shows that these integration efforts have in fact provided an impetus for the Dorothy Fish patients to perform madness in order to continue their institutionalization. At the same time, the narrative does not allow for the neoliberal argument that mad people are malingerers, taking advantage of state assistance: Pollyanna's death by suicide indicates that madness is not something one can just cease to perform once deemed sane. Poppy, who becomes mad in the course of intentionally performing madness, is further evidence of the way in which mad performance becomes embodied.

It is through Poppy's outsider gaze that N begins to see psychiatrized life as something other than normal and begins to consider her madness as something she has been interpellated into. After a few months at the Dorothy Fish, Poppy applies and is rejected for MAD money, a government benefit she does not want, but for which she must be registered before she is eligible for the counsel of a subsidized mental health lawyer (168). Frustrated with the impenetrability of the MAD department's bureaucracy, Poppy argues to N that mad people are not so different from everyone else:

I've got problems. We've all got problems. It's whether you make a career out of them... Wesley's alright, or he would be alright, do you know what I'm saying, if they hadn't pensioned him off at sixteen. There's a thousand Wesleys out there... And Sue the sticks. I mean, what's wrong with her... I know she's got problems... It's just how does this help? That's all I'm saying. (261-2, emphasis in original)

She goes on to note that, like Verna the Vomit, one of the “day dribblers,” her “sane” friend Natalie and “half of London” is bulimic, but they don’t get paid for it (261). Poppy’s argument that mad people are mad because they are in the system, constantly being hailed and managed as mentally ill, is reinforced as the narrative progresses. As N gets to know Poppy, she begins to see that they are actually quite alike. In fact, they double each other throughout the narrative. This doubling is represented in a scene where, as part of their “therapy,” Poppy and N are made to imitate one another’s movements. They do so in perfect harmony like “two wings of one butterfly” (229). That Poppy and N perform as “the same” and build a close friendship reveals that their differences are material and ideological, rather than inherent. Indeed, as Poppy becomes more desperate (both financially and emotionally) and as N inherits some of Poppy’s clothes and electronics, it becomes clear that the main disparity between the women is material (283, 292, 325). At the novel’s end, N is much more the image of Poppy than of herself: she is thinner, has straightened her hair, is wearing Poppy’s make-up and stylish clothing, and has decided to leave life as a “dribbler” behind for good (325-7). After going through numerous mental health assessments, for which she prepared by not bathing and dressing madly in “scabby old tracksuit bottoms” worn inside out, a sweatshirt covered in “crap down the front and snot all over the cuffs” and “fag ash” smeared under her eyes, she realizes that she can also perform sanity (202, 215). Until N realizes that there are possibilities available to her outside of being mad, however, it is crucial for her survival to be able to perform madness well. Madness is her primary skill: it has given her a family of sorts, and has allowed her to remain fed, housed, and clothed, however insufficiently. Paired together, N’s “dribbler” and posh performances reveal that madness and sanity are equally performed, though not necessarily consciously. As Butler argues in *Gender Trouble*, some performances are more compulsory than others, and until the

impetus arose to perform differently, both N and Poppy played the roles they were expected to play (viii). N's apparent ability to slough off her madness by changing her appearance, furthermore, satirically troubles both the psychological narrative of trauma leading to madness and the medical discourse of madness as biological. Even though N has related both repeated childhood trauma and a family history of "mental illness," she undermines the immutability of these as inevitable causes for her own "mental illness," by attempting to walk away from that designation entirely, in a parody of recovery narrative tropes. N's performance of sanity is perhaps dramatic irony, however: her layers of brightly-coloured make-up and her clothing, once Poppy's, which does not quite fit, probably look nearly as mad to her middle-class psychiatric team as did her intentionally mad-looking track-suit ensemble (325).

Allan thus comically reminds us that madness and sanity are as much embodied as they are epistemological and ideological. Not only does N dress for sanity, it also occurs to her for the first time that she may not be a "dribbler." N finds out from Middle-Class Michael that Poppy was "sane" after all. She was made a Dorothy Fish patient because she was utterly normal and was being used as a control to try and measure the madness of the "dribblers" (314). When N discovers that Poppy was certified sane to begin with, she wonders if she, like Poppy, might be mad only because the system has decided she is, and because she has played the role it has set out for her. When N returns to the Abaddon after finding out that Poppy has been used, she thinks, "I'd given thirteen years of my life and it was all just a big fucking con" (337). The idea that she has been "conned" indicates her awareness of the way in which she had been constructed and treated as mad, and that she believed and lived according to that governance.

N also recognizes that her subjectivity can change, however. After she finds out about Poppy's sanity, N runs up the stairs to Poppy's flat yelling "Poppy! It's all OK! It's fine! You're

normal Poppy; you ain't mad at all! I got proof... I'm leaving as well! I'm going to be a receptionist. We can work together" (314-5). She has come to the realization that if she is like Poppy, and if Poppy is normal and can support herself, then she, N, can also build a new life. (The question of whether or not N will be able to establish a "sane" life, however, is left unresolved). Poppy's influence on N can be read as an example of citizens enacting governmentality, shaping one another through the transmission of discourse. In other words, just as Poppy has learned to be mad from N, who helped her fill out mad money forms and told her to give up her "hipster jeans," N has learned to be "sane" from Poppy, who teaches her to do things like put on make-up, use essential oils, and dress fashionably (244, 276, 325, 185).

The same interpersonal discourse transmission that makes sanity an option for N helps to shape Poppy into a mad subject; that this swapping of positions is possible suggests that identity is more discursive than it is innate. Before applying for MAD money, Poppy attempts to find a way to pay for a lawyer herself; however, she is unable to raise the funds since, as soon as she tells her friends and family why she wants money, they believe that she is mad and that she is getting the help she needs. The reaction of Poppy's friends and family is indicative of the power of governmentality. News media, mental health awareness campaigns, and popular culture have taught the public that mental illness is real, that it needs professional treatment, and that they should surveil their friends and family for signs of mental distress.⁶⁸ As Joanna Moncrieff argues, the pharmaceutical industry, through advertising targeted at family doctors and the public—for example, the UK Defeat Depression campaign funded by Eli Lilly—has "played a key role" in promoting the contemporary biomedical model of madness "by disseminating the theory of the chemical imbalance in a way that could probably never have been achieved by psychiatry alone" (254).⁶⁹ So it is no surprise that when Poppy discloses to her best friend

Natalie that she has been deemed mentally ill, Natalie “does the right thing” by reinforcing this medicalization. Natalie says, “To be honest, Poppy, ever since Dud left. Looking back, I guess I could see this coming... Well it’s hardly surprising... you’ve been under a lot of stress, Poppy. Single mum and losing your job and remember how upset you got, you know when you left your bag on the bus” (171). Before Poppy was declared mad, Natalie probably thought little of Poppy losing her bag, or of her being distressed over the break-up of her marriage, the stress of single parenting, or her job loss—things about which it is normal to feel upset. In retrospect, however, Natalie reads Poppy’s “mental illness” onto her past in order to justify her current situation.⁷⁰ This is an example of governmentality working through public discourse. Once Poppy reveals that she has been psychiatrized, she loses the confidence and assistance of most of her friends and family. Poppy is thus forced to become a “dribbler” not only to meet bureaucratic requirements, but also in order to fulfill her need for social support in the face of shunning. This support comes mostly in the form of her friendship with N. Tony Balaclava, N’s counsellor, initially assigns N to be Poppy’s guide to the Abaddon; this assignment implies that mad people can only tolerate and form community with each other, but also indicates a recognition on the part of mental health professionals that madness must be taught (30). In addition to being hailed as mad by friends both old and new, Poppy’s mad subjectivity is reinforced and managed through bureaucracy. Poppy encounters red tape when she tries to access legal services, and then MAD money, and even when she seeks peer advocacy from Abaddon Patient’s Rights, which, perhaps necessarily, is as bureaucratic as the institution it keeps in check. Poppy is additionally subject to surveillance and discipline: the police come to collect her and deliver her to the Abaddon when she does not appear at the Dorothy Fish as she has been instructed to do (99). This routine, imposed through the legal system’s disciplinarity, makes way for the use of

biopolitical tactics such as bureaucracy, diagnosis, and subjectification through social interaction. Poppy's experience of these interwoven forces is evidence of the process by which governmentality, anatomopolitics and biopolitics—and not only trauma and/or biology—function together to make and keep people mad, not only in a discursive, but a very much embodied sense. The fact that we never get Poppy's perspective on her madness, furthermore, while denying readers some of the expected tropes of recovery narratives, also functions as a criticism of the way in which the nuances of mad experience are buried under psychiatric red tape—a system of which N, as Poppy's guide, has become a part.

Madness, Governmentality and Neoliberalism

Poppy Shakespeare is a satire not only of recovery narratives—leaving behind one's madness is not, after all, quite so easy as a costume change—but also of the relationship between the state, mad people, and their intermediary: the mental health system. Allan portrays a moment when the Abaddon and other UK psychiatric hospitals are facing the threat of privatization. They will be bought and run by a pharmaceutical company unless they can improve their discharge figures. Dr. Derek Diabolus, one of the psychiatrists at the Abaddon, decides to introduce Poppy as a control so that he and the rest of the staff can gather “evidence that the treatment is effective, quantifiable results” so that they can continue to receive funding (194). Poppy is a harbinger of a more stringent neoliberal agenda, and the novel's political backdrop parodies the situation in Britain where mental health services are increasingly either semi-privatized—run by care trusts, third parties funded by the National Health Service (NHS)—or fully privatized (Ramon 118, Knapp et al 39, 42, Moncrieff 240). The majority of psychiatric hospitals and secure facilities in Britain, are, moreover, run by multi-national health insurance corporations (Ramon 120).

Furthermore, since the 1980s, pharmaceutical companies have been increasingly influential in public policy decisions in the UK (Moncrieff 247). Shulamit Ramon highlights the business model of mental health care brought about by neoliberalism:

The introduction of the internal market within the NHS in the early 1990s meant that internal competition was encouraged, though it was slow to happen, and health units needed to balance their budgets by the end of a financial year... Preference for managerial approaches to both health and social care has been part of the new emphasis, modelled on private industry. This shift has given much more power to the individual manager, while introducing an even heavier load of paper accountability and bureaucracy. (117)

Allan inserts exactly this kind of scenario into *Poppy Shakespeare*, and reveals its absurdity through the novel's hyperbolic tendencies. As the head of another patients' rights council, Dave Franks, explains in a letter to Middle-Class Michael:

Underfunded hospitals, invariably in the poorest areas, are now being forced to *fiddle their figures* by discharging sick patients, or lose funding altogether! And what's more... for every patients the doctors deem 'cured'—the doctors being employed by the pharma companies—the government stumps up fifty quid to be spent on (that's right!) yet more cream for the fat cats! Brilliant, isn't it! Even better, after three months enjoying life outside, those who survive can get readmitted and (get this!) cured all over again. (248-9, emphasis in original)

This scenario resembles the contemporary reality in Britain, where, as Ramon notes, hospitals, where they are not fully privatized, are forced to compete with one another for funding, by “offer[ing] him [the taxpayer] something tangible,” as Dr. Diabolus puts it (Allan 195). In neoliberal logic, the taxpayer is a consumer, and, like Dr. Diabolus's wife shopping at Waitrose, the taxpayer wants “to choose what goes in her trolley; she wants to see what she's paying for” (195). In order to present “empirical” evidence that the taxpayer/customer is getting value for their dollar, Dr. Diabolus introduces a control by which to measure the “success” of the Abaddon. Just as the move to community care in Britain resulted in fewer psychiatric in-patients but not in a reduction in the overall number of psychiatric service users, the Abaddon's mass discharging of patients may result in fewer patients being “treated” at any given time, but not in

fewer numbers of patients overall (Ramon 119). N and her friends are in many ways emblematic of “the problem of dependency in welfare service use” to which neoliberalism is supposedly responding (Ramon 117); however, Allan’s novel suggests that the problem is not simply that “the mentally ill” are dependent on taxpayer-funded help, but rather, that they are *made* ill and made dependent on services that, for the most part, are not actually lessening “mental illness.”

Treated as Mad, Treatment for Madness: Allan, Kettle and Baker’s Critiques of “Therapy”

As part of their broader critique of the way in which neoliberal mental health regimes profit by interpellating and managing people as mad—much as “bricks and mortar” institutions did—the narratives under study here are critical of the “treatment” that supposedly enables mad people’s participation in the community, the virtues of which are often extolled in recovery narratives. One of the problems with community treatment is, as Fabris argues, that a lack of physical walls means an increased reliance on chemical incarceration, which unlike measures such as counselling and education, keep costs low and discharge rates high—a situation that suits neoliberal logic (123). Free market capitalism supports the idea that distress can be eliminated through consumption (of pharmaceutical products), as Moncrieff argues (247); And Fabris shows, furthermore, that “chemicalization as a method of institutionalization makes site-based detention less necessary, while the mechanics of formal institutionalization seep into familial relations” (137). In *Poppy Shakespeare*, Allan critiques the way in which psychiatric drugs are inextricable from contemporary psychiatric incarceration. Even before N comes to the realization that a multiplicity of institutions—from the media to the judicial system to family—work together to interpellate, surveil, govern, and police people as mad, she understands that drugs are used more to keep people docile, than to heal their madness. As Michael Faber comments in his

review of Allan's novel: "N is an outrageously untrustworthy guide, but her bravado conceals disturbing truths about this hospital where nobody seems to get any better" (np). Not only does N witness patients being "jab[bed] up the arse" to stop their rioting—a metaphor evocative of sexual assault—she herself experiences this forced sedation when she tries to advocate on Poppy's behalf (330). Much as N is chemically prevented from protesting Poppy's institutionalization, N describes the "flops" as incapable of critical thinking (or advocacy) because they are, on a regular basis "so drugged up they looked like they been whizzed in a blender and poured back into their bodies," a description that suggests the "zombification" or "spellbinding" effect of many psychiatric drugs (Allan 12, Breggin 37). While being sedated might be worthwhile if it eliminated or improved undesirable aspects of one's madness, N observes that it does not. She notes of Tadpole, a "flop" who is moved down to day-patient status, "the Plutuperidol didn't work, 'cause it don't, just drugged her so comatosed, her brain weren't turning fast enough to remember her own name half the time, let alone the names of the people following her" (192).⁷¹ Tadpole's name suggests that the drugs have reduced her to a state of infancy (a tadpole is a baby frog) or of alienness or primordiality (a frog is not a person). While the Plutuperidol "works" in the sense that Tadpole is too sedated to be paranoid, it does not address the underlying issue of paranoia itself. The main function of drugs, as N comes to realize, is governmental. As Moncrieff observes, in a consumerist culture, people define themselves more according to what they buy than what they do (241). Thus, mad people remain mad partly through their use of drugs, not just biochemically, in the sense of the drugs' effects, but also in terms of socially normative practices, in that the consumption of drugs defines patients as "mentally ill."

Bobby Baker likewise criticizes the inefficacy of anti-psychotic drugs in relieving her distress, and reveals the way in which they facilitated her continued institutionalization, rather than allowing her to resume her full participation in the community. She explains: “Medication didn’t help—it just made me fatter and fatter. It can have a major effect on the appetite, and I was subsequently referred to an eating disorder group” (101). Baker is prescribed anti-psychotics because she is “obsessed that [her new consultant] was going to stick needles in [her] brain,” she “wondered if there was a piece of metal lodged in [her] brain” and was convinced that “a network of professionals was constantly searching for evidence that I was wicked” (89, 101). While these fears are perhaps overblown, they are not entirely unrealistic. Baker’s consultant was probably not going to stick needles in her brain; however there is a long and continuing history of psychosurgery being used to “treat” madness, often without consent (Fabris 133). There is probably not a piece of metal in her brain, but since the dominant discourse of madness is neurological, it makes sense to attribute one’s seemingly inexplicable madness to a physical cause. Lastly, while mental health professionals may not be searching for signs of “wickedness,” they are looking for symptoms of madness; the two phenomena are culturally linked, and have been so throughout their histories (Porter, *Brief History* 17). Baker is furthermore afraid that her crisis team members, who have inconsistent approaches and communicate poorly, are “plotting to expose [her] as an impostor” as she reveals in a drawing of a fantasized plan to steal her case notes (84). Her “paranoia” in this instance seems justified, however, considering that she, like the “flops” in *Poppy Shakespeare*, is not being given clear information; her fears are further vindicated by the fact that, as she notes in the caption for an earlier drawing of a giant eyeball peering in the mail slot of her door, the crisis team’s job is to surveil patients and act as “gate-keepers” to the hospital (79). While Baker’s beliefs certainly have negative effects on her—she

describes psychosis as “a metaphor for extreme suffering”—I wonder how much of her distress comes from her own self-policing of her thoughts as “delusional” and subsequent fear of being deluded? While I am not interested in labelling Baker’s fears as either rational/healthy or deluded/sick, I do note an irony in her being further medicalized because of fears emerging from her current psychiatrization. Her additional diagnosis of paranoia actually serves to make true, to some degree, the very things she had feared: doctors looking for and finding new signs of her madness/badness, a loss of control over her body (in the form of weight gain, which leads to yet further medicalization), and even surgery (on her knee, which she must undergo after kicking the wall to deal with her distress) (89). Baker eventually curbs this spiral of medicalization and re-medicalization. She relates that she “realized [she] had to take things into [her] own hands from now on” and refuse anti-psychotics (139). In this case she is using the ideology of consumer choice to claim some agency, deciding against buying drugs, and, by extension, against buying into the biomedical model of madness driven by drug marketing and consumption.

Poppy Shakespeare’s N, on the other hand, who has been on anti-psychotic medications all her life, receiving them first with her mother’s breast milk (a fact that highlights the intertwining of biology and social contexts in the genesis of madness) seems to take the drugs simply because she has always done so (325). It is only when she falls into a three-week slump following Poppy’s suicide attempt—during which she neither eats nor takes her meds—that she emerges as her new “sane” self. Similarly, while Jodie does not stop taking medication by novel’s end because she is “scared about what would happen” if she does, she, like N, begins to question their usefulness. One of her objections to her grandmother’s institutionalization is that Agnes is being heavily sedated (210). She furthermore reduces her own medications at the novel’s end because she is pregnant, relating that, “so far, it was okay” taking less (238). The

fact that neither Baker, N or Jodie really seem to “need” drugs—although they may feel they received some benefit from them at some point—inscribes within these narratives a critique of both psychiatric drug efficacy and prescribing practices. On the other hand, that all three narrators take drugs voluntarily is evidence of the effectiveness of governmentality. The women are not forced to take medication; rather, they take drugs because, according to the medical model of madness, the “mentally ill” cannot live without them.

While all three narratives are critical of the contemporary mental health system’s reliance on drug treatment, they are also ambivalent about counselling and educational therapies despite the ways in which these interventions are often understood (even within counter-psychiatric discourse) as more gentle or useful alternatives to drugs; troubling the therapy/drug binary, Allan Kettle and Baker’s novels show that both psychological and psychiatric tactics are governmental. *Broken Biscuits* begins with Jodie being annoyed by her doctor’s gendered and ageist assumptions about activities she might like, such as flower arranging (Kettle 1). Much of the advice she receives from her doctor and from her counsellor, June, is inadvertently saneist, if well-meaning. Even their encouragement to get out and about personalizes Jodie’s social difficulties, not taking into account the rejection she encounters in the community. As Jodie relates, “Outside is hard. Full of unpredictable shouting, scary people who get even the slightest whiff of me and go off into one” (66). Just as N’s doctors assess her madness based on appearance, Jodie is advised to make herself more sane looking; this advice again locates the “problem” in her, rather than in social norms. June asks her, “have you ever thought about how your appearance might say something about you?” and advises her that “you could look so pretty if you took just a little bit more care with your clothes. Culottes can be so useful; do you have any mascara?” (2). These gendered and classed assumptions about appearance are highly

reminiscent of Victorian psychiatry's concept of moral management, "a regime that encouraged and supported the will" by "stressing the importance of enforcing good habits in patients, in an effort to teach them the steadiness and self-discipline of good citizens," which is the precursor of contemporary behavioural therapy (Showalter 31). The particulars of the moral management a psychiatric patient receives, in the nineteenth century as in Jodie's day, reinforce sanist, classist, sizeist, and sexist assumptions of what sane people should look like (Kettle 38). Jodie, however, dismisses the idea that she would ever blend in with the sane crowd, asserting that even if she loses weight, smiles more, wears culottes and arranges flowers, none of that will "make [her] an acceptable piece of humanity" (2). She realizes that her performance of madness, repeatedly rehearsed, not conscious in the first place, and now fully embodied, is not quite so easy to alter.

Baker is likewise ambivalent about the talk therapy she receives, and upon which she becomes dependent. Overall, her relationship with the professionals in her life seems to be supportive, or at least well intentioned. As she notes in the introduction to "Stage 4: Days 106-304," "more and more professionals became involved in my life—attempting to help me. Looking back, I realize there must have been a huge amount of concern as they saw how distressed I was, and were aware that I could be self-destructive when out of their care" (49). Baker represents these professionals in a drawing on Day 60 of herself standing in the centre of the page, inside an oval line, with tears showering down from her eyes, making a puddle on the ground. Around her, each in their own ovals, standing on guard like sentinels, are her doctors, her key worker, Neil, her therapist, Keith, other members of her mental health team, and the "samaritans and staff of The Haven and Pine Street Day Centre" (60). Her most complimentary picture of her care is one of her therapist, Keith. She pictures him dressed as a Sherpa, walking behind her holding tissues and carrying a big pack as she crawls up a steep hill while sobbing.

Keith is also wearing a halo, perhaps added with a touch of irony, much as she likes him (164). While Baker offers many positive images of mental health professionals, her depictions are often not so glowing as the drawing of Keith. In “Day 6,” she envisions bloodily murdering Neil, her key worker at the day centre, with a cricket bat. Her picture of “Day 106,” captioned “Meddling professionals” is particularly harrowing: it shows Baker sitting on a chair, surrounded by her doctors and other workers, who are literally digging into her head with their bare hands, spraying blood all over (50). This image makes physical the violence that can be done through cognitive interventions, not just somatic ones. In the book’s conclusion Baker elaborates on the idea of “meddling,” noting that her hospital discharge care team failed to understand the structure of her family or “the extent of their mutual capabilities and autonomy” (211). This lack of a mutual-care approach played out in the “unhelpful practice of assigning roles within the family such as the ‘carer’ or the ‘sick one’” (211), a tactic that is a function of institutionalization moving into the community. As Scull argues, “using a ‘therapeutic contract’ scheme, the state offers a new ‘less-restrictive’ institutional site to detainees, ‘the community’ environment, while providing family and society with a more immediate and intimate form of oversight through the private sphere” (Scull, *Decarceration* 136). As with Poppy’s friends and family in *Poppy Shakespeare*, and Agnes’s family in *Broken Biscuits*, Baker’s family is enlisted to surveil and discipline their “ill” family member. While Baker’s experiences with her hospital care team left her “furious” and with a distrust of mental health services, the impetus behind the majority of her drawings is not to denounce (149). In “Day 165,” she draws “My Psychotherapist,” a woman with long, pointy shoes, a long, snake-like tongue, disheveled Einstein hair, and long Freddy Kruger-like finger nails, wielding a huge butcher knife (52). Like N’s term “jabs up the arse” to describe forced sedation, Baker’s use of sharp, phallic objects such as the tongue, knife and finger nails

are evocative of sexual assault (Allan 330). While “My Psychotherapist” seems condemnatory, Baker explains that this drawing, which has “attracted a degree of comment,” is mostly an outlet for her frustration (211). She notes: “I felt very angry that this relationship, which had been very helpful initially, just wasn’t working any more. I really liked her and saw how much she wanted to help. I was too polite and felt guilty, so I couldn’t tell her” (52). Baker has difficulty breaking off her relationship with her psychotherapist, probably in part because, despite any “helpfulness” the relationship provides, it is a hierarchical rather than dialogic one where Baker is given little control over the direction of her therapy, but is rather objectified by it. Her depiction of therapy as violent, furthermore, calls into question the idea that the violence that was once hidden by the bricks and mortar of the institution is no longer an issue in outpatient and day patient treatment.

Baker’s ambivalence about the individual therapy she receives is similar to her feelings about her group therapy experience, which she portrays as both a mechanism of surveillance and interpellation into her “mentally ill” subjectivity, as well as a space for her to exercise power. While her brightly coloured, child-like drawings of her friends at the Day Centre (who are presumably part of group therapy) reveal her affection for them, her drawings of therapy itself indicate that it is often as tumultuous and isolating as it is cathartic (43, 65, 59, 55, 35). Her mixed appreciation for and anxiety about group therapy are perhaps best exemplified in “Day 303,” which pictures the group as many different kinds of sea life. Some are mollusks, hiding down at the bottom with only eyes peeking up; one is an angry eel with pointy red teeth; some are sad octopuses, and one is what looks to be a smiling yellow tuna. Baker herself is a goldfish with a human head. Much as Tadpole’s name in *Poppy Shakespeare* suggests that being medicated has caused her to devolve, or has alienated her from the community, Baker’s sea life imagery similarly figures patients as non-human creatures transformed through therapy. The

patients embody a range of different feelings, overlapping, dodging around and swimming with each other. They are pictured as fish because the therapeutic gaze (sometimes literally through glass) feels like being observed as though a fish bowl—which is also reminiscent of Plath’s metaphor of feeling like a specimen in a bell jar (Plath 254). Group therapy can feel like an overwhelming pool of emotions that may drown you, and yet, contradictorily, can give you a feeling of being in this (fishbowl/madness) together with empathetic others (59). Therapy functions to govern Baker as mad through the therapeutic gaze, and the hierarchical doctor/patient relationship, but it also—through its group settings and creative emphases—gives her a space to express emotions and to make peer connections. Created as part of her therapy, Baker’s art is thus as much a response to her governance as to her madness.

Allan presents therapy with less ambivalence than Baker, portraying it chiefly as a function of mental health bureaucracy. N quite admires her counsellor, Tony Balaclava, but she and the other patients only receive therapy once a week, just often enough that the Abaddon can claim they are being treated (109). When the Dorothy Fish patients begin to be assessed by their psychiatrists once a month instead of once a year, supposedly to see if their treatment is working, Poppy inquires, “what treatment’s that?” (160-1). Her question is apt since they receive very little expert-led therapy whatsoever. While the Dorothy Fish, as Middle-Class Michael notes, claims to be taking a “client-centred, user-led approach” this seems largely to translate into clients being left to their own devices or treated as token representatives (68). Both *Poppy Shakespeare* and *Diary Drawings* comment on the lip service psychiatric facilities pay to patient involvement. At the Dorothy Fish, “user-led” means that patient’s council members can express their opinions twice yearly at a forum attended by medical professionals (70). In *Diary Drawings*, Bobby Baker notes that “having identified myself as an ‘expert sufferer,’ I became a

service user rep on a couple of NHS committees” (159). While patients may sit on government committees, Baker’s own experience indicates that this does not always translate into better mental health services.⁷² In *Poppy Shakespeare*, Middle-Class Michael recalls, somewhat wistfully, that in times past, the patients at the Abaddon used to perform labour as part of their treatment, which ranged from growing vegetables, to gathering eggs, to doing laundry. While patient labour was typically unpaid, and sometimes forced, Michael’s comment that “the Abaddon was much admired as a model of Moral Management, a self-sufficient community, restoring the mad through a combination of discipline and productive employment” suggests that perhaps some things have been lost in contemporary psychiatry, where patients are no longer busy (67). Instead of learning new skills like growing vegetables, they vegetate, sitting and smoking in the Dorothy Fish all day (7). While using patients as an unpaid labour force was an injustice, being able to do some work or gain education may give some mad people a sense of pride and lead to self-sufficiency.⁷³ The best emblems of the failed promise of “rehabilitation” at the Dorothy Fish are perhaps the art room, which is kept locked because there is no art instructor, or the wood shop, which is only ever used by Dawn, a patient who, following a massive dose of electric shock therapy, has no memory, and makes endless copies of the same table, another metaphor for the repetitiveness of patient life (28, 109).⁷⁴ Sometimes the “day dribblers” go to “life skills” groups, but these are cancelled more often than not (109). In the Abaddon staff’s effort to prove they are providing therapeutic interventions that work, they begin to hold groups regularly; however, these classes, for which attendance is mandatory, are more about *showing* that they are “doing something” for patients rather than about actually providing an opportunity to learn skills, to heal or to build community. N comments that Rhona, the Dorothy Fish counsellor who runs the Communication Group, just wants to make sure people attend: “Could

be dying, could be dead for all they care, so long as they ticked you off” (227). In short, the Abaddon is paying lip service to rehabilitation in order to play into a bureaucratic numbers game, and fulfil the neoliberal state’s bottom-line economics (Ramon 117).

Incentives and intentions aside, in the case of both *Poppy Shakespeare* and *Broken Biscuits*, the group therapy and classes that N and Jodie receive do prove useful to them, albeit in sometimes unexpected ways. In *Broken Biscuits*, Jodie’s yoga instructor tells them to envision a “big piece of rope attached to the top of [their] heads” and a “spiritual puppet master” pulling up this string to make them stand tall. Jodie observes that the latter metaphor “didn’t help those of us feeling paranoid,” and that the former seemed like an “insensitive role-play tribute” to Philip, the late day centre user who had hanged himself (118-9). While the message is skewed in transmission because the instructor does not consider his metaphors through a mad perspective, the medium is nevertheless helpful, as is indicated by Jodie’s straightening her posture to make herself feel more confident when applying for a volunteer job (118). Kettle describes the volunteer bureau—where Jodie is sent by June—as being staffed by men with beards, and women who have bobbed hair and wear “big earrings, usually shaped like teardrops,” details that suggest the bureau is run by middle-class leftist, artsy, or activist-types, who, while they may want to help, probably have little first-hand knowledge of madness, institutionalization, or poverty (120). Maggie, the bureau volunteer assigned to Jodie goes to great lengths to be “kind and open” and to emphasize, using air quotes, that domestic labour counts as experience and that knowledge comes in more than just the “conventional” form of “a PhD in nuclear physics” (123). While Maggie’s performance of feminist praxis and her attempt to relate to Jodie is well meaning, Kettle’s parodic representation of Maggie reveals the class and educational disparities between the two women and the difficulties of bridging that gap. As it turns out, however, her

recommendation that Jodie—who, when asked, says she is interested in “shops”—work at a city farm’s café turns out to be one that Jodie finds amenable. In the book’s epilogue, Jodie is working happily at the city farm three years later, serving splash and flapjacks to fellow volunteers in the café, and working in the garden daily (236-7). Kettle’s inclusion of the city farm, like Middle-Class Michael’s speech in *Poppy Shakespeare*, perhaps harbours a bit of nostalgia for the days when outdoor labour was a routine part of patient life (Allan 7). Nevertheless, I suggest that Kettle includes the city farm with a hint of irony, since this therapeutic new way to get the mentally ill back to work in neoliberal Britain—“volunteering”—is in fact a re-inscription of an older set of institutional practices. The intention behind having Jodie volunteer is a biopolitical and disciplinary one—to make her into a productive body; however, her experience of working on the farm as part of a community, much as Middle-Class Michael suggests of the Abaddon’s nineteenth-century patient labourers, is not merely oppressive: indeed, it improves her confidence and quality of life.⁷⁵

The sense of an ironic gap between institutional intentions and their actual effects on patient lives is further borne out in *Poppy Shakespeare*, where N uses what she has learned in Life Skills, namely “Weighing Up the Pros and Cons,” to help her stay in the system, rather than to get out of it. In preparation for her annual assessment, N makes a mental table: “on one side I put all of last year’s symptoms, and on the other side all of this year’s, and I marked them out of ten how bad they was. For any symptom I crossed out, I written a new one opposite... Then I added all the numbers up and I fiddled them till they balanced, and if that sounds deceitful, you had to be, and besides I was good at it” (92). Instead of using a pro/con chart to help her make “responsible” changes in her life through “saner” decision-making, as the class intended her to do, N uses “Life Skills” to become more skilled at living madly, working the system and

remaining a “dribbler” (92). While Jodie in *Broken Biscuits* fulfills the biopolitical function of her therapy by becoming a productive body, regardless of its benefits to her, N, on the other hand, flips the governing function of her therapy by using it to ensure the continuance of state supports. N’s subversion does not necessarily serve her better than Jodie’s compliance, however. For, while Jodie becomes less visibly mad by spending her days working rather than at a psychiatric hospital, N, as she herself comes to realize, remains marginalized by her continued association with the Abaddon.

While many of the interventions designed to treat mad people—from drugs and electric shock to counselling and classes—either have mixed results, or prove to be unhelpful or harmful in each of the narratives I have discussed, mental health interventions sometimes come with unintended benefits. N, Jodie, and Baker are all able to exercise power by using their experiential knowledge to shift and reshape the discourses which frame them as mad. These discursive interventions are manifested within the context of the narrative, when the first-person mad narrators use or alter psychiatric, trauma and recovery discourses. Although *Poppy Shakespeare*, *Broken Biscuits*, and *Diary Drawings* neither wholly buy into nor entirely reject these discourses, all of them reproduce a Bildungsroman-type pattern, with each protagonist ending the narrative feeling and appearing more “sane” than at the beginning. The crucial difference between each of these narratives and many popular autobiographical recovery narratives, however, is that none of them attribute increased “mental wellness” primarily to psychiatric intervention (Costa et al 89). Rather, psychiatric intervention is satirized, and key to the “recovery” of all three women is the making of friends and the establishment of community connections. Bobby Baker states: “before I became ill, the words associated with mental illness were as scary to me as they are to others, but I’ve been privileged to meet the most remarkable people” (43). She calls her work with the

mad arts community “productive and empowering” and repeatedly notes the importance of non-professionals—from family and friends to “friendly cleaners” at the day centre—throughout her *Diary Drawings* (169, 139). Baker explains her “recovery” as such:

Ultimately I have got better because of a wealth of fragments washed in over the deepest reefs of family love—assorted dazzling scraps of wisdom, knowledge and experience; brilliant phrases and images; tiny golden acts of kindness and care; friendship, laughter and sparkling wit—which have gradually heaped my mind full of treasure. (215)

Just as Baker attributes her “getting better” to the love, kindness and wisdom she received from family, friends and strangers, so too do N and Jodie’s lives change through their interactions with “remarkable people” (Baker 43). For years, N’s entire life is dependent upon her community of “dribblers” at The Dorothy Fish, and she only believes that it is possible for her to live a “sane” life because of the friendship she develops with Poppy. Jodie, in meeting Owen, and discovering the mad community of which he is a part, feels socially capable for the first time since her accident. Owen teaches her how to breathe through her anxiety, introduces her to the mad community, and helps her find confidence in herself (Kettle 173). When she goes to The Dog and Partridge, the pub where the local mad group, Glad to be Mad, meets, Jodie encounters an atmosphere which is “warm, buzzy, and womblike,” a description which suggests a maternal or hive-like sense of connectivity (124). This experience stands in stark contrast to Jodie’s previous attempt to blend in and socialize at a “normal” pub that implicitly excludes, and sometimes forcefully rejects, mad people (125). Jodie’s mutually-respectful and openly-communicative relationship with Owen, together with her participation in both Glad to be Mad and the city farm, make her feel like she is actually part of the community, rather than just tolerated by it. This acceptance is reflected in the novel’s final statement, “She wasn’t lonely. She was happy” (238). A feeling of connectedness to at least parts of the community—including, but not limited to fellow madfolk—is what sustains and enriches the lives of all three protagonists. As I will

explore in my next chapter, such a sense of mad belonging does not simply lead to a feeling of being “recovered”; it can also provide a path to acceptance of one’s madness, and to a liminal space where one is simultaneously within the mainstream of a community, but also on its outskirts, calling it to account for its discursive productions and exclusions.

Chapter 3:

Going Barefoot: Mad Affiliation, Identity Politics and Eros

Fortunately art is a community effort - a small but select community living in a spiritualized world endeavoring to interpret the wars and the solitudes of the flesh.
—Allen Ginsberg, Sunday, July 11, 1954, *Journals: Early Fifties and Sixties* (78)

It was much easier to go along and do what they wanted me to do, say what they wanted me to say. But a part of me, even then, recognized that the talks patients had in the kitchen in the evening, without staff, were much more helpful.
—Nancy, ex-patient, quoted in Judi Chamberlin's *On Our Own* (73)

Theorizing Mad Communities' Relationship with Identity Politics

Mad people's community building is a topic that I touched on in each of the previous two chapters. In Chapter One, I looked at some of the ways in which mental institution in-patients create community through sharing and care-taking, despite the restrictions placed upon them, and in Chapter Two, I looked at the ways in which psychiatric out-patients living in the community rely on one another for support and friendship in the face of medicalization and social exclusion. In *Broken Biscuits*, which I discussed in Chapter Two, Liz Kettle gives a nod to the mad movement through her inclusion of Glad to be Mad, the psychiatric consumer/survivor group that gives protagonist Jodie a sense of acceptance and connection. Although madness as a grassroots political movement is not a major motif in *Broken Biscuits*, Kettle hints at the politics of mad pride when the group appears on the beach near the novel's end, ready to have a rally, complete with banners and stickers that are adorned with a purple straightjacket and say "glad to be mad" (230). Jodie's response to the stickers—"not sure about that. Not sure at all"—is indicative of the debates that exist within the consumer/survivor/ex-patient/mad community about which madness-related symbols and terminology to take up, and which (if any) aspects of madness and medicalization could be sources of pride (230). These tensions, debates and

unresolved questions that exist within mad communities are part of what I will address in the present chapter. Of most interest to me is not *why* mad people come together in community, which I hope I have addressed at least in part in the two previous chapters, but also *how* mad communities come together, fracture, reconfigure themselves, dissolve and/or come together again, changing and developing over time. What are the ties that bind mad communities? Are the tensions within and between mad communities merely sources of conflict and possible dissolution, or are they also a source of strength, of resilience? Is it possible that eros, the unreasoned expression of love, which Foucault posits as the lost link between eroticism and madness, is one of the ties that binds mad and queer communities together across difference?

When deciding to write a chapter about mad communities, I wanted to represent some of the lively discussions and debates that I have witnessed and been part of in the mad community, particularly as a member of the Mad Students' Society, a Toronto, Ontario based peer support and advocacy group for post-secondary and adult education students who have had experience of madness and/or the mental health system. Mad Students Society has monthly in-person peer support meetings, and also operates a listserv where people can ask for support or advice, vent frustrations, celebrate the good things, and share information and resources. The Mad Students Society, however, does not exist to be a research lab for me or anybody else, nor do any other spaces where mad people go for support (Eysenbach and Till 1004; Bruckman np). Since I still wanted to speak to some of that experience of mad community, however, I decided to create a mad community space that related specifically to my project. I did this by producing a blog, whose official, ethics-approved title was Research Blog for Psychiatric Consumers/Survivors to Review and Discuss Media, but which also went by its Wordpress.com user name *MadArtReview*. (Both of these titles appeared prominently on the blog).

In my own experience as a member of the mad community, I noticed how often the topic of madness in the news media, television series, films and novels arose. Given that I have an interest in the way that affect and experience play into the way that people read texts, I decided I wanted to find out if mad people read differently because of their experiences. In the blog, participants were asked to post reviews of texts of their choice, and of any kind—novels, memoirs, poetry, plays, films, visual art, music, advertising, video games, television shows, news media, radio programmes, comic books—which depicted madness/mental illness and/or mental health treatment. Participants could also comment on one another's posts, and in this way, generate discussion. I also participated in commenting and writing reviews, simultaneously acting as participant and researcher. Participants were recruited from existing psychiatric consumer/survivor and mad listservs, message boards, and facebook groups, and live all over the world, but primarily in Canada and the United Kingdom.

As opposed to utilizing existing blogs, discussion boards, chat rooms, or message boards, creating an interactive online space specifically for this project allowed greater transparency about my data collection and thus greater ethicality.⁷⁶ A transparent blog-based approach is consistent with the recommendations of the McMaster Research Ethics Board (MREB), which cites Amy Bruckman's guide to online research; Bruckman recommends creating a chatroom specifically for research as one example of an ethically sound technique for conducting research with human participants online (np). In the course of writing my proposal for the research ethics board, furthermore, I consulted closely with an MREB ethics advisor and also, on her recommendation, researched best practices for ethical online research. Taking up Elizabeth Buchanan and Erin Hvizdak's recommendations for researchers conducting online surveys, I prominently posted an introduction on the blog indicating that it is for research purposes, and

explaining how respondents are selected, how data will be collected and used, and who has access to that data (38). Following Zeki Simsek and John Viega's suggestion, moreover, I also made sure that my blog's introduction contained a reminder that there are no completely secure interactions online, and that there is always some risk of outside intrusion (ie. by hackers); thus, there is a possibility that the blog might be accessed by non-users even when it is designated as a private environment, accessible only to the researcher and participants (231). Participants also filled out a consent form attached to a letter outlining the terms of the study, and returned it to me electronically (see Appendix II).

In addition to being consistent with currently accepted research methodologies, using an interactive blog as a research tool is compatible with feminist projects such as Wendy Morgan's "Monstrous Angels." Morgan reconfigures Patti Lather's study of women living with HIV/AIDS by using hypertext: a system of links embedded in the work which allow the reader to branch off of one part of the text and access other parts of it, or other related material. "Monstrous Angels," as St. Pierre and Pillow summarize, "illustrates how, even though hypertext is not, in itself, liberatory, it can serve the purposes of poststructural feminists who seek a different agency and a different field of operations" (13). Like Morgan's hypertext project, which permits readers multiple entry points into the text, greater agency in determining how the narrative unfolds, and a blurring of the author/reader divide, *MadArtReview* is a fluid text, which allows "an almost infinite number of lines through the text's constituent portions or nodes" (Morgan 131). *MadArtReview* is open to a multiplicity of (re-)interpretations, as with any text, and can additionally, as hypertext, be (re-)organized and read along multiple pathways; however, unlike a book or an established hypertext, a participatory blog is also subject to continual content change. A blog space not only offers different reading pathways through its use of hypertext—such as

keyword “tags” on entries, links in entries, blog archiving and search functions—but the text of the blog itself is open to continual modification, and also contestation and collaboration from within, since participants are not only able to modify their writing after publication but also to comment on one another’s entries. The blog space furthermore establishes a dialogic relationship between researcher (me) and participants during the data creation and collection process; this dialogic relationship, along with the less-linear nature of research in an environment where the field of data collection is subject to change, creates, to borrow St. Pierre and Pillow’s term, a “different field of operations” which troubles the researcher/participant hierarchy, while remaining attentive to ethical concerns (13).⁷⁷

Participants in *MadArtReview* did not have to identify themselves or their politics in any particular way; they only had to self-identify as having had experience of the mental health system. Since participants were drawn from existing online communities that are critical of psychiatry, however, it is perhaps unsurprising that the prevailing sentiment in the blog is one critical of the medical model. That being said, one of the things I found most interesting as I surveyed *MadArtReview*, was the host of nuances in the way that blog participants identified themselves and others, and their attention to the complexities of madness, self-identification, psychiatrization, and state interventionism through biopolitics. For example, one participant, Anne O’Donnell, wrote:

For those not in the UK, for the past few years, this government (Conservative-Liberal-Democrat coalition) and the previous one (Labour) have been working to cut back on welfare benefits, in particular those paid out to people who are disabled or sick. To justify this, politicians and the media have been portraying benefit claimants in various derogatory ways...

How does this affect me?

I am on benefits because of mental health problems/distress/madness. (I don’t really have a preference at the moment for what term to use.) I’ve been aware of this growing campaign against disabled people for a long time, and it has fed into my own paranoia at many times. Because my impairments (I am diagnosed as bipolar, and I also have a liver

condition and have to battle fatigue and pain and side-effects) are invisible, I am often part of conversations which turn to the subject of benefits...

It hurts me a lot. I don't know how to react sometimes, I want to say something but worry about how I can make a good case and not lose my temper or burst into tears. When I do speak up, I find myself ensnared in discussions which usually involve someone they know who is always in the pub and who has nothing wrong with him and gets thousands of pounds in benefit.

As well, I have reduced my consumption of news drastically in the past 4 or 5 years. It is too painful to hear/watch/read. Reading is best because hearing/watching something goes deeper inside me. I feel I have less control.

We still have the individualistic stories of heroic disabled people learning to walk so they can walk down the aisle or doing parachute jumps – and I wonder do people think 'well that person did that, why can't you get a bloody job?' Or that people might question me because e.g. if I go swimming (part of my recovery plan), I can go to work.

I find myself justifying everything I do and don't do. Even writing [in] this blog!

Of particular interest here is that the language issues that are a source of conflict to varying degrees within mad communities become irrelevant in the face of the material consequences of media representation and government policies for mad people and people with disabilities in neoliberal Britain. Anne remarks that she does not have a preference for which term she wants to use to describe her experiences. It is less important to self-label in accordance with the medical model, the social model, or a grass-roots movement, and more important—as her arresting question “how does this affect me?” suggests—to describe, and have others understand, the lived reality of being identified as mad/mentally ill/impaired/disabled in a climate of austerity measures and rampant sanism in the news and popular media. She shows how the experience of continually being told that she and/or other people on disability benefits are undeserving, in the context of both conversations and news media, in fact exacerbates the “symptoms” of her “mental health problems/madness/distress,” causing her to feel paranoia, pain, and a lack of control. While Anne is ambivalent about labelling these experiences, she also says that she is “diagnosed as bipolar.” This choice of phrasing is interesting because it neither accepts bipolar as an identity (as in “I am bipolar”) nor rejects it outright. In a post discussing “The True Story

Behind Sybil and her Multiple Personalities,” an article on CBC radio’s *The Current* that questioned the prevalence of Dissociative Identity Disorder, another participant, wheelchairdaemon writes:

I don’t like diagnoses but the alternative can be so simplistic. ‘X is over-diagnosed’ can so easily become ‘there’s nothing wrong with the majority of people who get that label.’ Either way, it is a way of invalidating people’s experiences of trauma, distress, madness, and denying us what we need to heal and recover or just simply live well.

As wheelchairdaemon points out, dismissing diagnostic labels altogether can risk making invisible the experiences that get attached to them, experiences that are legible only when psychiatrizable; it is perhaps for this reason that Anne chooses to use her diagnostic label, albeit in a cautious phrasing. Naming “bipolar” as a label, however, and placing it alongside other possible labels (“mental health problems/madness/distress”) can also be read as a refusal to pin down her experiences within any one framework. Anne and wheelchairdaemon’s blog posts show the limits of identity politics for mad people, and give examples of some the ways in which members of the mad community negotiate labelling practices.

Persimmon Blackbridge, a Canadian psychiatric survivor, self-described cleaning lady, and member of the former Kiss and Tell lesbian performance art collective, stages a similar negotiation of identity politics in her semi-autobiographical novel *Prozac Highway* (DeLombard 6; Shimrat *Crazy* 165). I decided to include *Prozac Highway* as another primary text in this chapter because, like the blog project, it offers a window onto many of the ongoing issues in the mad community. One of the central debates in the mad community—psychiatry or anti-psychiatry, to use psychiatric drugs or not—becomes apparent early in the narrative. The novel takes place in the 1990s in Vancouver and revolves around Jam, a middle-aged lesbian performance artist who has had past experiences of madness, and who is currently dealing with

an episode of depression and writer's block. She is simultaneously struggling with her ex-lover, best friend and artistic collaborator Roz's possible breast cancer relapse. Much of the novel's narrative happens through transcriptions of Jam's interactions on a peer-support listserv called ThisIsCrazy, which is populated by mad people of various stripes, from all over the world. These interactions are demarcated within the text in a separate font, to indicate that they are happening online. In an email welcoming Fruitbat, a new member, to the listserv, Jam responds to some questions about the terminology used in the community. She writes:

Hey Fruitbat, welcome to the Crazy family. We should send out a glossary—every newbie always asks the same questions... C/S/X is a mad movement abbreviation for Consumer (someone who's on the receiving end of psychiatric services)/Survivor (an uppity consumer: someone who's been there and thinks it sucks)/eX-inmate (someone who really really thinks it sucks). Very awkward, I know, but it's fairly inclusive, which is the point. Used to be if you were a C and I was an X, we wouldn't speak to each other except to yell, but there's been a lot of blood under the bridge since those days. (13)

Here Jam reveals to Fruitbat, and Blackbridge reveals to her readership, three of the most common of many labels people use in the mad community—excluding mad, which is more commonly used today—as well as the tensions that exist between those who choose to use them. These tensions run throughout the listserv portions of *Prozac Highway*, particularly when various members of ThisIsCrazy debate psychiatric drug use, an issue on which most have strong opinions (37, 63, 121). Jam's initial message to Fruitbat also reveals that despite the tensions within mad community among members who identify in different ways, and who take differing stances on psychiatry-related issues, the community has managed to embrace, for the most part, its multiplicities. As academic and anti-psychiatry activist Bonnie Burstow notes of the Canadian mad community:

The movement is no more a single entity than is the Canadian feminist movement. In Toronto, there are many groups that don't like each other very well. I won't say everyone in the movement has to work together, because I think it's very important for people who have different beliefs to work on different things. I would not want to work directly with

someone who wasn't for the abolition of psychiatry. But there is room for all of us in the movement, and we shouldn't drum each other out or expose each other or act like we're each other's worst enemies. (quoted in Shimrat *Crazy* 43)

As Burstow relates, sometimes the mad community divides into groups along pro-psychiatry/psychiatric-reform/anti-psychiatry lines for the purposes of working together towards particular activism goals; however, within the mad community as a whole, as well as in many support groups, members tend to be committed to maintaining the coexistence of differing viewpoints, as is indicated by Jam's comment that the acronym c/s/x (now often written as c/s/x/m) is "very awkward, I know, but it's fairly inclusive, which is the point" (Blackbridge 13).

Jam's somewhat tongue-in-cheek definition of the terms consumer, survivor and ex-patient, as well as her embracing of the more ambiguous and encompassing acronym c/s/x furthermore indicates her fraught relationship with labelling and identity politics. The mad community—like the LGBTQ community, of which Jam is also a part—has a highly ambivalent relationship with identity politics, with some groups and individuals disavowing categorization at some times, and embracing it at others. This alternate disavowing and embracing plays out in *Prozac Highway* through Jam's ambivalent relationship to categorization and medicalization, much as it does in *MadArtReview* through participants' careful negotiations of descriptive and labelling language in both their readings of media and their personal narratives. I posit that these textual negotiations of one's own and others' identities both through and against the lens of established categories such as "mentally ill" and "mad" functions as a theorization of the mad community's relationship with identity politics, a relationship that is necessarily ambivalent. I furthermore argue that, in *Prozac Highway*, Jam's alternate embracing, rejecting and pondering of labels pertaining to her mental status and her sexuality, establishes a little-explored connection

between mad and queer communities, and their relationships with both identity categories and the affective and experiential identifications that draw people together as a community.

Mad Affiliation, Grass Roots Politics and Neoliberalism

In her welcome message to Fruitbat, Jam describes ThisIsCrazy as an online “family,” thus setting up an expectation of the closeness, caring and conflict she should expect from the listserv (13). This metaphor of family persists throughout the narrative, but becomes particularly salient when one Toronto-based listserv member, Junior, ends up in the hospital. The members of the listserv—even those who do not get on well with Junior—phone the hospital from all over the world, asking to talk to him and claiming to be concerned family members. They do this in part because they know that patients who have involved families tend to be better treated by hospital staff, but also so that he knows his friends are thinking and caring about him (113). Initially Junior does not have phone privileges, and so he only receives messages (28 of them) saying that various members of his surprisingly far-flung family have called, including his “cousin” Jam in Vancouver, his “father-in-law” Howard in Kansas City, and his “sister” D’isMay in Tokyo. The idea of Junior’s having such a motley family, while humorous, is also apt; Junior, a young gay man whose parents disapprove of both his madness and his queerness, feels more of a sense of familiarity, of kinship, with his chosen crazy family than with his biological family (214). The presence of Junior’s chosen family, including a “father-in-law”—something Junior doesn’t have and will likely never have—establishes a link between mad and queer communities through the tradition of creating chosen families. Queer chosen families, as Kath Weston argues in her classic study of friends-as-kin in queer communities, recognize sexuality as a part of kinship, compromising the boundary between the ties forged by blood and

those kindled by sex (xiii). Queer kinship structures furthermore challenge the split between acts and identities because, as Weston points out, the very mention of one's queer family invokes queer sex, serving as a reminder that kinship and sexuality are not so easily split into public and private as those who admonish queer folks to "keep [sexuality] in the bedroom" might like to think (xii).

As Lynn Huffer argues in *Mad for Foucault*, to frame acts and identities in terms of either/or is essentially to recreate the Cartesian split between mind and body which she argues is inextricably linked to the rise of bourgeois morality, the splitting of reason and unreason, and the "great confinement" of the mad in asylums. Foucault's distinction is not, as is commonly thought, between acts and identities, but rather, between the set of ethics by which each character/figure (the fool, now the mentally ill subject; the sodomite, now the homosexual) is subjected (71).⁷⁸ Homosexuality describes an individual on a superficial level, and is an identity only insofar as identity names a subject without taking into account the complexities of their lived experience (72). Following Foucault, Huffer critiques the (North) American concept of identity, which disregards the affective dimensions of sexual experience, and risks pinning down the queer, confining her/him once again. In Huffer's words, "the queer has tended, like the feminist before, to get stuck in rigid categorical positions" (82). While the queerness embodied in queer theory may have emerged as a force of resistance, an "other" place to consciously inhabit, it has also become an affiliative rallying point, a community which encapsulates, as Huffer puts it, "our perversions and our genders" delimiting which ideas and people count as queer (82).

Huffer posits that the key to avoiding an inside/outside dichotomy is never to settle into one place of resistance that then becomes reified as an identity: "the trick is to keep turning into

something other” (83). Huffer sees *History of Madness* as an example of this continual turning, arguing that one of the ways Foucault performs a resistance to reification is by allowing eros into his writing style. The concept of eros, a sublime love felt as multifold expressions and sensations, which Foucault defines as a “blind madness of the body,” or “the great intoxication of the soul,” links madness and erotic desire (Huffer 63). Eros disappears after the Renaissance, when love becomes categorized according to reasoned and unreasoned expressions. Foucault’s literary flourishes in *Madness*, however—a text that occupies the space in-between story and history—translate as eros: as affect, as sensation, as a lyricism that, in Huffer’s words, “transmit[s] the erotic qualities of an experience we now call sexual” (50, 66). In effect, by telling a story about the moment at which madness and erotic love become unintelligible, Foucault brings back into intelligibility the kinship between madness and queerness, a kinship which Foucault repeatedly represents in the literary figure of the Renaissance Ship of Fools, which was populated by a host of others—including the mad, the poor, prostitutes and sexual deviants—who lived in this kin-ship (61, 103).

While Huffer links the homosexual to the lunatic as figures of a largely undifferentiated cast of others who were excluded in the great confinement, Robert McRuer, in a related intervention in *Crip Theory* links compulsory heterosexuality to compulsory able-bodiedness (a category which for him also includes able-mindedness/sanity) (1). He posits that marginalized social groups, while rejecting a reification of their experiences, may find that this very method of resistance is appropriated and contained for political purposes other than those for which they were originally mobilized. He states:

I take neoliberal capitalism to be the dominant economic and cultural system in which, and also against which, embodied and sexual identities have been imagined and composed over the past quarter century. Emerging from both the new social movements, (including feminism, gay liberation, and the disability rights movement) and the economic crises of

the 1970s, neoliberalism does not simplistically stigmatize difference and can in fact celebrate it. Above all, through the appropriation and containment of the unrestricted flow of ideas, freedoms and energies unleashed by the new social movements, neoliberalism favors and implements the unrestricted flow of corporate capital. (2)

While grass roots community-building produces new discursive fields and political mobilizations, it also, as Said argues of affiliation in modernity, “reinforces the known at the expense of the knowable” (22-3).⁷⁹ Not only do we create an affiliative structure that belongs to us (a “family” based around sexuality/queerness, or disability/mental illness/madness), but we also come to belong to the structure of our affiliation: its language(s) and customs. As Blackbridge explains, “the world isn’t just described by language and our ideas about it. It’s actually *ordered* by those things. Language determines how we catalogue our experience” (quoted in Shimrat *Crazy* 165, emphasis in original). Following Foucault and Huffer, who argue for the impossibility of thought outside existing bourgeois structures of reason, I am not convinced that an “unrestricted flow of ideas freedoms and energies” within and between marginalized social groups exists (McRuer 2); if it does, it is quickly categorized (rendering it sane/intelligible to a positivist culture) or it becomes unintelligible, relegated to the realm of madness. That being said, I take McRuer’s point that this very idea of unfixedness or fluidity itself (a concept that is central to both queer and mad affiliation) has been taken up and mobilized under neoliberalism, particularly when governments and corporations demand “flexibility” (McRuer 29). McRuer argues that “according to the flexible logic of neoliberalism, all varieties of queerness—and for that matter, all disabilities—are essentially temporary, appearing only when, and for as long as they are necessary” (29). As an example, he cites President George W. Bush’s 2004 defence of “traditional” (heterosexual) marriage to his largely Christian and/or conservative voters, followed by a softening of his position in an appeal to “moderates” later in his campaign, when he argued for extending civil union rights to same sex

couples (29). Under neoliberal flexibility, queerness and disability (including madness) are made visible only when they can function as compliant, capitalizable objects. As a resistance to this discourse of flexibility, McRuer proposes crip theory, a position that will bring to the fore “critically queer” and “severely disabled”—here he is reclaiming severe in the sense of a severe or fierce critique—perspectives that will “exacerbate, in more productive ways, the crisis of authority that currently besets heterosexual/able-bodied norms” (31). Crip theory refuses to decide that some kinds of bodies are acceptable, and others are not. Much as Butler argues of drag, crip embodiments and discourses can call able-bodiedness and heteronormativity to account for their own constructedness, and shake their claim to primacy (“Imitation and Insubordination” 379).

Neither Huffer nor McRuer discusses the mad movement; however, I build on their theoretical models to argue that the mad community, and its texts, as McRuer argues of disabled/queer movements and crip theory, are important sites through which to explore issues of embodiment, identity, experience and otherness that link madness/disability and queerness. Both *MadArtReview* and *Prozac Highway* describe the conditions surrounding the emergence of madness, which include the invocation of the labels and discourses used to pin it down. Foucault’s *Madness* has been criticized for being too impersonal, for not documenting the experience of madness, and for taking liberties with some of the historical facts he includes in his work on madness (Huffer 25, 63 Midelfort 248).⁸⁰ As Huffer argues, however, drawing on Joan Scott, attempting to capture experience can function to totalize that experience, to turn it into an identity. Huffer contends that Foucault’s approach tries to get at the complex discourses and conditions surrounding the emergence of madness and sexuality, by invoking a diverse range of texts, from historical case studies to architectural plans to medical treatises (63-4). While

MadArtReview and *Prozac Highway* describe experience a great deal, this description is not included as a way of trying to pin madness down; rather, these descriptions are queries, landscapes, emotions, bodily sensations and textures. They are the bumping of bodies against discourses. They are the lyricism Huffer finds in Foucault's *Madness*. I argue that this descriptive mode is a way of playing with the dominant discourses of madness; this play allows madness-the-experience to emerge from the limits of sayability, and to, as Foucault puts it, "speak of itself"—and evade neoliberal discursive demands—in those moments of linguistic slippage (Huffer 65).

MadArtReview: Crippling/Maddening Mental Illness

In the research blog, participants continually challenged the fixing of mad experience as either mental illness or a reified mad identity. Drawing on McRuer's concept of crippling—transforming “the substantive, material uses to which queer/disabled existence has been put by a system of compulsory able-bodiedness”—I propose the term maddening for the way in which mad communities make visible and redefine the ways in which bodies deemed mad are used discursively and materially (32). In McRuer's use, the term disability includes mental illness; however, as he himself notes, the two are not the same, either materially or discursively (21). Furthermore, as I have discussed previously, many mad people do not consider themselves disabled; this may be because we see our madness as social rather than biological; or because we do not experience our difference as undesirable; or because we wish to differentiate our experiences from, and avoid appropriating the experiences of, people with other forms of dis/ability.⁸¹ In fact, one of the ways in which mad people engage in a critical maddening is by pointing out—like Foucault in *Madness*—the material, social, and discursive conditions out of

which particular tropes of “mental illness” emerge, and behind which madness retreats. In *MadArtReview*, sometimes participants reveal these conditions by directly commenting on the social, historical, cultural and political background of the text they are discussing; they also call representations to task by allowing their experiences to speak of themselves, and by extrapolating meaning from those utterances. For example, in their review and comparison of two films featuring mad protagonists, *Take Shelter* and *Shutter Island*, retropotamus argues:⁸²

When compared to Martin Scorsese’s *Shutter Island* (2010), the film *Take Shelter* (dir. Jeff Nicols, 2011) provides what I thought was a much more complex and interesting portrayal of mental illness and the psychiatric industry. Both films link paranoid social critique to psychosis, but the plot twist at the end of Scorsese’s film re-privatizes and neutralizes these critiques, depicting the protagonist’s discovery of repressive and exploitative biomedical experimentation throughout the film as the paranoid delusions of a mental patient whom a benevolent psychiatric system is actually all the while attempting to ‘cure.’ By humouring his dementia in the hope that he can be brought to face the actual, personal traumas that he is mis-recognizing as social and governmental conspiracies against him, the doctors of the island lead Teddy Daniels to realize that he himself is the ‘monster,’ and that the doctors are not sinister adversaries but rather compassionate care givers...

Take Shelter, on the other hand, also depicts a schizophrenic protagonist... However, the ending of the film leaves us wondering if there might not be a more collective, social crisis behind the intuitions and anxieties the main character suffers from in his dreams and hallucinations. This movie is more complex and ambiguous than *Shutter Island*, as it keeps the option open that Curtis’s (played by Michael Shannon) mental illness is symptomatic of a larger social context which though not as explicitly located as in the paranoid critique of *Shutter Island* (the crisis seems to have something to do with environmental degradation and systemic economic issues) is validated as real in a way that the ending of Scorsese’s film does not seem to allow...

While *Take Shelter* does draw on the trope of the mad individual as social prophet, I think it does so in a thoughtful and convincing manner, providing a welcome corrective to Scorsese’s conservative and reductive vision.

There is a powerful scene in *Take Shelter* when Curtis [the protagonist] addresses his community from the perspective of an ostracized, mad individual. This scene quickly jumps over the issue of the general stigmatization of mental crises to argue that mad individuals should be valued, and their odd behaviours and perceptions accepted, because they have insights into our collective, social ailments that people ‘need to hear’ but are unwilling to confront.

Retropotamus’s critique of *Shutter Island* is based on the film’s unwillingness to show the conditions of madness’s emergence. Rather than highlighting the social and political aspects of

the protagonist's madness, the film's conclusion reifies "mental illness" and personal trauma as the explanation for its protagonist's unpopular political commentary. Retropotamus praises *Take Shelter*, on the other hand, for using the pre-modern trope of the mad prophet as a way of making visible the complex personal and social factors that result in somebody being defined as mad. This exposure of the conditions of madness's emergence happens in *Take Shelter* through a moment of "letting madness speak of itself": when the mad individual addresses the community, calling them to account for their silencing and exclusions. Of course, the mad prophet trope is not entirely outside of the relations of commodification, or the logic of flexibility that McRuer describes, in the sense that the mad prophet becomes worthy because his words are useful to all the "sane" people around him; however, Curtis's public speechifying can still be read in the way that retropotamus reads it, as talking back to those who "need to hear" social critique, and who need to be made uncomfortable with their sane privilege.

The moment of a mad person speaking for themselves, which retropotamus appreciates as a maddening intervention into the norms of community participation in *Take Shelter*, is in fact staged in the comments on their review of the two films. Directing their remarks primarily at *Shutter Island* (which they had not seen) and its trailer (which retropotamus embedded in their entry), wheelchairdemon observes :

After watching the two movie trailers all I can say is, they don't get it at all. Of the two, the second movie [*Take Shelter*] comes closer to the truth.

I've been in the forensic ward of a psych hospital and this depiction comes nowhere near close to the truth. I was the only non-criminal there (i.e. sent there by the courts). Most patients had murdered someone and to be honest with you, when you met them in real life, they could be forgiven.

Their families were never there emotionally or, oftentimes, physically. The patients often expressed a deep sense of longing for love, companionship, and MOST IMPORTANTLY OF ALL, direction. They wanted some direction and guidance from their parents and, if it couldn't be them, another adult. Sadly, they rarely got it....

In the movie, it captures none of the human side of the patient. There was only one person on the forensic ward (out of more than 25) who was devoid of emotion and

personality (in short, a scary psychopath) and they were female, not male. They also could be controlled and kept safe with a proper understanding of the illness. This direction came from the staff and it gave her freedom up to the point she could handle. If the behaviour became dangerous, it was properly dealt with.

So, for feelings, all I can say about the first movie trailer is disgust. They missed the beat entirely.

As for the 2nd movie, it was closer to reality in that the impact of mental illness and hallucinations can be scary. That being said, I've not experienced them without being inadvertently given too much psychiatric medications that triggered the bad reaction. When the reaction came, it was scary, but the hallucinations matched nothing real (like swarms of bugs). When I tried to describe them, the staff didn't get it, so I often changed my description to something that came closer to what they would understand.

What I mean is, the hallucinations were scary, but they were not as cut and dried as that video seemed to imply they were.

People are individuals so, perhaps for someone else, this video comes closer to the truth... I'm saying this based on personal experience. (emphasis in original)

Both retropotamus and wheelchair demon are interested in the discursive and social conditions of madness; they get at these issues, however, through different approaches. Rather than reading the discourses of madness which frame each text's protagonist, wheelchair demon talks back to the assumptions each film makes about madness by way of relating their own experiences. They use their experience to call into question the assumed links between madness, dangerousness, and biology. Even though wheelchair demon establishes some distance from their fellow inmates, who were convicted of previous violence—"I was the only non-criminal there"—wheelchair demon also sympathizes with their situations, explaining that there are reasons why these inmates did what they did, including continuing histories of family neglect and trauma. Wheelchair demon portrays with compassion even the patient they describe as "devoid of emotion and personality (in short, a scary psychopath)," explaining that this patient was only dangerous when hospital staff did not respond appropriately to her state. They also seem to feel that this "scary" patient was as much (or perhaps more) a threat to herself—the patient needs to be "kept safe"—than to others.

In a comment on Anne's review of the 1950s suspense novel *Beast in View* by Margaret Miller, about a killer who turns out have multiple personalities (now known diagnostically as Dissociative Identity Disorder or DID), wordmyndum similarly uses their experience to undermine the stereotype of the "crazy killer." They write:

The 'alternate personality as a killer that the host personality doesn't know about' plot line is an old trope. I've seen it done over and over again, and it irritates me more and more every time. It becomes the general public's view of what it's like to live with DID, when the reality is not at all like that. I've been living with DID for probably most of my life, and the most violent thing one of my alters has ever done is punch a cinderblock wall and mess up my knuckles pretty good. I've certainly never killed anyone.

Please, artists, stop portraying people with DID as secret murderers. We've been traumatized enough already.

By reframing DID as something that is the result of trauma, and can be part of a liveable and valuable life, wordmyndum releases that experience from the dominant narrative in which madness is equated with unpredictability and duplicitousness that is in turn equated with violence. While neither wordmyndum nor wheelchairdemon speak directly of the films or novel being reviewed in the original posts upon which they are commenting (and with which they are presumably not familiar), their stories of mad experience offer a different perspective on the dangerous or scary mental patient, a popular figure particularly in horror/thriller and mystery/suspense genres, which include texts such as *Shutter Island* and *Beast in View*. Juxtaposed against these narratives, the bloggers' stories expose the usually naturalized "mad killer" as a contrived, sanist trope which, along with the mechanisms of psychiatrization, can obscure the experience of madness.

Wheelchairdemon, like retropotamus, responds to *Take Shelter* more positively than to *Shutter Island*; however, they again makes comparison between the film and their own life, refusing to allow its depiction of madness to become definitional. In the passage above, wheelchairdemon explains that their experience of hallucinating, unlike Curtis's in *Take Shelter*,

was not particularly frightening, but also that it could not be defined in words that were understandable to the “sane” people around them. In their words, “the hallucinations matched nothing real,” and so they had to resort to describing them as being “like swarms of bugs” so that the staff—and the readers of *MadArtReview*—could understand. This comment serves as a reminder of Foucault’s assertion that madness and reason do not share a language, and that experiences of being mad are typically not intelligible in a culture structured by reason (*Madness and Civilization* 285). The closest we can get to capturing madness, as Foucault attempts to do in his writing of *Madness*, is to—as wheelchairdemon does here—describe the place or moment at which it retreats, or becomes unintelligible. Wheelchairdemon is also careful, however, to note repeatedly that their experiences are their own, and are not universal. This insistence upon a multiplicity of experiences—“people are individuals so, perhaps for someone else, this video comes closer to the truth”—refuses a fixing of either mad experience, or the more specific experience of hallucinating, and resists portraying the feelings around those experiences as set things that can be known, described and categorized.

This sense of multiplicity permeates the research blog. In a post asking her fellow participants what kinds of depictions of madness/mental illness they would like to see in the media, Anne writes: “I don’t think madness is necessarily an evil, I don’t really look for a cure – but many people do. I don’t like stories which talk about tragedy and overcoming it and how the right drug and/or therapist cured it. But if that is someone’s experience, or interpretation of their experience, then it is as valid any interpretation of mine.” Anne wishes for stories of madness that fall outside of the recovery narrative, but she also leaves open the possibility of other mad people finding narratives of recovery or “cure” relatable. Elsewhere in *MadArtReview*, Anne ties this desire to claim her viewpoint as personal to the creation of community. At the end of a post

describing the way in which being diagnosed changed her perspective on depictions of madness, she includes a clarifying note on her language use: “me/us and I/we [are used] to distinguish between and to include my individuality and our collectivity.” Here, Anne shows the way in which she is manipulating language to try to capture both a sense of common experience and community among mad people—she uses “we” to refer to mad people’s “collectivity”—but also a sense of being an individual who cannot speak for all psychiatrized/mad individuals and their experiences. I picked up this sense of a coexisting individuality and collectivity again in a conversation generated by ingridjoanne’s post about the impact of science fiction author David Gerrold’s work on their life. Like Anne, ingridjoanne explains their use of terminology: “this series [Gerrold’s “War Against the Chtorr” novels] works as self-help literature for people with societal damage (my way of saying ‘dysfunction’ or ‘personality disorder’).” By connecting the commonly understood language of psychiatry (dysfunction, disorder) to their own way of understanding their experiences, ingridjoanne borrows the legitimacy of psychiatric discourse in order to make their own perceptions intelligible. The juxtaposition of their own terminology with the language of disease positions their terminology as equal to but different from psychiatric language, and in doing so, maddens psychiatric discourse, calling into question its primacy. Furthermore, their use of the first person (“my way of saying”) makes clear that their perspective is their own, and exists alongside others, including, but not necessarily limited to, the medical model. Their perspective—the idea that madness is a sign of having been damaged by society—while proclaimed as an individual standpoint, opens up a space for thinking about madness collectively, rather than as an individual problem. This interplay of individuality and collectivity continues in the comment thread for the entry. Several of the participants who followed the link that ingridjoanne posted to a sample of David Gerrold’s work went on to read it, and, like

ingridjoanne, a number of them identified strongly with what he had to say. In Gerrold's linked chapter, which belongs to his novel *A Matter for Men*, a teacher, Whitlaw, asks a group of students to define responsibility. He rejects various definitions that tie responsibility to accountability, blame, shame, burden and guilt (Gerrold 404). Eventually one student suggests, borrowing from the dictionary, that "being responsible is being the source" or cause of something (405). As Whitlaw elaborates:

It's not just source we're talking about here, Jim. We're talking about ownership. The word source sometimes confuses people; because source isn't something you do—it's something you are. So, the way we ease people into the concept and the experience of source is to talk about ownership. Not ownership as in property, but ownership as in command—as in, 'When I teach this class, I own this room.'...

You are the source for your life, for everything that happens in it, for the effect you have on the people around you. You can create it for yourself, or you can pass that responsibility on to someone else—say, like the universe at large—and then you can pretend to be satisfied with the results, a life out of control. (406)

After considering this take on responsibility, I felt somewhat sceptical, particularly when reading it through the context of the treatment of mad people, who are often told (for example, by family members) that their problems would go away if they simply "took charge" of their lives, that is, if they were to make better decisions instead of "hiding from responsibility" behind their "symptoms" and/or their diagnoses. Calling upon the mad person to "take responsibility" can, furthermore, be a way of deflecting responsibility onto the mad person (the "failure") and away from family, institutions, and broader social issues.⁸³ I wrote about my concerns in a comment on ingridjoanne's entry: "I do like the idea of being 'the source' for your life – but I also wonder where community and social support fit into this equation? To what extent does society (or should it) also have responsibility? I think that this is an important question when we think about how mad people are treated." Ingridjoanne responded to my comment with their reading of Gerrold's notion of responsibility, which differed from my own. They explain:

For me, responsibility has been a key to healing: GIVING responsibility to those who have harmed me, and TAKING responsibility for my own actions. And it was this chapter of Gerrold's that pointed me in the direction of 'who owns what?'

I discovered that it was easier to TAKE responsibility after I had GIVEN what didn't belong to me. (Not 'given' in a confrontational sense, just knowing in myself that this was not mine, this was X's)

And that leads to a reply to your question about society, I think: We cannot demand that society accept responsibility for its harmful actions, but we can refuse to carry it, and place it where it belongs. (emphasis in original)

This idea of a necessarily dual giving and taking of responsibility was a crucial distinction, one that read beyond the surface of Gerrold's text, maddening it through experience. Ingridjoanne's reading of Gerrold was one with which several blog participants identified. For example, winningpaththinking commented that it resonated with their own understanding:

This short piece was one of comfort and pain and great insight for me.

Over the numerous years of tyranny and injustice done to me, my family and others in many forms as we are seeing and hearing here I come to this belief I am the source...

Being responsible gives me integrity, reliability and ownership, thus reinforcing my right to be treated and seen as [a] unique individual who is one and all a part of society. This truth empowers me giving me the inner courage, strength and perseverance to take action, giving me the privilege and my God-given right to demand accountability from those I feel have been a part in any way of these perceived injustices. This will allow the seeds of willingness and interest to blossom as stated in the article... I will definitely read more of his works.

For winningpaththinking, Gerrold's idea of being the source is empowering because it speaks to their experiences ("over the numerous years... I come to this belief") and provides them with an imperative to take charge of their life. It also, however, provokes them to make others accountable for the harm they have done, and for their impact on winningpaththinking's ability to be the source, to "allow the seeds of willingness and interest to blossom" in their life. This moment of connection between ingridjoanne and winningpaththinking through Gerrold's idea of the source is one of the relatively rare moments where a strong sense of community seemed to be present in *MadArtReview*.

Despite my initial hope for the blog—that it would function much like the self-perpetuating listservs and blogs of which I have been a part—it never quite got off the ground as a community. The first month of the research blog’s operation (November 2011) was a slow one, but in the following two months, there was a boom of activity, with new reviews being posted approximately every second day; in the subsequent eight months, posting slowed down to a trickle, with only one or two posts appearing per month. Rather than understanding this slowing of output as a failure, it seems more appropriate—mindful of participants’ own refusal of categorizing practices—to consider *MadArtReview* as unfinished and always open to change and reinterpretation, rather than as a linear narrative requiring a definitive closure. This sense of unfinishedness as productive is furthermore in line with poststructural feminist research and pedagogical methods which, rather than either resorting to nihilism or hoping to “‘get it right’ once and for all,” instead seeks to “work the ruins” of humanism by striving “to critique, interrupt and reinscribe normative, hegemonic, and exclusionary ideologies and practices” (St. Pierre and Pillow 1, 4, 3).⁸⁴ To label the blog as a “failure” would be to reaffirm capitalist and psychiatric notions of a productivity quota as a requirement for sanity, and thus intelligibility; it would also ignore the structural and political barriers that affected participants’ contributions to *MadArtReview*, barriers that, in and of themselves, are important sites of inquiry.

There are a number of reasons for participant inactivity in the blog project. The primary one, I believe, is that writing, as Virginia emphasizes in *The Snake Pit*, is *work*: it is a skill that takes time and energy, and which is often not materially compensated (as is the case here: participants contributed on a fully voluntary basis) (Ward 5, 8). Participants also had to have something to write about, which meant needing not only time to take in novels, films et cetera, but also access to these materials. The most common type of material that participants reviewed

was news media, and particularly online news stories, a pattern that reflects, in part, I think, the ready accessibility of these materials and the immediate lived consequences of these representations on mad people's lives. Over the course of the blog's life, several participants emailed me to apologize for not being more active in the blog. Some explained that their life circumstances were preventing them from finding the time or energy to participate in the blog. Of the 18 individuals who filled out the consent form for the blog, returned it to me, and signed up for a Wordpress account so that I could add them to the blog as an author, 11 posted one or more reviews. Of those 11, only four posted more than one review. Some of those who did not post their own reviews, or who only posted one review, participated by commenting, but seven of the participants never left a comment. I think that those who did post in the blog became tired of being one of only a few active participants and that they also became discouraged by a lack of response to their entries by other participants. Following my announcement that I would soon be wrapping up my data collection, Don Roberts wrote a post addressing the research blog project. He said:

I am saddened and frustrated – mostly at my own lack of participation in this endeavor.

As I think about it – I think it has a lot to do with some of the limitations and restrictions of the study. I wanted to get to know some people with similar interests and that never really happened.

At first I stopped participating because I noticed some people weren't posting at all and I thought that maybe I was posting too much and I would give them the opportunity to chime in.

No joy.

Wish I had made a better go of it.

While Don's post reflects some participants' sense of having "failed" me and/or each other in not participating more (a worry I tried to assuage in my communications with participants) it also reflects another reason people may have not interacted on the blog as much as they might have: they were inhibited by the restrictions of the project's research ethics protocol. As

backwardsdistortion opines, “I can see why ethics boards are important in science and medical research, but in the arts (and fine art) it often just gets in the way of people expressing themselves freely and creatively.” This comment was left in response to an early post from Don on confidentiality, an issue that was a hurdle for this project from the beginning.

When I was planning this project, I received extensive advice and help from a McMaster Research Ethics Board advisor, whom I met at one of the Board’s ethics drop-in sessions, where researchers can go and discuss their planned projects and get advice on how best to set out their research protocol for their ethics applications. The advisor with whom I met enjoined me to make it mandatory that the participants in my research use pseudonyms on the blog, and be identified only by these in any of my written work, and indeed, this advice was reinforced in my research on online research methodologies (Simsek and Veiga 225-6). I was also advised to caution participants against sharing personal information on the blog, including stories that may make them identifiable to others. The ethics advisor explained that people who have experience of the mental health system are a “vulnerable population” and that, as a researcher, I am ethically obligated to protect “their” identities.⁸⁵ This framing of people who have mental health system experience as a group that needs to be pinned down to an identity (“vulnerable”) and regulated (via consent forms, discouragements about “outing” oneself, and management on the part of the reasoned researcher: ironically, me) reveals the university’s institutional and epistemological investment in fixing identity according to a liberal humanist framework, for the purposes of biopolitical governance. Aside from these more theoretical issues, there was also the pragmatic concern that the confidentiality requirements would prohibit blog participants’ interactions outside of the blog environment, and would limit the kinds of rapport they could have even within *MadArtReview*. While troubled by the implications of the “vulnerable population”

discourse and associated methodological restrictions, I was anxious to get ethics clearance and so I followed the advisor's recommendations around confidentiality. However, my concerns about confidentiality measures were affirmed when Don wrote in the blog:

Just want to express my thoughts on Confidentiality.
My opinion:
Confidentiality works against us, or is actually used against us. It keeps us apart and alienated.
I want to just tell you who I am and what my life is like, and has been like. Makes it easier to have conversations.
Truth is I was tempted to post my personal information but I think it might muck up the study.

He goes on to say later, in the comments:

Confidentiality is a mechanism of control because it isolates us from the community and that isolation breeds fear. We become afraid of the community and the community becomes afraid of us. Within a sphere of confidentiality I am nothing more than a disease to be 'treated' – outside the protection of that bubble I am [a] human who has stories of struggles with adversity, poverty, and hardship.

The importance of being open about experiences of madness and psychiatrization, and of attaching those experiences to whole, complex, embodied lives was echoed throughout the blog. Some blog participants joined the project precisely because they wanted a space to talk about their experience of madness and psychiatrization, a place where they did not have to hide these experiences as though they are something shameful. This desire for openness is captured in Don's appeal that "I want to just tell you who I am and what my life is like, and has been like" and is echoed in wheelchair demon's response to the post on confidentiality:

I most definitely agree confidentiality works against us. Even if we ask them to talk to another person of our choice, so a professional is in a better position to help us, they will cite confidentiality rules and say they can't do [it].
I don't get it. We explicitly give our consent to talk to someone else who will be listened to more than us, and they'll refuse. It's almost conspiratorial, but if we're deemed to be mentally ill, we can't talk about it. If we do, we're deemed to be 'sick' in some other way.

I, like you, have been very badly hurt by the system so it's very hard not to talk about the abuse in this forum that we know is perfectly confidential. It opens up a lot of wounds, that's for sure.

Wheelchairdemon echoes Don's desire for mad people to have a place where we can talk about our experiences of psychiatrization, including abuse in the mental health system, something which is too often silenced; however, their comment also reveals another motivation for participation in the blog that seemed to be common among blog participants: a desire to have their stories heard by someone in a relative position of power (me) who might, as wheelchairdemon puts it, "be listened to more than [them]." While, like the other blog participants, I am a psychiatric survivor, I also hold a position of privilege that comes to me through my class, my education and my current (however potentially short-lived) position as a researcher working in a university. The idea that people simply wanted to talk about their stories and have them heard by someone who might be in a position to effect change in the material and judicial conditions of mad people's lives was reinforced by the approximately 50 replies I received from psychiatric consumers and survivors after I sent out the recruitment email for the research blog project. In these emails, people spoke of their involvement in the mental health system: how they ended up there, the horrors they have experienced in the name of treatment, and the brutalities they have suffered in their lives both inside and outside of the mental health system. While certainly many people feel that their experiences of psychiatric treatment were/are positive and helpful, I did not receive any messages which described encounters with the mental health system and related institutions in those terms. I suspect this is because I was recruiting participants from communities critical of mainstream mental health treatment, but also because people who have positive stories of treatment have many more opportunities to tell their stories publicly and to be listened to and believed, particularly when their narratives employ recovery

narrative tropes (Costa et al 89). Quite a few of the emails I received did not address the blog project at all, but rather, detailed, sometimes in pages and pages, the writer's past and/or present experiences of madness and psychiatrization. A few of the emails were written in language that I found too abstract or strange to understand readily. I wonder if the people who composed these unintelligible-to-me emails wrote to me because they have not yet found anyone who will listen, perhaps because their story has been deemed nonsensical and thus without value. I am not being hyperbolic when I say that my heart broke reading these messages. Indeed, some of them reduced me to tears of both empathy and anger. While I think that some of these stories were sent by people who simply wanted to be heard by someone, anyone, I also think that some people hoped I could put their stories to use, to bring them into a recognized, public conversation about madness and psychiatrization. I cannot include any of these emailed stories here, because their letters fall outside of the blog project itself, but it is important to me that I invoke these emails. I hope that, in some small way, I have, like Foucault, brought these silenced experiences into recognition by describing their erasure. I include a discussion of these emails as a way of invoking all the stories of madness that never get heard or written, and of all those that are buried by discourse, including, ironically enough, the discourse of "ethics."

In the case of psychiatric survivors, forcing confidentiality may not be the most ethical option. I discussed my reservations about the research blog's confidentiality measures with some of my colleagues in a Mad Students Society working group on queer/mad intersections, of which I was a part, and the material from that conversation ended up being included in a presentation we gave at Rainbow Health Ontario's annual conference on psychiatric-survivor research ethics within LGBTQ health research. The conversations I had leading up to that presentation helped

me to think through much of what I am presenting here regarding participant confidentiality issues. As The MSS Working Group on Queer/Mad Intersections noted in our presentation:

Research processes are often designed so participants do not interact with each other. This is meant to ensure confidentiality and thus protect participants. However, it is difficult to ensure confidentiality among mad people, since, in many communities, we are well-known to each other and can identify one another as study participants. This is often used as a reason not to involve consumers/survivors in research. So, we'd like to propose that researchers rethink the necessity of confidentiality when working with mad people. Why is this? Firstly, confidentiality does not help to connect mad people together or to create community among mad people. It isolates us.

Secondly, Enforcing confidentiality does not respect people's right to self-determination: their right to choose to give up their privacy. In other words, it's patronizing. In many cases, mad people are required to give up their privacy: particularly in medical settings. Being able to choose when to give up confidentiality can therefore be empowering for mad people.

Thirdly, confidentiality means that researchers do not give credit to individual participants or groups of participants, who play an important role in the research by sharing their knowledge and creating knowledge through the research process. Yet, researchers are the ones who get all the credit for this collected knowledge.

Fourthly, if mad people can't get credit for our work, or our ideas, how are we supposed to challenge the assumption that we are not credible, an assumption which already restricts our participation in research?

Outside of the research realm, people in the mad community have their own ways of taking credit for their knowledge. For example, they may tell their story in blogs, newspaper articles and theatre presentations. So, people are already resisting confidentiality. If people do not want to be identified, there are also other ways to give credit for their participation. For example, we used a working group name for this presentation, rather than our individual names.

Of particular note, in both this excerpt from our presentation, and in Don Roberts's blog post on confidentiality, is the issue of community building. In order to create community, mad people need to have access to one another. Mad people are often prohibited from getting in contact or staying in contact with one another outside of clinical or research settings, however, because of restrictions involving confidentiality, or because it is assumed that this interaction will compromise the research or therapy in some way. As the MSS Working Group observed in our presentation, mad people have nevertheless found ways to resist the isolation and silencing

which can be the result of ethics protocol concerning confidentiality. In fact, this resistance to confidentiality and the privileging of professional/patient relationships over patient/patient relationships is at the foundation of the mad movement. The Vancouver Mental Patients' Association, formed in 1971, for example, was initially made up of a group of ex-patients who met in a day hospital. The hospital had rules against patients contacting one another outside of hospital hours; following the suicide of a fellow patient, however, the patients secretly circulated a phone list so that they could provide each other with support during the hospital's off hours. These calls proved to be much more helpful than the "legitimate" therapy they were receiving at the hospital (Chamberlin 78). Mad people have resisted confidentiality protocols by covertly getting in touch with one another outside of sanctioned settings, or by outing their experiences through self-publication of their stories in listervs, message boards, zines and other alternate venues. On-line communities, in many cases, are the places where people "come out" as mad for the first time. Many *MadArtReview* participants told me that they are already "out" about their madness/mental illness online and in their everyday lives; they were motivated to join the project because they hoped to connect with people who share comparable experiences and interests. This desire to connect is reflected in Don's parting comment that "I wanted to get to know some people with similar interests and that never really happened," and in wheelchair demon's reply to Don's post—"fewer and fewer comments were made in response to the resources that I shared"—both of which expressed disappointment in the low level of interaction between participants over time.

While the set-up of the research blog did not allow any way for participants to get in touch with one another outside of the blog environment, participants did madden *MadArtReview*'s ethics protocol. They resisted their anonymity by posting identifying

information about themselves in their blog entries: they stated where they live, described their personal appearance and experiences, made reference to their membership in other mad groups, linked to their personal blogs, posted pictures of their faces or their pets as their user icons, chose pseudonyms which closely resembled their real names, or which they used in other locations online, and in Don's case, posted an entry dealing with the confidentiality issue specifically.

When I explained, in the comments to Don's post, that the McMaster Research Ethics Board (it was not actually the research ethics board as I originally said in my comment, but a particular advisor, as I later corrected) had required that the study have a mandatory confidentiality protocol, Anne even suggested the direct action of the blog participants writing a letter to the research ethics board asking them to change their policies about "vulnerable people." While I initially tried to stop the use of identifiable pictures and names, fearing that this breach of protocol would somehow result in an angry call from the ethics board, it quickly became clear that discouraging participants from identifying themselves the way they want to be identified was also dissuading them from participating at all. Eventually, I revised my ethics protocol so that participants could be identified by name if they chose to do so. Unfortunately, by the time I realized it was feasible to do this (see Appendix III for revised ethics clearance certificate), the participants had essentially vanished from *MadArtReview*. I only received two revised consent forms, one from Anne O'Donnell and one from Don Roberts, whose real names you see here.

It is unfortunate that the blog did not function effectively as a community-building space. Despite an overall deficit in participation, however, *MadArtReview* provided me with more rich commentary and exchanges than I could discuss here. Participant responses to the problems in the blog project's design, moreover, showed me that the greatest impediment to developing and sustaining mad communities is not divisiveness along political or identity-based lines; rather, it is

the subjectifying of mad people as “vulnerable”—unreasonable (incapable of speaking in our own best interests), unintelligible (unfit to make worthwhile contributions) and dangerous (apt to be “triggered”), and thus necessarily anonymous even to one another—that prevents and fractures mad community.

Prozac Highway: The Emergence of Eros Through Mad Affiliation

Persimmon Blackbridge's *Prozac Highway* portrays a fictional online community called ThisIsCrazy that conveys perhaps more effectively than my research blog the way in which listservs and other online communities can function as sites of mad affiliation. Nonetheless, much like *MadArtReview*, ThisIsCrazy gives a sense of the diversity of experiences, identities and perspectives among the people who participate in them. And, as both *MadArtReview* and ThisIsCrazy demonstrate, sometimes differences among members of a group can cause conflict. On *MadArtReview*, for example, Angelfire2011, in their review of an editorial by *Toronto Star* columnist Carol Goar talking about a new program in Ontario intended to help people with mental health issues start businesses, notes that everyone taking part in the program refused to be interviewed. Angelfire2011 explains that the participants have good reason for this:

If you are part of a profession, e.g. teaching, nursing, and you reveal that you have a mental health issue, you can readily find yourself before your professional body's ‘fitness to practice’ committee, whereas if you were in a wheelchair or blind or something, the only thing they are concerned about is how you can be accommodated in your work.

This statement presents the presumed double standard of mental health disabilities/differences being treated differently than physical ones. This comparison between physical disability and madness raises a longstanding conflict between mad and disability communities.

Wheelchairdaemon's response to Angelfire2011's post reveals some of the complexities of this conflict:

Careful on the assumption about people who use a wheelchair toward the end of this post. These days, if you use a wheelchair and have difficulty coping in this able-bodied world, you will often get labeled as being depressed, hysterical, or with an adjustment disorder....

Gone are the days when a person in a wheelchair is assumed to need help with the activities of daily living. If one learns how to transfer in and out of bed independently, get dressed on their own, and can take a bath on their own, then they will NOT get any help in the community. (emphasis in original)

Here, wheelchairdaemon calls Angelfire2011 out on their reproduction of the assumed division of madness and disability, simultaneously crippling madness and maddening disability. For many people, experiences of mental and physical disability/difference are inextricable—some mad people understand their madness as physical disability, and some who have other physical dis/abilities experience these as intertwined with their madness/mental illness/mental disability; despite these intersections, mad people have at times been rejected from some cross-disability communities for being “crazy” and thus not suitable activists and representatives of the disability movement. Likewise, while some people who have been psychiatrized also have visible physical disabilities they are sometimes excluded from the mad community because they are perceived as disabled, not mad (Nabbali 5).

Although this particular mad/disability conflict does not arise as an issue on ThisIsCrazy, there is more ongoing tension between particular members, and conflict overall, on Blackbridge's fictional listserv than was apparent in the posts on *MadArtReview*. In fact, the exchange above is one of the few obvious instances of conflict on *MadArtReview*, and even that dispute did not persist beyond wheelchairdaemon's comment. On ThisIsCrazy, however, members are continually debating their differences, asserting their experiences of queerness, racialization, and psychiatrization (whether these were/are positive, ambivalent or downright

horrific) as valid counter-narratives to experiences that differ from their own. While there is more strife on ThisIsCrazy than on *MadArtReview*, there is also a much closer sense of community, which I believe is an indication of the co-existence of conflict and community.⁸⁶ In fact, I will argue that the very marrying of tension and connection on ThisIsCrazy allows for a sense of eros, or mad love, to emerge in *Prozac Highway*.

We encounter this sense of eros in the passionate debates between members of the community, as when D'isMay, a black woman living in Tokyo, and Cloudten, a white man living in Denver, debate whether gender, race, sexuality and nationality have meaning in “a global electronic reality” or not (16);⁸⁷ when D'isMay and Junior debate whether it is possible to work for change from inside the mental health system (36); or when George and Parnell fight constantly about the efficacy and safety of psychiatric drugs (11). These conflicts are part of ThisIsCrazy being a chosen family, a place where differences can be discussed safely because members will still care for one another despite, or perhaps even because of, these debates, which can be safely staged in very few places. Despite their ongoing feud, Parnell calls George “old friend” in an email showing support of George’s current advocacy work, and D'isMay does all she can to help Junior when the police show up at his home, including mobilizing the listserv (67). These are signs of love between ThisIsCrazy family members. The place where eros—an uninhibited love, felt in the body and soul—emerges most markedly in the narrative, however, is when eroticism, madness, and conflict mix together in Jam and Fruitbat’s online friendship-turned-love-affair. Blackbridge shows us Jam’s experience of several different kinds of love, from her initial electric sexual encounters with Roz, and her sexual power exchange with her most recent ex, Alex, to her working relationship and familial friendship with Roz in the present. While Roz is Jam’s queer family, she does not understand Jam’s madness, or her need for mad

community. When Jam went into a full time nine-to-four, five day a week therapy program to try to deal with her depression, Roz accused her of “pissing off in the middle of a project” and being “a pain in the butt” (135). She seems to have very little understanding of, or time and sympathy for, Jam’s madness. She furthermore sees the internet as “another way to be passive and isolated consumers” and chastises Jam for wasting time online (82). When Roz finally encounters Jam’s online mad family herself near the novel’s end she comments, “are these people all hets or what?” (260). Since Roz primarily affiliates with a shared queer and primarily a lesbian identity, she assumes that Jam, who identifies as a lesbian, and was also, until recently, an active member of the lesbian community, likewise affiliates primarily through her lesbianness. Roz does not even consider the possibility of madness as identity, or as something over which people might come together as a community. While Jam likes the word lesbian, and affiliates according to her sexual otherness, she has never fit in with the norms of lesbianism (52). She started out as a bisexual woman, and in the early 1980s, when she met Roz,

Jam was the only lesbian in the locker room with long hair. Sometimes she had painted fingernails. Sometimes she put on lipstick in the change room mirror. God knows how she got away with it. Maybe other dyke-feminists talked about her behind her back, called her a fem-bot or male identified. But no one said it to her face. If she showed up at the Women’s Bookstore benefit dance in a dress, people would still talk to her, dance with her even. In the seventies, that wasn’t something you could count on. (22)

Much as Jam is critical of mainstream understandings of madness, so too does she call into question, through her physical presentation, the immutability of lesbian signifiers, and the boundaries of lesbian belonging. The fact that these signifiers and community boundaries shift over time and place is made clear when Jam tries to search for information on lesbian cybersex online and realizes that “kewl queers don’t use the word lesbian anymore. It’s old and stodgy, like Womyn-loving-Womyn. Get modern. But I always liked the word lesbian, the tang of danger and desire” (52). Exploring online sex sites, Jam finds that, once again, as in the 80s, her

lesbianism does not jive with queer community norms. When she encounters someone ambiguously named Peter on the CyberDyke personals site, Jam wonders, “if you’re having virtual sex, does it matter what your virtual girlfriend wears between her legs in the meatworld?” (53). She realizes that in cyberspace, away from the physical signifiers of the “meatworld”—the embodied, material space of the world outside the internet—it is difficult to determine gender, and thus to stay within strict bounds of identity and desire.⁸⁸ While she is unsure about Peter, Jam is even more wary of “Suzi” who is “24, tanned, fit, waiting to hear from You!!!” (52). Jam’s imagined description of herself as “42, basement-white, mentally unfit, and not really Interested!!!” comically points out her difference within the lesbian community, even given the possibility of the internet as a fluid space where desire can be queered (52). Jam is queer—in the sense of strange—even within the queer community, and as her descriptor “mentally unfit” reveals, her difference is not only her ambivalence about lesbian affiliation, but also her madness. Roz’s inability to recognize Jam’s madness, and the lack of any space for madness even within the online lesbian community, is evidence of McRuer’s claim that “able-bodiedness, even more than heterosexuality, still largely masquerades as a nonidentity, as the natural order of things” (1). Even on the sexual margins, mental and physical “fitness” are the norm, and there is little consideration of “unfitness” as a way of being.

While Jam is ambivalent about both lesbian and mad affiliation, both of these modes overlap in her understanding of herself, illuminating each other’s limitations and possibilities.

Fruitbat points out some of the problems of mental illness as identity when she advises Jam:

Go barefoot. Believing in your diagnosis is big time trouble... Shrinks rewrite the story of your life to fit your DSM category. Then your friends watch for symptoms: ‘Oh no, too many mixed metaphors, she’s schizing out!’ I guess some folks find it a useful road map to their inner landscape or something, but I just get lost. It turns a situation (I hear voices) into an identity (I’m a schizophrenic). (33)

While Jam is aware of the limitations of identity politics—including psychiatric labels that often come to function as identities—she finds it difficult to imagine anything outside of the norms of madness. For one thing, she, like ingridjoanne—who, on *MadArtReview*, describes her difference using both psychiatric terminology and her own term “[person] with societal damage”—grapples with the lack of non-psychiatric language available to describe her experiences recognizably.

Jam in part negotiates madness-as-experience and madness-as-identity by clarifying particular terms, maddening their resonances, and making them her own. Jam tells Fruitbat: “I use the word depression in its slippery sense, a description of how I feel, subliminally shaped by drug ads and my new shrink” (153). Jam uses the term depression because she feels that it cannot be pinned down as either something shaped by public and psychiatric discourses, or as, in Fruitbat’s words, a descriptor for “feeling shitty” (153). In *Depression: A Public Feeling*, Cvetkovich likewise comments on the difficulty of avoiding terms such as depression and anxiety (79). She works to reclaim depression as a “keyword,” a “[node] of speculation that offer[s] new ways to think about contemporary culture” (14). Like Jam, who uses depression in its “slippery sense,” as both an expression of a set of feelings, and as a psychiatric concept, Cvetkovich wants “to write about depression in a way that simultaneously captures how it feels and provides an analysis of why and how its feeling are produced by social forces” (14). Thus the term depression, as Jam and Cvetkovich use it, reflects an experience that is inseparable from its discursive context, but which can be maddened.

Given the difficulty of separating madness-as-experience from the discourses of medicalization and criminalization that are tied up in “mental illness,” Jam struggles to decide whether it is even possible for madness and erotic desire to coexist. She muses:

How do you write about the erotic bonding possibilities of unpleasant psych-drug experiences? You don’t. It’s been a long time since Allen Ginsberg howled for Carl

Solomon and madfolks were almost respectable, in some circles at least. Nowadays there's something seriously strange about being turned off by Suzi 'tanned and fit' and turned on by Fruitbat 'do you really want the whole pitiful story of my incarceration?' dirty girl talking to herself in the park, picked up by the cops and spat out into a psych home—how can she be the sex interest in a story unless you're going for that creepshow thrill? Watching weirdos doing it. (168)

While Jam and Roz brought lesbian lust and queer fucking into public visibility through their art, Jam struggles to break through the discursive walls that separate desire from madness. Just as Jam finds herself using psychiatric language because it is the language that has shaped her experiences, and because it is the only language she has, she finds it difficult to describe desire outside of the standard tropes of lesbian erotic fantasy. These tropes—figured in “Suzi tanned and fit,” in Jam posing for Alex as “a university professor’s idea of a slut, postmodern and deconstructed,” and in the description Jam’s queer friend Cynthia, a phone sex worker, gives of the “intellectual type... wearing a pearl-grey suit” and “black lingerie”—are all based on sanist ideals which Jam and Fruitbat do not fit (52, 183, 138). Jam’s attempt to borrow Cynthia’s description of the “intellectual type” for her cybersex encounter with Fruitbat proves unsuccessful, since it is too far removed from either of their realities. Fruitbat finds Jam’s attempt at fantasy absurd rather than erotic, telling her “that pearl suit has me a bit nervous” and “you’re sitting at the computer in black lace lingerie? Are you folks having a heat wave or what?” (154). Not only is the “sexy intellectual” too far removed from the experience of madness and medicalization, it is also a classed and gendered fantasy, which does not correspond to Fruitbat’s lived experiences, as she reveals when she asks what a camisole is (154).

Finding established erotic tropes unsuitable for the occasion, Jam must try to discover a more realistic fantasy to play out with Fruitbat. Fruitbat and Jam both have trouble thinking of their current realities as sexy; however, they work to madden sex for each other, undermining

each other's assumptions about what counts as sexy. When Jam tells Fruitbat that depression is not attractive, Fruitbat is the first to challenge the idea that their madness cannot play into their fantasies. She asks, "Why do you say depression is unattractive? Is this a proven fact?" (153). However, while she applies critical thinking to Jam's assumption about her depression, Fruitbat struggles to view her own madness as desirable. Like Jam, she perceives her situation as incongruous with romance or eroticism. She tells Jam, "You're not a *nor-melle* [slang for non-psychiatrized person], but if you knew me in real life I doubt you'd be interested" (157). In response to this assumed rejection, Jam turns Fruitbat's critique of madness as necessarily unsexy back on her, countering, "you are really arrogant. Oh sure, you can be cool about me not getting out of bed on a bad day, but *I* could never deal with your Thorazine shuffle" (157). Both of them have trouble envisioning their own craziness as in any way desirable, but they are each accommodating of each other's madness and psychiatrization. In the midst of this conversation about what counts as desirable, Jam and Fruitbat begin to have cyber sex. While they are having sex in an email thread titled "whoever you are," they also continue a conversation about their medicalization in a thread titled "morning." It is difficult for them (and for the reader!) to keep these conversations separate in real-time however, and to respond in a linear fashion. Eventually the conversations merge. In one thread, Fruitbat, having found out what Jam is *really* wearing, has asked her to pull up her t-shirt and play with her breasts. In the other thread, she is asking Jam about her experience taking the anti-depressant Elavil. Jam becomes frustrated with the two simultaneous conversations and writes, "how long did I take it? Take what? Sitting here with my shirt up, you staring, fingers flicking my nipples, the other hand, my hand, trying to type some conversation about psych drugs? It's no longer morning, whoever you are. I can't take it" (161). As it turns out, Fruitbat, too, "can't take it anymore," and

is “so turned on [she] can hardly sit still” (161). While Jam finds the two simultaneous conversations jarring, it seems that the discussion about the unattractiveness of being mad and their experiences taking psych drugs has not hindered the eroticism of their interaction, but has actually contributed to it. Indeed, Jam and Fruitbat’s subsequent cybersex fantasy involves Jam picking up Fruitbat, who is panhandling in the park, and when they agree to both masturbate and fantasize about each other off-line at a designated time, Jam’s fantasy about Fruitbat involves being a fellow resident in Fruitbat’s psychiatric boarding home and sneaking into bed with her (200, 217). Rather than hindering the sexual charge of their encounters, invoking their mad, medicalized realities establishes an element of danger and improbability—two key ingredients in fantasy—and seems to be arousing, or as Jam puts it “*très hot*” (168 emphasis original). I argue that it is in Jam and Fruitbat’s awkward cybersex encounters that the eros Huffer finds in *History of Madness* seeps into *Prozac Highway*. Their fantasies repeatedly turn away from established discourses of sexiness, and fall outside of linear time and material place. They are continually interrupted, discussed and remade, captured in starts and fits of sensation and emotion. These fluid fantasies rediscover an affinity between madness and queerness, an affinity Jam sees in Allen Ginsberg and Carl Solomon’s relationship, and which Foucault represents in the Ship of Fools, where madfolk and queerfolk live in kin-ship, negotiating the watery threshold between madness and reason (Huffer 61, 103). Jam and Fruitbat’s erotic exchanges suggest the possibility that even in the modern age, queer mad erotic desire is capable of blurring the otherwise fixed boundary between sanity and madness.

While eros disrupts the delimiting of experience according to the boundaries of sexuality and psychiatry in *Prozac Highway*, it does not perform a discursive overhaul. The eros Jam and Fruitbat awaken by merging their madness with their desire is, before long, forced to retreat back

into the dominant discourses of psychiatry and sexuality. Fruitbat, who has been slowly withdrawing from Thorazine without the knowledge of her psychiatric team, is found out, near the novel's end, and is given a high dose weekly injection of Haldol instead of pills. Fruitbat attempts to end her relationship with Jam after this change, saying, "You wouldn't like it. You really wouldn't. No charity, please, it's been fun" (235). Jam does not see the intensification of Fruitbat's chemical incarceration as a necessary end to their relationship.⁸⁹ She tells Fruitbat "there's never been charity between us and you know it. Don't go away," but Fruitbat does not return to ThisIsCrazy (237). Her psychiatrization is so totalizing that it seems to have foreclosed her ability to be part of any community. Even so, Blackbridge allows hope for the resilience and persistence of chosen family and of eros on the novel's last page, when Jam finds out that ThisIsCrazy member Lucy has trekked by bus from rural Virginia to Baltimore to try to find and help Fruitbat, though they have never met in person (266).

While Jam wishes to persist with their relationship despite the idea that Fruitbat is "too crazy" or "too drugged," Jam herself is hindered by the limits of psychiatric discourse when she tries to write about the eroticism of madwomen. To reassure Roz—who is waiting simultaneously to see material from Jam and to find out if her breast cancer has returned—Jam tries to write a "normal" erotic story. Jam envisions her protagonist Judy running along the beach and then picking up a "long-legged jogger... probably wearing tight satin shorts and \$200 shoes, looking like something out of personal best" (220); instead of running into a woman reminiscent of "Suzi tanned and fit," however, Judy comes across a woman lying naked in the sand, masturbating. Judy thinks that she should call the police to report the "crazy person" on the beach, but instead, she stands there, watching the woman and becoming increasingly aroused. Jam writes, "her cunt is wet... she feels how she could do anything to this woman. She could

kneel by her side and touch her naked breasts, slap her face, anything. But the woman is crazy and Judy doesn't really want to touch her" (221). Jam is hesitant to continue writing about Judy and the madwoman, a story that she feels she can show to "no one never never," but she steels herself with a reminder of her and Roz's motto for their performance art: "Tell the truth. Scare yourself" (222). Ultimately, the "truth" of Jam's story is that the possibility of a desire for madness, if opened up, will be quickly and violently curtailed. Angry at the woman in the sand for making her feel a mad desire for a crazy person, Judy throws rocks, while the woman cries out from both the pain of the blows and the pleasure of her orgasm (222). Eros is present in Jam's story, in the sense that Judy feels desire for the madwoman, and even acts upon it; however, Judy's act—chosen, but undoubtedly shaped by psychiatric hegemony—is a rejection through punishment of the possibility of queer mad desire. Mad desire and a violent policing of madness turn out to be inseparable in Jam's narrative, just as in the dominant discourse, mental difference is understood only in terms of pathology and a need for treatment. While Jam's story tells two truths—mad people experience disproportionate levels of violence, and mad people can be figures of desire—it only indirectly suggests another truth: the possibility of a reciprocal mad love. Jam's story does not tell the story of mad love perhaps because Jam, given Fruitbat's disappearance, cannot envision being mad and being part of a community at the same time. Her story of mad desire is taboo, and so is her relationship with Fruitbat. She keeps her life on ThisIsCrazy hidden from her friends in the "meatworld," and she cannot imagine telling them the story about Judy and the madwoman.

A New Kin-Ship: The Possibility of Cross-Otherness Community

While some mad people feel that queer communities are places where they can express their madness, others do not. Irit Shimrat remarks that “it was through my contact with ‘the gay community’ [in the 1980s] that I finally realized that my unhappiness came not from something being wrong with me, but from many things being wrong with the social system” (*Crazy* 38-9). She describes the “gay” community as “a place where I fit in and where people cared for me without having to change me” (57). While Shimrat found acceptance and even critical perspectives on mental health in her queer community, other mad people have felt ostracized in queer communities on the basis of their madness and/or experience of psychiatrization. Judi Chamberlin interviews a psych survivor named Nancy who remembers:

Women in the [1970s] women’s movement, women in the lesbian movement, women I had known for a long time and worked with, started treating me differently after I had been in the hospital. They were oppressing me. They wouldn’t tell me things, wouldn’t ask me to do any work, because they thought I couldn’t handle stuff. They had been my friends, but now they would look at me as if I was crazy. When I tried to talk about it, I was afraid I was being paranoid. (70)

Nancy describes finding a sense of happiness, confidence and empowerment when she discovered the mental patient’s movement, much as, in *Prozac Highway*, Jam feels much better understood on ThisIsCrazy than she does in either the lesbian or mainstream mental health communities (Chamberlin 70, Blackbridge 7).⁹⁰ While Jam’s chosen family on the listserv becomes a life-line, helping her to push through her depression for a few months, she ultimately has to deal with the “meatworld” and the people in it, as well.

The possibility of having a community that crosses the queer/crazy and meatworld/cyberspace boundaries she has established sustains Jam when she becomes suicidal. Jam feels some affinity with one of her housecleaning clients, Stephen, who is apparently dealing with the loss of a lover. Her first time cleaning for Stephen, Jam finds two bottles of prescription tranquilizers, a bedpan, and a bunch of crumpled up unfinished letters to someone named Bruce

(98). When Jam returns, she catches Stephen crying (131). Later, Jam accidentally knocks over a vase while dusting, which turns out to be an urn filled with ashes. Jam assumes these belong to Stephen's lover, whom he lost to AIDS. Wanting to protect Stephen from re-experiencing "death in all its messiness" Jam vacuums up Stephen's lover's ashes, and, unable to throw them out, brings the vacuum cleaner bag home with her, intending to bury it in the garden (230). Jam puts the vacuum cleaner bag on top of her computer beside her lithium, which she is trying to decide whether to take therapeutically, throw out, or to use to kill herself. The vacuum cleaner bag, speaking in the imagined voice of Stephen's dead lover, becomes a counterpoint to Jam's lithium, which Jam imagines urging her to kill herself (230). Every time the lithium says "kill yourself," Stephen's lover says "no" (246). Stephen's lover, figured metonymically in his ashes, represents the death Jam desires, the queerness they share, and also Jam's madness and psychiatrization, since her discussions with Stephen's lover are facilitated by her depression and Prozac use.

The counsel of Stephen's lover, along with the caring that Roz, Jam's "sane" partner, will show to Jam at the height of her depression and bad reaction to Prozac, suggests the possibility, furthermore, of Jam's mad and queer communities coming together as a messy chosen family (257). When Jam, who has begun to take Prozac, accidentally cuts her arms too deep while self-injuring, Roz, who finds her, takes her to the hospital. Roz's initial response, "what the fuck are you doing?" shows her anger and continued lack of understanding of Jam's madness and the ways she deals with it; however, Roz does trust Jam enough to let her answer the questions at the hospital (251). Roz also cares enough that, despite her aversion to computers, she goes on ThisIsCrazy to try to find out what has been happening in Jam's life (255). Jam is unsettled by the idea of Roz interacting with the ThisIsCrazy folks, and particularly Bones, a former medical

student who is as opinionated as Roz; nevertheless, Jam prefers Roz asking Bones for advice rather than calling the emergency doctor, and Roz complies with Jam's wishes (257). With prompting from Bones—who realizes that Jam is suicidal from a coded message that she dictates through Roz—Roz asks Jam whether she wants her lithium disposed of. Jam's assent nixes the suicide plan that she has been contemplating. This willingness to let Jam decide what she needs, and to take mad perspectives into account, opens up the possibility of Roz learning to madden her perspective, and even to link her experiences of queer marginality (particularly in the context of her breast cancer treatment) to Jam's experiences of madness and medicalization.⁹¹ While Jam is uneasy about the overlapping of her mad and queer affiliations, the fact that Roz and the ThisIsCrazy family are willing to interact with each other on Jam's behalf, and the fact that Roz, aside from insisting on first aid and food, is willing to provide only the supports Jam asks for, is hopeful. As Stephen's lover reminds Jam, while he counsels her through the coming together of her two seemingly disparate "families"—Roz and their queer community in the "meatworld" and Fruitbat, Junior, Bones et al in the mad community online—"life is supposed to be complicated" (257). Stephen's lover's statement serves as a reminder that, like the participants of *MadArtReview*, Jam does not have to definitively pin down her identity, deciding to be only and indefinitely lesbian or queer, mentally ill or mad. In Huffer and Foucault's terms, Blackbridge posits a kin-ship between madfolks and queerfolks characterized by a continual "turning into something other" (83). Like *MadArtReview*, Jam's identity, and her story, can remain unfinished, always being (re)created and changed.

At the novel's end, Jam plans to spread Stephen's lover's ashes beside the lupins she planted with her queer friend Cynthia. This decision symbolically recognizes the interdependence of Jam's madness (represented by the ashes) and her queerness (represented by

both the lupins and the ashes) however incommensurate they may seem. Laying the two aspects of her experience together underneath the lupins, a rather prolific perennial, and a symbol of growth and renewal springing up from the ashes, Jam represents her willingness to bring mad and queer perspectives and communities back into kinship. This kinship, through the metaphor of the lupins, is imagined as ever-spreading, seasonally ebbing, and forever re-emerging out of the divisive ruins that characterize liberal humanist identity politics. Invoking the similarities and differences between identifications and within communities may be messy—like the dust in the vacuum cleaner and the dirt around the flowers—but it is also promising. As in *MadArtReview*, where differences were stated without becoming divisive, *Prozac Highway*'s conclusion opens up the possibility of “sticky” associations—to borrow a term from Heather Love—across experiences and labels (185). Love, drawing on Erving Goffman’s work on stigma, argues that instead of rejecting identity labels such as lesbian in favour of “post-identity” frameworks—such as the use of “queer” to describe a vast array of differences, sexual and otherwise—scholars need to “reach across differences without erasing them,” simultaneously specifying experiences of marginalization, while striving for a “common language” to describe similarities among divergent kinds of otherness (184, 290). Roz and the ThisIsCrazy members may not understand (or even get along with) one another; however, their coming together in the final pages of Jam’s narrative suggests the start of a discussion about the commonalities and differences among individuals living on the margins, and of finding mutually generative—if always contested—ways to queer and madden dominant discourses and identity politics.

Chapter 4:

Imaginary Homelands: Race, (Un)Belonging and Madness in (Post)Colonial Britain

And so all this fuss over empire—what went wrong here, what went wrong there—always makes me quite crazy, for I can say to them what went wrong: they should never have left their home, their precious England, a place they loved so much, a place they had to leave but could never forget. And so everywhere they went they turned it into England; and everybody they met they turned English. But no place could ever really be England, and nobody who did not look exactly like them would ever be English.

—Jamaica Kincaid, *A Small Place* (24)

Intersections of Race, Racism and Madness

As I explored in my previous chapter, the mad community is continually re-appropriating and developing new terminology, looking for ways to describe our divergent and complex experiences of difference. For the most part, I think that this continual rethinking of the words that we use is generative, refusing a fixing of madness as only and always one thing. I was troubled, however, when, attending a conference of mad activists, academics and community members in New York, I noticed some people using the term “slavery” to describe psychiatric incarceration, community treatment orders and/or psychiatric oppression more generally. One person was even quite insistent upon the term “racism” to describe discrimination against mad people. While I agree that there are some similarities between slavery and psychiatric oppression, including seizing and holding people against their will, forcing unpaid labour, the use of restraints, and historical justifications for both systems coming out of notions of biological inferiority, this does not mean that slavery and psychiatry are the same. And while various kinds of oppression may be experienced similarly, they may also look quite different, so I would not say that sanism and racism are the same. I do not think that the people I met who used the term slavery to describe psychiatric oppression were suggesting that eighteenth and nineteenth-

century American chattel slavery and the treatment of mad people in contemporary America are indistinguishable; nevertheless, the use of the term slavery, particularly in America, evokes images of the enslavement of African peoples, while erasing the historical specificity of slavery, the abolition movement, the civil rights movement, and contemporary anti-racist activism, but also of the history of psychiatry and of mad people's resistance to it in the United States. I think that some mad people have borrowed terms like slavery and racism because they are unaware of mad movement history and/or language. Or, they perceive race-based language as more provocative or politically effective because it seems more visible in popular media. To label us all "slaves" or as victims of "racism," however, ignores not only the differences between mad people and black people and our activisms, but also the diversity among mad people, and many mad people's experiences of intersecting oppressions, including racism. My experiences as a white, middle-class Canadian in a publicly-funded mental health system are worlds apart from, for example, those of Esmine Green, the Jamaican-American woman who died from a blood clot, alone on the floor of King's County Hospital in Brooklyn, New York in 2008, after spending 24 hours waiting for an involuntary psychiatric evaluation (Bergstresser 222). While sanism almost certainly accounts for part of the way that Green was treated at King's County, racism must also have played a role, and the two are not the same, even if they—along with sexism and classism—are inextricably intertwined in Green's case.

The question of race as it pertains to biopolitics is a complicated one, as I suggested in my introduction. In Foucault's definition, a race is a group of people categorized and managed by biopolitics (255); the use of "race" as a blanket term to describe a group of people, however, like the blanket use of the term "queer" to describe anyone who is on the political margins, risks erasing the specificity of particular experiences of difference and of oppression. As I indicated in

the conclusion to my previous chapter, the moniker “queer,” as Heather Love argues, risks annexing specific identity formations and their material realities. As an alternative, Love makes the case for alliances across “sticky” and incomplete identities, rather than an elimination of identity categories altogether (185). While mad people are a “race” both in the sense that we are a marginalized group, as well as in the sense that we have our own culture, that does not mean that we experience *racism* in the way that people of colour experience racism in white dominated cultures. To discuss the connections between race and madness, or just their representation in literature, would be a several-books-long project; nevertheless, in approaching this study I knew it was important to me to talk about not only mad people as a “race,” in the biopolitical sense, but also mad people’s relationship to race understood as group of people defined by presumably shared and fixed biological and cultural traits such as skin colour, body shape, music, history, and religion (what Foucault calls “ethnic race”)—an understanding, which, as Hall and Carby argue, is actually shifting and contested (Hall 116; Carby 224-5; Foucault *Abnormal* 316).⁹² While addressing questions of race, I am furthermore keeping in mind Gayatri Chakravorty Spivak’s critique of some white western academic feminists’ tendency to address race and racism by making references to “women of colour” or “third world women,” terms which homogenize vastly different cultures, social positions and experiences and juxtapose these against white as the norm or lack-of-race (165). As such, I will limit this chapter to an examination of the specificities of intersecting experiences of race and madness in two novels: Joan Riley’s *The Unbelonging* and Helen Oyeyemi’s *The Icarus Girl*. Both revolve around young black women living in England in the latter half of the twentieth century who are perceived as strange, other, and mad by their communities, at least in part because of their racial and cultural difference. The women’s experiences of otherness, however, are shaped by the

specificity of their cultural and class backgrounds and experiences of migration, cultural liminality, and institutionalization. I argue that in *The Unbelonging* and *The Icarus Girl*, Riley and Oyeyemi expose and talk back to the continuing colonialism of British (ethno)psychiatric understandings of madness which define black bodies as disordered and dangerous by default; they do so by juxtaposing their protagonists' perspectives on their own lives against those of others around them, including people in positions of power. These novels refuse to describe their protagonists according to any one discourse—British or Jamaican/Nigerian—of madness or of blackness; instead—and like the narratives of American institutionalization, British decarceration and globalized electronic mad communities and epistemologies I have previously explored—they show the ways in which their protagonists' understandings of themselves and the world around them are influenced in ever-shifting ways by the discourses and infrastructure that shape madness, race, gender and nationality. Unlike the texts I have explored up until this point, however, which primarily deal with the psychiatrization of white women, *The Unbelonging* and *The Icarus Girl* explicitly address the way in which contemporary understandings of race are shaped and haunted by colonial discourse and vice versa. The style of these novels—non-linear, interrupted by flashes of dreams, memories or supernatural experiences—expose the mutability of truth, reason and free will, discourses at the foundation of modern Western constructions of race, personhood and nation. In doing so, they furthermore offer counter pedagogies of (national) identity where divergent ways of being can conflict, but also interact: ever shaping, clashing and affiliating with one another across difference.

Postcolonial Theory: Community in the Shifting Boundaries of Race and Nationality

As Leela Ghandi explains in her survey of postcolonial theory, while anti-colonial nationalist discourse has had significant mobilizing power, most post-colonial theorists agree that oppositional nationalism risks further entrenching essentialist colonized and colonizer identities. These identities include “the native,” who is savage, culturally and technologically stunted, superstitious, and mad by default—as I will discuss—as well as the ideal liberal humanist English subject who is equated with whiteness, rationality, civility and intelligence.⁹³ Gandhi argues that “after colonialism, it is imperative to imagine a new transformation of social consciousness which exceeds the reified identities and rigid boundaries invoked by national consciousness. Postcolonialism, in other words, ought to facilitate the emergence of what we might, after Said, call an enlightened ‘postnationalism’” (Gandhi 123, 124). Postnationalism holds that colonialism, rather than being a straightforward system of top-down domination, “contributed to the mutual transformation of coloniser and colonised” and reads colonialism as the beginning of globalization: the freer flow of peoples, information, technology and capital over increasingly fluid national borders (125). Given the context of globalization, postnationalism “imagin[es] an inter-civilizational alliance against institutionalized suffering and oppression” (125). Facilitating this global alliance, however, entails rethinking identity politics, refusing essentialized race, nation and identity labels, and insisting upon an indeterminate, in-between or hybrid sense of national and cultural belonging (128, 130).

While the idea of a global, hybrid, anti-oppressive community is hopeful, it may also be utopian; as of yet, we have not sloughed off borders, colonialism, racism, or disparities in material conditions either between nations, or between groups within a given nation. As Leela Ghandi reminds us, “for some oppressed peoples, in some circumstances, the fight is simply not over. Hybridity is not the only enlightened response to oppression” (136). Recognizing one’s

cultural, racial or national hybridity may be ideologically useful, but it does not necessarily change the realities of violence, poverty, and incarceration. To say that we are all hybrid does not stop the ongoing effects of colonial discourses and infrastructure, and over-valORIZING the idea of postnationalism risks an evasion of current material realities. The narratives I analyze here call us to be attentive to the materiality of racism, sexism and sanism, while inviting us to look for places where anti-oppressive epistemologies and affiliations might emerge from them. *The Unbelonging* and *The Icarus Girl*, while narratives about the pain of not belonging and the failure of the promise of multicultural community, also offer pedagogies of incongruity: possibilities for mobilizing connections across cultural unintelligibility.

Serving her Time: Hyacinth as a Criminalized Mad Other in *The Unbelonging*

Hyacinth Williams, the protagonist of *The Unbelonging*, at the age of 11, receives a summons from her father, Lawrence—whom she has never known—to leave Jamaica and join him in England. While Hyacinth lived in poverty in Jamaica, she also lived in a loving home with her Aunt Joyce and had numerous friends. In 1970s England, Hyacinth experiences her living conditions as abject—continually cold, poorly clothed, subject to vicious racism, and beaten nearly daily by her father and step-mother (Riley 34, 18, 13). When her father attempts to sexually assault her, Hyacinth finally runs away, surrenders herself to police, and is put into foster care. Hyacinth thinks of the white administrators and social workers she deals with in the child welfare system: “‘All these white people trying so hard to hide their hate... Yet they could kill you because you are different from them.’ She had to remind herself that they had not hurt her yet. Of course, they let her know she was not wanted, did not belong, but at least they were not violent like black people” (69). While Hyacinth is not continually threatened by physical

violence in foster care, and has her basic needs met, she faces another kind of violence, that of being continually stared at, insulted, and deprived of either respect or caring. Hyacinth's coming-of-age is shaped by poverty, racism, sexism, classism and, as I will argue, sanism—despite the fact that she is never psychiatrized (64, 67).

Unlike all of the other women I have discussed over the course of this project, Hyacinth does not end up in the mental health system; however, part of the reason that I have chosen to discuss *The Unbelonging* is because I am interested in *why* she is never psychiatrized.

Psychiatry, as I have argued, is an apparatus of biopolitics. It functions to segregate people who may be “let to die,” so that the state and its citizens do not need to support and sustain that group of people (Foucault *Sexuality* 136; *Society* 241). Let me suggest that Hyacinth does not need to be classified as mad in order to be understood as mad because, as a Commonwealth migrant to the UK, she is interpolated as racially other the moment she steps off the plane, and becomes the object of a “hostile” white gaze (Riley 13). This gaze happens not only on an individual level, but on a state level. As Ashley Dawson notes, following decolonization and the passing of the Nationality Act 1948, British politicians and elites reacted to the increase in immigration of former colonial subjects from African and Caribbean nations to the British metropole with “hostility bred from the attitudes of racial supremacy fostered by centuries of imperial power” and fuelled by the political agitating of Enoch Powell and his supporters (Dawson 9, Gamallo 183).⁹⁴ Such hostility was enshrined in policies that “played a pivotal role in disseminating exclusionary definitions of national belonging and are hence directly culpable for the rise of racism and fascism in postimperial Britain” (Dawson 9). Hyacinth's story shows the trickle down of these racist notions of belonging into various state and non-state institutions. She is repeatedly hailed as an outsider through non-psychiatric apparatuses of governmentality, anatamopolitics,

and biopolitics. An early example of these mechanisms interacting is when Margaret, a fellow student, tells Hyacinth to “go back to the jungle where you come from,” beating her up with encouragement from fellow students yelling, “kill the wog,” and a teacher who looks on “in amused tolerance” (Riley 16, 19). This tolerance and encouragement of the discursive and physical violence Hyacinth encounters persists at school, in the foster care system, and in the penal system.

Although Hyacinth is not deemed mad, this is perhaps a matter of chance, since in another of Riley’s novels, *A Kindness to the Children*, black Jamaican protagonist Jean’s alcoholism and promiscuity are deemed hereditary ailments, and her social worker arranges for her transport back to Britain (where she lived before returning to Jamaica) and confinement in a mental institution (Numeier 306). In an essay arguing that *A Kindness to the Children* intervenes into the history of the Caribbean woman in literature from *Jane Eyre* through Jean Rhys to contemporary Caribbean women’s novels, Beate Numeier notes:

Madness represents what has been called ‘the postcolonial dis-ease.’ The image of the mad woman in particular serves—in Evelyn O’Callaghan’s words—as a ‘social metaphor for a kind of pervasive ‘illness’ to which our societies are prone as a result of the colonial encounter.’ Riley herself stated in an interview that the madness of her heroine in *A Kindness to the Children* reflects ‘the schizophrenic nature of Caribbean society.’ (304)

Isabael Anievas Gamallo similarly suggests that “inner city England versus bright, warm, and colourful Jamaica provides an extended metaphor for the representation of what Gina Wisker would call ‘cultural schizophrenia,’ that is, the conflict of retaining one’s own difference in a new social, racial and cultural environment” (181). On one hand, critics’ use of madness—or in some cases specifically schizophrenia—as a metaphor for the cultural mixing that occurs in (post)colonial societies attributes that madness to social rather than biological causes. Numeier posits the idea that the mad Caribbean woman can be refigured as the No/mad(ic) woman, who is

not mad but nomadic, engaged in a continual process of crossing boundaries: national, cultural, discursive and mental (304, 316). On the other hand, to state that postcolonial experience is schizophrenic or mad, metaphorically or not, and even if for the purposes of social criticism, erases the specificity of psychiatrization, which some, but not all colonized peoples experience.⁹⁵ As Catherine Prendergast argues in another context, appropriating schizophrenia as a metaphor for multi-layered thinking and subjectivity, as postmodernist theorists (to whom postcolonial theory is indebted) have done, beginning with Deluze and Guattari, actually contributes to the silencing of those diagnosed and incarcerated (physically and chemically) as schizophrenic (57). I stress, therefore, the importance of not labelling Hyacinth mad, because to do so would be to endorse the pathologization of her experiences. I am suggesting, however, that as a (post)colonial subject, Hyacinth is categorized as mad, both metaphorically, within the context of literary interpretation, and within the narrative itself, through her interpellation as mad/other in non-psychiatric social and institutional contexts.

Riley opens up the possibility of Hyacinth's psychiatrization when Hyacinth's father takes her to the doctor because he wonders if there may be a physical problem behind Hyacinth's persistent bed-wetting.⁹⁶ Although the doctor seems kindly and perceptive, asking Hyacinth whether she is afraid of her father, whether her father hits her when she wets the bed, and whether she is homesick for Jamaica, Hyacinth, while admitting she wants to go back to Jamaica, is too afraid of her father to admit that he beats her each time she wets the bed (31, 30). When the doctor asks Hyacinth if she thinks there is something wrong with her, she is "not quite sure what to say," but replies in the affirmative, perhaps feeling that having a "real" ailment must be better than admitting to her home situation and its effect on her (31). While, in the absence of either a physical cause for Hyacinth's bedwetting, or an obvious psychological cause (such as

fear of punishment) the doctor could have turned to a psychiatric explanation, but he does not. The doctor asks Hyacinth to leave the room while he discloses his diagnosis to her father (itself an act of paternalism); however, the next time Hyacinth wets the bed, her father reports as he beats her that the doctor told him it was “laziness” “spite,” and a fear of the dark—something Hyacinth denied when the doctor asked her about it—that caused her to wet the bed (33). The doctor’s characterization of Hyacinth’s bed-wetting, if accurately represented by her father, is indicative of the way in which racist stereotypes are embedded within the supposed neutrality of medical discourse. The doctor could have fallen back on a psychiatric understanding of Hyacinth’s bedwetting, but he does not need to; instead, he easily turns to assumptions about the laziness, anger and superstition (fear of the dark and what might lie there) of black people, stereotypes I will discuss shortly. The doctor’s failure to report on suspected child abuse, furthermore, is suggestive both of the expectation of “savagery” in black families, as well as of the disposability of black women in Britain. Hyacinth’s visit to the doctor does not result in her psychiatrization, however, like her other institutional encounters, it reinforces both her racial unbelonging, and is part of, as Corhay-Ledent puts it, her “com[ing] to experience [England] as a male-dominated world” (501). As Gamallo points out, “Hyacinth will learn to experience her body as the object of violence and abuse” and, “through this process of alienation, disengagement and rejection of her own body, frightened and foreign, Hyacinth will grow into fear, self-disgust and distrust of white and black people alike, but black men in particular” (183). That her hope of avoiding her father’s cruel punishments and of being able to return to Jamaica are so quickly and violently crushed, by her father in collusion with the doctor, fundamentally reaffirms for Hyacinth her inescapable subordination to and fear of white people and men (64).

I argue that Hyacinth’s encounters with medical treatment, education and social services

make her psychiatrization essentially redundant because they already define her as other in terms of race, class and gender, and separate her from the white male centre of society; therefore, there is no reason for her to be additionally marked and institutionalized as mad. As Hazel Carby argues, educational bureaucrats and theorists in late twentieth-century Britain conceived of education as an apparatus for preventing the degeneracy of the (British) race, and containing the radicalized social tensions erupting in the culture at large:

Theories of 'deficiency' and 'deprivation' were mobilized in these [debates about 'working-class educational failure'] to support policies of channeling increased resources to inner-city schools and creating Educational Priority Areas. A similar strategy of positive discrimination was embodied in the Race Relations Act, 1976, which obliged local authorities to take positive action to promote equal opportunities. In this context education is seen as central in forging a new, more egalitarian democratic society.... The purpose of educational policies is thus to promote tolerance between social groups and so produce a society displaying an equilibrium among ethnic groupings and between classes. The school is made a site for containing the effects of racism. (220)

Importantly, however, these policies do not configure the school as a site for dismantling racism. Containing the "effects of racism" entails pathologizing black students as deficient or deprived/depraved and then managing these pathologies through surveillance, discipline and segregation, and where warranted, medicalization and criminalization.⁹⁷ As Carby explains, "Black educational failure is taken to guarantee that the root problem is that of the ethnic minorities themselves. Black people are constructed as a social problem; the concept of multiculturalism mobilizes a 'race relations' discourse and a range of social (educational) policies to 'deal with' the 'problem'" (223). In *The Unbelonging*, Hyacinth "hate[s] Beacon Girls [school], and the thought that she was sentenced there for another four years was hard to bear" (15). Her choice of the word "sentenced" links the school and the prison as biopolitical and disciplinary institutions that "deal with" the "problem" of black people, and connects the policing Hyacinth experiences at school to the ongoing criminalization she will endure. At

school, Hyacinth is the only black girl in her year and is verbally and physically attacked by her peers (15). Most of the teachers at her school participate in Hyacinth's victimization, looking on while Hyacinth is being assaulted by her peers and failing, too, like the doctor, to report suspected abuse despite noticing Hyacinth's recurring welts and bruises (27). When Hyacinth appears in gym class with a black eye and split lip from an attack at recess, her teacher, Mrs. Mullens, who has made previous racist comments, accuses her of fighting. When Hyacinth tells Mrs. Mullens that she fell against a wall, Mrs. Mullens looks "thoughtful" and "almost sorry for her," excusing her from class and sending her to the nurse (17). It is as though Mrs. Mullens, who has previously told Hyacinth, "you blacks had better learn that you are in our country now!" admires Hyacinth's unwillingness to be a snitch (17). Perhaps Mrs. Mullens even sees Hyacinth's lie as an example of her readiness to "act as if she is in 'their country' now," by getting along without complaint or acknowledgment of the racism she is experiencing, and in doing so, taking up a properly subordinate position. Ignoring Hyacinth's suffering is a way for teachers and peers to keep Hyacinth "in her place," segregated; it is a mechanism of biopolitical categorization and disciplinarity. Hyacinth's acceptance of violence, however, also illustrates Sara Ahmed's claim that "to become British is to accept Empire as the gift of happiness, which might involve an implicit injunction to forget or not to remember the violence of colonial rule" (131). Ahmed argues that British officials and intellectuals use the "happiness" brought to indigenous peoples through the imposition of British discourses of law, civility and rationality as an ongoing justification for colonization. Likewise, in order to be tolerated as British, Hyacinth must forget not only the history of colonial violence, but also its ongoing legacy, which she experiences in the form of racist violence in the metropole. Hyacinth's willful forgetting of

violence is comparable to the way in which mad subjects like Jodie in *Broken Biscuits* must accept their neighbours' tolerance, because the alternative to it is violent rejection (Kettle 128).

The dismissal she encounters at the doctor's office, the racism she experiences at school, the punishment she receives when she retaliates against it, and her father's continual warnings that "they don't like neaga [black people] here," make Hyacinth reluctant to seek help from authority figures, a reluctance that reinforces Hyacinth's segregation. Hyacinth has learned that authority figures exist primarily for the protection of the privileged races—and here I use the term race both in the broader biopolitical and ethnic senses—a protection that entails, in part, the othering and management of undesirable races. While her father's threat that "white people smile up them face with them plastic smile, and then when you trust them, them kill you" is not borne out in the literal sense when she eventually lives among them in foster care, neither do her wariness about white people or her sense of unbelonging turn out to be unfounded (51). In fact, her father's warning turns out to be metaphorically true, in the sense that despite being "helped," by police and social workers who seem well-intentioned, Hyacinth lives so far on the margins during her time as a state ward that she is essentially "socially dead," according to Achille Mbembe's definition of the term (Riley 51, 94; Mbembe 21).⁹⁸ Mbembe builds on Foucault's notion of biopolitics (a politics of life) as a "make live" and "let die" logic of sovereignty, and Giorgio Agamben's work on the "state of exception," arguing for a "necropolitics," (a politics of death) whose basis is the right to kill; this killing is justified as execution under the logic of state emergency (the state of exception) (16). While the Nazi gas chambers are the primary example of necropolitics—the right to kill those defined as a threat to the national body—Mbembe also reads colonial apartheid, Marxist totalitarianisms, refugee camps and high-tech infrastructural warfare as states of exception, where necropolitics is the basis of sovereignty (18-22, 27, 29).

Necropolitics does not always involve the literal killing of undesirable subjects; it can also involve, as in slavery, keeping those subjects—dehumanized “*savage[s]*,” “*animal[s]*,” and “*alien[s]*”—“alive but in a state of injury, in a phantom-like world of horrors and intense cruelty and profanity” (21, 24, emphasis original). Psychiatry can also function as a state of exception, and indeed, Mbembe’s necropolitical metaphors are highly reminiscent of those Allan and Blackbridge use to describe the zombifying effects of psychiatric drugs on Tadpole and Fruitbat, and which Baker uses to describe the alienating or “fishbowl” effects of “therapeutic” surveillance (Allan 12; Baker 59; Blackbridge 237). In *The Unbelonging*, Hyacinth’s death-in-life comes not from psychiatrization, but from her experience of what Gamallo calls “the cold and undisguised British racism of the 70’s” (183). This racism signals Britain’s state of exception post-decolonization: its normalization of cruelty towards and deprived living conditions for Commonwealth migrants.

Although Hyacinth’s material conditions improve within the foster care system, she is continually treated as a criminal, despite being a victim in the terms of the law. Hyacinth’s blackness marks her as exceptional, “savage,” disposable. After being picked up by police, she is brought to a “reception home” (67). Despite the small comforts Hyacinth enjoys, such as her own pocket money, hot baths (which could be read as “civilizing” efforts more than kindnesses), and a clean, warm dry place to sleep the reception home is clearly institutional.⁹⁹ Hyacinth sleeps in a dormitory reminiscent of a hospital ward or detention centre, and is supervised while bathing by employees who judge her thin, black, scarred body and nappy hair (67-8). Mr. Cluft, the supervisor of the reception home refers to her openly as a “nigger” and a “wog,” making blatant the racism of a system that also has difficulty finding a foster home for her, with the result that she remains in the supposedly temporary institution for over a year (72).

The fact that Hyacinth, even within a system of othered children, is kept in institutional conditions, unlike the white children who come and go quickly through the reception centre, marks her blackness as deviant and dangerous, criminal or mad. Hyacinth's criminality is furthermore reinforced by the fact that, when, at age 18, she must leave the foster home in which she is eventually placed, the child welfare system yet again fails (or is unwilling) to find an actual home for Hyacinth, instead placing her in a hostel for ex-convicts (94). Moving there makes Hyacinth feel ashamed and guilty, wondering if the various authority figures with whom she is enmeshed have finally "guessed her secret"—her father's attempted incest—and are punishing her (94). Hyacinth has so long been treated as criminal, that she starts to suspect herself of having committed a crime. Hyacinth's criminalization is not only a form of social exclusion (as is the shunning of teachers and peers), but is an active form of maltreatment, as Mbembe puts it, "a state of injury" or "living death" which exposes the racist necropolitics of the welfare system (21).

Hyacinth's criminalization, which is bound up with her gender and race, makes her "human character" unintelligible, instead marking her as "savage," "alien," "animalistic," and, I argue, mad (Mbembe 24). While her father's attempted rape, and the proposition of a white man in a car immediately after Hyacinth ran away from home, have left Hyacinth afraid of men's sexual advances, the men who express interest in Hyacinth read her rejection as hysterical or savage (Riley 64). When Colin, a former foster child of Auntie Susan—the foster mother in the home where Hyacinth is placed after the reception home—returns for a visit, Hyacinth both resents him and longs for his approval. Initially, Hyacinth believed that Auntie Susan hated all black people. When Hyacinth attacks her foster sister Sylvia, reacting against Sylvia's mocking, domineering behaviour, Auntie Susan admits that she was forced to take Hyacinth in, but that

she will evict her if she continues to “establish jungle law” (76). Instead of calling Hyacinth’s behaviour madness, as she might have had a white girl reacted with seemingly random violence, Auntie Susan falls back on assumptions about the savagery of black people—“jungle” implies that “their” laws are as the laws of animals: unintelligible within the context of British jurisprudence and thus understood as criminality. Auntie Susan’s assumptions about black primitiveness do not seem to apply to Colin, however, perhaps in part because he is a handsome military man. As when Hyacinth covers up the racist violence she experiences at school, earning a pittance of respect from Mrs. Mullins, Colin has perhaps earned Auntie Susan’s respect through his masculinity, his Britishness, and his willingness to be subservient, all demonstrated in his choice of a military career (87-8). By contrast, Auntie Susan tells Hyacinth that “there isn’t any place for [blacks] in education,” interpreting her desire to go to college as a refusal to fulfil the role of the happy migrant, exemplified by Colin, who seems to accept his place in the hierarchy (80).

Riley further establishes Hyacinth’s gendered position as other in relation to black men through her sexual interactions with Colin, Mackay, and Charles, which recall her incestuous trauma. When Colin, who has many blonde suitors, expresses attraction to Hyacinth after she straightens her hair, Hyacinth is initially pleased to be considered, for once, pretty like white girls; however, the sight of Colin’s erection through his pants as he woos her reminds Hyacinth of her father’s “lump” when he beat her. Hyacinth freezes, looking to bolt from the room (91). Colin is “frightened” by her reaction and tells her, “there’s no need to act so spooky” (91). The term spooky implies something flighty or sinister about Hyacinth—that she is either easily scared—like an animal—or something to be afraid of—like a ghost, an image that invokes Hyacinth’s necropolitical death-in-life. “Spook” can also be a racial slur, however, and Colin’s

use of it works as an assertion that he is more civilized than Hyacinth, who, as a black migrant woman is apt to be deemed more primitive: prone to superstition, flights of fancy, and madness. Hyacinth becomes similarly frightened when Mackay, a man with whom she has developed a friendship, makes advances towards her. In this case, Mackay—who had taken her acceptance of an invitation to his home as consent—reacts angrily, accusing Hyacinth of playing games and being a “tease” (105-6). Mackay attributes her panic to the duplicitousness or moodiness of women. His response is a common gendered trope, which is also racialized in the sense that black women are expected to be more sexual than white women, an expectation that was fed, in part, by post-decolonization fears about British bloodlines being “tainted” by racial mixing (Dawson 13). Colin and Mackay, apparently oblivious to the high probability that an institutionalized black woman might have experienced previous sexual assault, attribute Hyacinth’s reaction to something wrong with her, rather than anything problematic in their behaviour. As men, they have been taught to assume that friendship with a woman implies consent, and their characterizations of Hyacinth as “spooky,” frigid, and/or duplicitous on the basis of her rejection closely link women’s, and particularly black women’s sexuality to madness. Even Hyacinth’s friend Charles, who is more aware, suspecting that she is afraid of men because of something to do with sex, is trapped within phallocentric, heterosexist notions of women’s sexuality: he offers sex as a way of “exorcizing” her fear of sex. Hyacinth’s experience of their sexual encounter as “painful” “messy” and “fumbling” does not insinuate that continual consent and communication are a part of Charles’ understanding of sex (131). In fact, his curious choice of words, that he will “help her exorcize such a ghost,” like Colin’s word “spook,” evokes Hyacinth’s liminal death-in-life state; it implies, implicitly, that she needs to be interpellated as a recognizable subject through monogamous heterosexual sex, a life-giving activity sanctioned as

clean, rational and civilized in imperialist discourse (McClintock 208). His proposal to help her overcome past trauma furthermore plays into multicultural rhetoric where “heterosexuality becomes itself a form of happy return promising to overcome injury,” bringing the melancholy migrant into the happy fold of the British (heterosexual, nuclear) family (144). Charles, well-meaning and remorseful, tries to make amends; however, when Hyacinth will not talk to him, he guesses that she is upset due to her loss of virginity (another Western heterosexual preoccupation) rather than to his breaking of her trust by providing—however unintentionally—a re-injuring experience (132).

More overtly than do Mackay, Colin and Charles, literary critics tend to pathologize Hyacinth’s sexuality, locating the “problem” in her, without examining the role her suitors’s actions play in reinforcing her fears. Gohrisch, in her essay on Riley’s exploration of the stereotypical roles offered to black women in British narratives, argues that “as a result [of her cultural hybridity] she is emotionally disturbed and unable to either receive love or to give love when she meets Mackay and Charles, the two black men who take an interest in her” and Corhay-Ledent argues that Jean Rhys’ protagonist Anna in *Voyage in the Dark* and Hyacinth in *The Unbelonging* “are left scarred for life by their [early] traumatizing experience [of men]: Anna is on the verge of a schizophrenic madness and Hyacinth develops an almost neurotic fear of any sexual involvement” (Gohrisch 283, Corhay-Ledent 508). In the second instance, Corhay-Ledent emphasizes Hyacinth’s pathology by linking her “neurotic” fears of sex to Anna’s “schizophrenic madness.” Both critics see Hyacinth’s rejection of sexual relationships with men not as justified in and of itself, but rather as a symptom of either the traumatic experiences of migration and parental abuse, or of mental illness. These readings miss what I argue is Riley’s critique of heterosexual men’s dominating approaches to courtship and sex as reproducing the

oppression that the black men in the novel—particularly the activist Charles—seem aware of in other contexts. Thus, while Hyacinth is not psychiatrized, I argue that the sexism she experiences is bound up with sanism since her resistance of sexual objectification is deemed mad by both other characters and critics.

“A Bit Mad, Really”: Non-psychiatric Policing of Jessamy’s Madness in *The Icarus Girl*

In *The Icarus Girl*, protagonist Jessamy Wuraola Harrison is subjected to psychology, but not psychiatry, and is additionally, like Hyacinth, marked as mad through the policing of both teachers and peers at school. The eight-year-old daughter of a black Nigerian expatriate mother and a white English father, Jessamy does not feel like she belongs in either her country of birth or her mother’s homeland. Growing up as a precocious child in 1990s middle-class London, Jessamy struggles to come to terms with the idea that she is a particular person in a particular place. Oyeyemi explores this uncertain subjectivity in the opening pages of the novel, where Jessamy is hiding in the cupboard of her parent’s house thinking that, “if she reminded herself that she was in the cupboard, she would know exactly where she was, something that was increasingly difficult each day” (3). It is almost as though creating a boundary—the confines of the closet—around her physical self helps Jessamy to feel that the idea of herself is contained within that physical self as well. Diana Adesola Mafe reads the cupboard as a metaphor for the silencing or confinement that Jessamy, like Bertha Mason in Rochester’s attic in *Jane Eyre*, or like the titular Icarus in the labyrinth must escape (23, 27, 30).¹⁰⁰ Jessamy, however, perceives everything outside of the cupboard as “too fast, all colours, all people talking and wanting her to say things” (4). She feels overwhelmed by the demand that she assert her individuality, and her belonging, by articulating herself. Jessamy reins in this feeling of being overstimulated in a

number of ways: by secluding herself (5); by using reading as a form of escapism, taking on temporarily the subjectivity of characters (97); by writing haiku poems to “try to mould her sentiment into the perfect form,” (7); and by doing research about her own origins, whether this be reading about Nigeria, or taking in the fairy tales to which other British children have been exposed, but which Jess—who only knows Nigerian fables—has not (9, 167). All of these activities are efforts to escape her confinement, to understand and articulate the multiplicity of her subjectivity in gradual, sensory ways. Jessamy understands identity as a process of becoming whereas the adults around her want her to be something right now. Overwhelmed by the demands of adults “wanting her to say [and do, and be] things,” Jessamy falls into fits of screaming that get her into trouble at school (9, 81). Sometimes, perhaps because Jessamy’s search for herself has proved inconclusive, or perhaps because the coping methods added to her overstimulation, Jessamy falls ill with a fever that seemingly has no cause (7, 9, 76). In a sense, she burns up, like Icarus too close to the sun. Jessamy pushes herself too far, too fast, towards the resolution of identity, something that, the novel ultimately suggests, can never, like the sun, be reached, but can only be sought after and skirted around, temporarily basked in before retreating to the shadows.

Part of the reason that Jessamy feels uncertain about her subjectivity is that, like Hyacinth, she is continually hailed as other in Britain, despite being born there and being half English. Jessamy, also like Hyacinth, endures bullying at school, particularly from a popular white girl, Colleen, and her gang of girls. During one episode of harassment, Colleen suggests that “maybe Jessamy has all these ‘attacks’ because she can’t make up her mind whether she’s black or she’s white” and in another she tells Jess, “my mum says it’s not your fault you’re mad, she says it’s the way you’ve been brought up. Your family is weird, didn’t you know?” (82,

102). When Jess retaliates against Colleen and her group's verbal and physical attacks, Colleen calls Jessamy a "freakshow" and tells her "Everyone thinks you're mad, you know!... You'll probably end up in a *mental hospital* or something!" (102, emphasis in original). Colleen's prediction interpellates Jess as dangerously mad, and stands both as a threat of future psychiatrization, and as a means of policing biopolitical boundaries. It is a warning designed to ensure that Jessamy, as racially-mixed, mad other, understands her necessary segregation from the "sane" white kids. Children outside of Colleen's group reinforce Jessamy's sense of otherness, furthermore, through ostracizing acts such as tripping her and throwing things (79, 99). Trish, a student who is friendly towards Jessamy, enquires almost admiringly, "you're a bit mad, really, aren't you?" (185). Even Jess's family, though they love her, reinforce the idea of Jess's difference. Her paternal grandparents "kindly, unintentionally [make] her feel abnormal, like a freak" by "put[ting] her melancholy under a microscope and mak[ing] her fears appear groundless" (47). The microscope metaphor suggests that her white English middle-class grandparents regard her with an almost clinical gaze, perhaps looking for bio-medical explanations for her oddness. Jess also recognizes this oddness in herself, however, when she sees the way in which the rest of her family is reflected in British culture. When Jessamy looks at her father's sister's family, for example, she thinks that "they looked like a picture-book family: blonde man, blonde woman, cute little blonde child" (144). Her cousin Dulcie, the "cute little blonde child," fits in with her family, and with the culture around her, while Jessamy is continually reminded that she does not. Jessamy's insufficient Englishness is reinforced in everything from the books she is exposed to—such as *Little Women*, *A Little Princess*, *The Lion, the Witch and the Wardrobe*, and Shakespeare—which feature white and predominantly Anglo-American heroes and heroines, to the crayons she colours with, which have only browns that are

too dark or too light for the skin colour she wants to represent (55, 184, 122, 127). In *The Icarus Girl*, the white middle-class family thus functions as an institution that compels Jessamy's madness through its scrutinizing gaze, and the cultural materials it offers as models of recognizable subjectivity.

Jessamy's consideration of Colleen's racist and saneist comment that she screams because she "can't decide if she is black or white"—she wonders "is it true?"—is an indication of her continuing efforts to sort out the ways in which she is being interpellated. Is being racially and culturally in-between the same as being mad? (82). The idea that Jessamy is mad is reinforced by the presence of TillyTilly, a Yoruba girl Jessamy meets on her family vacation to Nigeria. Oyeyemi's narrative throws into question TillyTilly's status as an objectively real or living person when she suddenly appears in Jess's neighbourhood in London soon after their return from Nigeria, and starts making mysterious and terrible things happen, which adults blame on Jessamy (240). Soon after TillyTilly appears in London, Jessamy begins to realize that TillyTilly is not visible to other people, and from this realization comes a questioning of whether TillyTilly is "real" or not (149-50).

The addition of possible madness to the mix of identifications Jessamy is wrestling with only intensifies Jessamy's problems with subjectivity, and her troubles at home and at school reflect this struggle. As Jessamy's behaviour strays further from English norms of acceptability, her mother decides to take her to see Dr. McKenzie, a psychologist. Dr. McKenzie primarily takes the role of counselling, rather than diagnosing, Jessamy, until he finds out about TillyTilly. He then decides that "it's possible TillyTilly is an alter ego, although she could also be an internalized imaginary companion. It seems as if we have a situation where Jess has discovered a need of an outlet for emotions that she doesn't want to show. She may have kind of... created,

for lack of a better word, a personality that is very markedly different from her own” (260, ellipsis in original). Jessamy resists Dr. McKenzie’s understanding of TillyTilly, telling him “you know you’re wrong, don’t you?” (261); but secretly, and perhaps in light of the other instances of being called mad, she wonders, “what if he was right and she was just this mad, mad girl who did things she couldn’t control?” (261). Fortunately for Jessamy, however, this question of her madness is left open-ended. While Dr. McKenzie makes a diagnostic claim (one to which I will return), he gives psychological rather than psychiatric explanations, at least for the time being. As Arana suggests in an essay arguing for an anthropological reading of *The Icarus Girl*, “when Jessamy seems predisposed—ever more frequently and violently—to unprovoked tantrums and fits of screaming, she is diagnosed (in London) as having severe mental problems that can best be treated by a psychiatrist, Dr. McKenzie—and with hypnotism, if not anti-psychotic drugs” (293). I agree that Dr. McKenzie’s diagnosis implies the possibility of further psychological and psychiatric interventions (Arana 293); however, I argue that, like Riley’s Hyacinth, who is not labelled mentally ill because she is already marked and segregated as other, Jessamy does not need to be institutionalized as mentally ill, since she is already labelled and managed not only as racially and culturally other, but also as mad, outside of a psychiatric context.

Although Jessamy is not psychiatrized within the novel, this does not stop some literary critics reading into the text psychiatrically. In Madeline Hron’s essay on the figure of the child in third-generation Nigerian novels, she argues that:

Jess is a fragile, if not mentally unstable, girl who suffers from temper tantrums, or even psychotic episodes... Manifestly, Jess suffers from some form of bipolar disorder, characterized by alternating manic and depressive episodes. The text, however, proffers various explanations for Jess’ condition; her first episode seems triggered by malaria prophylactics, and her school problems are attributed to skipping a grade or ‘attention seeking.’ (35-38)

Hron is dismissive of the “various explanations [proffered]” by *The Icarus Girl* for Jessamy’s troubles, listing a few of them tangentially as though inviting us to ignore them in favour of the ostensibly obvious explanation that Jess is mentally ill. The parameters of this “illness,” however, are hazy, and Hron does not offer many examples of its “symptoms,” suggesting only that Jess is either psychotic or has bipolar disorder, disease labels which have different criteria within the framework of psychiatric diagnosis. Yet despite this lack of concern with the specifics of psychiatric discourse, Hron seems determined to view Jessamy in terms of illness, since, even when she juxtaposes her psychiatric reading with Nigerian perspectives on Jess’s condition, she reads TillyTilly as being “in her *abiku* and *obanje* [evil spirit] manifestations, symbolic of Jess’s bipolar disorder” (38). Rather than offering *abiku* and *obanje* as alternatives to a psychiatric reading, bipolar disorder becomes the truth of Jessamy’s situation, only represented metaphorically by malevolent Nigerian spirits. Hron even goes so far as to extend her reading of Jessamy’s madness to Oyeyemi herself, citing an interview with Oyeyemi and suggesting that “in *The Icarus Girl*, Oyeyemi may perhaps [be] ‘working through’ or reflecting her own psychological problems as an immigrant child. During her childhood in Great Britain, Nigerian-born Oyeyemi was socially outcast, clinically depressed and even suicidal” (39). Given that Oyeyemi has discussed her difficult childhood experiences, suggesting that *The Icarus Girl* is semi-autobiographical may not be problematic in and of itself; however, the fact that Hron makes this comment immediately following a discussion of Jessamy’s “bipolar disorder” and the prevalence of schizophrenia among Afro-Caribbean immigrants serves to pathologize Oyeyemi and risks reducing what Hron herself understands as an artful, complex novel to a therapeutic exercise. Hron mentions the high rate of schizophrenia diagnosis among black immigrants following her discussion of schizophrenia’s use as a metaphor within post-colonial theory, yet

she does not delve into the implications of the link between the two; neither does Hron use the questions *The Icarus Girl* raises about the ways in which different cultures might define Jessamy's experience to problematize the real life psychiatric incarceration (physical and chemical) of black Britons. I do not mean to single Hron out through this discussion; rather, I point out her frivolous use of psychiatric language in what is an otherwise nuanced reading of Oyeyemi's novel as an example of what I think is a broader tendency to reify and metaphorize psychiatric discourse within postcolonial and postmodern literary studies. I find this tendency counterproductive particularly since, as I will explore, postcolonial texts typically offer a range of alternate perspectives outside of a psychiatric model, a model that, I suggest, needs to be persistently and rigorously questioned in literary criticism, and postcolonial criticism especially.¹⁰¹ Psychiatric and colonial discourses are inextricable, and if we hope to move forward into a postnational understanding of colonization as a mutually constitutive process, we must similarly come to understand psychiatrization as not only oppressing mad people, but reflecting back onto and affecting psychiatric discourses, professionals and the "sane" world as well (Gandhi 125).

Colonial (Ethno)psychiatric Understandings: Black People as Mad People

The link between Jessamy and Hyacinth's (potential) madness and their blackness, as well as the ways in which these aspects of their subjectivities are managed, are connected to the historical and continuing relationship between psychiatry and colonialism. As Flora Viet-Wild explains, psychiatry essentially had two functions within the context of African colonization: the first was "a means for the white settlers to keep the threatening 'savages' under control," to, "in Alexander Butchart's words... manage the African body through the African mind" using

psychiatric hospitals that were essentially prisons; the second was to study “the African mind,” although in some cases, this research was not really removed from the first function of colonial psychiatry, in that it was aimed at discovering better ways to manage and/or assimilate African peoples (12, 13).¹⁰² When psychiatrists, psychologists, and anthropologists interested in the field of ethnopsychiatry first came to Africa, they encountered a dilemma: according to white Western European understandings of sane thinking and behaviour, African peoples were, in a sense, mad by default (McColloch 1). Littlewood and Lipsedge note that in the early twentieth century, when ethnopsychiatrists were beginning to study indigenous African peoples, “psychoanalysis, however, was still dependent on many nineteenth-century assumptions. It suggested that there were striking similarities between early man, the modern European child, the modern ‘primitive,’ and the insane” (157). Beginning with Freud’s work, mental illness in white western Europeans was described, as a “regression” into a more “primitive” state, such as that embodied by indigenous peoples (Littlewood & Lipsedge 167, McColloch 10). As Jock McCulloch observes, Freud’s *Totem and Taboo* is based upon the presumed affinity of “primitives” and “neurotics,” whom he posited “shared a psychic process dominated by intellectual narcissism and the omnipotence of thought. According to Freud, the primitive lacked the means, strength and curiosity to explore the world as it was” (11). Ethnopsychiatry, “the study of the psychology and behaviour of African people,” was highly influenced by both Freud’s work and British psychiatry’s “hypotheses about the ‘good citizen’ and how he should behave” (1, 11). Since Africans already fell into the category of abnormal thinking and behaviour according to both psychoanalytic and psychiatric benchmarks of normal adult psychology, it was difficult for ethnopsychiatrists to determine what constituted madness in an African person (Littlewood & Lipsedge 63). As Viet-Wild puts it: “If Oriental man, the African, is already the other, how can

he be marginalized again as the madman?” (12). Littlewood and Lipsedge explain that, given the default abnormality of African people, the things colonial psychiatrists most frequently targeted as pathological were the “cultural attributes” most different from white western European ones: witchcraft and spirit possession were equated with psychosis, even though, within their cultural contexts, these may have been fairly everyday phenomenon (162). I see echoes of this targeting of particular cultural attributes in *The Icarus Girl*, in that Dr. McKenzie does not move into diagnostic territory until he discovers TillyTilly, whom he explains in psychological terms, without considering spiritual or supernatural explanations. I argue that ethnopsychiatry haunts *The Unbelonging* and *The Icarus Girl* in the sense that Hyacinth and Jessamy are continually denounced as strange, unruly, violent or frightening because their bodies are marked as black, African, or primitive—ideas which are bound up with madness in the history of (ethno)psychiatry, and which may be articulated in racialized and/or psychiatric terms.

Contemporary psychiatry continues to have a colonizing function, in the sense that psychiatric diagnosis around the world is increasingly based around a common diagnostic system: the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* and the World Health Organization’s *International Classification of Diseases*. As dissident British psychiatrist Sammi Timimi notes, in an essay arguing against psychiatric labelling:

For the last few decades Western mental-health institutions have been pushing the idea of ‘mental-health literacy’ on the rest of the world. Cultures are viewed as becoming more ‘literate’ about mental illness the more they adopted Western biomedical conceptions of diagnoses like depression and schizophrenia. This is because of a belief that ‘modern’, ‘scientific’ approaches reveal the biological and psychological basis of psychic suffering

and so provide a rational pathway to dispelling pre-scientific approaches that are often viewed as harmful superstitions. In the process of doing this we not only imply that those cultures that are slow to take up these ideas are therefore in some way ‘backward’, but we also export disease categories and ways of thinking about mental distress that were previously uncommon in many parts of the world. Thus conditions like depression, post-traumatic stress disorder, and anorexia appear to be spreading across cultures, replacing indigenous ways of viewing and experiencing mental distress. In addition to exporting these beliefs and values, Western drug companies see in such practice the potential to open up new and lucrative markets. (np)

White Anglo-American notions of mental (un)wellness are not only being imposed onto people in other cultural contexts, they are also being imposed onto racialized people within Britain and other Western nations. Indeed, the aim of Littlewood and Lipsedge’s *Aliens and Alienists* is to address the ways in which a lack of cross-cultural and social understanding is contributing to the high rates of psychiatrization among racialized Britons. As they explain:

Twice as many black psychiatric patients as white in Britain are involuntary. Apart from the medical insensitivity or prejudice we must consider the possibility that the patients have not adopted the white British ways of ‘going crazy’; West Indian patients are said to be more ‘disturbed’ on admission to hospital than are whites. This is not to say that it is simply the consequence of their background: black Americans have to show greater mental disturbance than do whites before they are referred to a doctor, and a similar pattern may occur in Britain for the Afro-Caribbean community. (78)

Embedded in the differences in diagnostic patterns between black and white Britons are the same assumptions that were attached to colonial psychiatry: the idea that black people are already different, other, disordered.

It seems to me that colonialism was and is important to psychiatric notions of difference, and vice versa; in turn, colonized peoples and migrants, who do not conform to hegemonic notions of Britishness and multiculturalism are apt to be labelled mad or criminal as a way of managing the threat they pose to national happiness, and even national security. In *The Promise of Happiness*, Sara Ahmed articulates the British cultural figure of the “melancholy migrant” who refuses to participate in the national fiction of happy integration, instead “holding on” to racism, which is understood as a lost object from the past. It is the refusal to “let go” of racism, and not racism itself that is framed as the cause of the migrant’s unhappiness (142):

The melancholic migrant is thus a rather ghostly figure, haunting contemporary culture as a kind of unnecessary and hurtful remainder of racism. We can understand the spectrality of this figure if we consider how histories of empire have been narrated in terms of happiness. The migrant who remembers other, more painful aspects of such histories threatens to expose too much. The test of politics becomes one of conversion: if racism is preserved only in migrants’ memory and consciousness then racism would ‘go away’ if only they would let it go away, if only they too would declare it gone. To turn away from such histories is to turn towards happiness and toward others who care for your happiness, who allow you to share in their happiness. (148)

British popular culture figures the melancholy migrant’s persistence in remembering and reminding others—often through their mere presence—of colonial violence and racism as the cause of not only the migrant’s unhappiness, but also as a barrier to the happiness of the nation. The melancholy migrant threatens social cohesion—which comes from mutual identification with British cultural ideals and institutions as happy objects—but also, post 9/11, threatens to become, in their “fixation with injury,” the vengeful terrorist (144). In order to avoid such a violent end, the migrant must identify with happy national objects, such as the Anglo-American children’s literature Jessamy is offered *The Icarus Girl*, or the military, where Colin presumably honed his masculinity and obedience in *The Unbelonging*. Examining happiness as a justification for colonization, Ahmed argues that in John Stewart Mill’s *History of British India*, “empire is

justified as liberation from abjection” (127). This abjection would presumably include the spiritualities and “superstitions” of indigenous peoples. Part of the colonial project is to “teach the natives how to be happy” by having them unlearn abject or unhappy customs, such as a belief in witchcraft, and turn towards the happiness promised by positivist models of mental difference (Ahmed 128). As Ahmed puts it, “to become well adjusted is to be adjusted to colonial history” (132). Migrants who refuse to give up their cultural differences, or to forget colonialism and its ongoing presence in racism, are deemed melancholy, maladjusted, mad; in the metropole this madness—a threat to national happiness—is often neutralized through the migrant’s psychiatrization or criminalization. The migrant’s melancholia could be diagnosed as the “paranoia” of believing that white people are plotting against him/her (the offence of claiming racism as the norm) or as the “delusion” of believing that they are being affected by something supernatural (the audacity to persist in non-western cultural understandings of mental distress). Bénédicte Corhay-Ledent’s analysis of female exile in *The Unbelonging* provides an example of the thin line between being accepted as “British enough,” and sharing in national happiness, and being the melancholy migrant. She argues that “Hyacinth is very much a product of English racism against coloured immigrants who, as a consequence of racial hostility, are made to reject and despise their own racial group and finally their own selves as well” but then goes on to say that “[Hyacinth’s] blackness makes her feel ugly and inadequate and is, to her, the source of many of her problems, though a tinge of paranoia sometimes biases her judgements in that matter” (508). In Corhay-Ledent’s reading, Hyacinth is allowed to recognize racism to an extent. As Ahmed observes, “the nation after all can incorporate some forms of difference” but only if this difference can be turned into a happy object which coexists with the National objects of happiness (143). For example, racism, like madness in recovery discourse, can be understood as

a personal challenge that becomes a positive when it is overcome (Harper and Speed 13).

Hyacinth, however, blames “too many” of her problems on racial causes, and is thus “paranoid” in Corhay-Ledent’s reading. The native who is deemed mad exceeds what is allowed within the boundaries of happy multiculturalism, hanging on “too much” to racism and thus unhappiness.

In *The Icarus Girl*, Jessamy’s psychologization and her trouble at school mark her position as the melancholy migrant. She does not fit with notions of what the black British subject should be. Her madness, while initially acceptable in a precocious, over-imaginative black child, exceeds psychological norms and Jessamy becomes in Dr. and Mrs. McKenzie’s words, “very troubled,” and in need of a “new doctor,” presumably a psychiatrist (Oyeyemi 274). In *The Unbelonging*, on the other hand, much of Hyacinth’s sense of otherness comes from her failed attempts to identify with the happy objects of Britishness, whether these are a belief in British multiculturalism and meritocracy, or a vision of Jamaica as free from racism. While multiculturalism discourse portrays the finding of happiness in national objects as a choice, *The Unbelonging* highlights the material realities of the melancholy migrant, which may be prohibitive of such a choice. As I discussed previously, for some others, such as the “Negro” kitchen worker in *The Bell Jar*, national belonging will always be out of reach. Ahmed observes that, “some happy objects... cannot exist alongside the happy objects of the nation... because they are saturated by unhappy histories, as histories of empire that are erased under the sign of happiness” (159). Jessamy and Hyacinth may, for example, try to forge community by, as Ahmed observes of another text, “reimagin[ing] [racism] as a common ground” (144). Jessamy identifies with Siobhan McKenzie, who is rambunctious and teased for her red hair, and Hyacinth identifies with Perlene, who is Jamaican, and Mackay and Charles, black men whom she learns to trust (Oyeyemi 121, Riley 109, 102, 118). Jessamy and Hyacinth attempt to affiliate

around a shared sense of difference with racialized others who importantly still fit within British norms (they pass as middle class, heterosexual and “sane”); each of these affiliations prove unsatisfactory, however, since these other racialized others’ experiences and embodiments of migration, race, class, gender and sexuality differ from Jessamy and Hyacinth’s. These other others make evident that even within affiliations structured around difference, the promise of shared happiness in sameness may be false, and, as this chapter’s epigraph from Jamaica Kincaid suggests, “they will never really be English,” but will remain melancholy, declaring, as Ahmed concludes, “the impossibility of putting certain histories behind us” (159).

“It was all a Dream”: Hyacinth’s Imaginary Homeland in *The Unbelonging*

Throughout her bleak adolescence in England, Hyacinth sustains herself with her memories of Jamaica, and dreams of one day returning home to a place where she unquestioningly belongs, and shares a sense of happiness in sameness, as in the discourse of British national cohesion. Envisioning Jamaica becomes a refuge from her current hardship and unbelonging: “the more she suffered, the more she clung to thoughts of Jamaica, sinking further into her world of dreams, where she was never older than ten, never had to face the unpleasant reality that was England” (74). Her home country becomes more-than-real for Hyacinth, an alternate reality where she can escape the torment of the psychological and physical violence, poverty, and discrimination that define her waking hours. In “Imaginary Homelands,” Salman Rushdie argues that migrant writers cannot reclaim their lost memories of the place from which they came, and thus they create fictional versions of their homeland to capture their cultural and geographical liminality (10). He notes of his experience writing *Midnight’s Children*:

Writing my book in North London, looking out through my window on to a city scene totally unlike the ones I was imagining on paper, I was constantly plagued by this problem, until I felt obliged to face it in the text, to make clear that (in spite of my original and I suppose somewhat Proustian ambition to unlock the gates of lost time so that the past reappeared as it actually had been, unaffected by the distortions of memory) what I was actually doing was a novel of memory about memory, so that my India was just that: ‘my’ India, a version and no more than one version of all the hundreds and millions of possible versions. (10)

Just as Rushdie cannot remember India neutrally, but can only remember an incomplete version of it, tinged with not only his experience of India but his present in North London, Hyacinth can only remember her own Jamaica, a vision that is shaped by both her pleasant childhood memories and her current abjection in England. In her dreams of Jamaica, Hyacinth is a child: warm, protected, loved. Most importantly, she belongs. In the Jamaica of her imagination, she does not experience racism because she is “the same” as everyone else: she shares in their happiness by identifying with happy national objects while turning away from the unhappiness of colonial legacy and misogyny. In most of her dreams, Hyacinth relives happy things—Independence Day parades, day trips with her Aunt Joyce, and Christmas mornings—and not traumatic ones, like seeing her friend burn in a fire, experiencing sexual harassment, or witnessing brutal gendered violence (9-10, 32, 58, 97, 99, 123). Corhay-Ledent refers to this wilful forgetting as “mental maroonage,” a “form of resistance,” which allows Hyacinth to “maintain some sort of mental independence by escaping into the world of dreams and imagination” (508-9). Gamallo, on the other hand, sees Hyacinth’s imaginative capacity as “a handicap which prevents the isolated protagonist from coming to terms with exile” (182); in the terms of disability Gamallo invokes, however, Hyacinth’s imaginary homeland could be better understood as an adaptation which facilitates Hyacinth’s survival in an inaccessible world. Rushdie finds similar adaptive potential in the imaginary homeland. He describes a writer’s idea

of their place of origin as a “broken mirror,” in that it is a fragmentary version of that place and time, reflecting only pieces of their past (11). Rather than conceptualizing this fragmentation as a failure, however, Rushdie suggests that it is productive because “the shards of memory [acquire] a greater status, greater resonance” in their afterlife; they become artefacts or symbols which can also become “useful tool[s] with which to work in the present” (12). In Hyacinth’s case, her utopian vision of Jamaica works as an adaptive tool both in that it reassures her of the possibility of a better life, and propels her through her education. Her father “was always saying that education was the only way to get rich,” and so she “decided that she would get education, lots of it, and then she would be able to return to Jamaica” (Riley 47). In order to sustain her drive to move through an education system which does not favour the success of women or black migrants, Hyacinth must push aside any doubts about the island home to which she dreams of returning. This is similar to the way in which, as both Huffer and Hall discern, communities, whether they be families (chosen or not), activist groups, or nations, tend to repudiate that which does not easily fit inside of their boundaries of belonging (Huffer 82; Hall 117). Previously examples of this community closure I’ve discussed include *The Bell Jar*’s Esther, who in order to prove her “sanity,” must reject all the mad, bad and racialized others who do not fit within American ideals, and Jam in *Prozac Highway*, who observes that the boundaries of lesbian belonging can be quite rigid, though they may shift over time (see pages 164-5 above). As Rushdie remarks, “perhaps it is because our sense of what is the case is constructed from such inadequate materials [our memories] that we defend it so fiercely” (12). Not only does Hyacinth envision an idealized version of Jamaica, she also insists upon the reality of her imaginary homeland to those who would undermine it, shoring up her sense of Jamaican national community, much as the boundaries of British national belonging remain closed to her.

Hyacinth's vision of her "imaginary homeland" is first challenged when she becomes a student at Aston University, and befriends another Jamaican, middle-class Perlene, who is part of a burgeoning black student movement. Hyacinth, however, is disconnected from the politicization of race. Most of her time has been spent with people—black and white both—who have told her that her body is bad: too black, too provocative, ugly, dirty (16, 48, 88, 68). As Gamallo points out, "[i]n an alien white world, Hyacinth's body becomes the material representation of otherness as well as the physical support of both her sexual and racial difference. Against the cold indifference of England, her black female body is not allowed to be a source of strength or creativity but becomes, instead, a site of anxiety and oppression" (183). In an attempt to pass, or at least divert negative attention away from her, Hyacinth has affiliated herself with certain happy objects of white, middle-class Britishness (78). In college, she begins straightening her hair (90). She also tries to distinguish herself from other black students, because "she wasn't sure she liked the way they all bunched up together, and were so arrogant and rude to white people, nor the way they insisted on talking in that awful broken English" (81). Hyacinth is careful to repudiate this image of black people, and to present herself not as the melancholy migrant, but as hardworking, docile, and oblivious to race, unlike other black students. As Gamallo further argues, drawing on W.E.B. DuBois, Hyacinth has developed a "double consciousness," learning to "look at herself 'through the eyes of others thus internalizing feelings of ambivalence and inferiority towards her own race'" (183-4). In college, she tells another black student "I'm not ashamed of what I am, even if the rest of you are... colour don't matter, it's what the person inside is like that count" (84). For Hyacinth, putting emphasis on being black is to be ashamed since it means associating oneself with the stereotypes linked to blackness, and with racism as an unhappy object that precludes her belonging. Hyacinth thus

attempts to be the happy migrant, who works and lives uncomplainingly, often in conditions that would be unacceptable to white Britons.¹⁰³ Her claim that “colour don’t matter” indicates that Hyacinth has accepted these conditions as “good enough,” for her, partly because she has no choice otherwise, but also because she has been taught that to question her social place would be undermining the state’s claim to inclusivity, hanging on to unhappy “lost objects” such as colonialism and racism (Ahmed 139, Dawson 10).

Hyacinth expresses her affiliation with white British norms of beauty and success not only through her actions, but also through fantasy. Her imaginative powers, honed through dreaming of Jamaica, again help her to escape her feeling of unbelonging. Drawing on the romance novels she has borrowed from Auntie Susan, Hyacinth envisions herself with “blonde and flowing” hair, and “skin pale and white” being wooed by “tall, dark, handsome strangers” (78). When she starts university, she goes so far as to create a new past for herself, disavowing many of the unpleasantnesses of her real one: “Hyacinth had given herself a new identity since coming to Aston, mindful of the shameful secrets in her past, and had deliberately created an image she thought other people would envy” (109). In Hyacinth’s fabricated past, she has only been in England for a few years, and previously lived in America with an aunt (110). It “[makes] her feel confident to come from a good background, to know that none of them could look at her with pity or guess the secret she carried in her heart” (109). Hyacinth cannot imagine politicizing the poverty and racism she has endured, performing blackness and intellectualness in order to fit in as activists as some of the students around her are doing; instead, like Bobby Baker’s persona in *Dairy Drawings*, Jodie in *Broken Biscuits*, and N in *Poppy Shakespeare*, who perform middle-classness in an attempt to pass as sane, Hyacinth attempts to perform the role of the happy middle-class migrant in order to avoid being identified as savage, mad/melancholy, or criminal.

Hyacinth feels pressured to embrace reggae and Rastafarianism, but does not identify with “black culture,” and its contradictions, embodied by Perlene’s Kenyan boyfriend, “sipping gin and tonic and talking about the African revolution” (113). Many of the people she meets who are involved with the black student movement have not experienced the brutal intersection of sexism, racism, classism and sanism as she has, so their politics seem like a fantasy of blackness, rather than a representation of her reality. Hyacinth’s refusal to identify with this fantasy also critiques the creation of *a* black culture for political purposes, particularly when, as I discussed in the introduction, cultural sites identified as “authentically” black, such as reggae and Rastafarianism, are co-opted as token examples of multiculturalism (Hall 116; Carby 225).

Hyacinth is unwilling to throw off the happy migrant identity she has worked to create for herself—or her vision of Jamaica—in exchange for a political movement which only offers her more difference (forms of blackness that do not resonate) rather than the promise of happiness in sameness. As far as Hyacinth is concerned “there is no racism in the Caribbean,” because everyone there is black (115). Thus Hyacinth imagines Jamaica as a place that, like Britain, coheres socially through shared objects of happiness—in particular, blackness, much as whiteness is a shared ideal in Britain. Instead of admitting her ignorance of the political unrest that existed in Jamaica even when she lived there, and which has escalated since, Hyacinth uses the information she learns from both the news and her black friends to construct a fantasy of Jamaican politics, one which is, ironically, shaped around British objects of national happiness (110). She insists to Perlene, “Jamaica is a democracy. Everybody has free choice” (Riley 117). Here Hyacinth imposes the British notion of freedom—which Ahmed defines as being “free to do and be ‘whoever’ you want to be, understood as the freedom to be happy”—onto the Jamaican context (134). Hyacinth proudly defends Michael Manley, the Jamaican prime

minister, whom she likes because “he has beautiful skin and the sort of ‘pass for white’ colour she had always wanted” (111). Hyacinth likes Manley for aesthetic reasons: his lighter skin permits Hyacinth to disassociate him from the violence she has learned to expect from black men, and to instead make him into an object of happiness, who can be whoever she wants him to be, like the “tall, dark, handsome strangers,” in her romance novels (93, 78). She resists learning more about Manley’s actual politics and associations, as to do so would be to undermine her status as the happy migrant, who understands that colonialism and racism are in the past (115).

Hyacinth nevertheless feels a slight twinge of recognition when activist and academic Walter Rodney, who comes to Aston as a guest speaker, talks about the legacy of colonialism in contemporary Britain:

To Hyacinth’s surprise Dr Rodney seemed to know exactly what was going on in England. She found herself sitting forward as he talked about discrimination in schools and housing, remembering the squalor of her father’s house with fresh understanding. It brought back other memories too. The teachers turning a blind eye to her misery, the abuse and assaults at the children’s home and, even more painful, her stay in the hostel for young offenders. (116)

Dr. Rodney’s speech resonates with Hyacinth’s experiences of racism and criminalization. For a moment, Hyacinth, in affiliating her experiences with those Dr. Rodney describes, willfully takes up the position of the melancholy migrant, who, as Ahmed states, “recognize[s] the impossibility of putting certain histories behind us” (159). If the narrative opens up the possibility of Hyacinth “persist[ing] in declaring [her] unhappiness” with continuing colonial histories, and affiliating with her activist friends around a shared migrant melancholia, however, it forecloses this possibility just as quickly (Ahmed 144, 159). Dr. Rodney’s linking of “the furtive unacknowledged racism of British society” and a “legacy of hate in the Caribbean” causes Hyacinth to turn away from the promise of racism as a shared, politicized object, and from the

activist community (Riley 116). While Hyacinth may be willing to recognize and point out systemic racism within the metropole, she cannot accept the possibility that racism and sexism exist in the Jamaican context as well. Her future dreams are predicated upon the assumption that in Jamaica, her advancement as a black woman will be less Sisyphean than it is in Britain, that she will be “free to do and be ‘whoever’ [she] want[s] to be” (Ahmed 134). Her survival—facilitated by her imagination—has hinged on the idea that in Jamaica, her blackness will be a shared happy object that will give her a sense of belonging to a national community.

Eventually, Hyacinth’s education—enabled by her performance of the happy migrant—pays off the way she hopes: she makes it back to Jamaica, on scholarship as a postgraduate (130). Not only has much changed in her absence, Hyacinth is also forced to confront the changes she made, mentally, to Jamaica. In her imaginary homeland, her friends are still children, and Cynthia—who died in a fire before Hyacinth left Jamaica—is still alive. Hyacinth has even brought them the gift of silk stockings and scarves from England (140). In reality, however, Florence—who represents what Hyacinth might have become had she stayed—has aged rapidly under the burden of child-bearing and poverty (140). Her Aunt Joyce is barely recognizable: emaciated, teeth rotting, intoxicated, her room smelling of urine and alcohol (139). In all her years in England, Hyacinth has not written to her aunt, or to Florence, and has had no knowledge of their worsened situation (137). Now, gazing from a position of relative privilege, Hyacinth views with contempt both the “decay and neglect” of her childhood home and of Florence herself (138). Juxtaposing herself against Aunt Joyce and Florence, Hyacinth must confront the fact that she, too, has changed. The cab driver she pays to take her to her old neighbourhood calls her a “rich foreign lady” and Florence rejects her as a “faringer,” telling her “Yu is a different person wid yu speakey spokey ways. Yu noh belong ya soh” (130, 141, 140).

Hyacinth, after more than a decade of being governed both ideologically and materially as a British subject, even if one kept on the margins, has become, at least in part, British. As Neumeier points out, much as in Rhys's *Wide Sargasso Sea* where "the madwoman's red dress symbolizes her exotic otherness in the British context," or in *A Kindness to the Children* where Jean wears "striking foreign shoes," Hyacinth is marked as other by her appearance (Neumeier 312). She embodies her Britishness in her accent, her diction, her hairstyle, her good health and her clothing. Despite learning to be the happy migrant, however, Hyacinth never fully belonged in Britain. As Ahmed explains, "it is the migrant who wants to integrate who may bear witness to the emptiness of the promise of happiness" (158). With the promise of both happy migrant integration and happy homecoming shattered, Hyacinth must construct an identity based upon the understanding that neither England nor Jamaica permits her full belonging. Hyacinth may willfully "[build] a looser sense of being together," a necessarily fraught belonging which entails simultaneously finding happiness in, and pointing out the unhappy histories of, objects of national and cultural belonging; or, she may remain "powerless," her "bitter anger," "loneliness" and "uncertainty" obliterating her as a recognizable (sane) subject altogether (Ahmed 159, Riley 144); borrowing from Ahmed's work on willfulness, we can read the ambiguity of Hyacinth's fate as calling "feminists who read fiction" to "deviate from well-trodden paths," and willfully claim melancholia as political (249).

"Like Being Stretched": Jessamy's (Un)belonging in Nigeria and England

Much as Hyacinth must come to terms with being between cultures when she is recognized as other in her home country, in *The Icarus Girl* Jessamy's sense of cultural liminality is heightened when she visits Nigeria for the first time. While Jessamy's otherness is

continually reinforced at home in England, neither does she fully belong in Nigeria. Jessamy describes England as a place “where people didn’t see you, where it was almost rude to, wrong to,” but this visual erasure is replaced by a direct, probing gaze in Nigeria (16). From the moment that her family arrives in Nigeria, they are stared at and hailed verbally as other. Her father seems “out of place. His face was wet with perspiration and flushed pink, and even the way that he stood marked him out as different. The people milling around him all glanced pointedly at him as they passed” (12). While it makes sense for her father, a white Englishman, to be looked at in Nigeria, Jess discovers that her mother too has become a stranger in her home country. She imagines the customs official thinking “who is this woman who has a Nigerian maiden name in a British passport, who stands here wearing denim shorts and a strappy yellow top, with a white man and a half-and-half child?” (13). Sarah, like Hyacinth, is now a “rich foreigner” marked by relative privilege. Like Hyacinth and Jess, Sarah is between cultures. She no longer belongs in Nigeria, having been in a writer of literature in English, living in England for the past 15 years (18). On the other hand, she has a clearer sense of connection to Yoruba culture, since she was raised in Nigeria. As Hron observes, “Jess’s dislocation and cultural alienation sharply contrasts with her mother’s fluency in both cultures; her mother can as easily explain Shakespeare as she can Yoruba myth, and readily slips into Lagos dialect of half-English, half-Yoruba” (Hron 36). Sarah, unlike Jessamy, is reconciled to her cultural hybridity, adept at moving back and forth between Nigerian and English roles, and even to changing between British and Yoruba accents (14-15).

Jessamy, who does not speak Yoruba, cannot slide into Nigerianness as easily as Sarah can. A man at the airport refers to Jess as an “oyinbo,” which, according to the taxi driver who picks them up, means “somebody who has come from so far away that they are a stranger” (16).

Indeed, Jessamy feels like a stranger in Nigeria, and like Nigeria is a strange place. She is afraid of her mother's country, a place she has only read and heard about and of which she has no direct experience. In a sense, Jessamy has created an imaginary homeland version of Nigeria, but one that is based completely on others' impressions, and mixed with her own fears and lived perspective as a child who has spent all of her life in England. In the airplane on her way there, she envisions Nigeria "reaching out for her with spindly arms made of dry, crackling grass like straw, wanting to pull her down against its beating heart, to the centre of the heat, so she would pop and crackle like marshmellow" (9). Jess, before she even arrives, has internalized an idea of Nigeria as a threatening other that may feverishly consume her, destroying her identity as a British person, much as Hyacinth fears that England will destroy her ties to Jamaica. Jessamy's alienation from a Nigerian identity is captured particularly poignantly when her grandfather, Gbenga, calls her by her Yoruba name, Wuraola (29). She thinks: "Wuraola sounded like another person. Not her at all" (19). Jessamy knows her Yoruba name, but she does not identify with it, because "nobody had ever called her Wuraola, not even her mother" (29). She considers whether answering to the name might allow her to "become Wuraola," to turn into a new person by "steal[ing] the identity of someone who belonged here" (20). The idea that Jess would be "stealing" someone's identity shows that for Jess, to become Wuraola would mean not being Jessamy. She thinks of her identity in either/or terms, feeling that she has to choose between being Jessamy and being Wuraola, between being English and being Nigerian. Hron reads Jessamy's lack of identification with her Yoruba name as a refusal of her Nigerian identity, but I think that the possibility of being Wuraola also gives Jess the idea that she could become someone other than she is, someone who belongs to Nigeria (36).

Jessamy feels as though Sarah "wants [her] to be Nigerian or something" but Jessamy

tells Dr. McKenzie that she “[doesn’t] want to be changed that way” because it “might hurt... like... being stretched” (242). Like Bobby Baker’s macabre drawing titled “Meddling Professionals,” which literalizes the violence of cognitive interventions by showing her doctors and therapists literally digging into her head, Jessamy’s description of being stretched makes tangible the pain, physical transformation, and even potential death—being stretched evokes images of being drawn and quartered—that Jessamy feels her hybridization would involve (Baker 50). Like Hyacinth’s criminalization, which it is possible to read as constituting her social death, Jessamy, already othered, worries that being Nigerian would stretch her outside of the bounds of recognition altogether, leaving her unintelligible within British norms, and perhaps Nigerian ones as well. Jessamy feels pulled between two different sets of traditions, knowledges, and expectations for behaviour. To be both English and Nigerian would mean to be two contradictory things at once. Her mother has told her that in Nigeria, “children were always getting themselves into mischief, and surely that was better than sitting inside reading and staring into space all day” (5). Her father, on the other hand, “insisted that things were different [in England]” and that Jessamy’s behaviour is “more or less normal” (5). When her parents do agree that some of Jessamy’s behaviour—particularly that which is verbally abusive or violent—should be addressed, they disagree on disciplinary methods. Her mother is in favour of corporal punishment (which she experienced as a matter of course as a child in Nigeria) while her father is not (109, 188). TillyTilly offers Jessamy the possibility of fulfilling both these sets of cultural expectations: she can be the mischievous Nigerian girl through TillyTilly, while still being bookish, English Jessamy.

Imaginary Friend, Alter-Ego, Ghost: Western and Nigerian Understandings of TillyTilly

One way that we can read TillyTilly is as another version of Jessamy: a version who belongs in Nigeria, but who exists separately from Jess, so she does not have to feel “stretched,” and risk being torn in the process. Jessamy’s comment that being both English and Nigerian “*might hurt*” suggests that she has not yet been pushed to her psychological and physical limits in this way, but that she fears the possibility. TillyTilly allows Jessamy to strategically shift between being the happy migrant and the melancholy migrant. As Diana Mafe argues in her article on *The Icarus Girl* as a revisioning of androcentric Yoruba bush tales and the female gothic:

In her efforts to articulate a cultural identity *between* identities, Jess literally creates a new self in the form of a doppelgänger. Titola, ‘an ordinary girl around her own age,’ appears to Jess in her grandfather’s Ibadan compound and becomes a symbolic alter ego. Given Jess’s anxiety about her Nigerian, specifically Yoruba heritage, her invocation of a separate Yoruba self is seemingly intentional. Jess actively, if unconsciously, summons this Other, not only to serve as a stronger *version* of herself but also to serve as an inspirational muse who can say the things, whether in English *or* Yoruba, that Jess cannot yet say. (24, emphasis in original)

This other version of Jess is not the vision of the “good” Nigerian girl that Gbenga associates with Wuraola, however (21). As Patricia Bastida-Rodriguez writes in her exploration of childhood friendship in *The Icarus Girl* and Meera Syal’s *Anita and Me*, “in both novels the new friend’s unruly, defiant behaviour becomes a model to be admired and imitated by the protagonist as a materialisation of the confidence she lacks, eventually provoking her challenge of familial and social rules and, therefore, growing tensions in her family” (166). Whether through influence, or because she is a part of Jessamy, as Dr. McKenzie suggests, TillyTilly allows Jessamy to express her anger; TillyTilly can be read as an ironic response to the demand to “say things,” to articulate and embody a happy migrant subjectivity that satisfies contradictory cultural demands (4). TillyTilly is an extreme articulation of the melancholy migrant, who angrily points out systems of exclusion and violently retaliates against colonialism. TillyTilly

and Jessamy's anger at being objectified as other is foreshadowed in Nigeria, when Jessamy goes to the zoo with her mother, aunt and cousins. There, she feels stared at, much like the snake on display: "she just knew that the snake was going to form itself into a whip, launch through the glass, sending sharp, brittle pieces flying everywhere to get them all and make them pay for putting it in a place where it was the focus" (30). The snake, as the evil, foreign entity that interrupts the sanctity of the Garden of Eden, is the ultimate symbol of unbelonging in Judeo-Christian cultures. Jessamy's identification with the snake, which she imagines as wanting to violently escape from its cage, signals her own desire to retaliate against those who objectify her as unbelonging.

TillyTilly, like the snake, can be read as an imaginary parallel self, as a version of Jessamy who not only avoids the impediment of a pricking conscience, but who is also enabled, like the snake in Eden, by some sinister superpowers—including the ability to enter and control other people's bodies and minds. TillyTilly's victims include Jessamy's teacher Miss Patel, who goes on leave after purportedly going "a bit mental," Daniel, Jessamy's father, who collapses at work, and then falls into a depression, and Jessamy's new friend Shiobhan (Dr. McKenzie's daughter, called Shivs for short) whom TillyTilly possesses, throwing her body around the room and forcing Shivs to cut herself (200, 247, 272-3). In each case, TillyTilly enacts revenge on someone who (attempts to) discipline Jessamy for her willfulness. TillyTilly "gets" Miss Patel for being afraid of Jessamy, who kicked Miss Patel, before she could reprimand Jess for destroying school property; she "gets" Daniel for slapping Jess after Jess blames her mother for miscarrying Jess's twin, and she "gets" Shivs after Shivs breaks her promise not to tell Dr. McKenzie about TillyTilly (180, 233, 267). In each of these cases it is Jessamy, and not TillyTilly, who feels remorse. Yet, simultaneously, Jessamy likes the *idea* of "getting" those who

hurt her: she tells the school principal that she is “not sorry” and is “glad [she] kicked Miss Patel” (173). She also “hate[s]” her parents, and thinks that Shivs is a “bad friend” (233, 263). These retaliatory feelings are vindicated by TillyTilly’s vengeful actions. The link between Jessamy’s feelings and TillyTilly’s actions validates Dr. McKenzie’s claim that TillyTilly is an alter ego who expresses emotions (as well as corresponding actions) to which Jess does not want to admit (260).

From a secular, Western psychological perspective there is no way to read TillyTilly other than as not objectively real: as an imaginary friend, alter ego, or hallucination. The fact that there are material consequences to TillyTilly’s presence, however, throws into question the idea that she is merely an aspect of Jessamy’s personality, and thus undermines psychological and psychiatric readings of Jessamy’s experience. While Dr. McKenzie reassures Jess that inside one’s head is a safe place and that “no one can get you there,” Miss Patel and Daniel’s madnnesses—the result of TillyTilly’s handiwork—suggest otherwise, and complicate the mind/body split, which Foucault and Huffer locate coextensively with the division of reason/madness (Huffer 4, 50). There are examples of TillyTilly’s tangibility and her ethereality throughout the narrative. When TillyTilly makes herself and Jess invisible so that they can spy on Jessamy’s tormentor Colleen McLean, Jessamy and TillyTilly discover that Colleen is incontinent, and that her mother punishes her for this by forcing her to smell her urine soiled panties (96). Jessamy later uses this privileged information to shame Colleen in retaliation against her bullying (103). When Sarah and Dr. McKenzie try to suggest that it was Jessamy and not TillyTilly who broke Sarah’s computer, Jessamy thinks, “Mummy, I am eight years old and I am not very strong” (241). Her reasoning is similar when she considers that a great amount of force—more than she could muster—would be required to break the four-inch-thick banister, the

jagged end of which pierced Shivs's neck when she was pushed down the stairs—or when TillyTilly threw her (273). Oyeyemi neither fully denies nor confirms whether Jess is actually behind TillyTilly's actions. For example, Jessamy shamed Colleen by telling everyone that “there must be something weird about your family, Colleen, to make you wet yourself every day, and there must be something weird about your mum that makes her go berserk about it and push your wet knickers in your face” (103). Later, when Jessamy apologizes to Colleen, Colleen asks her “how did you know?” (105). Is Colleen referring to Jess finding out that she's incontinent, or to Jess knowing about her mother's shaming method? Although Jessamy's answer—that she overheard Miss Patel talking to the school nurse about it—seems plausible, it is not entirely clear whether the nurse knows about Colleen's mother's shaming, whether the punishment is something that Jessamy witnessed, or whether it is a story she made up for effect (105). Similarly, it is ambiguous whether the statement, “she shouldn't have pushed her, why had she pushed her,” is meant as Jessamy's confession to pushing Shivs down the stairs, or her acceptance of the only rational explanation, the one that her parents and the McKenzies believe (276). In yet another instance of ambiguity, TillyTilly pulls Jessamy down through the staircase and into the earth during Jessamy's sleepover with Dulcie. Dulcie's question “where did you go when you vanished?” insinuates that Jessamy and TillyTilly really did disappear, while Jess's confirmation of the babysitter's suspicion that she ran away and hid suggests that she did not (141-2).

The fact that Dulcie saw Jessamy disappear, while the babysitter did not, offers the possibility that children can experience TillyTilly's presence and influence more readily than adults. This possibility is reinforced when Shivs devises a test to prove that TillyTilly is real, getting Jessamy to ask TillyTilly to open and close the door while Jessamy keeps her hands on

Shiv's head to show that it is not her doing it (256). Shivs also sees TillyTilly as "the shape of another girl" behind Jess on the stairs just before her accident (272). The idea that children can perceive TillyTilly, but adults cannot, indicates that TillyTilly may in fact be supernatural, rather than psychological, since in both Nigerian and English culture there exists the idea that children are closer to the spirit world.¹⁰⁴ TillyTilly's simultaneous materiality and supernaturalism functions as a critique of psychiatric/Western rationalist understandings of "seeing things," and offers indigenous cultural and spiritual perspectives as alternatives which, as I will explore, may bind families and communities together across geographical, cultural and generational gaps.

Throughout the narrative, Oyeyemi offers up the idea that TillyTilly is a ghost or malevolent spirit but she does not do so at the exclusion of other readings—an ambiguity which offers up the possibility of conversations emerging between Western and Indigenous perspectives. As TillyTilly continues to assert her presence in real and increasingly frightening ways, Jessamy's speculations that TillyTilly "isn't real" gradually transform into the fact that she is real, but that she must be a ghost (250, 274-5). TillyTilly bears many markers of ghostliness; aside from the obvious invisibility and ability to go inside of other people's bodies and minds, there is also a drop in temperature when she is near (245). Shivs experiences her as a feeling of "badness," a "glacial ice" cold and a "rattling in your ears that wasn't really there, it was slow, bottomless, soundless, creeping" (256). In addition to being generally creepy, TillyTilly, like many ghosts, is vengeful. The cause of TillyTilly's vengeance is foreshadowed by Jessamy, when Sarah forces her to kneel for thirty minutes while holding two big cans above her head in punishment for biting a girl who bullied her. Jess thinks to herself "if she died, it would be her mother's fault, and she would come back as a ghost and let everyone know" (101). The idea of Jess dying and coming back to haunt her mother is later echoed in TillyTilly, who tells Jessamy

that Jessamy had a twin sister, Fern, who died, and that Fern's death was Sarah's fault (160).

TillyTilly stands in for Fern, haunting Sarah, Daniel and Jessamy. TillyTilly both is and is not Fern in the narrative, much as Jessamy is and is not TillyTilly. TillyTilly explains that she was originally a twin to someone else. She tells Jess: "there were two of you born, just like there were two of me. The other one of you died" (160). Now, however, TillyTilly has taken the place of Jessamy's twin. She says: "you have been so empty, Jessy, without your twin; you have had no one to walk your three worlds with you. I know - I am the same. I have been just like you for such a long time! But now I am Fern, I am your sister, and you are my twin... I'll look after you, Jessy" (161, ellipsis original). As Hron elucidates:

Because of Titola, Jess learns that she was already divided at birth: she is 'half a twin.' Later, Titola claims to be her twin and her other 'half' as well. From a half-state of incompleteness, then, Jess finds herself 'fragmenting and becoming double,' if not tripled, and she must negotiate the confusing identities of 'TillyTilly, Jessjess, and FernFern,' as well as 'Fernjess' and 'Jessfern.' These multiple selves are reflective of the three worlds that, according to Yoruba beliefs, are inhabited by twins: 'this one, the spirit world and the wilderness of the mind.' (37)

While discovering the existence of her twin adds to Jessamy's identity conflict, it also provides a possible explanation for that conflict, one Jessamy explores. Following TillyTilly's revelation, Jessamy asks her mother, "was there two of me?" (164). Sarah is frightened that Jess knows about Fern and tells Daniel, "she's like a witch," and "she's *abiku*" (165, italics original). Daniel insists that Jessamy could not have known; however, in that moment, Sarah falls back on Yoruba beliefs about twins. As she later explains to Jess:

In the old days in Nigeria, people were kind of scared of twins - some people still are. Traditionally, twins are supposed to live in, um, three worlds: this one, the spirit world, and the Bush, which is sort of wilderness of the mind... If one twin died in childhood before the other, the family of twins would make a carving to Ibeji, the god of twins, so that the dead twin would be... happy. (182, ellipses in original)

Sarah shows Jessamy a picture of an ibeji and suggests that maybe they should have one made

for her in Nigeria. While, in her moment of fear, Sarah seems to feel that the ibeji statue is essential to the family's protection, telling Daniel "we should've d-d-done *ibeji* carving for her!," once again composed, she regards it as "just" a tradition, a happy multicultural object that could coexist with British culture and which "might make [Jess] feel better about Fern" (183).

Seemingly forgetting all notions of spirits and witches, she falls back once more on a Western psychological approach to Jess's behaviour, telling Jess not to talk to TillyTilly anymore, and reinforcing Dr. McKenzie's statement that TillyTilly "doesn't have to be there" if Jess chooses not to acknowledge her (261-2). Sarah asserts that Jessamy is—to borrow Ahmed's terms again—"free to do and be 'whoever' [she] want to be," and is "[free] to be happy" (*Happiness* 134).

Nevertheless, the fact that Sarah can conceive of Jess's madness in both British and Yoruba cultural terms suggests the possibility of the two coming together in a fraught way that might trouble madness's knowability. Jessamy embodies this possibility. She takes the story of the abiku and ibeji to heart, understanding that her feeling of unbelonging might have to do with missing a part of herself, her twin, whom she is mourning: "Fern would have looked just like her, and the similarity would have given Jess that confidence to connect and tell her things... confide in her instead of screaming out her fears. Could it be that simple? *I scream because I have no twin*. Jess doubted it, distrusted the way that it came out so smoothly" (163, emphasis in original). Jessamy is skeptical that her loss of Fern explains all of her difficulties, just as she is unwilling to believe that TillyTilly is simply an alter-ego, expressing subconscious desires. Nevertheless, Jessamy sees her missing twin as an important *part* of explaining her sense of difference, while Sarah seems to consider Jess's interest in her twin part of her "enormous imagination" and her tendency to "[get] so absorbed, so caught up in things" (128). While, on the one hand, Jessamy feels that Sarah "wants [her] to be Nigerian," on the other, it seems as if

Sarah is insisting upon Jessamy as a “rational” subject, where rationality is explicitly tied to Western notions of reality, sanity, free will and happiness (242). Sarah and Daniel only offer up particular ways for Jessamy to be Nigerian—for example, by cooking Nigerian dishes and learning Yoruba folklore—while rejecting those that do not fit with English notions of multiculturalism (167, 210). In Ahmed’s terms, they choose cultural objects that can coexist with the happy objects of Britishness—such as the Union Jack or football, the national game—without invoking the spectres of racism and colonialism (143). Both of Jessamy’s parents, but particularly Daniel, object to Gbenga’s decision to bring in Aya Adahunse, a “medicine woman” (in Sarah’s words) or “witch doctor” (in Daniel’s words), to help Jessamy (293). Daniel responds by calling Gbenga “insane,” invoking the continuing history of indigenous African belief systems being deemed mad in the context of colonialism and (ethno)psychiatry (294).

As it turns out, however, it is particularly the aspects of Nigerian culture that Sarah and Daniel view as the most foreign, antiquated, or even mad that prove to be most useful to Jessamy as she struggles to understand her place in the world, and TillyTilly’s. Jess and her Grandfather insist on claiming ibeji, abiku and “the bush,” as objects made unhappy through colonial, racist and ethnopsychiatric suppression. While Jessamy’s grandfather is presumably not party to all that has been going on in Jessamy’s life in England, he seems to understand Jess’s difficulties in a way that matches up more closely with her experience than does Dr. McKenzie’s analysis. Jessamy told Gbenga about TillyTilly in Nigeria when she believed TillyTilly was a real, living girl. On the telephone from Nigeria, Gbenga makes reference to the abandoned building where TillyTilly had been living and had drawn an ibeji out of charcoal (225). He does not explicitly say anything about TillyTilly’s nature, or the ibeji, but instead gives Jessamy this advice:

Two hungry people should never make friends. If they do, they eat each other up. It is the same with one person who is hungry and another who is full: they cannot be real, real friends because the hungry one will eat the full one. You understand?... Only two people who are full up can be friends. They don't want anything from each other except friendship. (226)

For Gbenga, the question of whether or not TillyTilly is “real” is less important than whether Jess’s friendship with TillyTilly is sustaining, or whether it is “eating her up.” While Sarah and Daniel are too bound to Western cultural knowledge to consider a Yoruba approach to Jess’s difficulties, as Bastida-Rodriguez argues “the fact that [Gbenga] has [not] gone through the experience of migration allows [him] to be interpreted as [an embodiment] of the ancestral knowledge of their community and [a symbol] of their ‘untouched’ traditions” (168). Mafe similarly posits that, “the grandfather arguably stands in for literary antecedents such as Fagunwa and Tutuola, Yoruba ‘elders’ of previous generations who have been the traditional tellers of bush tales. The grandfather possesses knowledge of Yoruba stories and belief systems that all the other characters lack” (30). According to Gbenga, Sarah “gave up her own [stories]” in favour of studying “words describing white people, white things, every single story spun out in some place where we don’t exist! It has no value; in my eyes, it is to confuse” (26). According to Gbenga, Sarah has forgotten that traditional stories are essential not only as artifacts of a culture to be presented to the next generation, but as ways of transmitting traditions and keeping them alive. For Jess, though, stories are essential to trying to understand the world, as she shows when she latches on to the concept of holy dread, “when something’s *so* different and weird that when it touches other people it makes them different and weird too,” which she learns about when reading Coleridge’s “Kubla Kahn” and the story of Sir Galahad and the Holy Grail (51; emphasis in original). TillyTilly describes Coleridge’s poetry as “ancestral voices” when Jess reads it to her (51). Coleridge, is, in a sense, Jessamy’s cultural ancestor, even if Gbenga categorizes his

work, like the rest of the English canon, as other people's stories, melancholically invoking colonialism. Jess's grandfather does recognize the importance of Yoruba "ancestral voices," however, and understands abiku as more than just a legend. When Jessamy begins to speak Yoruba, beyond the level she has learned, Gbenga understands this as a sign of Jessamy's ability to tread between worlds (292). His question to Sarah, "where is your daughter" hearkens back to the idea of abiku living in this world, the spirit world, and the bush (182). It is Gbenga's insistence upon the validity of Yoruba cultural understandings that, at the novel's end, help Jessamy to finally be both Nigerian and English, not stretching to find a contrived multicultural middle ground, but living traditions from both cultures, insistently identifying with both the happiness and unhappiness of their cultural objects.

Being able to understand TillyTilly as a supernatural phenomenon also gives Jess an alternative to believing that Dr. McKenzie "was right and she was just this mad, mad girl who did things she couldn't control," and that "*something is really wrong with [her]*" (261, 171 emphasis in original). To understand herself as mad would be disempowering for Jessamy, because there would be nothing she could do about it. It would be something "she couldn't control," and that could only be managed by other people (261). Being haunted, however, is a problem that can be addressed through Yoruba cultural practices. Refusing to participate in Daniel and Gbenga's argument over Iya Adahunse, Sarah leaves to take Jessamy to Lagos (295). On their way there, however, they get into a car crash, and Jess is badly hurt. In her coma—which is presented in a non-linear, dream-like sequence—Jessamy is in The Bush, the wilderness of the mind, and is being carried by TillyTilly, who keeps transforming into Shiva and back again (299). While Jess is in a coma, her grandfather, unbeknownst to Sarah and Daniel, puts the ibeji of Fern in the corner of Jessamy's room. There "the *ibeji* statue (*dull,*

unbelieved-in wood) guarded the corner for the little twin who needed its help / needed the forgiveness it brought / needed to *win* / more than ever” (298, emphasis in original). Presumably because of the ibeji, Fern herself finally manifests in Jessamy’s bush world. About to be drowned by a thick, watery sound, Jessamy, transfixed by TillyTilly’s possession, is saved by hearing her name, “Wuraola” (300). It is then she realizes that the girl who has been carrying her all along is her twin:

Jess realized with a feeble, drowsy awe that she was looking at herself. Face, unsmiling lips, eyes full of the dark that she’d found in the midst of the wilderness. And small, tiny: the beautiful details of baby hair growing in as fuzz at the start of the forehead, away from the knotted hair. She was wrong, the silent girl told her with a slow shake of the head. Not... herself. It’s... her. (300, ellipses in original)

Jessamy offers to share her Yoruba name with Fern, and then Fern disappears, as if being given Jessamy’s name has allowed her to integrate with Jessamy. Jessamy, her strength merged with Fern’s, charges at TillyTilly, jumping into her much as TillyTilly has entered Jessamy’s body several times (301).

Earlier, Jessamy had been trying to puzzle over the divisions and connections between herself, TillyTilly and Fern, thinking, “two of me. No, us. TillyTilly, JessJess, FernFern, but that’s three. TillyTilly and JessFern? Or FernJess?” (237); it seems that, as Jessamy names Fern Wuraola and then enters into TillyTilly’s skin and “back into herself,” she has finally resolved her dilemma, dissolving the lines between the three and merging them into one whole (302).

Along these lines, Mafe argues that:

Oyeyemi’s novel casts the struggle between self and Other as one of cultural reconciliation. After all, Jess herself functions as the racialized Other, never quite fitting into either of her respective cultures. Similarly, Jess is ‘the madwoman,’ who allegedly needs everything from ‘Western’ psychological help to traditional Yoruba healing. Although TillyTilly is certainly Jess’s ‘truest and darkest double’ (Gilbert and Gubar), she is also a powerful manifestation of Jess’s Yorubanness and a source of cultural knowledge. As such, Jess’s final battle with TillyTilly is less about colonial exorcism than it is about postcolonial hybridity and amalgamation. (12)

Yet that Jessamy misses “the silent sister girl telling her that it wasn’t the right way, not the right way at all,” just before she is about to leap into TillyTilly throws a happy hybridity into question (302). *The Icarus Girl* concludes seemingly optimistically with “Jessamy Harrison [waking] up and up and up and up” (302). Some critics read this ending as a definitive resolving of Jessamy’s identity crisis; Bastida-Rodriguez, for example, notes that the “[narrative] conclude[s] when the protagonist has freed herself from the influence of the evil friend, a moment which represents the final step towards the solution of her identity conflicts” and “free[s] from [her] previous feeling of unbelonging as [a] bicultural [individual]” (169). I think that this reading finds more resolution in the novel’s ending than the text actually allows. Fern’s warning adds ambiguity to the feeling of resolved rebirth embodied by the final line. Jessamy, after all, colonizes TillyTilly, forcibly entering her body and taking it over. There is an irony here in that we get a sense throughout the novel that TillyTilly, in addition to retaliating against the loss of her twin and Jess’s, is also angry about colonialism. She is not merely the melancholy migrant but the vengeful migrant who provides a link to Nigerian colonial history, something from which Jess is alienated. TillyTilly gives glimpses of her experience of colonialism, in her distrust of Jessamy and Dulcie’s babysitter, who is Portuguese (the Portuguese were the first Europeans to arrive in West Africa in the 15th century) and when she tells Jessamy that she “[doesn’t] need to belong” because “there is no homeland” and the “land [is] chopped in little pieces, and - ideas!... It’s all been lost. Ashes. Nothing, now, there is no one” (Falola and Heaton 53, Oyeyemi 138, 235). Jess’s response to TillyTilly’s fragmented lament, “I don’t understand what you’re saying,” indicates Jessamy’s lack of knowledge of colonial legacies, a deficit that, perhaps, she reproduces when she takes over TillyTilly’s body at the novel’s conclusion. Jessamy’s colonizing of TillyTilly, like Britain’s imperial and colonial actions in Nigeria, following a long

trade relationship, may be “not the right way at all”; however, I posit that Oyeyemi’s closing line suggests that, while Jessamy’s identity is not yet resolved, she may learn a way for the parts of herself—Jessamy, Wuraola, TillyTilly, and Fern, English and Nigerian—to coexist, in all their incongruities.

Jessamy’s colonizing of TillyTilly is a violent action that “hurt them both burningly,” stretching TillyTilly’s “unyielding flesh” much as Jessamy fears being stretched; importantly, however, in this instance, both Jessamy as colonizer and TillyTilly as colonized experience the pain of colonization and of being without a sense of community. Oyeyemi’s metaphor relays the postnational idea of colonization as a mutually constitutive process. This mutuality is hinted at throughout *The Icarus Girl*, not only in TillyTilly’s reverse-colonization of those she “gets,” and in Sarah’s continuation of some Yoruba customs in England, but also in the clear influence of English economies and ideas in Nigeria, where Gbenga reads Coleridge, mixes Christianity and Yoruba spirituality, and drinks Coca Cola (53, 22). While Sarah’s and Gbenga’s versions of cultural hybridity are peaceable, unlike TillyTilly’s violent reverse colonizations, the happy objects of Sarah and Gbenga’s hybridity, are, importantly, simultaneously objects of colonial legacy.

In her conclusion to *The Unbelonging*, Riley shares in Oyeyemi’s sense of colonialism as mutually constitutive, and in her fraught, open-ended politics of identity. In Jamaica, where she does not belong any more than in England, Hyacinth realizes that she must come to terms with both the colonial legacy that is still very much alive in Jamaica—the fact that black people “were all still slaves, still poor, still trodden down”—as well as the continuing effects of colonization she experienced in England—including cycles of patriarchal violence—which lie behind her need for an imaginary homeland (143). In the final paragraph of *The Unbelonging*, Hyacinth

imagines herself as a child again, “safe and lonely and sad” inside of the “little green cave” she used to hide in as a child (143-4). Hyacinth “knew she would never be free until that child had healed” (143). Although Corhay-Ledent reads Hyacinth’s cave imagining as a “final withdrawal from the outside world into a nearly foetal state,” I, like most critics, read Hyacinth’s realization as an impetus to re-envision her identity as multiple, contested and politicized, even while she necessarily grieves the loss of her imaginary homeland. Considering Hyacinth’s cave in relation to Jessamy’s cupboard reinforces this interpretation (Oyeyemi 3). Reading across these novels, it seems that Riley ends where Oyeyemi begins, and Jessamy’s emergence from her space of containment, and into a messy multiplicity of being, offers a similar hope for Hyacinth. Riley’s narrative hints that Hyacinth will begin to connect with others who might understand her identity struggles when she thinks of going to see Perlene and her parents in Trinidad. Although Hyacinth does not contact Perlene immediately, her thought that “the day’s rejections [are] still too fresh to court another one,” infers that she will, in time, reconnect with Perlene through the politicization of their (un)belongings. Gohrich sees the potential for this politicization throughout the narrative, noting that, “although Hyacinth does not solve her problems in the course of the novel, the reader is able to imagine... [that] she will have to rethink the ideas of Perlene and Charles in order to develop a new gendered and racial self and to negotiate for herself a new position in society” (284). Discussing a moment in *A Kindness to the Children* where the dichotomy between England and the Caribbean is broken down, Neumeier similarly points out that “this destabilization of oppositions, however, does not lead to a de-politicized relativism, but rather to an emphasis on the potential for change” (310). Neumeier suggests a new kind of looking back, not the nostalgic backwards gaze of Hyacinth’s imaginary homeland, but one that hopes to keep language and stories alive while “actively negotiating class, race and gender differences in order

to create new forms of living” (314).

Keeping in mind the pitfalls of viewing hybridity as an easy “fix” to the ongoing lived problems of colonization and racism, and considering Gohrich and Neumeier’s conclusions, I suggest that *The Icarus Girl* and *The Unbelonging* offer Jessamy and Hyacinth the possibility of a new way of being that is neither Jamaican/Nigerian nor English, but is something else (Gandhi 136). Part of this “something else” entails Jessamy and Hyacinth’s reconciliation with the legacies of colonialism that are part of their histories, a legacy echoed in the pain of racism and bullying at the hands of both peers and adults, black people and white people. Recognizing the multiplicities of their identities means recognizing themselves not just as subjects of colonial and racist discourses, but as implicated in shaping and resisting it. Simon Gikandi argues in his study of writing identity from within English colonial culture that the similar alienation that Hyacinth experiences in England and Jamaica reveals the two countries’ “shared genealogy”: much as TillyTilly asserts that “there is no homeland,” Hyacinth finds that she is alienated from both Britain and Jamaica through their continuing colonial histories (Oyeyemi 235). Gikandi thus argues that “there is no hybridity here [in *The Unbelonging*’s conclusion]; being unhomely cannot be reverted into a mode of existential identity” (198). While dismissing hybridity, Gikandi does, however, suggest that the narrative allows the “conflicts and pluralities” of identity to emerge (199). Hyacinth and Jessamy are not only situated discursively between colony and metropole, but also between madness and sanity—in the sense that their difference can be, but does not have to be, conceptualized as madness. The possibility of claiming their identities as “conflicted and plural” offers up an important means of articulating what is not articulable and thus has liberatory potential for mad subjects. The idea that one can be both foreign and belonging, mad and sane, continually crossing the void of (un)intelligibility, poses a

challenge to psychiatric and colonial discourses—which insist that if I am not one, I am the other—and offers the possibility of madness speaking within the sane world.

Conclusion:

Fearing the Cry, Awaiting the Song, or, the Willful Hand:
From Mad Literature to Mad Theory and Practice

In the eyes of I know not which future culture—and perhaps it is already very near—we shall be the people who brought most closely together two sentences that are never really uttered, two sentences [that are] contradictory and impossible... and which both designate the same empty self-reference: ‘I write’ and ‘I am delirious’... And [in this future culture] they will no doubt be surprised that we were able to recognize such a strange kinship between that which, for so long, was feared as a cry, and that which, for so long, was awaited like a song.

—Michel Foucault, “Madness, the Absence of an Oeuvre” (*History of Madness* 548-9)

In “Madness, the Absence of an Oeuvre,” his essay on the relationship between madness and literature, Foucault becomes prophetic in both style and content, invoking the lost voice of the pre-modern mad prophet, and drawing the lyricism of eros into his writing. He predicts a time, in a near future, when madness will be something other than it is now, divorced from mental illness. I would like to suggest that the time that Foucault predicts is happening now. As I explored in my introduction, Foucault argues that a discursive shift that begins with the troubling of mental illness can be found in literature, and the literary critic’s work is to find and make this trouble inside of a narrative (“Oeuvre” 548). What I have endeavoured to do here is to provide an example of the kind of criticism that Foucault is calling for. I have found the moments at which the texts I studied elucidate their protagonists’ coming-into-being as mad. I have found the places where community is formed across difference, calling into question the immutability of identity and belonging. I have looked for signs of power circulating: madwomen submitting to psychiatric, patriarchal, colonial and capitalist discourses of otherness, and the institutions through which these are enforced, by choice or by necessity, but also exercising power by discursively and materially compromising these systems. I have taken up the pedagogies offered

by these texts, exploring their ways of understanding and living madness as embodied difference, fraught identity, political and affiliative rallying point, and anti-colonial spiritual and cultural phenomena. I have explored the ways in which, like Foucault's work on madness, these women's narratives call us to join them in exposing and (re-)writing the boundaries of discourse and subjectivity.

In Chapter One, I cited Sara Ahmed's work on willfulness to argue that *The Snake Pit*, *The Bell Jar*, and *Girl, Interrupted*'s madwomen provide a connection to a shared feminist, and shared madwomen's inheritance for women who identify with their willfulness. These works' protagonists/narrators, as I suggested, function as models for resistant action, or as Ahmed puts it, "going the wrong way" (249). In her essay, Ahmed uses a story by the Brothers Grimm as an example of the treatment of willful female characters, who must be shaped according to the will of those with authority. The child protagonist of this story disobeys her mother. As a result, God punishes her by making her ill, and she dies. Although this might seem like an end to the child's willfulness, "when she had been lowered into her grave, and the earth was spread over her, all at once her arm came out again, and stretched upwards, and when they had put it in and spread fresh earth over it, it was all to no purpose, for the arm always came out again" (Grimm and Grimm 258, qtd in Ahmed 239). Ahmed reads the gruesome image of the child's hand, refusing to stay in the grave, as "signify[ing] not only persistence and protest, or persistence *as* protest, but also a connection to others" (249, emphasis in original). I argue that the pedagogical moments in the mad narratives I have explored function as versions of that arm, beckoning us to persist in our willfulness, and to connect with one another across voids of unintelligibility through mad reading practices.

While I drew on my own experiences of psychiatrization throughout this project, this

does not preclude literary critics who have not been psychiatrized from answering this call to partake in mad reading. Researchers can engage in what Alcoff and Gray call “horizontal” speaking/research practices by understanding themselves as mad or possibly mad (278). After all, anyone can go mad and/or be psychiatrized, even if those who are in positions of privilege on the basis of gender, race, class, sexuality et cetera are less likely to be psychiatrized, especially in particularly punitive ways. As Beresford and Wilson argue, psychiatric discourse creates a hierarchy between the “worried well”—who see counsellors or take anti-depressants, but who are not visibly mad—and the “threateningly mad”: those who have been diagnosed with a “serious mental illness,” who are consistently read as mad, strange, or dangerous and/or who have made more extensive use of psychiatric services (153). Sanism is often reinforced through a denial of affinity with mad people, on the part of both “sane” individuals and the “worried well.” I think it is important to interrogate the boundaries of our own sane/mad identities as a part of mad reading practice, rather than allowing sanity to, as McRuer notes of heterosexuality and able-bodiedness, “[masquerade] as a nonidentity, as the natural order of things” (1).

Much as both mad and sane individuals can engage in an interrogation of psychiatry as an apparatus of biopolitics, and look for the moments at which madness is forced to retreat behind the discourse of mental illness, so too can texts which are not explicitly counter-psychiatric, obviously about madness, or overtly political be read from a mad perspective and as yielding a mad politic. As Paul Willemsen argues, the way a text is read is not wholly determined by the way in which that text might position its reader: “inscribed subject positions are never hermetically sealed into a text, but are always positions in ideologies. Texts can restrict readings (offer resistances), they cannot determine them” (224). Texts are constituted by a “plurality of discourses” and what meaning can be gleaned from these is limited by the “knowledge,

prejudices, resistances, etc.” of any given reader (224). For example, in Chapter Four, I explored the mad and (post)colonial politics of *The Unbelonging*, the only text included in this project whose protagonist does not experience psychiatrization. As I hope I showed, however, Hyacinth is interpellated and managed as mad, and coextensively as a racialized migrant woman, through a variety of other discourses and institutions, including the ethnopsychiatry that haunts education and the child welfare and penal systems. While all of the other mad people I engage do experience psychiatrization, they, like Hyacinth, are also hailed in other ways as other—as women, as black, as queer, as mad, as disabled, as poor—and managed through a variety of institutions, including the family, the school, “bricks and mortar” mental institutions, “community” care programs, the social welfare system and the legal system. Reading for the intersections in different apparatuses of biopolitical categorization and regulation allowed for a much more nuanced portrait of the workings of psychiatric hegemony and sanist culture than if I had looked at psychiatric oppression alone.

As I closed Chapter Three, I suggested the possibility of what Heather Love calls “sticky” alliances across blurry-bordered identities (185); at the end of Chapter Four, I posited that identities which are “conflicted and plural” (a term borrowed from Simon Gikandi) have the potential to break down the border between sanity and madness by suggesting that, rather than being only one thing or the other (sane or mad, belonging or unbelonging) one could be both (199). Similarly, Shayda Kafai, drawing on Gloria Anzaldúa’s idea of the *mestiza*, who lives in-between Indigenous and Spanish identities, and in the discursive borderland between Mexico and America; Jacquelyn Zita’s concept of the border body, which transgresses the boundaries around gender and sexuality; and her own experiences of simultaneously inhabiting mad and sane mental and material spaces, argues for the mad border body, a “third space” that defies

dichotomy. She writes:

A mad border body exists in-between the fixed definitions of sanity and madness; this body is a duel inhabitant. I believe the mad border body reminds us, just as the mestiza and queer border body do, that identity categories are not given but constructed; identities are created in the act of edging, in the in-between living that dominant culture often scrutinizes and assumes invisible. Just as the queer border body demands we reinvestigate the contradistinctions between men and women, heterosexuality and homosexuality, the mad border body demands a similar deconstruction between the categories of sanity and madness. The mad border body challenges the belief that madness is an ‘individual pathology... [a] permanency of defect’ (Wilson and Beresford 144). This body challenges the notion of permanent rigidity, the belief that madness diminishes one's ability to access full personhood. Thus, the role of the mad border body is to re-examine the ableist belief that one is either sane or mad, that one body cannot possess the attributes of both categories. (no pagination)

The mad border body, which, like the national, racial and cultural border bodies that Riley and Oyeyemi posit in their novels’ conclusions, allows for living in-between two discursively opposed ways of being, a simultaneous existence as multiple contradictory things. The mad border body provides an alternative to the painful stretching between different subject positions that Jessamy fears in *The Icarus Girl*, and which Anzaldúa calls “nepantilism, an Aztec word meaning torn between ways” (Oyeyemi 242; Anzaldúa 100, qtd in Kafai). The border body’s multiplicity of being, Kafai argues, will be facilitated through the claiming of language, of narratives, that come out of body borderlands, creating counter-narratives that can rupture the hegemony of the dominant discourses of madness, race, nationality and sexuality.

Catherine Prendergast’s work on the schizophrenic as a postmodern metaphor likewise suggests that finding new ways to articulate the complexities of mad subjectivity is a means of perforating the borders around madness and sanity. Prendergast argues that, “typically schizophrenics are considered beings with speech, but speech that is generally treated as an index of sanity or insanity, with referentiality only to diagnostic criteria, and without referentiality to the civic world” (60). The speech of people who have been labeled with certain psychiatric diagnoses is only recognized as a marker of how “sane” or “ill” they are, and not as

communication, an articulation of subjectivity in its own right. Prendergast suggests that in order to become recognizable subjects, those who have been psychiatrized must speak rhetorically in public some of the time (in memoirs, for example) (60). She further argues, however, that the very possibility of rhetorical mad speech challenges the stereotype of mad people as incapable of “rational” communication (55). Rather than drawing a distinction between medicalized and metaphorical schizophrenics, as Deluze and Guattari do, or in any way fixing the schizophrenic as a static figure, Prendergast suggests that a genuinely postmodern perspective would allow the schizophrenic “to continue to engage in civic rhetoric while being schizophrenic,” therefore undermining the sane/ill dichotomy (61, 55-6). Like Kafai, Prendergast calls for a discursive shift that would recognize and dismantle the structures that render madness unintelligible to the “sane” world. I join Kafai and Prendergast in this call for a discursive shift; I hope I have demonstrated my own answer to this call, furthermore, by analyzing the ways in which Anglo-Atlantic women’s narratives of madness dismantle hegemonic structures of gender, race, desire, community, disciplinarity and biopolitics by talking back to and reappropriating psychiatric discourse, and offering creative, collective, contested, funny, sexy and spiritual counter-pedagogies of madness.

Following Ahmed’s call for willfulness, Kafai’s case for the mad border body, and Prendergast’s positing of the rhetorical schizophrenic, as well as the madness narratives I’ve discussed here, which offer the possibility of affiliation across difference, I would like to invite you to see this project as my willful hand, pointing not only towards the possibilities of bringing madness into literary criticism, but also gesturing scholars towards mad models of thinking and being. Like Foucault, in “Madness, the Absence of an Oeuvre,” I think we need to become speculative, to reach for that which “cannot yet be named”: madness that is no longer bound up with mental illness, subjectivity without solid boundaries. I invite you to reach for that unnameable

phenomenon by, like Foucault, finding madness in its places of retreat, in the folds of history and discourse. It is by finding these horizons, and insistently pointing over them, that we may begin to live in the borderlands of reason, identity, community, always turning away to become something else: something feared like a cry, and awaited like a song (Huffer 83; Foucault 549).

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PhD Thesis - P. Wolframe; McMaster University - English and Cultural Studies



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Appendix I

MREB Clearance Certificate

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		McMaster University Research Ethics Board (MREB) c/o Office of Research Services, MREB Secretariat, GH-305, e-mail: ethicsoffice@mcmaster.ca	
CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH			
Application Status: New <input checked="" type="checkbox"/> Addendum <input type="checkbox"/> Project Number: 2011 156			
TITLE OF RESEARCH PROJECT: Research Blog for Psychiatric Users/Survivors to Review and Discuss Media			
Faculty Investigator (s)/ Supervisor(s)	Dept./Address	Phone	E-Mail
S. Brophy	English & Cultural Studies	22243	brophys@mcmaster.ca
Student Investigator(s)	Dept./Address	Phone	E-Mail
P. Wolframe	English & Cultural Studies	905-929-2534	wolfram@mcmaster.ca
The application in support of the above research project has been reviewed by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster University Policies and Guidelines for Research Involving Human Participants. The following ethics certification is provided by the MREB:			
<input checked="" type="checkbox"/> The application protocol is approved as presented without questions or requests for modification. <input type="checkbox"/> The application protocol is approved as revised without questions or requests for modification. <input type="checkbox"/> The application protocol is approved subject to clarification and/or modification as appended or identified below:			
COMMENTS AND CONDITIONS: Ongoing approval is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and approved before any alterations are made to the research.			
Reporting Frequency:		Annual:	Other:
Date:		Chair, Dr. Br. Detlor: 	

Appendix II



LETTER OF INFORMATION / CONSENT

Research Blog for Psychiatric Users/Survivors to Review and Discuss Literature and Other Media

Student Investigator:

PhebeAnn Wolframe, MA
PhD Candidate
Department of English and

McMaster University
Hamilton, Ontario, Canada
E-mail: wolfrapm@mcmaster.ca

Student Investigator's Supervisor:

Sarah Brophy, PhD
Associate Professor
Department of English and Cultural Studies

Cultural Studies

McMaster University
Hamilton, Ontario, Canada
E-mail: brophys@mcmaster.ca

Purpose of the Study: You are invited to take part in this research blog (on-line journal). In the blog, people who self-identify as having had experience of the mental health system can review and discuss media which deals with themes of mental illness (sometimes called “madness”) and/or psychiatric treatment. You can review any kind of creative media such as novels, memoirs, poetry, plays, films, visual art, music, advertising, video games, television shows and comic books, as long as they fit the theme.

You may define yourself as a psychiatric survivor, psychiatric user/consumer, (ex-)patient or mad person or you may choose not to use a label. You may be any gender and can live anywhere in the world. **You must be over the age of 18.** You must be able to read and write in English. There is no set number of participants. There is no payment for taking part in this study.

In this study, I am hoping to find out if and how people who have had experience of the mental health system interpret media differently based on having had that experience. I am also interested to see whether people find reading and writing about materials dealing with themes of mental illness/madness and/or psychiatric treatment in an interactive setting personally, socially and/or politically useful or not.

I will be exploring the media interpretations and perspectives of people who've had experience of the mental health system in a chapter of my thesis. The chapter explores what it means to read

from a mad perspective. It also looks at the ways in which mad people empower themselves by creating networks through which to discuss ideas about, and practices based in, experiences of madness/mental illness. My thesis might describe or quote research blog posts and conversations. I may also use content from the blog in other publications or presentations related to my thesis. Your real name or other information that might personally identify you will not be used in my thesis or in other publications or presentations.

What will happen during the study?

- After agreeing to take part in the study by reading this letter of information, and checking off the relevant boxes on the consent form, you will be asked to set up a user account on the blog website wordpress.com, using a pseudonym (made-up name). You can choose your own pseudonym. To protect your own identity and confidentiality, **you cannot use your real name in the research blog**. Please choose a pseudonym which other people would not easily associate with you. If you are already a wordpress.com user, you will have to create a new account using a different name for the purposes of the study. It is very easy to sign up for an account. You just need to visit <https://en.wordpress.com/signup/?user=1> and pick a username and password.
- Once you are signed up as a wordpress.com user, let me know your username, and I will add you as an author to the research blog. As an author, you will be able to post media reviews, comment on other authors' reviews, and respond to other authors' comments. You may also add, edit or delete any of your entries or comments. I will serve as the moderator of this blog. I will perform the usual functions of moderators, which are to ensure that everyone follows the blog's terms of use, which relate to respectful participation.
- There are tutorials on wordpress.com which show you how to post entries and comments. I will direct you to these, and will I also be available by email if you need help figuring out the site.
- **You are invited to post reviews of media of your choosing, and talk in particular about aspects of that media which represent or relate to madness/mental illness and/or the mental health system.** You are encouraged to talk about any of the following things:
 - what you liked or didn't like about the media
 - how the media made/makes you feel
 - how you think it represented madness/mental illness
 - what message you think the audience will get from it
 - how it relates to your own experiences or identity
 - what political implications the media has (do you think it will affect mental health treatment or government policies related to mental health?)
 - practical impact the media may have had on your life (did it change any of your thoughts, ideas, routines, coping methods?)
- You do not have to talk about all of these things in each review. **You can write as much or as little as you want.**
- Reviews do not have to be written in a formal tone, or using perfect grammar or spelling; however, they need to be readable to others, so please try to write in full sentences, use plain language, and read over your entries at least once before posting them.

- You should also try to post information about where the media you are discussing can be found (web address, author and publisher for print sources such as books, date and director for films, gallery name for pieces of art etc.). This will help other users can find that resource if they are interested in it.
- Users will be able to comment on each other's entries, as well as respond to comments left by others. **Please be considerate of others when you are posting comments.** Think of how the comment would make you feel if someone made that comment on your entry.
- I will moderate the blog. Although it is okay to disagree with others' opinions on the blog, comments or reviews which are abusive, threatening or personally insulting to other users are not allowed. The blog is meant to be a supportive and inclusive environment. Inappropriate posts will be removed, and the person responsible will be told not to post similar things in future. If a user posts inappropriate reviews or comments a second time, he/she will no longer be allowed access to the blog.
- As a psychiatric survivor myself, and someone interested in media representations of madness/mental illness and the mental health system, I will also be a user of the blog. Like any other user, I will post reviews of media, which you are welcome to comment on and critique.
- When you are reviewing media, your own experiences may come to mind. You are allowed to share life experiences or discuss aspects of your identity that relate the material you are reviewing. However, **you are not required to share any personal experiences or information on the blog. My primary purpose is to learn about your opinions about depictions of madness/mental illness and psychiatric treatment.** While there may be a connection to your own life, writing about your experiences might reveal things about yourself which you might not want other people to know. You might also be able to be identified by others if you choose to write about your experiences.
- I will send out a monthly newsletter for the research blog just to check in with and thank everyone taking part. The newsletter will list the contributions to the blog that month. I may also include links to news articles, book reviews etc. which might be of interest to participants.
- I will be collecting data from the research blog for one year. You will be able to post in the blog beginning November 1st, 2011. Although the blog will remain open to users after November 1st, 2012, I will no longer be collecting any data from it for research purposes. A summary of the blog findings will be available by December 1st, 2012. If you are interested in receiving this summary, please check off the box in the consent form below. Any updates as to the timing of the blog project will be communicated in the monthly newsletter.

Are there any risks to doing this study?

- The risks involved in participating in this study are minimal.
- As someone with experience of the mental health system, you may find that writing and reading about depictions of madness/mental illness and/or mental health treatment may bring up strong feelings and/or memories which may be upsetting.

- You are not obligated to comment on any material which you find upsetting.
- If you do want to share how particular media or reviews have made you/are making you feel, the blog is a safe space in which to do so.
- If you do not feel comfortable sharing your feelings in the blog, or you need to talk to someone in person, there will be a list of crisis and support services available to you on the blog (that list is also included at the end of this letter).

Potential Benefits

- You can have discussions with other people who have had some similar experiences on the blog. The research blog will be an on-line space for social interaction, support, and fun.
- The blog may be a useful resource. You might find out about media relating to madness/mental illness or the mental health system which you might not find otherwise.
- The blog will be a space for learning, sharing interesting ideas, and possibly debate.
- Reading and discussing media that deals with the theme of madness/mental illness and the mental health system may help you work through some of your experiences. The materials, and your interactions with other members, might also give you new ideas and/or strategies.
- The material you contribute to the blog will help me to understand and talk about the perspectives people who have had experience of the mental health system bring to media representations of that system. It might also help other researchers in future. The opinions you share in the blog will give a better understanding of experiences which might be described as mad or mentally ill from the perspectives of people who have experienced them.

Confidentiality

- I will not use your name or any information that would allow you to be identified on the blog, or in my thesis. You will be using a pseudonym on the blog. Only I will have your real name and email address. I do not require any of your other personal information. I will keep your name and email address password protected in my professional email account only as long as I am doing this research.
- The blog will be set to private, which means that it will only be accessible by me and other blog authors. It will not be publicly searchable on Google or other search engines.
- I will take on the role of researcher only in the context of the blog. The only information I will be using for research purposes is that which you contribute to the blog using your pseudonym. Contributions you make to other blogs, listservs, in-person meetings etc. in which I participate will not be included and will remain confidential.
- While I will take every precaution to ensure your confidentiality, I cannot guarantee that you will remain absolutely anonymous for the following reasons:

1) Since participants will be drawn from the fairly small psychiatric user/consumer/survivor/ex-patient community online, it is likely that many blog users may already know each other on-line

and/or in person. They might be able to identify one another based on that knowledge. We are often identifiable through the way that we write, the references we make, or the stories we tell. To protect the confidentiality of your fellow users, please do not reveal their identity or supposed identity. Please also be careful not to reveal personal or confidential information about other people who are not blog participants within your blog entries.

2) Even in a private online environment, there is always the risk of intrusion by outsiders, such as hackers, and therefore the possibility of being identified.

b) Legally Required Disclosure

Researchers are generally required to reveal certain information if it is required by law (ie. if children are being abused; if they know of a public health risk, etc). Although I will protect your privacy as outlined above, if the law requires it, I will have to provide the personal information requested.

If you are currently considering doing harm to yourself and/or others and you say so in the research blog, I am required to contact a crisis centre in your area on your behalf. This does not apply to discussions of past feelings or actions. If you are in crisis, or are feeling suicidal, please talk to a friend, family member, peer support worker, counsellor, social worker, family doctor or religious leader. Or you can access crisis, counselling or peer-support services in your area (see listing of these at the end of this letter).

Participation and Withdrawal: Your participation in this study is voluntary. **If you decide to take part in the blog, you can decide to withdraw (stop) at any time, even after signing the consent form, or part-way through the study.** You do not have to explain your reason for withdrawing. You may also choose to limit your participation instead of withdrawing. There will be no consequences to participating less or withdrawing. If you would like to withdraw from the blog project permanently, you simply need to notify me by email. I will remove you as a blog author within 48 hours. If you choose to withdraw, you will be asked if you would like to delete your data before you are removed as an author. If something you wrote in the research blog has already been used by me in a publication or presentation, I will not be able to omit it from my work. Any other data you choose to leave in the research blog may be discussed in my thesis or in other publications and presentations after your withdrawal.

Questions about the Study: If you have questions, need more information about the study itself, or are interested in learning more about my thesis project, please contact me at any of the following:

E-MAIL: wolfrapm@mcmaster.ca

SNAIL MAIL: c/o Department of English and Cultural Studies,

Chester New Hall 321, McMaster University,
1280 Main Street West, Hamilton, Ontario, Canada, L8S 4L9

This study has been reviewed by the McMaster University Research Ethics Board and

received ethics clearance.

If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat

c/o Research Office for Administrative Development and Support

E-MAIL: ethicsoffice@mcmaster.ca

PHONE: 905-535-9140 ex. 23142

CONSENT

Read each statement below. Check off each box on the left with an 'x' to show that you understand and agree to each statement.

- ☐ I have read the information presented in the information letter about a study being conducted by PhebeAnn Wolframe of McMaster University.
- ☐ I have had a chance to ask questions about my involvement in this study and to receive additional details I requested.
- ☐ I understand that if I agree to participate in this study, I may withdraw (stop) at any time.
- ☐ I have had experience of the mental health system and I am over the age of 18.
- ☐ I have been given a copy of this form. I agree to participate in the study.

Read each statement below and answer yes or no by putting your answer in **bold**:

1. *I agree to contribute to the research blog by posting media reviews and/or commenting on other users' reviews using a pseudonym.* Yes No
2. *I understand that my blog contributions may be quoted in PhebeAnn Wolframe's PhD thesis using a pseudonym. No personally identifying information will be used in her thesis or related publications or presentations.* Yes No
3. *I would like to receive a summary of the research blog findings following the completion of the blog project.* Yes No
- If yes, where would you like the summary sent:*
- Email address:*
4. *I agree to be contacted about future research and I understand that I can always decline the request for any reason.* Yes No

Name of Participant (typed):

City and Country in which you live (please do not provide your full address):

Date:



Please complete the following steps:

- 1) fill out this form using your word processor;
- 2) write an email stating that you have read and understand the terms of the study, *Research Blog for Psychiatric Survivors to Review and Discuss Media*, and that you consent to participate in it;
- 3) attach your filled-out consent form to the email;
- 4) send the email to me at: <wolfrapm@mcmaster.ca>.

Appendix III

MREB Clearance Certificate

Page 1 of 1

		McMaster University Research Ethics Board (MREB) c/o Research Office for Administrative Development and Support, MREB Secretariat, GH-305, e-mail: ethicsoffice@mcmaster.ca	
CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH			
Application Status: New <input type="checkbox"/> Addendum <input checked="" type="checkbox"/> Project Number: 2011 156			
TITLE OF RESEARCH PROJECT:			
Research Blog for Psychiatric Users/Survivors to Review and Discuss Media			
Faculty Investigator (s)/ Supervisor(s)	Dept./Address	Phone	E-Mail
S. Brophy	English & Cultural Studies	22243	brophys@mcmaster.ca
Student Investigator(s)	Dept./Address	Phone	E-Mail
P. Wolframe	English & Cultural Studies	905-929-2534	wolfram@mcmaster.ca
The application in support of the above research project has been reviewed by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster University Policies and Guidelines for Research Involving Human Participants. The following ethics certification is provided by the MREB:			
<input type="checkbox"/> The application protocol is cleared as presented without questions or requests for modification.			
<input checked="" type="checkbox"/> The application protocol is cleared as revised without questions or requests for modification.			
<input type="checkbox"/> The application protocol is cleared subject to clarification and/or modification as appended or identified below:			
COMMENTS AND CONDITIONS: Ongoing clearance is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and cleared before any alterations are made to the research.			
AMENDMENT#1 Cleared Sept. 20, 2012			
Reporting Frequency:		Annual: Sep-22-2013	Other:
Date: Sep-22-2011		Chair, Dr. B. Detlor / Vice Chair, C. Anderson: 	

Notes

¹ Feminist standpoint theorist and psychiatric reformer Dorothy Smith likewise argues that women are encouraged to read their own lives through psychiatric discourse, against their own interests as women. She argues that psychiatry is a part of a broader patriarchal and capitalist ideology that is based upon male experiences. This ideology restricts women to speaking about their life difficulties and experiences of distress in terms of sickness (Smith D 5-7).

² It is important to note that while the idea of reading through a mad perspective is new within the context of contemporary literary theory, mad people have read from a counter-psychiatric perspective for generations. Examples of nineteenth-century counter-psychiatric literature include the works of American Elizabeth Packard (see excerpts in *Women of the Asylum*, ed. Geller and Harris) and *The Opal*, a newspaper written by inmates of the Utica Asylum in New York, which, although administration-approved, allowed some criticisms of institutionalization to seep through (see Reiss). A recent project by Lauren Tenney makes links between *The Opal* and contemporary psychiatric survivor perspectives (see Tenney).

³ For a discussion of the history of terminology used to describe mad people and the ways in which these have been influenced by mad people's activism, see Reaume, "Lunatic to Patient to Person."

⁴ For a brief discussion of this overlap, see Chapter 3, page 162.

⁵ Cissexism refers to systemic discrimination against transgendered (trans) people and others who do not easily fit into a binary system of sex and gender. Julia Serano defines cissexism as "the belief that transsexuals' identified genders are inferior to, or less authentic than, those of cissexuals" (33). Cissexual is the opposite of transsexual, while cisgender is the opposite of transgender, but the two are often used interchangeably. Cisgender means that one's physical sex characteristics (ie. penis) match up with the gender they were assigned at birth (eg. boy), and with how they currently experience and perceive their gender identity (eg. man).

My use of the term ageism includes both the oppression of and discrimination against the elderly, and the oppression of and discrimination against children (adultism). For a definition of adultism with specific reference to the psychiatric oppression of children, see LeFrançois et al (334).

⁶ James Miller notes Foucault's opposition to the Algerian war in *The Passion of Michel Foucault* (57, 136).

⁷ In line with the often fraught relationship between mad and disability communities, there has also been debate among mad scholars and community members over whether Mad Studies should exist within, or be separate from Disability Studies. Richard Ingram, in a talk that was given at a Disability Studies student conference at Syracuse University in 2008 advocated for an intermediate approach, with which I tend to agree. Ingram noted that, “the particularities of surviving—living on—as psychiatrized people are not adequately reflected by a generalized concept of ‘disability.’ Just as Deaf studies has claimed spaces at least partially autonomous from those of disability studies, so Mad studies requires its own partially autonomous spaces. The purpose of these other spaces is not to fracture Disability studies into multiple, discrete disciplines. Instead, the power-knowledge assemblages of Deaf studies and Mad studies need to develop on the basis of their specificities, in addition to exploring communalities under the over arching heading of Disability studies.” (Content from Ingram’s talk graciously transposed to me by Jijian Voronka, who attended – see citation under Voronka).

⁸ Richard Ingram has referred to Mad Studies as an in/discipline, playing on the idea that Mad Studies defies disciplinary boundaries and exists both within and outside of academic disciplinary structures (and perhaps defies disciplinarity/anatomopolitics as well – consciously remaining unruly). See Ingram under Voronka in Works Cited. I use the term (inter)discipline to recognize the field’s interdisciplinary nature, in that it draws on a variety of academic and activist frameworks.

⁹ Reaume first taught Mad People’s History at University of Toronto, then Ryerson University (where it continues to be offered by other instructors) and now at York University. For an account of the origins of the course see Reaume’s article in *Radical History Review*.

¹⁰ It should be noted that the extent to which Mad Studies should be professionalized as an (inter)discipline or is a matter of great debate in the mad community. I, like many members of the mad community, fear the creation of a split between mad pedagogy in the ivory tower and in the community, a split that would allow the continued silencing of mad activists and mad people who do not have access to post-secondary education, academic conferences, and other academic structures.

¹¹ Roy Porter gives an account of the way in which somatic theories of madness led to most mad people’s voices only being preserved through fragments in their doctor’s records in “Madness and Creativity: Communication and Excommunication” (23, 28).

¹² There is even a publishing company in the United Kingdom, Chipmunka Press, which exclusively publishes work by psychiatric survivors and dissenters from all over the world.

¹³ See Rachel Gorman who cautions against the promise of a “mad nationalism” which is based on a privileged (white, Western, middle-class) narrative of disability and an “essential ontology” of madness, which are often not available to racialized, migrant and economically marginalized people (269, 270). She argues, rather, that mad must continue to “[signal] an identity more expansive than psychiatric consumer/survivor identities—more expansive in its move past the expectation of aligning ‘for’ or ‘against’ psychiatric treatment; and more expansive in including people who have been caught up in psy labeling beyond psychiatric hospitals and doctor’s offices” (269).

¹⁴ For a recuperative reading of the recovery model, in the Canadian context, and through a social justice perspective, see Morrow and Weisser.

¹⁵ For a deconstruction of positive psychology, see Ahmed, 7-12.

¹⁶ For an overview of the history of the madwoman being mobilized as a trope for women’s/feminist resistance, as well as an overview of feminist criticisms of this trope see Caminero-Santagelo, 1-17 and Felski, *Literature After Feminism*, 64-71.

¹⁷ Donaldson posits that in order to forward the idea of mental illness as a bodily impairment that effects functioning—as a real, physical problem for women, not to be elided—we must understand madness as neurobiological disorder (113). While I agree with her emphasis on madness as an embodied experience that can be (but is not always, I would argue) physically disabling, I am not sure why this emphasis must be dependent on the medical model, other than the fact that this model is hegemonic and is touted as objective, and therefore lends credence to Donaldson’s call for an embodied notion of mental illness.

¹⁸ A number of post-World War II feminist theorists connect the demands of femininity to women’s pathologization. Betty Friedan (1963) understands psychiatric drugs as a quick fix for larger social problems. She posits: “It is surely true of women’s whole human potential what earlier psychological theorists have only deemed true of her sexual potential—that if she is barred from realizing her true nature, she will be sick... her anxiety can be soothed by therapy or tranquilized by pills... but her unease, her desperation, is nonetheless a warning that her human existence is in danger, even though she has found fulfilment according to the tenets of the feminine mystique, as a wife and mother” (434). Similarly, Kate Millet (1970) critiques Freud for “not accept[ing] his patient’s symptoms as evidence of a justified dissatisfaction with the limiting circumstances imposed on them by society” (*Sexual Politics* 179). Germaine Greer (1970) denounces psychology and psychiatry: “as far as the woman is concerned, psychiatry is an extraordinary confidence trick: the unsuspecting creature seeks aid because she feels unhappy, anxious and confused, and psychology persuades her to seek the cause in herself” (90).

¹⁹ Phyllis Chesler made just this argument in *Women and Madness*. See also the collection *Women Look at Psychiatry* (ed. Dorothy Smith).

²⁰ For a definition and discussion of the term sanism, see introduction, pages 6-10.

²¹ A significant volume of madwomen's narratives has been published in America since World War II. Other examples which I do not discuss here are Joanne Greenberg's *I Never Promised You a Rose Garden* (1964), Trudi Chase's *When Rabbit Howls* (1987), Kate Millett's *The Loony-Bin Trip* (1990), Elizabeth Wurtzel's *Prozac Nation* (1996), Lori Schiller's *The Quiet Room: A Journey Out of the Torment of Madness* (1996), Kay Redfield Jamison's *An Unquiet Mind: A Memoir of Moods and Madness* (1997), Caroline Knapp's *Drinking: A Love Story* (1997), Marya Hornbacher's *Wasted: A Memoir of Anorexia and Bulimia* (1998), and Elyn Sak's *The Centre Cannot Hold: My Journey Through Madness* (2008). This is only a select list of best-selling women's madness memoirs which are still available in print.

²² Although mad people are restricted in their activism while incarcerated, some still make efforts to petition for better conditions or for their release from hospital. For example, Claissa B., an African-Canadian woman, wrote to the Minister of Justice in Ottawa saying she should be released from the Cobourg Hospital in the 1930s (De la Cour 136). In the American context, Madeline Cartier, a patient at Willard State Hospital in the 1940s, wrote frequent letters to the hospital superintendent, her lawyer, friends and acquaintances throughout her incarceration, begging for better conditions and help in securing her release (Penney and Stastny 175). Kate Millett famously went to trial and gained her release from a New York state mental hospital in the 1960s (*Loony Bin Trip* 12, 30).

²³ According to the National Institute for Mental Health (NIMH), in 2008, the prevalence of serious mental illness (SMI) among women in America was 6% compared to 3% in men. NIMH also indicates that 44.8% of federal prison inmates, 56.2% of state prison inmates and 64.2% of local jail inmates have been given a mental health diagnosis. Although NIMH shows little difference in prevalence of SMI among racial groups, it is important to note that rates of imprisonment are drastically higher in America among people of colour than they are among white people. Thus, it is possible that people of colour are more often medicalized while being criminalized, while white people are more often just medicalized. According to Sabol et al, Bureau of Justice Statistics, in 2008, black and Hispanic women were incarcerated at a rate of 224/100000 vs. white women, who were incarcerated at a rate of 50/100000.

²⁴ This relationship between protest and medicalization was particularly true of the Suffrage Movement, which, as Wendy Parkins argues, relied on bodily performance (being the victim of assault, incarceration, and force feeding) as a form of political contestation. As she notes, "suffragette reportage played a remarkable role in constructing a distinctive suffragette body, in contradistinction to the mainstream press in which suffragette bodies were usually emphasized as sites of criminality, madness and disorder" (65-66). Ward invokes this legacy of bodily performance as protest in the scene where Virginia is tube fed when she hunger strikes to protest her hydrotherapy (125).

²⁵ In *The Snake Pit*'s epigraph, Ward explains that, "long ago they lowered insane persons into snake pits; they thought that an experience that might drive a sane person out of his wits might send an insane person back to sanity." The title represents Virginia's experiences of horror and shock as she encounters terrible conditions and treatments (including electric shock therapy) over the course of her institutionalization. Ward's epigraph ties these conditions and treatment to a long history of mad people's subjugation. The snake imagery also invokes, however, the Judaeo-Christian story of Eve and the serpent, framing madness as a gendered phenomenon.

²⁶ Barr, in his *New York Times* review of *The Professor's Umbrella* critiques Ward for not revealing that her protagonist—a professor who gets fired—is a Jew until a quarter of the way through the book, at which point "the book jumps on to the growing shelf of novels about racial hatred" (BR24). Though he notes that the book is well-written, Barr also criticizes it for having the usual flaws of "problem novels," namely putting political aims before character development. While *The Professor's Umbrella* is labelled unfavourably as a political problem novel, *The Snake Pit* escapes this fate, perhaps because madness was not (and arguably is still not) viewed as political.

²⁷ Ward's attention to the conditions of mental hospitals matches the activist motives of previous mad writers such as Elizabeth Packard and Clifford Beers who wrote memoirs describing the terrible conditions they experienced in mental institutions in order to encourage public scrutiny (See Packard's piece in Geller and Harris 58-78; see Porter, *Brief History*, 168-172, on Beers).

²⁸ In the two decades or so following the publication of *The Snake Pit*, *New York Times* book reviews make reference to Ward's novel in relation to other madness-themed works. Examples include Ethel Sexton's *Count Me Among the Living* (1947, review excerpted above), Fritz Peters' *The World Next Door* (1959, reviewed by Mary Jane Ward herself), Lettie Rogers's *Landscape of the Heart* (1953, reviewer unknown), Dariel Telfer's *The Caretakers* (1959, reviewed by Slaughter), Rosalie Packard's *Love in Question* (1961, reviewed by Crowther), David W. Elliot's *Listen to the Silence* (1969, reviewed by Braceland). None of these, however, received the attention of Plath's *The Bell Jar*, which, perhaps because of Plath's existing poetic fame, was framed as its own work, rather than as a successor to *The Snake Pit*.

²⁹ For a discussion of the influence of newspaper scandal pages and pulp fiction on Plath's "pot-boiler," *The Bell Jar*, see Rose, *The Haunting of Sylvia Plath*, 185-6.

³⁰ I have drawn extensively on Stevenson here because of all Plath's biographers, she goes most in depth into the history of *The Bell Jar*'s publication. It is important to note, however, that Plath's biography is a site of great contestation. Stevenson's biography, like all Plath biographies, is subject to the constraints imposed on it by the Plath estate, which was until Ted Hughes's death, controlled by Ted Hughes and administered by Olwyn Hughes (Ted's sister), and which is now managed by Frieda Hughes (Plath's daughter). Stevenson's biography is particularly contentious; it is mistrusted by some critics and lauded as "official" by others because it was written with Olwyn Hughes's cooperation. For a comparison of notable Plath biographies, see Jenny Taylor's "The Problem with Plath." Rose is also worth reading vis-à-vis these issues. Her article "This is not a Biography" discusses the limitations of reading Plath's work autobiographically.

³¹ Just as women's labour has historically been (and in many cases continues to be) devalued and unpaid or poorly paid, there is a long history of psychiatric patients being used (often without their consent, and sometimes in the name of "therapy") as free or cheap labour both inside and outside of institutions. For an example of this history in the Canadian context, see Reaume's chapter "Patients' Labour" in *Remembrance of Patients Past*. In the American context, see Penney and Stastny 28-30, 79-80, 108-9; Birch and Joyner 56-62, 93-94.

³² Virginia asserts that "Robert always takes me seriously" and "I never would have stuck to my writing if he hadn't told me how good I was" (51, 52). In contrast, however, she finds herself having to write in secret, like the protagonist in Gilman's *The Yellow Wallpaper*, because Robert fears that writing is too stressful: "he said why not knock off writing for a while. He was not in the least concerned about what the tired housewives of America were buying for their reading material" (39). Though he may support Virginia's writing as a hobby, Robert doesn't see it as a career, one that, like his, comes with worthwhile stresses (39).

³³ This tension between competition and solidarity is perhaps best exemplified in Virginia's friendship with Valerie. Virginia, who is hopelessly bad at laundry-sorting, comes to rely on Valerie, who does it perfectly; however, when Virginia reveals that she has the same doctor as Valerie, the latter becomes jealous and turns against Virginia (102-3).

³⁴ During the enactment of the Poor Laws, many mad people and people with disabilities were kept in workhouses, because they were considered able bodied and thus fit to work and because workhouses were cheaper to run than asylums (Bagley and Bagley 20, 48). In 1929, when the English Poor Laws were repealed, many workhouses were also turned into mental asylums (66).

³⁵ Esther eschews the sexual double standard, noting that, "I couldn't stand the idea of women having to have a single pure life and a man being able to have a double life, one pure and one not" (85). She also expresses that she "never intended to get married" (28). She, like her boyfriend Buddy Willard's mother, recognizes that a wife is supposed to provide a safe haven from which a man can go out into the world and be ambitious, rather than being ambitious herself (85). This is not a fate that Esther desires.

³⁶ Similarly, the *New York Times* review of *The Snake Pit* is titled “A Novelist’s Dramatic View of Schizophrenia” even though Virginia is never labelled Schizophrenic in the book. It is partly critics’ habit of diagnosing characters that I am hoping to challenge by reading from a mad perspective.

³⁷ Maria Farland argues that, by depicting Esther’s treatment in and reaction both to city and to private hospitals, “*The Bell Jar* fictionally recapitulates this class-marked geography of mental health care, creating a detailed sociology of psychiatric treatments that reflects anti-psychiatry’s bias towards privileged Americans” (56).

³⁸ In *The Snake Pit*, Virginia repeatedly and overtly resists treatment, escaping from “pack” (being tightly bound in ice cold wet sheets) (124), refusing to eat in protest when she is forced to undergo hydrotherapy (emersion in a tub of water for a period of days or weeks) (125), and telling her doctor that she does not want electric shock because it impairs memory (160).

³⁹ When Esther asks her friend Hilda, “isn’t it awful about the Rosenbergs?,” Hilda replies, “Yes!... It’s awful such people should be alive... I’m glad they’re going to die” (105). Hilda represents the proper American attitude towards “traitors.”

⁴⁰ For a discussion of Plath’s repeated use of the name Mrs. Tomollilo for stereotyped Italian-American characters in her fiction, see Rose’s *The Haunting of Sylvia Plath* (203).

⁴¹ When Joan tells Esther the story of how she ended up at Belsize, Esther attempts to assert that Joan is not mad any longer: “‘But you’re all right now.’ I made it a statement” (217). Joan’s reply, “I guess so... aren’t you?” calls upon Esther to evaluate her own sanity. If Joan, the “beaming double of [Esther’s] old best self” is mad, then Esther must be even madder (Plath 217). Esther asserts her sanity in part by rejecting Joan’s desire for her, which is a marker of Joan’s madness (232). For a further discussion of Esther, Joan and same-sex desire, see Brain, 149, 156; Wagner-Martin, 50-51.

⁴² Although Kaysen portrays her ward at McLean as a relatively safe retreat from the world, she reveals that other inmates of that institution endure much worse conditions when she, Lisa and Georgina go to visit Alice, a fellow patient who has been moved to maximum security. Instead of rooms, maximum security has near-bare “cells” with no privacy and barred windows. Many patients are naked and Alice is covered in her own feces (113). Don Weitz, a psychiatric survivor who also spent time in McLean hospital adds to this troubling of McLean’s safety, recounting his experience of forcibly administered insulin shock “therapy” and fellow patients’ experiences of forced ECT and lobotomy in the 1950s (see Weitz).

⁴³ It is important to note that African-American inmates were the worst off in American mental institutions and could never have known the privileges that Kaysen and her ward mates had. For more on racism in American mental institutions see Burch and Joyner's book *Unspeakable: The Story of Junius Wilson*. Junius Wilson was a deaf African-American man who spent 75 years in a psychiatric institution, including time on a criminal ward, without being formally diagnosed or charged with a crime. See also Jonathan Metzl's *The Protest Psychosis: How Schizophrenia Became a Black Disease* and Marin Summers's "'Suitable Care of the African When Afflicted with Insanity': Race, Madness, and Social Order in Comparative Perspective."

⁴⁴ Although Kaysen notes that, at her time of admission, she had "accepted that... [she] might be mad" and that she did "sign [her] freedom away," she also notes that she "knew [she] wasn't mad" and that her doctor made the decision to send her to McLean (42, 40, 71). Thus like Esther, Kaysen has the illusion of choice without much actual choice.

⁴⁵ Kaysen's "Inquiry Concerning Admission" form—reproduced in her memoir—indicates that she is being admitted because she might "kill self or get pregnant" (11). The pairing of these two things reveals that, in the 60s, the stigma of pregnancy outside marriage (along with the choice not to marry, or to have multiple partners) was a kind of social death, a consequence as bad as incarceration or even suicide.

⁴⁶ Don Weitz, another McLean ex-inmate (see note 39) also annotates his psychiatric records as a way of reclaiming his experiences and talking back to psychiatric understandings of them (Weitz 190-3).

⁴⁷ I understand Baker's depiction of herself in *Diary Drawings* as constituting a protagonist, because her characterization of herself is an intentionally crafted persona. (This is something I explore in this chapter.) Other critics make such distinctions as well. Marina Warner calls Baker's narrator BB and Pollock distinguishes between Bobby, the narrated subject, BB the "real time" sketcher/commenter, and Baker, the "artist-editor" who puts together the *Diary Drawings* in retrospect (Pollock 24). While I do not distinguish as sharply between Baker's personas as Pollock does, I refer to Baker as protagonist to distinguish between the Baker who is drawn/written on the page and the Baker who draws/writes.

⁴⁸ As Nicholas Holm notes, there is no set definition of contemporary satire; most studies of satire presume a definition in advance of their explorations. These studies take for granted that satire refers to a form of humour that uses ridicule to "disrupt systems of meaning and power" (67-8). It is difficult to pinpoint particular forms of humour or their effects because, as Regina Barreca argues in her study of women and humour in British literature, "a joke depends on the teller and on the told" and both its production and reception is dependent upon the social location (gender, class, ethnic background, age) of those experiencing and contributing to it. I take issue with Barreca's problematic universalizing of both women's experience and her use of "the hysteric" as a symbol for women who use humour subversively (32); however, her argument that women—who (much like mad people) have often been the object of humour—disrupt patriarchy by creating humour which targets it, is useful for understanding some of the traditions upon which Allan, Kettle and Baker draw in their satires of psychiatry and gender norms (12).

⁴⁹ For a discussion of the “recovery narrative” genre, see introduction, page 25-27. The Bildungsroman, also known as the “novel of formation” is a genre originating in the nineteenth-century and is characterized by its charting of the formation of a central character—their becoming a full self—through a process of education, growth and development in relationship to the social order. For a helpful discussion of novel of formation tropes, see Hirsch 296-9.

⁵⁰ This reform movement took place in Canada as well, although Scull does not address the Canadian context specifically in his work. For further reading on decarceration in Canada see Simmons on decarceration in Ontario and Knowles on the effects of decarceration in Montreal, Quebec.

⁵¹ Even the term decarceration is not entirely accurate, since Eugenic-Atlantic nations have not given up long-term incarceration in mental hospitals entirely, and they certainly still have prisons (even mega prisons) despite the trend towards community-based corrections Scull noted in the 1970s (46-7). Erick Fabris furthermore argues that, far from decarcerating, we have moved to an age of biocarceration: incarceration through chemical (drug) means (114-5).

⁵² For example, Martin Harrow’s fifteen year study (1975-1983) of 64 individuals diagnosed as schizophrenic found that those not taking antipsychotics were doing slightly better after two years. After four-and-a-half years, he found that 39% of the non-drugged group were “in recovery” and more than 60% were working. By contrast, the group taking anti-psychotics had experienced an overall decline in functioning over the four-and-a-half years, and only 6% were working. After 15 years, 40% of non-medicated individuals were “in recovery,” compared to 5% of individuals taking drugs (Whitaker 115-6). A cross-cultural study on schizophrenia by the World Health Organization in 1969 famously showed better outcomes for patients diagnosed with schizophrenia in “developing” countries where antipsychotic medications were less commonly used long-term (110-11). Nancy Andreasen’s MRI study of schizophrenia, conducted between 1989 and 2003, found that antipsychotic drugs cause atrophy in the prefrontal cortex, impairing cognitive ability and making patients more vulnerable to episodes of psychosis (114).

⁵³ Although welfare provisions were “universal,” in the sense that they were not simply extended on the basis of low income, welfare policy was, as Susan Pedersen argues, not built on universals, but on British social norms rooted in a monolithic, heteronormative ideal of Englishness. Welfare regimes were based around the rights of the individual (typically male) worker and not the family, who exist in welfare policy only as a worker’s dependents (9).

⁵⁴ In his televised *History of Modern Britain*, Andrew Marr notes the prevalence of this term in the media. The term “sick man of Europe” is one that has been given to different nations at different times, however. Tsar Nicholas I of Russia purportedly first used the term to describe the Ottoman Empire (*The Economist*, np).

⁵⁵ Interestingly, considering Thatcher's leukemia metaphor, pharmaceutical companies—who have significantly benefitted from neoliberalism, but who have done little to “cure” local or national economies—were key players in the inception of neoliberalism, endorsing neoliberal policies through institutions such as the International Chamber of Commerce and the European and US Round Tables of Industrialists (Moncrieff 239).

⁵⁶ For further discussion of Foucault's use of the term “race,” see introduction pages 13-16.

⁵⁷ An example of this in America is “Kendra's Law,” the outpatient commitment legislation named after Kendra Webdale, a young woman who died in 1999 after being pushed in front of a New York City subway train by a man who had a mental health diagnosis (see New York State Office of Mental Health). A similar example in Canada is “Brian's Law” which amended the Ontario Mental Health Act to include community treatment orders, and which was named after Brian Smith, a sportscaster killed by Jeffrey Arenburg, who was subsequently diagnosed with paranoid schizophrenia (Fabris 51).

⁵⁸ In my research blog project, *MadArtReview*, which I discuss in Chapter 3, participant Anne O'Donnell wrote about the impact news reporting on “the mentally ill” has on her and others receiving disability benefits in Britain. She pointed me to the blog “Where's the Benefit” which is written by a collective of bloggers campaigning against government cuts and against the negative media representations of people with disabilities which are used to justify those cuts. “Where's the Benefit” does some interesting analysis of the way in which stories in the British news media are taken up by policy makers.

⁵⁹ While I have not found any references to dribbler as a word for mad person outside of *Poppy Shakespeare*, the word is evocative of both a literal dribbling or drooling (a common side-effect of neuroleptic drug use) and of dabbling, procrastinating or shirking work.

⁶⁰ In the context of *Poppy Shakespeare* I think the term sniff is meant to capture the way in which “sane” folks turn their noses up or sniff at the “dribblers” in an expression of contempt and snobbery.

⁶¹ As Michael Faber argues, the nicknames Allan gives to most of her characters leave those seeking voyeurism into mad people's lives wanting but also make a point about the effects of psychiatrization: “never allowing the reader to catch a glimpse of who these people might be ‘underneath’... serves Allan's undiluted message: if you want rounded characters, there's no point looking for them in a human context where individuals are reduced to living caricatures” (np).

⁶² Poppy's “madness” is “discovered” when she attends a career fair. She is asked to perform a computerized aptitude test, following which she is told that her answers have been assessed by a psychologist and a psychiatrist that they indicate that she has a “severely disordered personality” and a “major psychotic disorder.” She is subsequently admitted to the Dorothy Fish (153). The means by which Poppy becomes psychiatrized satirizes surveillance culture, where imputing anything into a computer can result in one's classification and regulation.

⁶³ The fact that this image is the book's cover embodies the lack of integration or definitive sanity even at the end of the process of creating *Diary Drawings*. Baker, while creating the collection from her retrospective "sane" position, still choses this image of duality as the immediate representation of herself.

⁶⁴ For an analysis of Baker's use of colour, see p. 14 of Warner's introductory piece in *Diary Drawings*.

⁶⁵ Like *Diary Drawings*, *Broken Biscuits* suggests that perhaps the pressures of middle-classness contributed to Jodie's madness. Jodie comments upon the sterility of the environment in which she grew up, with a mother who thinks that "lavatorial hygiene" is no laughing matter and that "food wasn't for eating, it was for keeping clean and tidy" (6, 46). This cleanliness is facilitated through consumption of brand-name products such as toilet duck, non free-range eggs polished with j-cloths, and cubed cheese stored in Tupperware (5, 46-7).

⁶⁶ This is not, however, to say that all means of regulation are the same. Varying regimes of regulation may be experienced differently by some mad people than for others, depending on how they are hailed and disciplined by the discourse(s) associated with that regime.

⁶⁷ Sometimes mad memoirists engage in collaboration with professionals in the telling of their stories, as in the case of Trudi Chase and her therapist Dr. Robert Phillips, who worked together to write *When Rabbit Howls*. In cases of collaboration such as Chase and Phillips's or Warner and Baker's in *Dairy Drawings*, both parties arguably profit from the legitimacy lent by the other. Despite this reciprocal relationship, however, I read Warner's introduction as an example of Alcoff and Gray's "expert discourse" where "experts" are required to validate and/or translate the speech or writing of anyone who is potentially "not credible" or mad such as sexual violence survivors and psychiatrized people (262).

⁶⁸ For an analysis of the way in which mental health awareness discourse works to create state and public knowledges of madness and mental illness in the Canadian context, see Kimberley White's article "State-Made Madness," which interrogates the objectives and organization of the Mental Health Commission of Canada.

⁶⁹ In Britain, many high-profile mental health awareness campaigns are also conducted by MIND, a voluntary sector mental health organization (Knapp et al, 40). For a review of studies that have examined public reactions to media depictions of mental illness in Britain, see Wolff, "Attitudes of the Media and the Public."

⁷⁰ When Poppy eventually does go mad, and attempt suicide, medical professionals also read madness back onto her past, determining that she was "born" with psychiatric problems which were simply discovered once she started getting "the support she needed" at the Dorothy Fish (339).

⁷¹ Plutuperiodol is a fictional drug that seems to take its name from Haloperidol, an anti-psychotic drug, and Pluto, the god of the underworld and a dwarf planet. The name suggests not only that the drug has godly or celestial powers, but also that it makes the person taking it “space out.”

⁷² As Ramon notes, “having one or two users on a committee full of professionals is far from ensuring that their voice is not only heard but also acted upon” (121). In Britain, service users, unlike professional members of the committee, are paid only an honorarium, and in many cases, they may not have the knowledge, time, energy or skills to do effective advocacy. If a user-representative becomes “unwell,” it is often difficult to find a replacement (Ramon 121).

⁷³ For accounts of patient labour as a source of pride, see Bradden, “Working Abilities: My Story” and Reaume, *Remembrance of Patients Past*, pages 166-171. It is important to note, too, that unpaid patient labour is not entirely a thing of the past. I have spoken to psychiatric survivors who have reported having to do uncompensated work while incarcerated in Canadian psychiatric facilities within the past decade.

⁷⁴ The Dorothy Fish patients’ lack of programming, occupations or even treatment is reminiscent of the seemingly darkly comedic, yet sadly real situation in Britain following decarceration, where some psychiatric patients were housed in cheaply acquired seaside boarding houses, which were usually empty most of the year. The houses were far from work or recreational opportunities, run by untrained business people who provided no services or support other than food and shelter, and were desolate in winter (Leff 167-8).

⁷⁵ It is important to note in response to Middle-Class Michael’s nostalgia for nineteenth-century patient labour that while some patients may have enjoyed their work in asylums, or at least preferred it to boredom, many were life-long prisoners, and thus it is difficult to argue that this labour significantly improved their long-term quality of life or compensated for the fact of their incarceration (Reaume, *Remembrance of Patients Past* 175).

⁷⁶ In an article on qualitative research in online communities, geared towards medical doctors, Gunther Eysenbach and James Till argue that it is problematic when researchers lurk on existing discussion lists and chatrooms to gather information and then ask for participants for consent to do research; participants in discussion forums do not necessarily expect or want to be hailed as research subjects in these forums and may perceive this unexpected request as voyeuristic and intrusive (1103-4). Approaching potential participants in this manner may also disrupt the dynamic of the forum community and cause some participants to retreat altogether (1104). This is one of the reasons I felt it was important that I create a separate forum explicitly for my research rather than attempting to gain permission to use information from one of the online mad communities in which I already participated in my personal life.

⁷⁷ It is important to note that while *MadArtReview* is continually open to change, part of the terms of the study—which participants agreed to by electronically signing the letter of consent (Appendix II)—is that once material from the blog is put into fixed works published online or in print, such as my dissertation or academic publications, that material cannot be changed in that work even if it changes in the blog; I have also concluded my data collection so anything new written in the blog will not be counted as research material, even if I and other participants read it. These forms of closure make the research process fairly linear; however, I have *MadArtReview* set up to notify me if any changes are made to existing entries, so if participants do want to make additions or omissions, I can take those into account in future work relating to the blog project. Thus while *MadArtReview*'s participants are no longer active, and I have ended my data collection, the blog is still open both literally—participants may still post and modify entries if they so choose—and figuratively in the sense that the lived experience and reading practices that played out in the blog continue outside of the text, in participants' lives.

⁷⁸ Queer theory generally locates its split from feminism in Foucault, particularly *History of Sexuality Vol. 1*. Huffer, however, as the subtitle of her book states, wants to rethink the foundations of queer theory by locating the beginnings of Foucault's thinking about "le sexe" in *History of Madness* (47). While most queer theorists—Rubin, Sedgwick and Butler in particular—have argued that Foucault is primarily concerned with the emergence of homosexuality as an identity, Huffer argues that his primary concern is sexuality's relationship to morality (49).

⁷⁹ In *The Word, the Text and the Critic*, Edward Said argues that in modern cultural history, there is an observable shift from filiation—passing traditions down through familial blood lines—to affiliation—passing traditions down through "institutions, associations and communities whose social existence was not in fact guaranteed by biology" (17).

⁸⁰ It is important to note that historians take issue with Foucault's claiming of the Ship of Fools as not only a literary and artistic figure, but also a historical phenomenon. There is no solid historical evidence that such ships actually existed, as H.C. Erik Midelfort points out (254). Regardless of its historical accuracy, I, like Foucault, find the Ship of Fools to be a helpful metaphor for a politics of madness where madness both belongs and does not belong in a community, and where mad people occupy the blurry/watery border between reason and unreason.

⁸¹ See pages 6-7 of introduction for a discussion of the relationship between sanism and ableism.

⁸² I asked participants to state their pronoun preference on their revised consent form. Participants are identified by their chosen pronouns. In cases where participants did not return the revised form, I use they/their as singular gender-neutral pronouns.

⁸³ For a discussion of the way in which the notion of responsibility plays into mental health recovery discourse (UK context) see Harper and Speed 12-14.

⁸⁴ St. Pierre and Pillow define humanism as “a grand theory with a long and varied history that has described the truth of things for centuries. An amazingly supple philosophy, it has produced a diverse range of knowledge projects since man (a specific Western, Enlightened male) first began to believe that he, as well as God, could, through the right use of reason, produce truth and knowledge” (5). Humanism values a stable, coherent self, the transparency of language, and a universal foundation for knowledge in the “objectivity” of philosophy—tenets that are troublesome for anyone who does not qualify as rational or whose subjectivity is not fixed (5).

⁸⁵ Psychiatric survivor Erick Fabris describes a similar experience with research ethics preparation in *Tranquil Prisons*—“I found out that psychiatric survivors were considered a ‘vulnerable population,’ and if I wanted to interview ‘them’ it would take some time to pass the review process” (58). *MadArtReview* participant backwardsdistortion similarly notes: “I study fine art... I was personally discouraged from incorporating discussions with others who have experience with madness or psychological distress into my own research, on the most part because I’m not a trained psychologist (i.e. not trained to ‘deal’ with such people, even though I am one and don’t really see it as any different to speaking to someone without a psychiatric label).” A lack of psychiatric/psychological training or credentials is sometimes cited as a reason for disallowing survivor-headed groups (such as the Mad Students Society) or research.

⁸⁶ Ann Cvetkovich similarly argues for a type of academic praxis based on a “reparative perspective that embraces conflict rather than separating out right from wrong” (10). As an example of conflict being generative, she points out that “tensions around sexuality, race, and essentialism” were responsible for the emergence of post-structuralist academic feminism in the 1980s (10).

⁸⁷ For an overview of the fraught issue of identity and embodiment in virtual communities, see Senft, “Performing the Digital Body” and Wilbur, “An Archeology of Cyberspaces.”

⁸⁸ For a discussion of the parameters of lesbian belonging in online communities, see Bryson et al.

⁸⁹ For a discussion of Fabris’s concept of chemical incarceration, see Chapter 2, pages 86, 114.

⁹⁰ It is important to point out that there is a history of queer mad organizing and cooperation as well. For a history of LGBTQ psychiatric consumer/survivor support groups, see Lucksted. See also the special gay and lesbian issue of *Phoenix Rising*, edited by Shimrat.

⁹¹ Jam discovers that much as queerness is misunderstood or underrepresented in the mainstream mental health community, so too is the complexity of queer relationships poorly understood in the context of cancer treatment. When Jam tries to find advice online about helping a loved one who has breast cancer, the information she finds has a distinctly heterosexist bent (118). At the hospital where Roz receives treatment, she also feels that she and Roz are “in a sense, in a closet” because Roz’s care team only understands relationships in terms of either sexual monogamy or friendship, whereas she and Roz are something else (164).

⁹² For a more detailed discussion of Foucault's use of the term race, as well as the shifting boundaries around ethnic racial categories, see introduction pages 13-16.

⁹³ See Esty, who argues that early Cultural Studies theorists such as Raymond Williams and modernist writers such as T.S. Elliot attempted to reclaim a "recovered" and "authentic" Englishness, untainted by the influence of peripheral (Scottish, Irish and Welsh) Britons; Esty argues that immigrant writers such as Jean Rhys and Sam Selvon talked back to this monolithic white ideal of Englishness by narrating other kinds of English identities.

⁹⁴ The 1948 Nationality Act was established as a way of replenishing Britain's labour force following the war. The act instituted a universal British subjecthood and allowed movement between Britain and its former colonies (Dawson 10). Immigration was restricted in the Commonwealth Immigrants Act of 1962, which controlled the numbers of immigrants from the colonies on the basis of their skills and job prospects (12). In 1981, Margaret Thatcher rescinded the 1948 provisions altogether, restricting British citizenship to individuals born in Britain (13).

⁹⁵ It is important to note that black individuals are disproportionately likely to be diagnosed with schizophrenia than any other racial group, both in the post-WWII British context, as Littlewood and Lipsedge argue in *Aliens and Alienists* (see especially Chapters 4 & 5) and as Metzl argues with reference to the post-1968 American context in *The Protest Psychosis: How Schizophrenia Became a Black Disease*. As Littlewood and Lipsedge note, in 1977, immigrants from the West Indies between the ages of 25 and 35 were 30 times more likely to be diagnosed with schizophrenia than people born in Britain (90). Given that many black people have to live the consequences of the link between schizophrenia and blackness within psychiatric discourse, it is deeply problematic to reinforce this discourse in cultural and literary theory.

⁹⁶ Neumeier's reading of Hyacinth's bedwetting reinforces the possibility that Hyacinth's bedwetting could be psychiatrized. She reads Hyacinth's bedwetting, as well as her menstruation and nausea, as examples of the body "involuntary spilling over" as an act of resistance to oppression and violence. She reads Jean's violent madness in *A Kindness to the Children* as a similar "spilling over" of the unconscious, thus pathologizing Hyacinth's bedwetting by linking it to Jean's madness (311).

⁹⁷ Littlewood and Lipsedge point out that while the majority of West Indians came to Britain for the purposes of education, "in Britain [they are] regarded as uninterested in education" (30). Student radicalism was often blamed on foreign students, and racial and cultural stereotypes (Jewish and Asian students are "too clever" and "keep to themselves"; Irish and West Indian students are "not clever enough" and "don't keep to themselves") often led to these students being isolated and having difficulties in education (30). See as an example the case of Margaret Okunde, a Nigerian who migrated to England to get an education, but went mad while having difficulties with her studies and dealing with family pressures to complete her education (72-6).

⁹⁸ While Mbembe helpfully connects biopolitics to social death via his concept of necropolitics, the idea of social death did not originate with Mbembe. For more on the concept of social death, which was originally used with reference to slavery, see Orlando Patterson's foundational book *Slavery and Social Death*, particularly Chapter 2: Authority, Alienation and Social Death. Patterson argues that the authority needed to justify and support slavery came from a system of symbols which marked the slave as socially dead, existing in a liminal state between human and non-human, human and animal, and dead and living, where the slave both is and is not recognized as a member of the community (35, 48). This system of symbols includes ownership rituals; renaming and marking slaves through adornment, clothing or hairstyle; establishing a quasi-kinship relationship, and thus loyalty, between master and slave; and enforcing the master's religious beliefs and practices while punishing those of the slave (46, 52, 55, 58, 59, 60-61).

⁹⁹ For an analysis of the colonial discourse of cleanliness and the Victorian commodification of soap as evidence of "Britain's evolutionary superiority" in relation to colonial subjects, see McClintock, "Soft-Soaping Empire," in *Imperial Leather*.

¹⁰⁰ In Greek mythology, Daedalus, in order to escape imprisonment in a labyrinth inhabited by the minotaur (half man, half bull creature), constructs wings for himself and his son Icarus out of feathers and wax, so they can fly over the Aegean sea. Although Daedalus cautions Icarus not to fly too close to the sun, because his wings will melt, Icarus does not listen. His wings melt, and he plummets, presumably to his death (W. Smith 269, 135).

¹⁰¹ Arana's reading of Oyeyemi's work is an example of a non-psychiatric perspective. Arana suggests that whether Jessamy's experiences are "subconscious or surreal" is unimportant. She suggests: "what is valuable in Oyeyemi's fiction is... her anthropological insights. It is by paying close attention to the internal manifestations of bi-and multi-ethnicity in her characters that she is able so impressively to convey their cultural and existential predicaments" (292, 290).

¹⁰² Psychiatrization of Indigenous and African peoples in Jamaica likewise occurred along a "madness-badness continuum," where institutionalization was often used as a means of suppressing rebellion and dissent (Hickling 193).

¹⁰³ As Ashley Dawson notes, "Migrants from the colonies played the vital role of replacing white workers who refused to take up physically demanding and socially undesirable forms of manual labour. Despite their impressive qualifications on average, British employers and the state slotted these nonwhite immigrants exclusively into unskilled positions. This policy could only be legitimated on racist grounds: nonwhites were perceived as simply unfit for skilled tasks, despite their formal qualifications. By failing to challenge these employment policies, the British government implicitly gave its imprimatur to strategies of subordination derived from colonial policy" (11).

¹⁰⁴ A Google search for children and ghosts brings up numerous sites on the paranormal with articles about children being able to see ghosts and spirits while adults cannot. This trope is one that has been exploited within numerous Hollywood horror films. As Arana points out, in Yoruba culture, if one of twin children dies, the other twin and their parents can be haunted by the dead twin, who will try to switch places with the living one (291).