

**Reading 'Psychosis' in Kathy Acker's Writing: Rethinking Clinical
and Critical Perspectives**

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Declaration of Authorship

I, Charlotte Louise Baker, hereby declare that this thesis and the work presented in it is entirely my own. Where I have consulted the work of others, this is always clearly stated.

Signed: 

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Abstract

This thesis focuses on the portrayal and implications of ‘literary psychosis’ as represented in selected writing by experimental writer Kathy Acker. I argue that Acker’s contextual, textual, and experiential representations offer a version of psychosis that is meaningful and ‘understandable’, subsequently offering clinical insights that prompt rethinking of contemporary clinical and critical views. In this thesis, I demonstrate how reading psychosis in Acker’s work can lead to new ways of learning about and working with people which support the need for new ways of acknowledging and understanding psychosis, ways that a dominant biomedical perspective on mental health does not always sufficiently recognise. Acker, in my reading, shows the need for close attention to the *context* of experience, to how it is *formally* narrated, and to the *phenomenology* of *experiences* that might be aligned with psychosis. Acker’s writing details both the context and content of strange and unusual mental experiences and challenging emotions, while often simultaneously structurally mirroring the form of psychosis. Acker’s version of psychosis is not, however, aligned with a strictly nosological or disease-centric context. I argue that the uniqueness of each textual construction highlights the uniqueness of human experience, which is concomitantly denied through homogenising diagnostic frameworks and related treatment approaches that dominate contemporary psychiatric practice. Acker’s fiction is widely recognised as being challenging, even alienating, for the reader through her destruction of linear narrative and coherent textual form, twisting of narrative time and place, and thematic concerns which emerge as sometimes violent, explicit and boundary

dismantling. I argue that Acker's fiction requires new reading and understanding skills. In this thesis I draw parallels between these novel interpretative, comprehensive and responsive skills and the development of narrative competencies in clinical education and practice, which function to better support and work with people experiencing what might be formulated as 'psychosis'.

‘Psychosis’ in the work of Kathy Acker: An Introduction

The only reaction against an unbearable society is equally unbearable nonsense.¹

This thesis focuses on the portrayal and implications of ‘psychosis’ as represented in writing by experimental author Kathy Acker (b. 1947 – d. 1997).² I argue that Acker’s contextual, textual, and experiential representations offer a version of psychosis that is meaningful and ‘understandable’, subsequently offering clinical insights that prompt rethinking of contemporary clinical and critical views. I argue that reading psychosis in Acker’s work might inform clinical practice and pedagogy to better support people experiencing challenges to their mental health that involve unusual experiences, perceptions, cognitions, beliefs and emotions. These insights lead to new ways of viewing and understanding psychosis, ways that a dominant biomedical perspective on mental health does not always sufficiently recognise. Acker’s version of psychosis is not, however, aligned with a strictly nosological or disease-centric context.³ I argue that the uniqueness of each textual construction highlights the uniqueness of human experience, which is

¹ Kathy Acker, ‘Realism for the Cause of Future Revolution’, in *Bodies of Work*, by Kathy Acker (London: Serpents Tail, 1997), pp. 14-26, (p. 18).

² Throughout this thesis I use *psychosis* as a broad umbrella term for the range of classified disorders including ‘schizophrenia’, ‘drug-induced psychosis’, ‘psychotic depression’, ‘schizoaffective disorder’ and so forth. Here I follow the line of thought promoted by the recent campaign to abolish the ‘schizophrenia’ label, and work from a range of service users who might prefer the imperfect but preferable ‘psychosis’ to the stigmatising and non-scientific ‘schizophrenia’. See Paul Hammersley and Terence McLaughlin, ‘Campaign for the Abolition of Schizophrenia Label’ *Asylum*, [n. d.] <<http://www.asylumonline.net/resources/campaign-for-the-abolition-of-schizophrenia-label/>>[Accessed 11th November 2013].

³ The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) and *ICD-10 Classification of Mental and Behavioural Disorders* (ICD-10) are the two diagnostic manuals used in contemporary psychiatry, with the DSM predominantly used in the USA and the ICD-10 more commonly used in the UK and Europe. See American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th edn (Washington DC: American Psychiatric Association, 2013); World Health Organisation, *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical descriptions and diagnostic guidelines* (Geneva: World Health Organisation, 1994).

concomitantly denied through homogenising diagnostic frameworks and related treatment approaches that dominate contemporary psychiatric practice.

In Karl Jaspers' terms, Acker's work may at first glance appear to model the "ununderstandability" of the broad range of experiences clustered under the 'psychoses' (as opposed to different 'neuroses' which he suggested were 'understandable').⁴ Her writing is widely recognised as being challenging, even alienating, for the reader through her destruction of linear narrative and coherent textual form, twisting of narrative time and place, and thematic concerns which emerge as sometimes violent, explicit and boundary dismantling. In this way, I argue that reading the 'literary psychosis' in Acker's writing might prompt the development of new reading and understanding skills. My aim is to draw parallels between these novel interpretative, comprehensive and responsive skills and the development of narrative competencies in clinical education and practice that can be used to better support and work with people experiencing what might be formulated as 'psychosis'.

This thesis crosses the disciplinary boundaries of literary scholarship (in the academic subgenre of work focusing on madness in literature) and psychiatric education, practice and theorisation. The established tradition of madness as a trope in literature provides a starting point in my reading of what I term 'literary psychosis' in Acker's writing. I simultaneously draw on medical frameworks of contemporary

⁴ Karl Jaspers, *General Psychopathology*, 2 vols (1959) trans. by J. Hoenig, and M. W. Hamilton. (Baltimore: John Hopkins University Press, 1997). I am aware that the term "ununderstandable" might better replaced with "incomprehensible", however ununderstandability was used by Jaspers hence it is referred to as such throughout.

psychiatric practice and policy and critical and postpsychiatry.⁵ In this respect the thesis is inherently interdisciplinary and best situated within the medical humanities and the emergent discipline of health humanities, offering scholarship that crosses boundaries of literary interpretation, clinical practice and education, and philosophies of madness more widely.⁶ The various issues intrinsic to interdisciplinarity were at times challenging to navigate in developing the arguments expressed in this work; literary writing and clinical formulation are sometimes uneasy bedfellows, and throughout the work I reflect on the challenge of avoiding an uncritical application of a medical frame onto a literary work. Nonetheless, the work offers value to literary scholarship and both the medical and the health humanities. Acker's literary performance of psychosis through text (thematically and structurally) offers developments in the way that psychosis is considered and approached clinically. In this respect, this work offers a new approach to Acker's work alongside the utilisation of such a reading to rethink clinical and critical psychiatric theorisation and practice.

This thesis is structured into this introductory section and five subsequent chapters. In this opening section, I introduce Acker's work and her interest in psychosis alongside considering, briefly, her critical reception, to show her literary relevance and significance. In Chapter 1, I

⁵ See Patrick Bracken and Philip Thomas, *Postpsychiatry: Mental Health in a Postmodern World* (Oxford: Oxford University Press, 2005); see also Craig Newnes, Guy Holmes and Cailzie Dunn, eds., *This Is Madness: A Critical Look at Psychiatry and the Future of Mental Health Services* (Ross-on-Wye: PCCS Books, 1999); Craig Newnes, Guy Holmes and Cailzie Dunn, eds., *This is Madness Too: Critical Perspectives on Mental Health Services* (Ross-on-Wye: PCCS Books, 2001).

⁶ See Paul Crawford, Brian Brown, Charley Baker, Victoria Tischler and Brian Abrams, *Health Humanities* (Basingstoke: Palgrave: 2015) for the first book-length study of what Health Humanities is, aims and ethos, and how it might function across different humanities and clinical sectors.

provide a brief overview of psychosis as it has come to be understood through clinical and critical psychiatric discourses, to provide a clinical background to this work. I also explore broad critiques around how ‘psychosis’ is formulated and managed, to which I argue my reading of Acker offers new understandings. Chapter 1 finally discusses existing scholarship that focuses on madness in literature in order to show this work as a critical analysis of Acker’s writing and the interdisciplinary space where such analysis is situated. In Chapter 2, I argue that attention needs to be refocused in psychiatric care for women on the female socio-political context of mental health and illness, through readings on elements of gender, sex and psychosis in Acker’s fictions. Here I use work around the gendered nature of psychiatric epidemiology and feminist criticism of psychiatric practice to examine the synergism and divergence of Acker from these existing critical perspectives on the way female madness is constructed and managed. In this respect, I argue Acker demonstrates that women’s ‘unreasonable’ responses and reactions may be entirely ‘reasonable’.

Chapter 3 reconstructs Acker’s destructed literary expression, arguing that her fragmented narratives, use of repetition and inaccessible languages are in different ways analogous to psychosis – the form of psychotic expression and cognition is demonstrated through the textual construction itself. In some writing, particularly her earlier fragments, Acker can be seen *writing psychosis*. Close reading and interpretation of the expressions of psychosis is necessary for understanding that which is expressed in a seemingly unusual, confused or unfamiliar manner. This reading of Acker’s texts argues that she offers both a vision of the

interior of psychosis and the opportunity to develop novel reading skills, which might aid in supporting people expressing and cohering their inner worlds during psychosis. While Chapter 3 explores the form of psychosis in Acker's work, in Chapter 4 I explore the *experience*, or *content*, of psychosis in Acker's fractured texts, a "de-narrative" presentation that is often referred to (by Acker, her critics and scholars who provide commentary on Acker) as "schizophrenic".⁷ I argue that a closer focus on *content* of experience (rather than the 'form' of symptoms) can potentially restructure the incomprehensible, 'ununderstandable' or alienating elements of psychosis.⁸ The elements I draw upon in Acker's writing in this chapter are not 'symptoms', but the content of experience and how it relates to individual characters sense of certainty and to their (in)ability to construct themselves and their experiences in coherent ways. Finally, in Chapter 5, I draw these elements together to demonstrate how my reading of Acker might provide insights into clinical practice with people experiencing 'psychosis' with particular reference to: the medical and health humanities; working in a narrative way with individuals; using literature in clinical education; and innovations in theoretical and care approaches that might be complemented by the clinical implications of Acker's work.

The structure of this thesis aims to demonstrate the way that concern with 'psychosis' in Acker's work is, in my reading, evident through three interrelated strands. Firstly, concern with *contextual* issues

⁷ Larry McCaffrey, 'The Path of Abjection: An Interview with Kathy Acker', in *Some Other Frequency: Interviews with Innovative American Authors*, ed. by Larry McCaffrey (Philadelphia: University of Pennsylvania Press, 1996), pp. 14-35, (p. 14).

⁸ Darian Leader's recent book *What is Madness?* (London: Penguin, 2011) provides a solid overview of the importance of understanding the content, impact, personal importance and effects of madness on individual's sense of selfhood.

of gender, sex and sexual trauma as contributing to the development of psychosis is evident. Secondly, the fragmentary, non-linear and disordered stylistics of Acker's texts can be read as a being textually analogous with the experience and expression of psychosis. In this way, I argue, Acker writes psychosis at the level of form. Finally, Acker's version of the individual's experience of subjective fragmentation, temporal dislocation, paranoia and control can offer an interpretation that resists the psychiatric practice of descriptive psychopathology and symptomatological categorisation. These three areas can be conceptualised as context/cause, form/expression and content/effect – gender experience and sexuality as one of the *causes* of madness, psychosis as replicated through Acker's textual style as the *expression* of madness, and Acker's characters sense of fracturing and fragmentation as demonstrating the difficulty of cohering secure and autonomous subjectivity within intrapersonal and external circumstances fraught with challenge. Acker, I argue, creates the “psychotic realities” that she saw in Burroughs' work on a socio-political, textual and individual level.⁹ However, the psychosis that is enacted within and through her texts is radically different from that nosologically defined within clinical literature. It is instead a literary performance of psychosis, radical in structure (as explored in Chapter 3) and content (as discussed in Chapter 4). This ‘literary psychosis’, then, is both read through and offers advancements to contemporary critical evaluations of the biomedical approaches to psychosis. The ways in which Acker's writing enacts psychosis on textual, contextual and content levels might encourage the

⁹ Kathy Acker, ‘William Burroughs's Realism’, in *Bodies of Work*, pp. 1-3, (p. 2).

clinical reader to read differently, to think differently, to respond differently.

Each area explored in this thesis coalesces into the final clinically informed and clinically minded innovations, examining different ways in which ‘psychosis’ might be approached in a genuinely person and individual centred way. Acker’s vision of psychosis is one that is inextricable from critical perspectives on sex and gender essentialism, gender inequality, oppression, sexual identity, sexual experience and desire, and sexual trauma. Acker offers a creative telling of feminist theories of women’s madness. Her early narratives demonstrate the causal and *reasonable* development of madness in women – in this way, her narratives offer clinical insights into both trauma and gendered experience which offer ways forward in working with women’s ‘madness’. There is a visceral quality to Acker’s writing – seen most explicitly in her interweaving of the bodily and the mental through the corresponding experiences of sex, particularly orgasm, and psychosis. In Acker, female existence is fraught with challenge, not least from the forming of an authentic sexual identity, the threat of rape and sexual assault (both of which occur frequently in her work), the impact of orgasm on notions of presence, selfhood and coherence of language, and the instability of a gendered identity. Her fictional landscapes, appropriations, dystopias and fragmented texts are replete with characters that are dispossessed, abused and subjugated, both male and female. Abhor, in *Empire of the Senseless*, for example, considers women’s ‘choices’ in the most stark terms – “I quickly chose a raped body over a mutilated or dead one [...] I didn’t know what to do about the useless

and, more than useless, virulent and destructive disease named heterosexual sexual love. I've never known".¹⁰ The dilemmas of sexual desire versus sexual trauma and connection versus isolation are experienced by many of Acker's characters, producing a double bind effect that induces cognitive dissonances of desire and repulsion, arousal and fear. It is her re-telling of *female* madness that most acutely re-positions women's madness in a creative and sometimes synergistic manner to some of the feminist discourses on female madness that emerged during her most radical earlier writing period. Chapter 2 illuminates four areas that contribute to Acker's overall creative retelling of the *context* of women's madness: her subversion of essentialist and patriarchally constructed expectations of women; her portrayal of the effects of cognitive dissonance caused by romantic and sexual relationships; the way in which sexual desire and sex acts are multidimensional in Acker's work with the experience of orgasm analogous to a 'psychotic' dissociation from the real; and her transgressive depictions of sexual violence.

Acker's experimental texts exude strangeness – they are non-linear, fragmentary, littered with fractures, ruptures, diversions and tangents, which interrupt the traditional literary flow and form that readers may expect. I argue in Chapter 3 that a reading of the texts themselves may be analogous to an experience of psychosis. This occurs in two ways: firstly, through structurally mirroring forms of the expression of psychosis, her texts offer an insight into the experience of psychosis through the reading process; secondly, they may prompt the

¹⁰ Kathy Acker, *Empire of the Senseless* (London: Picador, 1988), p. 64. Further references to this novel are given in the text as (ES, p.).

development of novel interpretative and reading skills that subsequently are useful in clinical practice. This extract from Acker's first novel *Rip Off Red, Girl Detective* exemplifies the thematic concerns Acker returned to time and again but, more importantly, the style of narrative that is common to Acker's early works, which shows the kind of fragmentation and tangentialism inherent in Acker's characters first person narrative:

In my head I'm always talking to someone (I have few real people to talk to) and when I forget, the two voices go on in my head, I sometimes think one or both of the voices are outside my head, I decide I'm insane. The dreams and fantasies and desires these events show are growing:

I dream I set out from Sligo, green on green on green, I walk slowly I can't tell if I'm in dream or reality, the thoughts move past me as does the silk outside my eyes, the trees streams are an endless black-and-white silk screen. [...] I'm not explaining why I feel so strongly, why I hate and love, and finally, despite all childhood reasons, I don't know.¹¹

Segments such as this offer a view into the interior of fragmentation while simultaneously challenging the reading process through form. It is in many respects extremely difficult to describe Acker's work in terms of storyline or character development as her early work, in particular, often consists of fragments that are only loosely interlinked. Hence, the majority of this thesis focuses on Acker's narrative fragments, rather than the narrative arc or novel as a whole. My focus here on Acker's lack of linear flow offers a further clinically focused insight however – Acker demonstrates how vital the fragment is to understanding the whole. A parallel could be drawn, too, between the way a clinician sees only a fragment of a person, rather than the 'whole' that might take time to

¹¹ Kathy Acker, *Rip Off Red, Girl Detective and The Burning Bombing Of America* (1973 / 1972) (New York: Grove Press, 2002). This quote from *Rip Off Red, Girl Detective*, p. 68-69.

consider, but which also may never fully emerge given the boundaries of the therapeutic relationship. When read with our pre-learnt interpretative skills, textual fragments may lead to incoherence, to what Jaspers referred to as the *ununderstandability* that defines psychosis as opposed to neurosis.

However, I argue in Chapter 3 that a parallel can be drawn between the act of reading works like Acker's – where I cohere fragments to consider more widely the overarching effect of the fragments – and the experience of encountering psychosis. Both are potentially unfamiliar, strange, aliening even to our concept of what is real/unreal or true/false. Both might represent a challenge to our pre-existing understanding of literature and of the world as we experience and understand it. Both demand the acquisition of novel comprehensive, responsive and interpretative skills. Acker is a deeply *disruptive* writer in this way. She not only disrupts the expectations and certainties of her reader, as Jeffrey Ebbesen has suggested, but also disorientates them by creating texts that I see as textually analogous to psychosis.¹² The effect on the reader of narratives like Acker's has been partially theorised by Evelyn Keitel, whose work provides a theoretical background to Chapter 3.¹³ This section, then, explores Acker's *form*, concentrating on her use of narrative fragment and fragmentation, repetition, and inaccessible language, with the overarching view that these elements contribute to her textual creation of psychosis at the level of form.

¹² Jeffrey Ebbesen, *Postmodernism and Its Others: The Fiction of Ishmael Reed, Kathy Acker, and Don DeLillo* (London and New York: Routledge, 2006).

¹³ Evelyn Keitel, *Reading Psychosis: Readers, Texts and Psychoanalysis* (Oxford: Basil Blackwell, 1989).

Reality for Acker's characters is uncertain, precarious – their quest for a secure self (particularly in more well developed characters such as Abhor in *Empire of the Senseless*) often involves the concomitant acceptance of the paradoxical notion of the uncertainty of reality *and* the human desire for certainty. This acceptance, for Acker, defines the “history of the century” which “can be seen as defined by the struggle between a model of or desire for an absolute reality and a model or recognition of reality as indeterminate”.¹⁴ Here Acker effectively summarises one psychological conflict inherent in much theorising on late twentieth century life – there are limited certainties, and the quest for certainty is fraught with paradox. Acker's characters are often presented as self-fragmented, uncertain, insecure, paranoid, experiencing an uncertainty about interpretation and continuity of personal past, present and future. First person narration sometimes involves multiple voices speaking as “I”, a kind of literary babbling and multiplicity of identities. Acker discusses her interest in notions of identity and ‘schizophrenia’ several times in interviews. With Ellen G. Friedman, she states, “I came to plagiarism from a different point of view, from exploring schizophrenia and identity”.¹⁵ Similarly, with Sylvère Lotringer, she states, “I became very interested in the model of schizophrenia. I wanted to explore the use of the word I [...] The idea that you don't need to have a central identity, that a split identity was a more viable way in the

¹⁴ Kathy Acker, ‘A Young Girl’, in *High Risk: An Anthology of Forbidden Writings*, ed. by Amy Scholder and Ira Silverberg (London: Serpent's Tail, 1991), pp. 123-149. (p. 141).

¹⁵ Ellen G. Friedman, ‘A Conversation with Kathy Acker’, *A Review of Contemporary Fiction*, 9. 3 (1989)
 <http://www.centerforbookculture.org/interviews/interview_acker.html> [accessed 9th June 2005] (para. 8 of 115).

world”.¹⁶ She was also clear that the radical disjunction that exists in the contemporary world between the individual’s view of reality and the external world is “insanity” in itself, writing: “Pretend that there is a distinct entity named *self* and a different entirety named *world* or *other*. Define *insanity* as the situation between the self’s version of the world and the world. According to this definition, American culture is now insane”.¹⁷ Furthermore, the *expression* of this personally experienced and culturally demonstrated “insanity” cannot be adequately demonstrated, for Acker, through “[w]ell-measured language, novels which structurally depend on Aristotelian continuities, on any formal continuities”.¹⁸ She argued that coherent novels “cannot describe, much less criticise, this culture”.¹⁹ Chapter 4 then explores this disjunction and subsequent experience of psychosis through Acker’s intrasubjective portrayal. In particular, I focus here on the relationship between narrative ‘I’ and coherency of identity for the reader; issues of authorial truth through the blurring of autobiography and fiction; the importance of considering temporality in the development of a linear and secure sense of self; and the experiences of paranoia and control experienced by Acker’s characters; finally drawing on critical perspectives on the form / content divide in psychiatry to situate this exploration of the *content* of psychosis within clinical perspectives.

This final drawing together of the form / content divide in psychiatry leads to Chapter 5, where I draw together the ways in which

¹⁶ Sylvère Lotringer, ‘Devoured, by Myths: An Interview with Sylvère Lotringer’, in *Hannibal Lecter, My Father*, by Kathy Acker. (New York: Semiotext(e), 1991), pp. 1-24. (p. 7)

¹⁷ Acker, ‘William Burroughs’s Realism’, p. 2.

¹⁸ *ibid.* p. 2.

¹⁹ *ibid.* p. 2.

Acker's rewriting of elements of experiences that might be aligned with psychosis offers clinical implications. In the conclusion to this thesis I suggest that Acker's work, as an exemplar of a particular type of fiction, can provide insights that might be useful both in clinical practice and pedagogy when thinking about ways of working with people experiencing unusual or 'ununderstandable' mental states. In particular I consider here how re-framing of 'psychosis' is occurring in clinical innovations both theoretically, such as in postpsychiatry, and practically, such as with Open Dialogue models of intervention – and how my reading of Acker's writing offers complementing and novel ways forward.

I have previously argued, with reference to Acker and others, that collectively many of the “key themes that emerge from descriptions of ‘what postmodernity is’ are ones that are simultaneously allied and aligned with madness: fragmentation, chaos, loss of coherency, randomness, fear, and the loss of certainty”.²⁰ It seems, therefore, natural that writers who are concerned with postmodern existence, postmodern expression and postmodern art will also potentially be concerned with forms of madness, alienation, anxiety, insecurity and a hyper-acute sense of selfhood – or lack of coherent self. I have argued elsewhere that postmodern fiction is the first medium to explicitly create a dialogue from *within* psychotic narrative discourse rather than being fiction *about* psychosis.²¹ The formal structure of postmodern fiction speaks both

²⁰ Charley Baker, Paul Crawford, B. J. Brown, Maurice Lipsedge and Ronald Carter, *Madness in Post-1945 British and American Fiction* (Basingstoke: Palgrave, 2010), p. 161.

²¹ Baker and others, *Madness in Post-1945 British and American Fiction* – see especially Chapter 6 “Postmodern Madness”, which was written exclusively by myself and developed through elements of this thesis.

through and *with* psychosis – in the sense that the texts can appear radically fragmented, travelling spatial, temporal and psychological boundaries at will, prompting challenges for the reader to situate text within an external reality or to fix depicted events, thoughts or feelings in context. In this thesis, however, rather than focusing on whether or not Acker’s writing offers a literary performance of a *postmodern* type of ‘psychosis’, I focus instead on the ways in which Acker’s literary innovations offer clinical insights.

Indeed, a range of experimental authors, who may be termed ‘postmodern’ in different ways, but who all encompass a type of literary experimentalism that is of note to my argument here, could have been chosen for this thesis to demonstrate my core argument that a certain type of innovative writing might offer insights into psychosis that we can employ in clinical settings to offer a more humane and ethically-minded psychiatry than currently on offer.²² Acker offers an exemplar of my argument, rather than being the sole writer who I could have used. William S. Burroughs’ cut-up/fold-in technique, for instance, can be read as providing a literary analogue of psychosis like that which I suggest Acker does in Chapter 3.²³ Burroughs had a significant influence over Acker’s themes and style; she refers to him as writing “psychotic realities”, where he was “able to portray futures which are now our present”.²⁴ This influence is noted in more detail in Chapter 3. Similarly, Thomas Pynchon’s iconic Oedipa Maas in *The Crying of Lot 49* provides

²² I explore the criticisms of contemporary psychiatry in detail in Chapter 1.

²³ See, for example, William S. Burroughs, *Naked Lunch* (1959) (London: Flamingo, 1993), William S. Burroughs, *Nova Express* (1964) (New York: Grove Press, 1992), William S. Burroughs, *The Soft Machine* (1961) (London: Flamingo, 2001) and William S. Burroughs, *The Ticket That Exploded* (1962) (London: Flamingo, 2001).

²⁴ Acker, ‘William Burroughs’s Realism’, p. 2.

a literary exemplar of paranoia and the effect of uncertainty on self and behaviour, as I explore in Chapter 4.²⁵ In a similar way, Paul Auster's *The New York Trilogy* demonstrates amply the diminishment of the self in psychosis to the point of what 'anti'-psychiatrist R. D. Laing may have conceptualised as extreme ontological insecurity.²⁶ I chose to focus on Acker as, through the three elements I am concerned with, her earlier work and transitional novel *Empire of the Senseless* seems to best exemplify what I refer to as Acker's *literary psychosis*. The heterogeneous fictions and fragments of Acker's written work are inherently fragments of incoherency, dissolution, discontinuity and irresolution. They narrate the context, form and content of psychoses, and as such her writing best articulates what I believe innovative fiction can offer clinical practice.

There has been no exploration of Acker from a medical or health humanities disciplinary perspective, beyond work published as a result of this thesis, specifically how analysis of her work may provide clinically useful insights.²⁷ In this thesis, I focus on Acker's thematic, textual and

²⁵ Thomas Pynchon, *The Crying of Lot 49* (1965) (London: Vintage, 2000). See also Will Slocombe and Charley Baker, 'Seeing things...Differently, or Hallucinating the Postmodern' *Studies in Literary Imagination* – Special Edition – 'Representing States of Mind' (In Press) for an analysis of the issue of 'postmodern hallucination' in Pynchon's work.

²⁶ Paul Auster, *The New York Trilogy* (1987) (London: Faber and Faber, 1992). See also R. D. Laing's classic text *The Divided Self* (1960) (London: Penguin, 1990).

²⁷ However, see Carolyn Zaikowski, 'Reading Traumatized Bodies of Text: Kathy Acker's *Blood and Guts in High School* and Sarah Saterstrom's *The Pink Institution*', *Nebula*, 7. 1/7. 2 (2010), 199-219 – for a reading of Acker's *Blood and Guts in High School* using Post Traumatic Stress Disorder as an interpretative framework. For critical views on 'madness' in Acker's *Don Quixote*, a novel I am not exploring in this thesis as my focus is instead on Acker's shorter early texts and fragments and her transitional novel *Empire of the Senseless*, see Annette Schlichter, 'Critical Madness, Enunciative Excess: The Figure of the Madwoman in Postmodern Feminist Texts', *Cultural Studies ↔ Critical Methodologies*, 3. 3 (2003), 308-329; Cristina Garrigós, 'Kathy Acker's Spanish Connection: Plagiarism, Madness and Love in *Don Quixote*', in *Kathy Acker and Transnationalism* ed. by Polina Mackay and Kathryn Nicol (Newcastle Upon Tyne: Cambridge Scholars Publishing, 2009), pp. 115-132 and Carol Siegel, 'The Madness Outside Gender: Travels with Don Quixote and Saint Foucault',

individual concern with psychosis, using my analysis in support of the overarching notion that literature can offer useful adjunctive and integrative elements to clinical education and practice.

That said, this thesis does not provide a diagnostic reading of characters, texts or the author, for several reasons. Firstly, to use an existing (and problematic, as I argue in Chapter 1) clinical framework to interpret characters would be to deny the strongly subversive element of Acker's work. Secondly, Acker does not present psychosis in a traditionally defined 'clinical' manner – which in itself goes some way to subverting the way psychosis is formulated clinically. Finally, diagnostic readings of creative works, in my view, produce only reductive conceptualisations of narratives that offer, often simultaneously, multiple meanings, themes and functions. Such singular readings risk mirroring the homogenising potential of contemporary psychiatric practice that fundamentally relies on flawed nosological conceptualisations.

I disagree, however, with Carolyn Zaikowski's assertion that the "use of the schizophrenic model"

[...] is intriguing as a metaphor, but too often undefined and misunderstood by those who theorize about its application to language and narrative. It risks glorifying a set of symptoms that many experience as torturous, debilitating, life-threatening conditions; and it is generally, like hysteria, considered a pathology.²⁸

in *Devouring Institutions: The Life and Work of Kathy Acker* ed. by Michael Hardin (San Diego: Hyperbole, 2004), pp. 3-25.

For examples of the way in which 'madness', 'rationality' and 'irrationality' are explored in scholarship on Acker's work, see, for example, Barrett Watten, 'Foucault Reads Acker and Rewrites the History of the Novel', in *Lust for Life: On the Writings of Kathy Acker, On the Writings of Kathy Acker*, ed. by Amy Scholder, Carla Harryman and Avital Ronell (London: Verso, 2006), pp. 58-77 and Robert L. Mazzola, 'Kathy Acker and Literary Madness: Erecting a Pornographic Shell', in *Devouring Institutions: The Life and Work of Kathy Acker*, pp. 27-46.

²⁸ Zaikowski, p. 215.

At no point in this thesis do I underestimate the distress that can be associated with ‘psychosis’ and nor do I (or Acker) ‘glorify’ such experiences. The presence, in part, of Chapter 1 of this thesis aims to explore in detail the clinical framing of ‘psychosis’ I work alongside and against, to avoid allegations of ‘misunderstanding’. Specific *experiences* that, collectively, might be taken clinically to indicate psychosis, are referred to when relevant (for example, Acker’s portrayal of hallucination in *The Childlike Life of the Black Tarantula by The Black Tarantula*).²⁹ I am interested less in the affiliation of these experiences with a notion of an ‘authentic’ or ‘recognisable’ symptomatology; my focus here is on the individual representation and what this can offer to critically-minded mental health education and practice.

This view strongly aligns with the philosophies of medical humanities scholarship and the emerging health humanities discipline, explored in both Chapter 1 and Chapter 5. The medical and health humanities both aim to realign human experience as meaningful, understandable and recoverable, both in and outside of formal medical or clinical practice, with a focus on wide conceptualisations of health, illness, community, social experience and political context within and in utilising various arts and humanities discourse, artefacts and therapeutic practices.³⁰ It is within this interdisciplinary framework that this thesis is situated, with its focus on the wider context, content and form of psychosis in Acker’s writing, rather than only aiming to demonstrate how a problematic and pathologised concept is evident in Acker’s fiction.

²⁹ Kathy Acker, *The Childlike Life of the Black Tarantula, by The Black Tarantula* (1973) in *Portrait of an Eye* by Kathy Acker (New York: Grove Press, 1998), pp. 1-90. Further references to this text are given in the text as (CLBT, p.).

³⁰ See Crawford and others, *Health Humanities*.

Kathy Acker: Critical Perspectives

This thesis draws on the extensive body of critical commentary and scholarly work on Acker's concern about existence in the contemporary world, and her disruptive and disrupted narrative form, structure and content. Nicola Pitchford notes that in much early criticism of Acker's work "the tendency has been to emphasize her practice's affinity with *poststructuralism*" rather than considering the broader utility of her work and her resistance to a clear affiliation with a specific discursal framework.³¹ In recent years, there has been a varied range of criticism published. Volumes of critical scholarship, for example those edited by Michael Hardin, Amy Scholder, Carla Harryman and Avital Ronell, and Polina Mackay and Kathryn Nicol, provide rich archives of diverse perspectives on Acker's work, demonstrating that interpretation of Acker's work can be as wildly distinct and intellectually challenging as her narratives themselves.³² Book length studies of Acker's work, often comparing with her contemporaries, are also available, such as Pitchford's *Tactical Readings* and Ebbesen's *Postmodernism and Its Others*. She has attracted a significant and growing body of literary scholarship; my aim with this thesis is to contribute to this work while offering novel clinical interpretations of her writing.

Acker's graphic portrayal of sex and sexuality is often noted in critical scholarship. With regards to this element of her work, she is (sometimes simultaneously) both venerated and denigrated. Jerome

³¹ Nicola Pitchford, *Tactical Readings: Feminist Postmodernism in the Novels of Kathy Acker and Angela Carter* (London: Associated University Presses, 2002), p. 68.

³² Hardin, *Devouring Institutions: The Life and Work of Kathy Acker*; Scholder, Harryman and Ronell, *Lust for Life: On the Writings of Kathy Acker*; Polina Mackay and Kathryn Nicol, eds., *Kathy Acker and Transnationalism* (Newcastle Upon Tyne: Cambridge Scholars Publishing, 2009).

McGann, for example, argues that Acker can be seen in a sense as ironically *canonical*: “Acker is one of our most highly regarded contemporary artists”, he writes, but placing her side-by-side with Genet, he states both are “thus canonical, but they are clearly loose – loose canons”.³³ A more critical view on the canonical nature of Acker’s work is available, as Ellen G. Friedman suggests, noting that male texts have less trouble “acquiring membership of the canon” while Acker and other female contemporary writers “remain outlaws, outside the canon because there is little in the backward, oedipal glance for them”: instead “they aim their gaze audaciously and unabashedly forward”.³⁴ Despite the suggestion that such ‘deviant’ authors – those that Acker refers to as “writers I think of as in ‘that tradition,’ ‘the other tradition,’ ‘the non-acceptable literary tradition’” – can be canonised, McGann perhaps demonstrates his own conservatism around such literary outsiders.³⁵ There are, he says, “good and understandable reasons” that “most educators – at all levels – avoid writing that involves pornography”.³⁶ Yet the sexually graphic nature of Acker’s work is one way I feel she is persuasively subversive, because she does not write ‘pornography’ for titillation. Her sexual scenes can challenge and revolt as much as they might arouse, forcing questions around gendered experience and oppression, victimology and – most importantly – the impact of both sought after sexual encounters and forced sexual experience in term of psychological health.

³³ Jerome, McGann, ‘Canonade’, *New Literary History*, 25. 3 ‘25th Anniversary Issue Part 1’ (1994), 487-504, (p. 492).

³⁴ Ellen G. Friedman, ‘Where are the Missing Contents? (Post) Modernism, Gender, and the Canon’, *PMLA*, 108. 2 (1993), 240-252, (pp. 250-251).

³⁵ Kathy Acker, ‘A Few Notes on Two of My Books’, in *Bodies of Work*, pp. 6-13, (p. 6-7).

³⁶ McGann, p. 492.

In reference to the sex workers that feature in Acker's *The Adult Life of Toulouse Lautrec* by Henri Toulouse Lautrec, but in a statement which I think is applicable to many of Acker's narrators and characters, Ebbesen suggests that "Acker's ubiquitous profanity serves, in part, to speak their pain".³⁷ Acker has been dismissed as being merely pornographic, obscene and 'immoral' for her graphic portrayal of sexuality, sexual violence, and sexual taboos.³⁸ Yet as critics have noted, Acker's appropriation of pornography may be both "snide and ironic".³⁹ Alternatively, as Georgina Colby suggests regarding the way Acker's *My Mother: Demonology* and Cindy Sherman's photography uses "pornographic reference", her explicit portrayals function in some ways against *heteronormative* pornography as a way to "disrupt and dislocate the narrative and image from convention, in order to empower the female sex organs".⁴⁰ As I argue, her 'obscenity' and explicitness is a necessary part of demonstration and subversion of the ways in which women might be positioned, uncritically, as victims of men – and how their reasonable and understandable psychological responses to painful bodily and mental trauma pathologised as indicative of 'mental illness', as I explore in depth in Chapter 2.

³⁷ Ebbesen, p. 9. See also Kathy Acker, *The Adult Life of Toulouse Lautrec* by Henri Toulouse Lautrec (1975) in *Portrait of an Eye*, by Kathy Acker (New York: Grove Press, 1998), pp. 185-310

³⁸ See Pitchford, pp. 151-152 and also Kathy Acker, 'Immoral', in *Hannibal Lecter, My Father*, pp. 142-148. 'Immoral' is a copy of the 1986 German decision to ban Acker's novel *Blood and Guts in High School* due to being "harmful to minors" (Acker, 'Immoral', p. 142). See also Georgina Colby, 'Radical Interiors: Cindy Sherman's "Sex Pictures" and Kathy Acker's *My Mother: Demonology*', *Women: A Cultural Review*, 23. 2 (2012), 182-200. Other critics have been more critical of Acker's representation of sexuality – see, for example, Colleen Kennedy, 'Simulating Sex and Imagining Mothers', *American Literary History*, 4. 1 (1992), 165-185.

³⁹ Arthur F. Redding, 'Bruises, Roses: Masochism and the Writing of Kathy Acker', *Contemporary Literature*, 35. 2 (1994), 281-304, (p. 300).

⁴⁰ Colby, 'Radical Interiors', p. 186.

On the theme of what might be considered ‘obscene’, Nayland Blake suggests, in his reflections on his personal encounters with Kathy Acker, that the 1970s, where much of Acker’s most radical narratives emerge, “were a time when the obscene was the last refuge of the sane”.⁴¹ This was a time when, he writes, a:

[...] bloated culture made by corporations paraded itself everywhere as common sense and sensual bliss at the same time. Collective political action had collapsed onto a morass of ‘self’ cultivation that blinded people to the extent of their oppression. Cities festered in anger, poverty, and debris that no normal person wanted to live around. So that left all the other people, the abnormal, to make anything they wanted out of the crap that was left lying around.⁴²

Many of Acker’s key themes can be identified in this quote – disgust at corporate greed, classist power struggles, the oppression of the poor, women and those who are in any way “abnormal”. Additionally, the sense that the reader gets from Acker’s work that she drew together, plagiarised and rewrote anything she wanted is clear here. Critical work on Acker varies between elucidation and illumination of such concerns and pieces that either focus on personal tributes intermingled with insights into her life, and/or work that mimics Acker’s own fragmented and alienating style, making their meaning and argument challenging to reach.⁴³ There have been attempts to track Acker’s work through creative

⁴¹ Nayland Blake, ‘Kathy Acker: “Because I Want to Live Forever in Wonder”’, in *Lust for Life: On the Writing of Kathy Acker*, pp. 99-109, (p. 100).

⁴² Blake, p. 100.

⁴³ See, for example, the collection of essays *Lust for Life: On the Writings of Kathy Acker*. See also memorial pieces that appeared posthumously, some on a now defunct memorial website, but elsewhere as well, for example: C. Carr, ‘On Edge: Theoretical Grrrl – The Legacy of Kathy Acker’, *The Village Voice* (6th-12th November 2002) <<http://www.villagevoice.com/new/0245,carr,39664,.html>> [accessed 2nd August 2005].

Michael Hardin, ‘Between Theory and Autobiography: negotiating desire, sex, and love in the work of Kathy Acker’, in *Devouring Institutions: The Life and Work of Kathy Acker*, pp. 135-154.

periods where she drew on varying inspirations, not least the high literary canonical texts which she plagiarised and appropriated with abandon, but also philosophical theorising, feminisms and critical-clinical perspectives, such as those by ‘anti’-psychiatrist R. D. Laing.⁴⁴ Much scholarship on Acker’s texts and writing process refers at some point to her plagiarism and appropriation of literary works. The sheer volume of critical work on Acker produces its own challenges in formulating responses to and readings of Acker’s work – perspectives multiply through secondary literature as much as they did in her own work.

In many ways, Acker challenges foundational assumptions about how ‘sanity’ or ‘madness’ is defined. Her work is, however, resistant to a reading informed by a traditional or ‘known’ sense, as might be the case in reading a more structured or popular ‘novel’ (as distinct from Acker’s texts which are the focus here). Acker calls upon all our intellectual faculties to *read differently* by de-situating the reader. Blake argues that she does this in one way through combining “formal editing strategies that had previously been used to produce an effect of

Richard Kadrey, ‘Black Tarantula: The Intense Life and Uncompromising Death of Renegade Writer Kathy Acker’, *Salon*, 3rd December 1997
 <<http://www.salon.com/media/1997/12/03media2.html>> [accessed 24th January 2007]
 Robert Lort, ‘In Memoriam to Kathy Acker: A Deleuze and Guattarian Approach’,
 <<http://acker.thehub.com.au/ackademy/lort.htm>> [accessed 2nd August 2005]
 Doug Rice, ‘All Words are Guilty: A Few Disjointed Theoretical and Cultural Risks in Writing After Kathy Acker. Collected and then discarded, by Doug Rice (a voice imitator)’, <<http://acker.thehub.com.au/ackademy/guilty.html>> [accessed 2nd August 2005]
 Doug Rice, ‘In Memoriam to Identity: Re(w)riting and (Re)membering Kathy Acker’, *English Studies Forum* <<http://www.bsu.edu/web/esf/1.1Rice.htm>> [accessed 2nd August 2005]
 Sarah Schulman ‘Sarah Schulman Discusses Kathy Acker’, *Pavement Magazine* (2003)
 <<http://pavementmagazine.com/kathyacker.html>> [accessed 2nd August 2005]
 Peter Wollen, ‘Death (and Life) of the Author: Peter Wollen on Kathy Acker’, *London Review of Books*, 20. 3, 5th February 1998, pp. 8-10
 <<http://www.lrb.co.uk/v20/n03/peter-wollen/death-and-life-of-the-author>> [accessed 14th October 2012].
⁴⁴ See Peter Wollen, ‘Kathy Acker’, in *Lust for Life: On the Writings of Kathy Acker*, pp. 1-11, (p. 8-9).

intellectual distance” with “content of overwhelming intimacy”.⁴⁵ I would further argue that it is in her ideological subversion through use of pornographic text, portrayal of base physicality, and explicit scenes of rape and sexual violence that Acker challenges and destabilises the reader’s expectations in terms of gender and sexuality. It is through the liberties she took with textual form and her dissolution of narrative linearity and coherency that Acker shifts the reader’s expectations constantly, leading to a form of “reading psychosis” which I discuss in Chapter 3.⁴⁶ Finally, the experiences of uncertainty, distress, confusion, fear, fragmentation and trauma portrayed through her narrators and characters offers a version of ‘psychosis’ that is useful in terms of aiding a consideration of how best respond to people who might experience the world differently to other people, either temporarily or more long term. Thus her texts, as Blake notes, simultaneously offer the reader a distancing through their alienating textual strategy *and* offers content of an acutely intimate nature. This destabilising makes Acker both challenging and interesting in equal measures.

What might be recognised as a space in which the reader’s expectations are destabilised and frustrated – the lacuna between antithetical or opposing representations, between that which is expected and that which is found – is noted by Watten, who discusses Foucauldian readings of Acker and the “madness” in Acker’s work. Watten argues that Acker’s “mechanical copying and transgressive overwriting of unrelated texts creates an ‘as if’ scenario in which known ethical paradigms and narrative outcomes are rejected and where plausible or

⁴⁵ Blake, p. 104.

⁴⁶ See Keitel,

implausible alternatives proliferate as textual play”.⁴⁷ The space between possibilities and alternatives is thus “a space of madness as potential / deferred freedom that accedes to knowledge”.⁴⁸ In her being *anti-generic*, by “[r]ejecting the continuity of personal identity, the pretension and retention of self and object that founds the genre of the novel”, Watten argues, she “substitutes in its place a mode of discontinuous answering back”.⁴⁹ Thus, for Watten, the “dissociation of personal identity” in Acker is both a key theme of Acker’s and forms the narrative structure itself. He continues, suggesting that throughout Acker’s work, she “poses a question to *the world* as the limit of coherence – the limit in which the work of art, in Foucault’s account of Bataille, ceded to madness as it is determined by the world, rather than any internal motivations that would reflect a continuity of personal identity”.⁵⁰ The way in which Acker’s works surrender to madness as a formally and intrapersonally defined lack of coherence, via her dissolution into textual fragmentation and narrational disintegration, make Acker an immensely challenging writer. I argue that it is from such difficulty that the most acute conclusions can be drawn, and the most useful clinical insights can be gleaned; simple narrative forms may tell a good story, but do not offer the same insights into *literary psychosis* as the disjointed and estranging strategies used by Acker.

In this thesis, I use both Acker’s fiction and nonfiction for two reasons, generally focusing on earlier fragmented texts and novellas over her later, more structured works. Firstly, the ideas expressed in her non-

⁴⁷ Watten, p. 64.

⁴⁸ *ibid.* p. 64.

⁴⁹ Watten, p. 64.

⁵⁰ *ibid.* p. 65.

fiction essays and criticism sometimes illuminate further the recurring tropes and themes in her more challenging fictions. Her personal reflections on her diagnosis and treatment for breast cancer, for example, are worked through in both the short piece ‘The Gift of Disease’ and the semi-fictionalised creative piece ‘Eurydice in the Underworld’.⁵¹ Sections of the creative piece are directly linked to ‘The Gift of Disease’, and the dream-like sections in ‘Eurydice in the Underworld’ could be read as though they are mediations under anaesthesia, offering a sense of strangeness and disorientation that function to resist the colder clinical exterior of the clinic and operating theatre. Acker wrote that she preferred the creative freedom found in writing fictional and creative pieces: “essay-writing seems, at least at first glance, to be tied to expression”, she wrote, following that the “problem with expression is that it is too narrow a basis for writing, for it is pinned to knowledge, knowledge which is mainly rational. I trust neither my ability to know nor what I think I know”.⁵² Yet a number of Acker’s supposed essay pieces blur into creative mediations, as though her lack of trust in what she could or did ‘know’ slipped repeatedly into her preferred ‘non-rational’ expressions. She stated: “My unease with the essay form has led me to try to play, even to destroy, the form” – destruction of traditional form is a feature of the vast majority of her work, arguably the most often discussed.⁵³ Acker also blurred autobiography and fiction throughout her works, a feature that I return to in Chapter 4. She wrote that when “writing I become the characters in the novel, but the

⁵¹ Kathy Acker, ‘Eurydice in the Underworld’ (1997) in Kathy Acker, *Eurydice in the Underworld* (London: Arcadia Books, 1997), pp. 1-26. Kathy Acker, ‘The Gift of Disease’ (1996) <<http://acker.thehub.com.au/gift.htm>> [accessed 2nd August 2005].

⁵² Kathy Acker, ‘Preface’, in *Bodies of Work*, pp. vii-x (p. viii).

⁵³ Acker, ‘Preface’, p. viii.

characters in the novel aren't me", commenting further that people "always think they're me, and it's a drag".⁵⁴ Yet the blurring of her 'real' life and the lives of her characters (several of whom are called Kathy) makes the distinctions between fiction and autobiography, fiction and criticism, literary and philosophical, difficult to clearly locate and fix. Essay, criticism, fact and fiction – all were simply texts to be written, destructed, reconstructed, appropriated and re-appropriated for Acker. Different types of Acker's work – early fiction and critical work, essay and interview – come together in this thesis as being both worthy of note in and of themselves, but also in terms of considering how this boundary crossing offers an exploration of how stories are created by individuals, how identity is fluidly constructed, and how this might then offer insights into narrative approaches to mental health.

In blurring autobiography and fiction, fiction and essay, critique and creation, Acker is a writer who in many respects embraced her status as challenging and provocative. The somewhat defiant nature and content of her work may in part be due to the historical context within which Acker was writing, as both Blake (above) and Carol Becker discuss.⁵⁵ Becker argues that the "more that is hidden and suppressed, the more simplistic the representation of daily life, the more one-dimensional and caught in the dominant ideology the society is, the more art must reveal".⁵⁶ For the viewer or reader of the works that "reveal", art (including literature and visual arts) "easily becomes the object of rage

⁵⁴ Acker in interview with Lotringer, p. 20.

⁵⁵ Carol Becker, ed., *The Subversive Imagination: Artists, Society, and Social Responsibility* (New York: Routledge, 1994).

⁵⁶ Becker, p. xiii.

and confrontation”.⁵⁷ At the same time, “artists, frustrated by the illusion of order and well-being posited by society, or angry at the degree to which they are unappreciated and their work misunderstood, choose rebellion (either through form or content) as a method of retaliation”.⁵⁸ In Acker’s rebellious creations, those that she acknowledged as “disoriented” writings, are works of uncertainty of meaning and challenges to fixed reading or interpretation; paradoxically, these are key elements that allow the development of a theory of literary psychosis, which I argue can circularly be read as offering insights into how we formulate, listen to and support psychosis clinically.⁵⁹

Acker’s work as a whole provides an overarching exploration and literary performance of incoherency, dissolution, fragmentation and irresolution, rather than a portrayal of clinically recognisable psychosis as per diagnostic manual symptomatology. In this way, Acker might be viewed as writing a novel *rhetoric of madness*. Shoshana Felman writes on the “rhetoric of madness” in literature, arguing that while literature “is the only recourse for self-expression and self-representation of the mad”, madness ultimately “always turns out to be mystified and mystifying”.⁶⁰ She concludes her detailed examination of the intersections of literature, philosophy and psychoanalysis by arguing:

But even though the discourse *on* madness is not a discourse *of* madness (it is not strictly speaking a mad discourse), nevertheless there still exists in these texts a *madness that speaks*, a madness that is acted out in language, but whose role no speaking subjects can assume. It is this movement of non-totalizable, ungovernable linguistic play, through which

⁵⁷ Becker, p. xiii.

⁵⁸ Becker, p. xiii.

⁵⁹ Acker in interview with Lotringer, p. 10.

⁶⁰ Shoshana Felman, *Writing and Madness (Literature/Philosophy/Psychoanalysis)* (1985), trans., by M. Noel Evans (California: Stanford University Press, 2003), p. 252, p. 4 and p. 252.

meaning misfires and the text's *statement* is estranged from its *performance*, that I call in this book the 'madness of rhetoric'.⁶¹

Felman further suggests that paradoxically "the madness of rhetoric is precisely what *subverts* the rhetoric of madness".⁶² I argue that Acker's "statements" are integral to the "performance" of madness in her fiction, a literary performativity that enacts psychosis in the narrative form as well as the content. In this way Acker writes neither *of* nor *on* madness. The "madness that speaks" is written into the textual structure of her narratives – and it is the *subject* that speaks both *through* and from *within* madness. Acker also subverts our current understanding of psychosis as codified in clinical discourses. In the next section I offer a brief but necessary diversion from Acker's work in order to explore the way in which psychosis is currently formulated within these clinical discourses and critical viewpoints, in order to contextualise the concluding chapter in this thesis, where I describe how my readings Acker's work might offer clinical insights.

⁶¹ *ibid.* p. 252. Italics in the original.

⁶² Felman, *Writing and Madness*, p. 252. Italics in the original.

Chapter 1: Understanding ‘Psychosis’

Reductionist models fail to grasp what is most important in terms of recovery. The evidence base is telling us that we need a radical shift in our understanding of what is at the heart (and perhaps soul) of mental health practice.⁶³

To contextualise the clinical elements of this thesis, in this chapter I provide firstly a short overview of how the diagnosis of ‘psychosis’ as a ‘brain disorder’ has developed over the past 125 years or so, before summarising the multitude of perspectives that are critical of the reductionist potential of a *solely* biomedical formulation of a complex set of personal experiences, beliefs, emotions, expressions and cognitions. Some of these critical views emerged within and draw upon contemporary postmodern cultural theory, which is noted in terms of relevance to contemporary concerns – while literary studies have perhaps moved beyond ‘postmodern’ analysis, psychiatry remains at a stage of critical deconstruction. I then briefly illuminate the subgenre of literary studies focused on literature and madness to situate this thesis within its interdisciplinary space, and then draw these diverse readings together to situate more clearly my reading of Acker’s work as providing a literary exemplar of a perspective that, I argue, is both confirmatory of and informative to more critically-minded views on ‘psychosis’. My intention here is not to align with a clear pro- or anti- psychiatry perspective – the position I, and others, hold when critical of elements of psychiatric

⁶³ Pat Bracken, Philip Thomas, Sami Timimi, Eia Asen, Graham Behr, Carl Beuster, Seth Bhunnoo, Ivor Browne, Navjyot Chhina, Duncan Double, Simon Downer, Chris Evans, Suman Fernando, Malcolm R. Garland, William Hopkins, Rhodri Huws, Bob Johnson, Brian Martindale, Hugh Middleton, Daniel Moldavsky, Joanna Moncrieff, Simon Mullins, Julia Nelki, Matteo Pizzo, James Rodger, Marcellino Smyth, Derek Summerfield, Jeremy Wallace and David Yeomans. ‘Psychiatry beyond the current paradigm’, *British Journal of Psychiatry* 201. 6 (2012), 430-434, (p. 432).

practice is more nuanced than suggested by such a polarising binary.⁶⁴

Instead, I critically interrogate some of the critical perspectives that have been proposed in order to clearly situate my argument that ‘psychosis’ is a radically *individual* experience, an argument which focuses on the *person* rather than the tenuous ‘label’ or diagnosis. Indeed one of my core clinically-relevant arguments throughout the thesis is that the focus in mental health practice needs a radical paradigm shift from the homogenising to the heterogenerative, to a view which privileges individual narrative content, meaning and interpretation over the more typically discussed forms of symptoms that are grouped together as denoting a particular ‘illness’.

A Very Brief History of Psychosis: Psychiatry and its critics

The origin of classifications of mental disorders is widely recognised as beginning with Emil Kraepelin in 1887. Prior to this time, madness was certainly recognised and attended to, in different ways, but not classified in medical terms.⁶⁵ Attempting to align psychiatry with the better-respected medical field concerned with the anatomy and physiology of pathology, Kraepelin stated in his *Textbook of Psychiatry*:

Judging from our experience in internal medicine it is fair to assume that similar disease processes will produce identical symptom pictures, identical pathological anatomy and an identical aetiology. If, therefore, we possessed a

⁶⁴ See also Duncan Double, ‘The Limits of Psychiatry’, *British Medical Journal*, 324 (2002), 900-904, and Alastair Morgan, ‘Is psychiatry dying? Crisis and critique in contemporary psychiatry’, *Social Theory and Health*, 13. 2 (2015), 141-161.

⁶⁵ There is of course not space here to document the extensive history of psychiatric practice - several very good histories of psychiatry are available however. See Roy Porter, *Madness: A Brief History* (Oxford: Oxford University Press, 2002) and Edward Shorter, *A History of Psychiatry* (New York: John Wiley and Sons, 1997) for useful and detailed summaries. See also Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present* (London: Virago, 2008) for a critically detailed and rigorous history of women’s madness.

comprehensive knowledge of any of these three fields – pathological anatomy, symptomatology, or aetiology – we would at once have a uniform and standard classification of mental diseases.⁶⁶

Kraepelin attempted to classify psychological disorders, naming the psychotic disorders under the umbrella phrase *Dementia Praecox* which, as Bentall states, was characterised by “irreversible deterioration” of cognitive and social functioning, consisting of delusions of persecution or grandiosity, inappropriate or absent emotional responses, “stereotyped behaviour” (for example catatonic posturing), problems with attention, and hallucinations, primarily auditory or tactile.⁶⁷ In comparison, 'manic-depressive' presentations saw a somewhat less irreversible pathway to deterioration. The term 'schizophrenia' did not emerge until Eugene Bleuler's work, around 1911, when he identified four key features, known as the 'four A's' – loosening of associations, ambivalence, autism and inappropriate affect – evident in 'schizophrenia'.⁶⁸ Kurt Schneider then concretised the cornerstones that hold fast today for the current diagnosis of psychotic disorders, and was one of the first documented clinicians to assert that the *form* of a given symptom was more important diagnostically than the *content* of the experience. Schneider developed a theorem of 'schizophrenia' consisting of what he termed First Rank Symptoms, defined as “all forms of hallucination, delusion, or passivity experience”.⁶⁹ Schneiderian first rank symptoms remain one of the primary diagnostic indicators of 'schizophrenia'.⁷⁰

⁶⁶ Emil Krepelin, cited in Richard P. Bentall, *Madness Explained: Psychosis and Human Nature* (2003) (London: Penguin, 2004), p. 12.

⁶⁷ Bentall, *Madness Explained*, p. 15.

⁶⁸ *ibid.* pp. 23-24.

⁶⁹ *ibid.* p. 31. Bentall provides a clear table of Schneider's First Rank Symptoms (pp. 32-33).

⁷⁰ See the DSM-5.

Despite these attempts to codify psychosis into clinical categories, the diagnostic criteria for the variety of ‘psychoses’ that now exist, including various forms of ‘schizophrenia’, are significant. Even the most recent and vastly extended editions of the *ICD-10 Classification of Mental and Behavioural Disorders* and the *Diagnostic and Statistical Manual of Mental Disorders 5th Edition* are unable to confidently and cohesively classify or even account for the full range of non-‘schizophrenic’ psychotic disorders.⁷¹ Furthermore, criticism of Kraepelin’s original dichotomy between dementia praecox and mood-led ‘manic-depressive’ presentations, which formed the basis of much later classification and have been referred to as the “twin pillars of Kraepelinian psychiatry”, is evident.⁷² As Robert Whitaker argues, drawing on the influential work of Mary Boyle, many of Kraepelin’s original ‘psychotic’ patients may in fact have suffered from the then-undiscovered disease *encephalitis lethargica*.⁷³ The importance of this potential error cannot be underestimated – ‘schizophrenia’ remains seen, despite the efforts of more recent considerations, as a potentially irreversible illness with a potentially deteriorative illness pathway.⁷⁴ As Bracken and Thomas suggest:

⁷¹ As the DSM 5 is a very recent publication, much criticism focuses on its previous version, the DSM 4 TR. See, for example, Assen Jablensky, ‘Classification of Nonschizophrenic Psychotic Disorders: A Historical Perspective’, *Current Psychiatry Reports*, 3 (2001), 326-331.

⁷² Angela Woods, ‘Memoir and the Diagnosis of Schizophrenia: Reflections on The Centre Cannot Hold; Me, Myself, and Them; and the “Crumbling Twin Pillars” of Kraepelinian Psychiatry’, *Mental Health Review*, 16. 3, 2011, 102-106.

⁷³ Robert Whitaker, *Anatomy of an Epidemic* (New York: Broadway Books, 2010) – see also Mary Boyle, *Schizophrenia: A Scientific Delusion?* (1990) (London: Routledge, 1997).

⁷⁴ One need only complete a Google search to demonstrate how widespread such a view is – see for example the popular and public facing USA website WebMD for the kind of perceptions that are likely to be read by people searching for information on the ‘disorder’: see WebMD, ‘Schizophrenia: An Overview’ <<http://www.webmd.com/schizophrenia/guide/mental-health-schizophrenia>> {accessed

‘Abandon hope all ye who enter here’ were the words written above the entrance to Hell according to Dante in the *Divine Comedy*. They might just as well have been found inscribed on the title page of the National Institute for Clinical Excellence’s (2002) clinical guidelines for schizophrenia.⁷⁵

NICE guidance on best practice in working with people with a diagnosis of ‘schizophrenia’ are now updated, and include notes towards recovery oriented working, but the therapeutic pessimism of the early guidelines remains in some areas.

Where such therapeutic pessimism is particularly criticised is in contemporary critical perspectives on psychiatric practice, which coalesce into two core areas. Firstly, on what is convincingly noted as a set of flawed foundational assumptions surrounding the notion of ‘psychosis’ as a mental disorder, noting the lack of scientific validity in the current ‘official’ nosology of the different psychoses. Secondly, critical concerns often note the influence of the psychopharmacology industry over the doctors charged with defining ever-increasing new disorders, affecting an ever-increasing population of people, providing an ever-increasing revenue stream.⁷⁶ In this respect, mental experiences, complex and unique to each person, are homogenised into a series of ‘symptoms’, which then, if a particular combination are present for an

1st August 2015. The UK equivalent version, NHS Choices, is slightly less pessimistic – NHS Choices, ‘Schizophrenia’

<<http://www.nhs.uk/Conditions/Schizophrenia/Pages/Introduction.aspx>> {accessed 2nd August 2015}. Both, however, discuss a vision of schizophrenia as a life-long illness requiring life-long medication. While I am hesitant to use anecdote to demonstrate argument, this is a perspective that I have both heard offered during my clinical work and students often now repeat to me, regularly noting that they work with people newly diagnosed with ‘schizophrenia’ who are informed that they will be on medication for life, though they may improve in terms of active symptoms. This type of negative prognosis is one of the areas that the Recovery Movement, discussed later in this chapter, aims to challenge – it is evident that such views, however, have yet to reach many public-facing information sites.

⁷⁵ Bracken and Thomas, *Postpsychiatry*, p. 225.

⁷⁶ See for example James Davies, *Cracked: Why Psychiatry is Doing More Harm Than Good* (London: Icon Books, 2013) and Robert Whitaker, *Mad In America: Bad Science, Bad Medicine, and the enduring Mistreatment of the Mentally Ill*. ([n. p.] Perseus Books, 2003).

arbitrarily defined period of time, lead to a particular label. ‘Psychotic’ disorders are constructed by symptom clusters that are then collectively categorised in order for a particular type of psychosis (for example, schizophrenia, psychotic depression or schizoaffective disorder) to be diagnosed using the DSM-5 or the ICD-10. I would argue that such a system in and of itself is adversarial to the contemporarily promoted priorities of individualisation and person-centred care provision. As an example – if a person disagrees with the diagnostic formulation of their experiences, they risk being deemed to ‘lack insight’ rather than recognised as having a potentially reasonable and valid alternative formulation.

In terms of clinical psychiatry, the aim of the initial interview or period of assessment is to identify and describe symptoms, rather than to explain them or to explore their meaning to the person themselves. This kind of descriptive psychopathology utilises Jaspers’ work on phenomenology as the “*study of subjective experience*” in order to identify and describe the *form* of symptoms, as opposed to *explaining* them through, for example, a psychodynamic framework.⁷⁷ ‘Psychotic’ symptoms are split into ‘positive’ and ‘negative’ symptoms – an interesting linguistic deception as none of the symptoms are seen as advantageous within a biomedical framework. In this way, ‘positive’ symptoms have *added* something to a person’s experience (such as a hallucination), and ‘negative’ symptoms have *diminished* the person’s experience (for example, in anhedonia or with extreme passivity).

‘Positive’ symptoms are defined as consisting of hallucinations, paranoia,

⁷⁷ Andrew Sims, *Symptoms in the Mind: an Introduction to Descriptive Psychopathology* (London: W B Saunders and Elsevier Science, 2003), pp. 5-19, (p. 5).

delusions, thought and expression disorders and possibly elevated or ‘hypomanic’ mood. ‘Negative’ symptoms on the other hand are noted as blunting of affect, social withdrawal, thought block or poverty of thought and difficulties in effective communication. A range of experiences also aligned with psychosis might fall into either positive or negative symptoms, such as depersonalisation and derealisation.⁷⁸

Karl Jaspers, in the early part of the twentieth century, took a slightly different view to his contemporaries around psychosis, one that is interesting for the purposes of this thesis. Jaspers followed Bleuler in distinguishing between psychoses, defined by *ununderstandability*, and neuroses, understandable through psychological or psychoanalytic exploration. This distinction has been described as being, for Jaspers, clearly between “two apparently irreconcilable methods of comprehending mental symptoms: *understanding* and *explaining*” – similar to our still-current trend towards identifying symptoms rather than explaining them.⁷⁹ Jaspers declared that psychosis is essentially *ununderstandable* in comparison to neurosis, which can be rationalised:

Affective illnesses and mental illnesses (natural and schizophrenic psychic life). The most profound distinction in psychic life seems to be that between what is meaningful and *allows empathy* and what in its particular way is *ununderstandable*, ‘mad’ in the literal sense, schizophrenic psychic life (even though there may be no delusions). Pathological psychic life of the first kind we can comprehend vividly enough as an exaggeration or diminution of known phenomena and as an appearance of such phenomena without the usual causes or motives. Pathological psychic life of the second kind we cannot adequately comprehend in this way. Instead we find changes of the most general kind for which

⁷⁸ See Sims; see also Sarah Stringer, Laurence Church, Susan Davison and Maurice Lipsedge, *Psychiatry PRN* (Oxford: Oxford University Press, 2009).

⁷⁹ Bentall, *Madness Explained*, p. 28.

we have no empathy but which in some way we try to make comprehensible from an external point of view.⁸⁰

This fundamental distinction continues to be relevant in psychiatry today, and has led to the division of psychological and psychiatric disorders into those which are perhaps publically more visible, understood and perceived as somehow rational in certain circumstances (the neuroses, including depression and anxiety), and those which are less easy to understand or explain, and which are stigmatised and often associated (wrongly) with violence and uncontrollability (the psychoses, including ‘schizophrenia’).⁸¹ In this thesis, I suggest that the fiction of Acker makes the experiences associated with psychosis more *understandable*, subsequently offering novel clinical approaches that refute the reductive potential of biomedical and pathological approaches to different or unusual emotional, psychological and cognitive experiences.

Psychiatry, as a medical discipline, has long sought the biological cause of psychosis, and professes to have made some progress. Nancy Andreasen, in her then-influential 1984 text *The Broken Brain: The Biological Revolution in Psychiatry*, firmly situated the major mental disorders within a biological framework by detailing the allegedly groundbreaking progress made in neuroimaging, among other areas, towards understanding psychotic and affective disorders.⁸² Yet Andreasen’s conclusions were tentative then, and have yet, over 30 years later, to be conclusively demonstrated, despite a plethora of research into neurostructural, genetic, epigenetic and neurochemical potential

⁸⁰ Jaspers, p. 577.

⁸¹ See Sims, pp. 4-5 and pp. 13-14; Bentall, *Madness Explained*, pp. 25-29; and Bracken and Thomas, *Postpsychiatry*, pp. 117-122, for differing but comparative introductions to and analysis of Jaspers important work.

⁸² Nancy C. Andreasen *The Broken Brain: The Biological Revolution in Psychiatry* (New York: Harper & Row, 1984)

‘causes’.⁸³ Similarly, in the 1980s Martin Roth and Jerome Kroll provided a rebuttal to the significant criticisms levelled at psychiatry as a flawed ‘medical’ doctrine during the 1960s and 1970s, suggesting that the lack of single or multiple biologically identifiable physiological causes of mental illnesses did not mean that such illnesses do not exist:

The phenomena of serious mental illnesses provide supportive evidence in that they serve to define with clarity what happens when the most specifically human faculties are impaired or undermined as in the case of the schizophrenic and manic-depressive psychoses. Understanding of rationality and affect, autonomy and the unity of integration of human personality can therefore be heightened by the study of such disordered states. Yet the contrasts between those suffering from a psychosis and those not so affected and between a schizophrenic or manic person during illness and after recovery are among the most powerful testimonies for the reality of mental illness.⁸⁴

Roth and Kroll’s argument here remains relevant, and they are right on a simplistic level – the distress caused by strange or unusual experiences is very evident to any clinician or practitioner. Roth and Kroll suggest that as we can see the *effect* of unusual experiences, paranoia and delusions, they therefore *must* exist as, and be treated as, ‘illnesses’.

Yet some 25 years after these publications, there has been very little meaningful progress towards isolating biological causes of mental health challenges, despite a range of possible theories. Such approaches remain not without their critics, and many of these come from within the medical profession itself. The majority of these critiques do not deny the ‘reality’ of the potential distress caused by – or the existence of – unusual experiences and altered mood states. Rather, they are firstly critical of the manner in which such experiences are formulated and conceptualised

⁸³ Whitaker, *Anatomy*, p. 275.

⁸⁴ Martin Roth and Jerome Kroll, *The Reality of Mental Illness* (Cambridge: Cambridge University Press, 1986), p. 113.

within a ‘biological brain disorder’ framework that is unproven and seen as not aligning with many people’s own formulations; secondly, they are *very* critical of the influence of the pharmaceutical industry over research into treatments of mental health challenges, suggesting that this has led to unnecessary medicalisation of the normal range of human experience and emotions.⁸⁵ Critically-orientated views do not deny that people have strange, unusual or distressing experiences – their views suggest that our formulation and approaches are scientifically flawed, potentially unhelpful for some, at best, and have led to the development of medicinal treatments that may do more harm than they do good. Given the legal reach of psychiatry in containing people physically and chemically, such a flawed and potentially biased base is particularly concerning from an ethical perspective.

The majority of clinicians and professionals do not consciously reduce the experience of psychosis to a purely biochemical or neurological failure. It is now widely accepted that psychosis can be induced and affected by psychological, biological, sociological, neurochemical, drug-induced and even religious and cultural elements, following Zubin and Spring’s widely cited and still-relevant Stress-Vulnerability Model of ‘schizophrenia’.⁸⁶ However, contemporary medical explanations for and treatment of psychosis remain biologically

⁸⁵ See Davies’ *Cracked* and Bentall, *Madness Explained*, for useful critiques of not only the biomedical research itself, but summaries of the range of opposing arguments. See also Boyle, *Schizophrenia: A Scientific Delusion?* and Richard P. Bentall, ed., *Reconstructing Schizophrenia* (1990) (Hove: Brunner-Routledge, 2004). Whitaker also provides useful criticisms of the theories as to the physiological causes of psychosis – see *Anatomy* pp. 104-120. Finally, see Christopher Lane, *Shyness: How Normal Behaviour Became a Sickness* (London: Yale University Press, 2007) for a detailed perspective on the pathologisation of previously ‘normal’ traits or personality factors.

⁸⁶ Joseph Zubin and Bonnie Spring, ‘Vulnerability: A New View on Schizophrenia’, *Journal of Abnormal Psychology*, 86, 103-126.

focused and medicinally orientated. The first line treatment of psychosis continues to be in the form of medication. Both the 2010 and 2013 UK National Institute for Health and Care Excellence (NICE) guidelines on the treatment of ‘schizophrenia’ and psychosis in adults and young people, respectively, suggest a range of biological, psychological, environmental and social *possible* causes of psychosis (such as genetics, substance misuse, perinatal risk factors and environmental and childhood adversity).⁸⁷

Yet while NICE acknowledge the benefits of psychological and social interventions such as Cognitive Behavioural Therapy for Psychosis, these are provided an *adjunctive* approach – medication remains at the forefront of clinical treatment. ‘Antipsychotic’ medications, from older ‘first generation’ drugs such as chlorpromazine through to newer ‘atypical’ drugs (second and now third generation antipsychotic medication) like Olanzapine, Risperidone and Aripiprazole, are widely prescribed despite evidence that their efficacy is questionable and their side effects potentially life altering, even life threatening.⁸⁸ Whitaker illuminates the potentially devastating effects of antipsychotic medications, noting the clinical paradox which has led to their widespread perceived efficacy: when people stop taking antipsychotic

⁸⁷ National Institute for Health and Care Excellence (NICE) and National Collaborating Centre for Mental Health, *CG155 Psychosis and Schizophrenia in Children and Young People: Recognition and Management* (London: The British Psychological Society and The Royal College of Psychiatrists, 2013).

National Institute for Health and Care Excellence (NICE) and National Collaborating Centre for Mental Health, *CG88 Schizophrenia: Core Interventions on the Treatment and Management of Schizophrenia in Adults in Primary and Secondary Care (Updated Edition)* (London: The British Psychological Society and The Royal College of Psychiatrists, 2010).

⁸⁸ Richard P. Bentall, *Doctoring the Mind: Why Psychiatric Treatments Fail* (London: Penguin, 2010). See also Peter Breggin, *Toxic Psychiatry – Drugs and Electroconvulsive Therapy: The Truth and the Better Alternatives* (1991) (London: HarperCollins, 1993).

medication abruptly, they often see a rapid return in ‘symptoms’, referred to as ‘super-sensitivity psychosis’, leading to a “clinical delusion” that because the symptoms returned, the medication had been ‘working’ previously.⁸⁹ The paradox here lies in the increasingly evidenced notion that neuroleptic medication *causes* neurological and neurochemical changes which then subsequently lead to longer-term deterioration, necessitating longer-term medication, as Whitaker notes when reviewing studies that affirm this theorisation: “Initial exposure to a neuroleptic seemed to be setting patients up for a future of severe psychotic episodes, and that was true regardless of whether they stayed on medications”.⁹⁰ In this case, the treatment may then be more damaging than the ‘disease’.

In a similar vein, Leader reiterates Whitaker’s view, stating “due to the pervasive and crippling effects of long-term drug use, the idea of psychosis as a chronic and irreversible brain disease becomes a self-fulfilling prophecy”.⁹¹ More recently, longitudinal studies are emerging which suggest that people who stop medication sooner rather than later, and remain either off medication or on a very small maintenance dose, have much better outcomes in terms of general functioning, social

⁸⁹ See Whitaker, *Anatomy*, pp. 98-120, (p. 106).

It is worth noting here that I am not wholly anti-medication. I do, however, feel that both ethically and in terms of developing trusting and helpful therapeutic relationships, we need to be: 1. Far more honest about the side effects of medication; 2. More moderate in its use (cautioning against using it to replace gaps in other types of services, such as those offering psychological therapies and especially cautious of polypharmacy); 3. Disregarding of the dialogue that groups people into ‘compliant’ and ‘non compliant’, instead promoting autonomy and the right to choose what and when people put into their bodies, beyond genuine life-threatening emergencies; 4. More cautious around notions of ‘lifelong’ medication requirements. Medication can be life saving – it shouldn’t, however, be the mainstay or, potentially, even the initial approach with psychiatric treatment, *unless a person is fully informed and opts to take this route*. As Leader notes in *What Is Madness?*: “The most serious side effect of medication here is the temptation for the physician to let the drug be enough” (p. 329). This is an issue that I return to in Chapter 5 in terms of exploring some of the alternatives to medication.

⁹⁰ See Whitaker, *Anatomy*, pp. 98-120, (p. 99).

⁹¹ Leader, p. 329.

engagement and wellbeing.⁹² The recent British Psychological Society report *Understanding Psychosis and Schizophrenia* promotes a more individual and *normalising* approach to unusual experiences. While not wholly *anti* medication or biomedically-orientated treatment, the report was (unsurprisingly perhaps) received with quite some controversy and dismissal in the UK from some psychiatrists.⁹³

Criticism of psychiatry is certainly not new. The so-called ‘anti-psychiatry’ movement of the 1960s and 1970s posed a major challenge to the growth of psychiatry as a valid medical profession, one with more powers than the legal and judicial system with the introduction of mental health legislation in 1959 (the Mental Health Act – amended in 1983 and 2007). The term ‘anti-psychiatry’ implies resistance to the dominant medical models – resistance was evident, but not always in the polarising manner implied by the common group heading *anti-psychiatry*. The key figures in the anti-psychiatry movement did not form an altogether cohesive group, and to state that all of the variety of people involved were *anti-psychiatry* is simplistic. The alternative views on different

⁹² See M. Harrow, T. H. Jobe and R. N. Faull, ‘Do all schizophrenia patients need antipsychotic treatment continuously throughout their lifetime? A 20-year longitudinal study’, *Psychological Medicine*, 42. 10 (October 2012), 2145-55. See also L. Wunderlink, R. M. Nieboer, D. Wiersma, S. Sytema and F. J. Nienhuis, ‘Recovery in remitted first-episode psychosis at 7 years of follow-up of an early dose reduction/discontinuation or maintenance treatment strategy: long-term follow-up of a 2-year randomized clinical trial’, *JAMA Psychiatry*, 70. 9 (Sept 2013), 913-20.

⁹³ See Anne Cooke, ed., *Understanding Psychosis and Schizophrenia: Why people sometimes hear voices, believe things that others find strange, or appear out of touch with reality, and what can help* (Leicester: British Psychological Society, 2014). For examples of the controversy, see the popular blog The Mental Elf, specifically the critique proposed by Keith Laws, Alex Langford and Samei Huda, ‘Understanding Psychosis and Schizophrenia: a critique by Laws, Langford and Huda’, 27th November 2014 <<http://www.thementalelf.net/treatment-and-prevention/medicines/antipsychotics/understanding-psychosis-and-schizophrenia-a-critique-by-laws-langford-and-huda/>> [accessed 7th April 2015]. See also Joanna Moncrieff ‘“Psychiatric prejudice”: a new way of silencing critique’ 23rd June 2014 <<http://joannamoncrieff.com/2014/06/23/psychiatric-prejudice-a-new-way-of-silencing-criticism/>> [accessed 7th April 2015] for a dissection of a similar row between professionals.

mental health challenges, but particularly ‘schizophrenia’, came from a variety of philosophical, theoretical, psychological and sociological discourses. Foucault, for example, from a perspective examining power and language in history in terms of the construction of ‘madness’; R. D. Laing from the angle of existentialism, humanism and ontology; Thomas Szasz from the pre-emptively deconstructive viewpoint of mental illness as a whole being a socially constructed myth; Erving Goffman from a sociologically concerned perspective regarding individual and group identities and resistance to powerful asylum structures.⁹⁴ The fundamental idea that these thinkers shared, from whichever theoretical background they came from, was that it was possible to “make madness, and the process of going mad, comprehensible”.⁹⁵ Once the process of psychosis was made comprehensible (reminiscent of Jasper’s distinction), depathologised perspectives of allegedly idiosyncratic expressions, beliefs and behaviours could be proposed – along with non-biomedicalised models of managing such difficulties, for example Laing’s Kingsley Hall, and more recently the humane and ethically-minded Soteria Project. These two places, created for people to experience their distress, elation, fear, anxiety, strangeness or regression without fear of punitive treatments or distressing medical interventions, shared a similar guiding vision:

⁹⁴ Michel Foucault, *Madness and Civilisation*, trans. by R. Howard, 1964 (London: Routledge Classics, 2001); R. D. Laing, *The Divided Self* (1960) (London: Penguin, 1990) and R. D. Laing and Aaron Esterton, *Sanity, Madness and the Family* (1964) (London: Penguin, 1990); Thomas Szasz, *The Manufacture of Madness* (1970) (New York: Scracuse UP, 1997) and *The Myth Of Mental Illness* (1974) (New York: Perennial, 2003); Erving Goffman, *Asylums* (1961) (London: Penguin, 1991). See also Angela Woods, *The Sublime Object of Psychiatry: Schizophrenia in Clinical and Cultural Theory* (Oxford: Oxford University Press, 2011) for a useful discussion of ‘anti’ psychiatry and ‘schizophrenia’.

⁹⁵ Laing, *The Divided Self*, preface.

Perhaps the most important notion that guided practice at both Kingsley Hall and Soteria was the shared and innovative conception of the psychotic experience – usually viewed as irrational and mystifying – as one which, if treated in an open, non-judgmental way, could be valid and comprehensible. The altered states of psychotics' consciousness, resulting from crises in living, thus were potentially healthful steps in reiterative processes. The project's purpose was to find out whether Soteria's approach and milieu were as effective in promoting recovery from madness as that provided in a nearby general hospital's psychiatric ward, where the most valued treatment was antipsychotic drugs.⁹⁶

The contemporary relevance of this fundamental approach to people experiencing 'psychosis' should not be underestimated in terms of its humane and ethically minded aims. We could, perhaps, still learn much from such an ethos.

Goffman's groundbreaking 1961 work had persuasively examined the damaging sociological processes and power structures at work in hospital-based care provision, specifically the resistive manner in which people themselves attempted to regain power and control, albeit in small ways, and how the asylum structure served to maintain the inferior status of 'patients'. Therapeutic communities such as Kingsley Hall and Soteria stood in stark contrast to the prevailing methods of asylum-based 'care' up to and during this period, which as widely noted in histories of psychiatry was, despite the humanistic ideals of the 17th and 18th century, by this point in time frankly abusive, cruel and inhumane.⁹⁷ Goffman's work raised questions about the containment of madness, but a decade later the foundational legitimacy and authority of psychiatric diagnosis was further challenged. In 1973, David L. Rosenhan demonstrated the

⁹⁶ Loren Mosher, Joyce Hendrix and Deborah Fort, *Soteria: Through Madness to Deliverance* (Bloomington IN: Xlibris, 2004), p. 4.

⁹⁷ See Porter, Shorter, and Appignanesi.

erroneousness of psychiatric diagnostic processes through a remarkably simple experiment.⁹⁸ He arranged for the covert admission of eight ‘well’ people a range of psychiatric institutions. After reporting only one discernible ‘psychotic’ symptom vocally during examination – a voice stating ‘empty’, ‘hollow’ or ‘thud’ – each received a diagnosis of schizophrenia, despite demonstrating no other listed, verifiable or evident ‘psychotic’ symptoms, and with an initial complaint that resolved on admission. It is worth noting here that the diagnosis of ‘schizophrenia’ requires the *enduring* presence of several modalities of symptom before it can be made, according to the different diagnostic systems seen in the versions of the DSM-V and the ICD-10. However, Rosenhan then reversed the experiment, informing medical authorities that a number of pseudo-patients would be admitted – when none actually were. Around 43% of ‘genuine’ admissions were suspected by at least one staff member, many of these psychiatrists, of being ‘fake’ patients. For Rosenhan, this demonstrated that “it is clearly more dangerous to misdiagnose illness than health. Better to err on the side of caution, to suspect illness even among the healthy [...] any diagnostic process that lends itself too readily to massive errors of this sort cannot be a very reliable one”.⁹⁹ As I suggest above, psychiatric nosology is both tenuous and tentative – yet diagnoses are applied as a ‘given’ or ‘certainty’ and people told that they have an illness, often that it is life-long, that they will need medication for potentially long periods.

Contemporaneous critics continue to voice concerns around diagnostic validity, reliability, generalisability and the effect on

⁹⁸ David. L. Rosenhan, ‘On Being Sane in Insane Places’, *Science*, 179 (1973) 250-258.

⁹⁹ Rosenhan, p. 252.

individuals of being ascribed a particular label that then (potentially) leads to a (potentially) damaging course of pharmacological treatment. Some of these critics hold potentially powerful positions within psychiatric practice. For example, as Consultant Psychiatrist Professor Sami Timimi argues:

For a diagnostic system to establish itself as clinically useful it should show that use of diagnostic labels aids treatment decisions in a way that impacts on outcomes [...] there is little evidence to support either position. There is much evidence to suggest that instead, they can cause significant harm. The only evidence-based conclusion therefore is that formal psychiatric diagnostic systems like ICD and DSM should be abolished.¹⁰⁰

This is not an isolated perspective but one gaining significant momentum in the UK and elsewhere. For example, Bracken and a significant range of psychiatric colleagues, in a recent and widely cited *British Journal of Psychiatry* editorial, note in their summary of critique of the current position of clinical practice:

Psychiatry is not neurology; it is not a medicine of the brain. Although mental health problems undoubtedly have a biological dimension, in their very nature they reach beyond the brain to involve social, cultural and psychological dimensions. These cannot always be grasped through the epistemology of biomedicine. The mental life of humans is discursive in nature [...] Reductionist models fail to grasp what is most important in terms of recovery. The evidence base is telling us that we need a radical shift in our understanding of what is at the heart (and perhaps soul) of mental health practice.¹⁰¹

Kind and ethically minded approaches, which are appreciative of diversity and difference and contain a core belief in the potential of people to recover, should be central to *all* mental health practice.

¹⁰⁰ Sami Timimi, 'No more psychiatric labels: Why formal psychiatric diagnostic systems should be abolished', *International Journal of Clinical and Health Psychology*, 14, (2014), 208-215, (p. 213).

¹⁰¹ Pat Bracken and others. 'Psychiatry beyond the current paradigm', p. 432.

The late 20th and early 21st Century has seen the development of a diverse range of alternative movements which do not involve a wholly antithetical or combative stance towards Psychiatry, but which are often led by the people who use (or opt not to use) mental health services. Parker and colleagues provide an excellent historical introduction to these diverse service user led and grass roots movements and groups – from the Hearing Voices Network to the National Association of Psychiatric Survivors.¹⁰² The relatively new Critical Psychiatry Network is also a useful site where different perspectives are collected.¹⁰³ These groups not only seek to redress the balance of power in psychiatry, but increasingly form powerful spaces for service design and development to include the people who use services, although the relative impact of the oft-lauded ‘service user involvement’ that National Health Service Trusts must consider has been questioned.¹⁰⁴ Nonetheless, as Gail A. Hornstein amply demonstrates, there is significant healing potential to be found through non-medicalised support systems.¹⁰⁵ Hornstein weaves a well-documented history of psychiatry with the stories of people who have been touched in some way by mental health challenges of different kinds. The need first to tell, and then to have heard and validated, life stories is a normal human imperative. It is more acute, perhaps, when those stories involve the effects of (sometimes iatrogenic or medically induced)

¹⁰² Ian Parker, Eugenie Georgaca, David Harper, Terence McLaughlin and Mark Stowell-Smith, *Deconstructing Psychopathology* (London: Sage, 1995), pp. 136-145. See also, on Hearing Voices, Lisa Blackman, *Hearing Voices: Embodiment and Experience* (London: Free Association 2001).

¹⁰³ The Critical Psychiatry Network, spearheaded by psychiatrist Duncan Double - (<http://www.criticalpsychiatry.co.uk>) [accessed 24th July 2015]

¹⁰⁴ Brian Brown, Sally Baker, and Charley Baker, ‘Struggling for subversion: Service user movements and limits to the impact of client led accountability’, *Transgressive Culture*, 2. 1, (April 2012), 39-54.

¹⁰⁵ Gail A. Hornstein, *Agnes's Jacket: A Psychologist's Search for the Meanings of Madness* (Ross-on-Wye: PCCS Books, 2012).

trauma and distress, as well as the healing power of community, communication and acceptance of unusual or strange experiences in a depathologised way.

Postmodernism, Psychiatry and Philosophy

A fundamental concern shared by many postmodern cultural theorists, such as Fredric Jameson and Jean Baudrillard, is that postmodernity is defined through and potentially experienced as psychosis in a range of ways.¹⁰⁶ There is not space in this thesis to rehearse their perspectives or to provide a concomitant reading of Acker's fiction through such theories. Angela Woods provides an excellent and detailed study into how versions and representations of 'schizophrenia' come to be a metaphor for contemporary post-war life in the work of a range of 20th and 21st Century thinkers.¹⁰⁷ It is beyond the scope of this thesis to comment on the diverse perspectives that attempt to formulate what postmodernism actually is or how it is best defined.¹⁰⁸ Rather than being interested in reading Acker's work, or indeed 'psychosis', as interpreted through postmodern theory, instead, like Katie Muth, I am interested in "what we can understand about the 'senseless,' anti-narrative, poly-vocal, and self-reflexive" elements of Acker's work, as read "in the context of – rather than through the lens of – 'literary theory' ".¹⁰⁹ I also

¹⁰⁶ Fredric Jameson, *Postmodernism or, The Cultural Logic of Late Capitalism* (London: Verso, 1991); Jean Baudrillard, *Simulations*, trans. , by Foss, P. , P. Patton and P. Beitchman (New York: Semiotext(e), 1983)

¹⁰⁷ Woods, *The Sublime Object of Psychiatry*.

¹⁰⁸ See, for example, Hans Bertens, *The Idea of the Postmodern: A History* (London: Routledge, 1995); Terry Eagleton, *The Illusions of Postmodernism* (Oxford: Blackwell, 1996); and Hal Foster, ed. , *The Anti-Aesthetic: Essays on Postmodern Culture* (New York: The New Press, 1998), for three such illustrations of the challenges in defining and commenting postmodernism – or, rather, *postmodernisms*.

¹⁰⁹ Katie Muth, 'Postmodern Fiction as Poststructuralist Theory: Kathy Acker's Blood and Guts in High School', *Narrative*, 19. 1 (2011), 86-110, (p. 88).

agree here with Josephine Hendin's critique of postmodern theoretical readings of feminine and female experience – as she notes, although such a perspective “has enabled fresh recognition of the power of language and incorporated abstract concepts of the feminine in its formulations” it has also “grossly distorted both and failed to address behavioral change”.¹¹⁰ In this way, then, with a range of available perspectives and communities that accept a pluralised vision of what might be considered ‘normal’ and ‘pathological’, the stage is set for novel and radical new ways of conceptualising ‘psychosis’, revisiting dominant and powerful biomedical formulation and moving towards an individualised, ethical and less pathologising approach to people's experiences.

Alongside the more overt challenges to psychiatric imperialism, there is a developing body of thought on the relationship between postmodern philosophy, cultural theory, and psychiatry. Bradley Lewis conceptualises this well. He suggests that psychiatry can utilise postmodern theory, which he argues “provides a liberating effect on modernist practices, freeing them from an enslavement to Method and Objectivity in order to allow the more human (all charges of ‘antihumanism’ notwithstanding) to emerge as valued and respected”, in order to revitalise a pseudo-scientific profession clinging to unproven notions of brain disease.¹¹¹ Lewis proposes that the impact of the incorporation of postmodernism into psychiatry could be both radical and revolutionary:

¹¹⁰ Josephine Gattuso Hendin, *Heartbreakers: Women and Violence in Contemporary Culture and Literature* (New York: Palgrave Macmillan, 2004), p. 13.

¹¹¹ Bradley Lewis, ‘Psychiatry and Postmodern Theory’, *Journal of Medical Humanities*, 21. 2 (2000), 71-84, (p. 73).

As a result of the encounter with postmodernism, I anticipate several changes to psychiatric knowledge and practice [...] In the best scenario, the net result will be the emergence of a new postmodern psychiatry and a new model for medicine, which will be much more enjoyable to practice and much more connected to the concerns of patients.¹¹²

On a practical level, such an approach places people experiencing mental health challenges with the power to develop, grow and manage their own experiences and circumstances, while psychiatrists are placed in a less omnipotent manner, possessing the tools to *assist*, rather than to dictate, in this process.

In a similar vein, Bracken and Thomas note that psychiatry has been accused of having yet to move on from the vision of inner brain (and thus mind) as separate from and unaffected by external social context:

When we use terms such as ‘mind’ and ‘mental’ we are referring to some aspect of this world. But this is not something internal, locked away inside a physical body [...] we will never be able to understand the various elements of our mental life such as thoughts, beliefs, feelings, and values if we think of them as located inside the brain. Trying to grasp the meaningful reality of sadness, alienation, obsession, fear, and madness by looking at scans or analysing biochemistry is like trying to understand a painting by looking at the canvas without reference to its wider world. [...] Conceptualising our mental life as some sort of enclosed world residing inside the skull does not do justice to the lived reality of human experience. It systematically neglects the importance of social context.¹¹³

Bracken and Thomas lead the way in the growing body of thought on the relationship between postmodern philosophy and psychiatry. They propose their own notably practical and reconstructive manifesto for psychiatry in the postmodern age, which they term ‘Postpsychiatry’:

¹¹² Lewis, p. 73.

¹¹³ Patrick Bracken and Philip Thomas, ‘Time to move beyond the mind-body split’, *British Medical Journal*, 325 (2002), 1433-1434, (p. 1434).

Postpsychiatry distances itself from the therapeutic implications of antipsychiatry. It does not seek to replace the medical techniques of psychiatry with new therapies or new paths towards 'liberation.' It is not a set of fixed ideas and beliefs, more a set of signposts that can help us move on from where we are now [...] psychiatry, with its strong tradition of conceptual debate, has an advantage over other medical disciplines when it comes to the postmodern challenge. Postpsychiatry seeks to democratise mental health by linking progressive service development to a debate about contexts, values, and partnerships.¹¹⁴

In developing their “hermeneutic phenomenology”, Bracken and Thomas detail postpsychiatry as based on five tentative areas.¹¹⁵ Firstly, it places the context – “social, cultural, temporal and bodily” – of experiences as the starting point, rather than the adjunct, for understanding what has led a person to this point.¹¹⁶ Secondly, it emphasises a need for “hermeneutic exploration” of the person’s own meaning, significance and values before seeking biological causal explanations.¹¹⁷ Thirdly, diagnosis is negotiated by clinician and patient – clinical knowledge does not have superior status over ‘lay’ knowledge.¹¹⁸ Fourthly, a consideration of temporality is vital, in line with Heideggerian notions of “being-in-the-world”.¹¹⁹ Finally, it aims to reconsider scientific imperialism and aim for a unified but pluralistic theory of mental health and illness, facing forwards to “a time when we become more comfortable with dealing honestly with different viewpoints and different ways of framing our problems, more comfortable with ambivalence”.¹²⁰ Bracken and Thomas propose a model of psychiatric practices that celebrate both plurality and plasticity of

¹¹⁴ Patrick Bracken and Philip Thomas, ‘Postpsychiatry: a new direction for mental health’, *British Medical Journal*, 322 (2001), 724-727, (p. 727).

¹¹⁵ Bracken and Thomas, *Postpsychiatry*, p. 133-134.

¹¹⁶ *ibid.* p. 133-134.

¹¹⁷ *ibid.* p. 133-134.

¹¹⁸ *ibid.* p. 133-134.

¹¹⁹ *ibid.* p. 133-134.

¹²⁰ Bracken and Thomas, *Postpsychiatry*, p. 133-134.

perspectives to inform work with people experiencing distress, challenges, altered perceptions, strange or unusual beliefs and alternations in mood.

Bracken and Thomas are not the first to combine discourse in this way. A decade prior to Bracken and Thomas' postpsychiatry, Ian Parker and colleagues used Foucault and Derridian deconstruction in order to critically interpret current psychiatric practices – producing what they called a performative “practical deconstruction” in order to examine not only more tangible power structures but also the more abstract question of “how language accomplishes and reproduces the split between reason and unreason in the individual subject”.¹²¹ They deconstructed binary assumptions that underpin concepts of madness, such as reason and unreason, form and content, and lay versus professional views, with a specific critique of the use of categorisation in psychiatry, arguing that the “views of those we find uncomfortable and bewildering can be de-legitimized by locating them within a discourse of madness”.¹²² Critically analysing the power which psychiatry holds, and how this is filtered into popular culture and social beliefs, is one way in which this kind of postmodern-informed investigation can propose new modes of thought about subjectivity and selfhood within a psychological sphere.

Comparably, Dwight Fee, from a social constructionist perspective, argues for the psychiatric profession's mobilisation of postmodern discourses in order to address the “pressing and often practical need for regarding mental disorder as entangled with social life

¹²¹ Parker and others, p. 4 and p. 17.

¹²² *ibid.* p. 71.

and language, as well as a palpable, felt condition which damages mental functioning, interpersonal relationships, and other aspects of thought and behaviour”.¹²³ He continues:

Confronting illness ontology from an interpretive framework is one way that we can begin to discuss mental disorder without reifying its metaphysical status [...] doing so does not have to mean ignoring or minimizing the real effects of ‘madness’. Clearly (or not so clearly) a *non-objectifying* orientation to mental illness is difficult to imagine. Our modern understanding of mental disorder, an Enlightenment product, was created through the understanding that disorders were ‘alien’ – external and irrational maladies to be fathomed and hopefully rectified by the scientific expert, imbued with mysterious powers of *moral* adjudication. Consequently, there is no discernable dialogue between ‘mental illness’ and human experience.¹²⁴

The manifestos and philosophic formulations put forward by the likes of Bracken and Thomas, Parker and colleagues, and Fee have the potential to radically depathologise mental illness, and as Fee suggests, this does not necessarily lead to a minimisation of the potentially distressing effects of mental disordering. As I will argue in the conclusion of this thesis, a similar depathologising and humanising process can occur through using contextual, textual and thematic analysis of fiction, here exemplified through the early fiction of Acker. This can offer benefits for imaginatively and creatively working with people to support them to, primarily, narrate their own stories, but also offers other novel modes of approaching, conceptualising and responding to people experiencing mental health challenges.

Alongside these types of engagement with postmodern critical and cultural theory, a more practice-centred development can be seen in

¹²³ Dwight Fee, ‘The Broken Dialogue: Mental Illness as Discourse and Experience’, in Dwight Fee, ed., *Pathology and the Postmodern* ed. by Dwight Fee (London: Sage, 2000), pp. 1-17, (p. 3).

¹²⁴ *ibid.* p. 3.

the Recovery Movement, which evolved from people who use services and which has, more recently, been co-opted by psychiatric services around the globe. Usually noted as stemming from work by Pat Deegan in 1988 and William Anthony in 1993, definitions of ‘recovery’ now emphasise hope, belief in moving beyond the previously-perceived lifelong or devastating effects of mental illness, integration into a supportive and non-stigmatising community, and living a life that is personally meaningful as the core ethos of Recovery.¹²⁵ This definition from the UK-based Centre for Mental Health articulates the concept comprehensively:

Recovery is about building a meaningful and satisfying life, whether or not there are recurring or ongoing symptoms or mental health problems. The key themes of recovery are:

1. Agency – gaining a sense of control over one's life and one's illness. Finding personal meaning – an identity which incorporates illness, but retains a positive sense of self.
2. Opportunity - building a life beyond illness. Using non-mental health agencies, informal supports and natural social networks to achieve integration and social inclusion.
3. Hope - believing that one can still pursue one's own hopes and dreams, even with the continuing presence of illness. Not settling for less, i.e. the reduced expectations of others.¹²⁶

Recovery as a concept is not immune to criticism despite noble aims: it assumes there is a ‘society’ for people to be integrated into; it has been colonised by services and has not led to actual or meaningful changes in practice, instead adopting a new name for the same maintenance-and-medication approach; ‘recovery’ should be personally defined but

¹²⁵ Patricia E. Deegan, ‘Recovery: the lived experience of rehabilitation’, *Psychosocial Rehabilitation Journal*, 11, (1988), 11–19; William A. Anthony, ‘Recovery from mental illness: The guiding vision of the mental health service system in the 1990s’, *Psychosocial Rehabilitation Journal*, 16. 4, (1993), 11-23. See also Julie Repper and Rachel Perkins, *Social Inclusion and Recovery: A Model for Mental Health Practice*, (Oxford: Baillière Tindall, 2003) and Phil Barker and Poppy Buchanan Barker, *The Tidal Model: A Guide for Mental Health Professionals* (Hove: Brunner-Routledge, 2005) for the most oft-cited book length studies and formulations of what ‘recovery’ might mean in clinical practice.

¹²⁶ Centre for Mental Health, ‘Recovery’, <<http://www.centreformentalhealth.org.uk/recovery>> [accessed 8th June 2015].

(through various policy and procedural developments) is still medically defined as being without symptoms; developments mental health law are increasingly restrictive and coercive, a world away from the notions of humaneness, positivity and hope seen in the initial vision of Recovery; it remains dominated by binary notions of ‘sickness’ and ‘health’, rather than embracing a continuum approach.¹²⁷

I argue that movement is needed now beyond ‘Recovery’ and towards a version of mental health that offers genuine autonomy, choice and space for growth or change if desired. Reformulation is needed around how we view the existential and ontological manifestations of madness themselves.¹²⁸ We need to consider human experiences not as discrete ‘illnesses’ but as occurrences that unfold along a continuum and which can be understood and made meaningful if we prioritise the individual’s own narrative framing, produced autonomously or supported to be developed in a genuinely balanced relationship of co-production. It may be that many experience elements of ‘psychosis’ as positive, allowing for growth and change, but as people who are not necessarily distressed by their experiences it may be that this population is not often encountered by mental health professionals, further narrowing their view.¹²⁹

¹²⁷ See for example David Pilgrim, ‘“Recovery” and current mental health policy’, *Chronic Illness*, 4. 4 (December 2008), 295-304; see also Duncan Double, ‘Recovery: a double edged sword?’

<<http://www.mentalhealth.freeuk.com/Doubleedged.htm>>[accessed 8th June 2015].

¹²⁸ See Jim Read, Loren R. Mosher and Richard P. Bentall, *Models of Madness: Psychological, Social and Biological Approaches to* (London: Routledge, 2004); Alastair Morgan, ed., *Being Human: Reflections on Mental Distress in Society* (Ross-on-Wye: PCCS Books, 2008); Jim Geekie and John Read, *Making Sense of Madness: Contesting The Meaning Of Schizophrenia* (London: Routledge, 2009).

¹²⁹ See Peter K. Chadwick, *Schizophrenia: The Positive Perspective*, 2nd edn. (London: Routledge, 2009).

The range of more open and individualised approaches noted above, from the critical perspectives on madness and the industry of mental health through to reformulations, philosophic perspectives and service-user led changes, do not necessarily defy the ‘reality’ of experiences which can, and do, cause acute distress, destruction, even death. These ideas are *reconstructive* in their proposals. The fiction of Acker is also in some senses reconstructive, at the same time as it deconstructs – both bodies of work are concerned with the *reality of lived human experience*. They examine where social and gendered concerns induce challenges to mental health and normal-but-pathologised reactions to circumstances and events; where texts and voices themselves which speak of and about madness should be read differently, rather than rejected as ‘mad’ and incomprehensible; where the experiences of the person and the way in which these are made meaningful (or can be made meaningful through narrative approaches) should be central to the concerns of mental health professionals, rather than homogenising through label and negative expectation or assumptions. As this thesis will demonstrate, such open, flexible and pluralistic approaches have much in common with my reading of Acker’s textual psychosis. Furthermore, my reading can, I argue, offer insights which marry with a perspective that values both people’s stories and their own interpretations of them, and which suggests that the use of narrative can be helpful in clinical education and practice. I return to the ideas explored here in the Conclusion to this thesis, where I more closely discuss the possible benefits of reading work like Acker’s.

Literature and Madness¹³⁰

I have argued previously that finding “new ways of understanding the multitude and variety of experiences of madness is as urgent a project as it has ever been”, and that literature is a key medium through which we can begin to think differently about human experiences.¹³¹ Literature presents “bizarre or inexplicable experiences, mental distress, behavioural disturbances, and interpersonal difficulties”, and “depicts elements of fantasy, resistance, resilience, tenacity, resourcefulness, and creativity that can be labelled, depending on context and circumstance, either as positive qualities or as deviant entities”.¹³² Of course, I am not the first to explore the representation of madness in literature, and before returning to Acker I want to acknowledge briefly this subgenre of literary studies.

Literature is one medium that illustrates madness, given its focus on the inner world and outer experiences of individuals. As David Lodge writes:

[...] literature is a record of human consciousness, the richest and most comprehensive we have [...] Works of literature describe in the guise of fiction the dense specificity of personal experience, which is always unique, because each of us has a slightly or very different personal history, modifying every new experience we have; and the creation of literary texts recapitulates this uniqueness.¹³³

This quote articulates some of the core elements of my reading of Acker’s work, albeit in an overt way – that her fictions demonstrate the uniqueness of human experience with psychosis and are circularly unique

¹³⁰ Some of this section was published, in revised form, in a recent co-authored book – Crawford and others, *Health Humanities* – see ‘Applied Literature’, chapter 3.

¹³¹ Baker and others, *Madness in Post-1945 British and American Fiction*, p. 1.

¹³² *ibid.* p. 2.

¹³³ David Lodge, *Consciousness and the Novel* (London: Secker & Warburg, 2002), p. 10-11.

in and of themselves, given their radical departure from traditional notions of the ‘literary’ or ‘readable’. Felman, likewise, argued that *every* literary narrative “communicates with madness”, which is generally hidden, silenced, feared or unknown:

Society has built the walls of mental institutions to keep apart the inside and the outside of a culture, to separate between reason and unreason and to keep apart the other against whose apartness society asserts its sameness and redefines itself as sane. But every literary text, I argue, communicates with madness – with what has been excluded, decreed abnormal, unacceptable, or senseless – by dramatizing a dynamically renewed, revitalized relation between sense and nonsense, between reason and unreason, between the readable and the unreadable.¹³⁴

Acker’s early fiction does not only communicate with madness in terms of content, as Felman notes – as I show in Chapter 3, it replicates ‘psychosis’ through her radically fragmented textual forms. If it is accepted that many or most texts communicate in some way with the mental world or inner life of the characters contained within them, a natural progression to appreciating the communication with *different* states of mind is logical. I argue that it is Acker’s *different* states of mind, her literary unreasonableness, that prompts the new reading strategies so as to consider the ethics and practice of *not* excluding or dismissing very real experiences as meaningless or only indicative of a sickness to be treated. Acker’s work enacts what Felman refers to as the “dynamically renewed, revitalized relation between sense and nonsense, between reason and unreason, between the readable and the unreadable”.¹³⁵

In a similar way to the work of Felman and Lodge, Branimir M. Rieger and Lillian Feder’s work remains important in the subgenre of

¹³⁴ Felman, *Writing and Madness*, p. 5.

¹³⁵ Felman, *Writing and Madness*, p. 5.

literary studies on madness in literature. Reiger provides an illuminating selection of essays on aspects of “literary madness”, asking, “from what better source could one learn about madness, violence, murder, deceit, betrayal, lust, greed, loneliness and depression than in writers such as Sophocles, Aeschylus, Shakespeare, Dostoyevsky, Faulkner, Genet, Nabokov, Burroughs and Stephen King?”¹³⁶ Rieger is astute in his assertion that literature provides insights into madness that are unavailable in such a rich and comprehensive way in other textual forms such as the clinical vignette. Feder, in her 1980 historical-cultural study of literature from Dionysus and Sophocles to John Berryman and Sylvia Plath, via Shakespeare and the Romantics, suggests that in “literature, as in daily life, madness is the perpetual amorphous threat within and the extreme of the unknown in fellow human beings”.¹³⁷ For Feder, a “mad literary character must be approached on his own terms, through the verbal, dramatic, and narrative symbols that convey the unconscious processes he portrays and reveals”.¹³⁸ I divert somewhat from these theorists in two ways. Firstly, I want to explore the textual psychosis evident in Acker’s work rather than diagnosing or otherwise denoting particular characters as ‘mad’. Secondly, my aim here is to explore the applied clinical utility of a comprehensive reading of an author’s version of psychosis.

Nonetheless, literary focus on ‘mad’ characters is attracting attention in clinical practice and education, working within the related disciplines of the medical humanities and health humanities. This work is

¹³⁶ Branimir Rieger, ed., *Dionysus in Literature: Essays on Literary Madness* (Bowling Green OH: Bowling Green State University Popular Press, 1994), p. 3.

¹³⁷ Lillian Feder, *Madness in Literature* (Princeton NJ: Princeton University Press, 1980), p. 4.

¹³⁸ *ibid.* p. 9.

returned to in detail in the conclusion of this work, but it is worth noting the narrative context of clinical innovation here. Nurses, psychologists and medics are beginning to explore how, in literature, ‘mad’ characters can inform clinical education, potentially providing more human and humane insights onto the experience of madness than is available through medical or nursing textbooks.¹³⁹ Examples of literary autobiographies that focus on madness, for instance, and which can be used in clinical pedagogy and practice for illuminating experiences that may otherwise be unfamiliar, include texts such as William Styron’s *Darkness Visible* and Elizabeth Wurtzel’s *Prozac Nation*, both on depression and anxiety.¹⁴⁰ Similarly, narratives which are semi-fictionalised autobiographies – most notably perhaps Sylvia Plath’s *The Bell Jar* and Janet Frame’s *Faces in the Water* – can be viewed as offering something useful to *both* literary studies and to clinical practices.¹⁴¹ That is, they offer depth and richness for narrative scholarship, while simultaneously remaining recognisable in terms of the clinical portrayal. A thesis focusing on such texts may have been, in some senses, easier than using less explicitly relevant texts, but it is my contention that Acker (and potentially other experimental writers) can offer something *more* to understanding of ‘psychosis’, something that goes beyond a simple empathetic or experiential reading.

¹³⁹ See for example Femi Oyeboade, ed. *Mindreadings: Literature and Psychiatry* (London: RCPsych Publications, 2009); Liam Clarke, *Fiction’s Madness* (Ross-on-Wye: PCCS Books, 2009).

¹⁴⁰ William Styron, *Darkness Visible: A Memoir of Madness* (1990) (London: Vintage Books, 2004); Elizabeth Wurtzel, *Prozac Nation: Young and Depressed in America, a memoir* (1994) (London: Quartet Books, 1996).

¹⁴¹ Sylvia Plath, *The Bell Jar* (1963) (London: Faber and Faber, 2005); Janet Frame, *Faces in the Water* (1961) (London: The Women’s Press, 1996).

Alongside recognition of the use of literature in clinical education and practice, a second area of comparatively recent development has been in the production and recognition of service user narratives as valid sources of knowledge. Such experiences support the development of empathetic approaches to experiences that may be seen as unusual, unfamiliar or ‘ununderstandable’, often focusing on the experience of trauma – either as playing a role in the aetiology of mental health challenges or as a response to different experiences and their treatments.¹⁴² As is tradition in medical history, there are books written by clinicians *about* the people they have worked with – one potential criticism of this type of work is they risk situating people who experience ‘psychosis’ or other unusual mental states as the inactive recipients of medical expertise.¹⁴³ Hornstein’s recent *Agnes’s Jacket* acts against trend somewhat by combining a literary narrative about the autobiographical text that Agnes Richter wove into her jacket with the narratives of those who use peer support and/or self-define their recovery and survival. The potential power that people find through having their experiences validated and appreciated as valid is clear in this text.¹⁴⁴

In terms of the direct clinical use of narrative skills and story-based practice, the clinical practice of narrative medicine, whereby

¹⁴² Notable as one of the first such collections is Jim Read and Jill Reynolds eds., *Speaking Our Minds: An Anthology of Personal Experiences of Mental Distress and its Consequences* (Basingstoke: MacMillan Press, 1996). In the past five years, publisher PCCS Books has commissioned a series of similar works. See Alec Grant, Fran Biley and Hannah Walker, eds., *Our Encounters with Madness* (Ross-on-Wye: PCCS Books, 2011); Alec Grant, Judith Haire, Fran Biley and Brendan Stone, eds., *Our Encounters with Suicide* (Ross-on-Wye: PCCS Books, 2013); and Charley Baker, Clare Shaw and Fran Biley, eds., *Our Encounters with Self Harm* (Ross-on-Wye: PCCS Books, 2013).

¹⁴³ Many clinical works use vignettes about diagnosis, treatments and experiences. Two more literary types include Oliver Sacks, *The Man Who Mistook his Wife for a Hat* (1985) (London: Picador, 2007) and Irvin Yalom, *Loves Executioner and Other Tales of Psychotherapy* (1989) (London: Penguin, 1991).

¹⁴⁴ Hornstein, *Agnes’s Jacket*.

clinicians are encouraged to hold not only an interest in the life lived outside and around the medical condition, but to have degrees of narrative competence that enable them to effectively interpret, understand and reflect back people's experiences and their relationship to their illness, is now well-established.¹⁴⁵ This body of work focuses mainly on physical illness experience and more common psychological issues such as stress. Very recently, developments have occurred in the practice of Narrative Psychiatry, whereby the intention is to support individuals to tell, formulate, re-tell and re-formulate their experiences. This practice aims to "co-author a story of success in overcoming problems, no matter how small those successes may be", which SuEllen Hamkins describes as follows: "rather than privileging only stories of loss, suffering, conflict, neglect, or abuse in someone's life, I also search for stories of joy, connection, intimacy, consistency, and success, for these are the wealth of the people who consult with us".¹⁴⁶ In this sense, narrative reading and interpretative strategies are woven into the practice of psychiatry in a positive and forward facing manner, rather than the traditional psychoanalytic foci of backwards exploration into childhood using a pre-determined framework for analysis. Elements of narrative psychiatry can be utilised when also appreciating the use of extant texts to inform practice and pedagogy. Cohering and narrating experience can, I argue in my conclusion, offer an active and collaborative way to work through experiences and 'psychosis', which can be both empowering and

¹⁴⁵See Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (1995) (Chicago: The University of Chicago Press, 1997); Arthur Kleinman, *The Illness Narratives: Suffering, Healing and the Human Condition* (Basic Books, 1988); and Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford University Press, 2006)

¹⁴⁶ SuEllen Hamkins, *The Art of Narrative Psychiatry* (Oxford: Oxford University Press, 2014), p. 50.

aligned with a hetero-generative clinical practice, appreciating the person not the label. Acker's work of incoherency, fragmentation and trauma can provide ways of reading differently that might enable the development of skills in supporting people in narrative ways.

Drawing literary, medical and cultural theory together Louis Sass, in his wide-ranging 1992 study excavates both 'schizophrenia' as a clinical syndrome and an array of modernist definitional elements and art forms, taking the central features of each as his organising schemata. His "comparison" between the clinical and the artistic, he suggests, may seem at first glance to be "arbitrary, perhaps even outlandish".¹⁴⁷ However, "if schizophrenia is to be comprehended psychologically [....] its interpretation must be intimately tied to its very diversity and incomprehensibility".¹⁴⁸ He continues, asking what "better place, then, to seek analogies than in the culture of modernism/postmodernism – that 'tradition of the new' where bafflement and pluralism are the rule?".¹⁴⁹ On *postmodernism*, Sass suggests that:

Certain theorists who see Western societies as having moved into a stage of *post*-modernity emphasise a somewhat different set of developments, among them: the waning of affect, the dissolution of the sense of separate selfhood, the loss of any sense of the real, and the saturation by images and simulacra detached from all grounding outside themselves; these obviously are more than a little reminiscent of certain schizoid and schizophrenic tendencies, and it is not difficult to imagine that such general cultural developments might also influence the modes of experience characteristic of such individuals.¹⁵⁰

His analysis of modernism and madness is detailed and compelling, but positions 'schizophrenia' as an extant psychopathological entity. The

¹⁴⁷ Louis Sass, *Madness and Modernism: Insanity in the Light of Modern Art, Literature and Thought* (Cambridge MA: Harvard University Press, 1992), p. 27.

¹⁴⁸ Ibid. p. 27.

¹⁴⁹ Ibid. p. 27.

¹⁵⁰ Sass, p. 372.

exploration of Acker's literary psychosis in this thesis differs from Sass's in this important way.

Sass presents his analysis of the affinities between madness and (mostly) modernism along experiential yet *symptomatological* lines. His starting point is the "forms of consciousness and texture of the lived world of many schizophrenics".¹⁵¹ These are points of comparison drawn between certain elements of modernity – loss of active, coherent self, abstraction of form and content, detachment from community and culture – and the experiences denoted as indicative of 'schizophrenia'.¹⁵² My aim is to move beyond the identification of textual examples of psychological or psychiatric symptom such as paranoia, hallucination, delusion, and so forth. I explore the areas of *intersection* between Acker's depictions and the phenomenological delineation of experiences aligned with 'psychosis', but this thesis begins with Acker's texts themselves, without either a categorical or categorising reading. Hence, in Chapter 3, I explore the form of the text as analogous to psychosis, not as demonstrative of the form of any symptom. In Chapter 4, I am concerned not with descriptive psychopathology but instead with exploring narrative framing, depiction and characterial presentation in terms of experiences that are explicitly or might be viewed as similar in some ways to those that have experienced 'psychosis' might describe. Acker's early texts actively reject and resist a simple diagnostic or symptomatological reading. In many respects, rather than seeing Acker's psychosis as reinforcing the perspective that postmodern culture and experience is somehow diagnosable with psychiatric categories, I suggest

¹⁵¹ *ibid.* p. 10.

¹⁵² *ibid.* p. 28-39.

that Acker *depathologises* psychotic experiences within her narratives, aligning my argument in Chapter 5 with the critical and post-psychiatric perspectives on ‘madness’.

Reading Psychosis in Acker’s Writing

I have previously argued that there is a subgenre of fiction that comprises of *psychotic texts*.¹⁵³ Acker provides an exemplar of the psychoticisation of textual form and content.¹⁵⁴ This interpretation has been influenced by the work of Evelyn Keitel, who suggests that what she calls *psychopathographies* “first appeal to but then undermine and ultimately frustrate the reading habits acquired from consuming contemporary literature, so that a vacuum is created in which the specific effect of psychopathographies can unfold”.¹⁵⁵ The reader is not distanced from the psychosis depicted but is instead drawn into the midst of the experience where “[r]eading about psychosis becomes a reading psychosis”.¹⁵⁶ Where I divert from Keitel in advancing her theory towards a psychoticisation of the text itself is in my argument that Acker writes “inaccessible” material through *new*, rather than “unknown”, textual codes and strategies. Texts which offer a literary performance of psychosis, like Acker’s, differ from Keitel’s psychopathographies not in their effect on the reader, which I suggest is similar at points, but on their linguistic and narrative form, structure, context and content. Nonetheless Keitel develops a convincing theory of reader response focusing on

¹⁵³ This argument was first detailed in my 2010 co-authored book *Madness in Post-1945 British and American Fiction* - see Baker and others, especially Chapter 6 “Postmodern Madness”, which is solely my work.

¹⁵⁴ Baker and others, *Madness in Post-1945 British and American Fiction*, p. 165.

¹⁵⁵ Keitel, p. 14.

¹⁵⁶ Keitel, p. 118 – see also Baker and others, *Madness in Post-1945 British and American Fiction*, pp. 24-26.

different types of psychopathography, which I explore in more detail in Chapter 3.

Rather than interpreting Acker's work through Keitel, then, I offer a novel approach to the way in which her work might offer clinical insights. There are four other potential readings of Acker's texts that *could* be performed using the theories and approaches elaborated upon in this chapter. Firstly, a diagnostic reading of character or author can be performed using the psychiatric discourse; this, I argue, is inexact and insufficient. While some scholars have performed this type of analysis of fictional works, writers of fiction do not aim their texts to be used as clinical case studies, to be pored over for specific symptoms to be identified.¹⁵⁷ This type of reading would also be quite tedious – beyond identifying the number of times a particular experience occurs, I am unsure of what this reading adds to either literary scholarship or health humanities, beyond the oft-repeated suggestion that there is a relationship between madness and creativity.¹⁵⁸ Retrospective diagnostics of author adds a further layer of uncertainty, given the tenuous nature of psychiatric diagnostics. Applying a contemporary clinical framework, of which I am critical, to texts or authors would not lead to any furthering development in either medicine or literature – it is a static process.

Secondly, given the postmodern questioning of common acceptance of various meta- or grand narratives, and the way this is illuminated in post-psychiatric theorising, Acker's fictions could be read

¹⁵⁷ See, for example, A. B. Shaw, 'Depressive illness delayed Hamlet's revenge', *Medical Humanities*, 28, (2002), 92-96.

¹⁵⁸ For one of the most thorough explorations of mental health challenge and both artistic creation and artists themselves, see Kay Redfield Jamison, *Touched with Fire: Manic-depressive Illness and the Artistic Temperament* (New York: Simon and Schuster, 1993).

as literary examples of the varying ‘anti-psychiatry’ discourses.

Relatedly, and thirdly, prior to the anti-psychiatry movements of the 1960s onwards, the psychoanalytic discourse elaborated by Freud provided one of the first alternative views of madness.¹⁵⁹

Psychoanalytically analysing the work of Acker, or reading it as uncritically ‘anti’ any one thing, is problematic. Psychoanalytic interpretation perhaps best belongs to the texts of high Modernist authors such as James Joyce, Virginia Woolf, and Henry James, as seen in Felman’s excellent study – authors who actively embraced psychoanalytic theory in their work.¹⁶⁰ It can be argued that contemporary fiction is best situated within an era of *psychosis* rather than *neurosis*, as Jameson asserts, which may be indicative of a more general “shift in the dynamics of cultural pathology”.¹⁶¹ A second rationale for not using an anti-psychiatric or psychoanalytic approach comes in again utilising Jaspers’ distinction – that is, psychoanalysis is more closely aligned with experiences associated with neurosis, but less so with psychosis.

Finally, the fields of philosophy and cultural theory utilise psychiatry and psychopathology – particularly discourse around ‘psychosis’ and ‘schizophrenia’ – in order to illuminate their theories in an often-metonymical manner. Jameson’s theory of the “waning of affect” in postmodernity, due to the transition from neurosis to schizophrenia, and the Baudrillardian questioning of reality and

¹⁵⁹ See Susan Hawkins, ‘All in the Family: Kathy Acker’s Blood and Guts in High School’, *Contemporary Literature*, 45. 4 (2004), 637-658 for a critically informed perspective on psychoanalytic elements in Acker’s *Blood and Guts in High School*.

¹⁶⁰ Felman, *Writing and Madness*, pp. 141-247.

¹⁶¹ Jameson, p. 14. See also Karen Brennan, ‘The Geography of Enunciation: Hysterical Pastiche in Kathy Acker’s Fiction’, *boundary 2*, 21. 2 (1994), 243-268 – for a reading of Acker’s work using both Jameson and psychoanalytic feminist work.

subsequent theory of “schizophrenic vertigo” formed of nightmarish precessions of simulacrum and “serial signs” are of particular relevance to ideas of postmodernism and ‘schizophrenia’, as explored in depth by Angela Woods.¹⁶² Where relevant, scholarship which use these types of theorists to explore Acker’s fiction are referred to, and there exists already a substantial body of work on reading Acker through critical and cultural theory.¹⁶³ This type of analysis of Acker’s work may be both inclusory and deconstructive in destabilising the binary position of mad against not-mad. However, what I propose is a *reconstructive* reading which promotes the potential of text in the development of novel interpretative and reading strategies, supporting and further developing the clinical and pedagogic implications of post- and critical psychiatry.

Whilst the impact of different discourses on Acker’s work can only be tentatively suggested, it is irrefutable that they form both the historical and contemporary languages of ‘madness’ available at present. Indeed, within this dominant language system the challenge of speaking of a depathologised form of ‘psychosis’ is evident – in using the term *psychosis*, I am already constrained by extant understandings, which immediately connote difference from a ‘norm’. As Jaspers suggested, “Language has always differentiated *affective illness* from *madness* proper. For lay persons madness means senseless raving, affectless confusion, delusion, incongruous affects, a ‘crazy’ personality”.¹⁶⁴ I use the term ‘psychosis’ throughout this thesis because, as Ian Parker and

¹⁶² Jameson, p. 11; Baudriallard, p. 152; Woods, *The Sublime Object of Psychiatry*.

¹⁶³ See the collection of essays *Lust for Life: On the Writings of Kathy Acker* and Hardin’s edited collection *Devouring Institutions: The Life and Work of Kathy Acker*. See also Glenn A. Harper, ‘The Subversive Power of Sexual Difference in the Work of Kathy Acker’, *SubStance*, 16. 3. 54 (1987), 44-56 on the commonalities between Acker’s fiction and French poststructuralist theory.

¹⁶⁴ Jaspers, p. 577.

colleagues write: “By retaining the term, introducing it to another framework, and giving it a different value, the danger of collapsing back into the same distinctions can be fended off”.¹⁶⁵ A second option might be to use ‘madness’, which I refer to at different points but which encompasses a potentially broader range of different psychological experiences – here I wanted to keep in mind the elements of ununderstandability I have illuminated in this chapter. Finally, as Simon Cross points out, language in relation to mental health is always tentative and fraught with opposition and challenge – the label ‘mad’ for example has been wrested from the grips of psychiatry and re-appropriated as a positive through events like Mad Pride.¹⁶⁶ Cross notes, “the language of psychiatry more often than not shapes public discourse on mental health to such an extent that its critics have to rely on it in order to participate”.¹⁶⁷ Using the more ephemeral ‘madness’ exclusively in this thesis (particularly in this chapter) may lead to criticism around an alleged lack of understanding around what ‘psychosis’ is, as compared to different mental states.

As I will demonstrate, Acker’s work breaks down hierarchical binary oppositions of mad-sane, representing instead fluidity of experiences that follow on a continuum of reason, without a clear point of rupture or departure from ‘normal’ to ‘abnormal’.¹⁶⁸ In Acker’s novellas, short fragments and transitional text *Empire of the Senseless*, elements that contribute to psychosis-like experience, such as

¹⁶⁵ Parker and others, p. 110.

¹⁶⁶ Simon Cross, *Mediating Madness: Mental Distress and Cultural Representation* (Basingstoke: Palgrave, 2010)

¹⁶⁷ Cross, *Mediating Madness*, p. 33.

¹⁶⁸ See Leader for discussion on notions of ‘everyday’ madness, and also Bentall, *Madness Explained*, for discussions on continuum concepts of mental wellbeing.

fragmentation and unattainability of a coherent and unified self, are positioned neither as revolutionary or celebratory; my argument that her portrayal of madness is a continuum one is not to ignore, underrate or otherwise dismiss the suffering that experiences conceptualised as ‘psychosis’ may cause. I am not proposing to deny the existence of mental states that have been conceptualised under the umbrella term of psychosis – my clinical work tells me this is not the case – but to do two things. Firstly, to explore Acker’s visions of ‘psychosis’ in terms of the context of gender, formal textual construction, and subjective content. Secondly, to offer a view of how a reading such as this can inform the clinical context, in line with the extant medical humanities and the emerging health humanities disciplines. In terms of situating this thesis within a critical discourse, many of the ideas that will be elucidated from these fictions have a complex interrelationship with the evolving dialogue between postmodernity and psychiatry that I have explored above. As I aim to demonstrate, Acker’s writing proposes a new version of psychosis, one that can offer a more depathological vision – this literary analysis of ‘psychosis’ can be located within and offer progression to some of the critical and post-psychiatry formulations described above.

Chapter 2: Gender, Sex and ‘Psychosis’ in Acker’s writing

Someday there’ll have to be a new world. A new kind of woman [...] Meanwhile things stink, Kathy thinks to herself. I have to be two different people if I want to be a woman. I’m me: I’m lonely I’m miserable I’m crazy I’m hard and tough I work so much I’m determined to see reality I don’t compromise I use people especially men to get money to keep surviving I juggle reality (thoughts of reality) I feel sorry for myself I love to hurt myself and get hurt etc. i.e., I’m a person like any goddamn man’s a person.¹⁶⁹

In this chapter, I argue that Acker offers a creative telling of feminist theories of women’s madness. Acker’s fictional worlds and fragmented texts are filled with dispossessed, abused and subjugated characters, both male and female. Of interest here is how Acker’s narratives demonstrate the socio-political *causal* and *contextual* elements of ‘psychosis’ that contribute to how it is both formulated in women and more directly induced, showing the *reasonable* development of madness in women. Unreason, in women, is in this sense entirely reasonable. In this chapter, I examine four areas that contribute to Acker’s overall creative retelling of women’s madness. Initially, I explore her subversion of essentialist and patriarchally constructed expectations of women; I move on to discuss her visions of the double bind caused by romantic relationships; thirdly I explore her notions of the analogous nature of sex, orgasm and psychosis-like experiences; finally, I examine Acker’s transgressive representations of sexual violence. Acker demonstrates and subverts the patriarchal knowledge and power structures that position and maintain women as potential ‘victims’ of men. I argue that she interweaves the bodily and the mental through the parallel experiences of sex,

¹⁶⁹ Kathy Acker. *Kathy Goes to Haiti* (1978) in *Literal Madness*, by Kathy Acker (New York: Grove Press, 1988), pp. 1-170. (p. 77).

particularly orgasm, and psychosis. Her commentary on trauma offers insights that may be under-acknowledged in some psychiatric framings.

Throughout, and in concluding this chapter, I read Acker's complex examination of the interrelationship of being female and 'psychosis' through the lenses of clinical feminist critiques of women and madness. In this way, her telling of female madness most acutely repositions women's madness in a creative and complimentary manner to the feminist discourses on female madness that were simultaneously emerging during her most radical writing period. These discourses continue to be reframed and rewritten; women's mental health warrants a specifically gendered consideration. There is not one singular feminist critique of women and madness. While the extensive body of work on gender and madness shares some common concerns – the overrepresentation of women in psychiatric patient populations, their (mis)treatment at the hands of psychiatry, and the causes and cures of women's madness broadly defined – they differ in their perspectives and ideological positions. I hope that this chapter can therefore offer something *new* in the debates about women's experiences of 'psychosis' – my aim is to show that Acker's suggests some novel approaches to our conceptualisations of female madness. I start this chapter by briefly summarising extant feminist-oriented critiques of psychiatry, in order to contextualise how such approaches have informed my reading of Acker.

Detailed and persuasive historical surveys on the positioning of women as somehow *naturally* and /or socially conditioned towards irrationality from a historical-literary perspective are evident, particularly in Elaine Showalter's *The Female Malady* and, more recently, in Lisa

Appignanesi's remarkable *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present*.¹⁷⁰ As such, I will not rehearse the well-known history of, for example, 'hysteria' in detail here.¹⁷¹ Rather, I am interested in the work of clinically oriented feminist theorists who focus on the theoretical, philosophical and clinical issues that encapsulate women's madness – in particular, Phyllis Chesler's *Women and Madness*, first published in 1972 and reviewed and republished in 2005, is a classic text, referred to by many of the other critics I refer to.¹⁷² More recently Jane Ussher's *The Madness of Women: Myth and Experience* revisits familiar territory and offers a persuasive articulation on how women are *pathologised* because of both their gender and their sex.¹⁷³ Explorations of female madness in literature can also be found; simultaneously, much feminist work on madness draws on both literature and literary figures, including female authors themselves such as Sylvia Plath and Anne Sexton.¹⁷⁴ There are also a series of works that are concerned with women's madness as it is presented and contained within clinical settings, often with a focus on conditions that are epidemiologically more common in women, such as self harm,

¹⁷⁰ Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980* (London: Virago, 1987); Appignanesi, *Mad, Bad and Sad*.

¹⁷¹ See Elaine Showalter's *Hystories* (1997) (London: Picador, 1998) for a detailed overview not only of 'hysteria' but also of contemporary epidemics of beliefs systems that have been controversially and less controversially aligned with 'madness'. See also Hawkins, p. 640 on the way the terms 'hysteria' has been applied to Acker's work, and Schlichter, pp. 312-317 for a critical view on Irigaray and "hysterical mimesis" (p. 315).

¹⁷² Phyllis Chesler, *Women and Madness: Revised and Updated* (New York: Palgrave MacMillan, 2005)

¹⁷³ Jane M. Ussher, *The Madness of Women: Myth and Experience* (Oxon: Routledge, 2011).

¹⁷⁴ See Chesler, *Women and Madness*; see also Sandra M. Gilbert and Susan Gubar, *The Madwoman in the Attic: The Woman Writer and the Nineteenth Century Literary Imagination*, 2nd edn. (New Haven and London: Yale University Press, 2000).

‘borderline personality disorder’ and responses to trauma.¹⁷⁵ To note, such works are highly critical of these epidemiological differences, noting both then over-diagnosis and pathologisation of female experiences such as pre-menstrual mood changes.¹⁷⁶ Sociological readings of women’s mental health provide useful perspectives, as do those that use both philosophy and feminist theory to enhance clinical understanding.¹⁷⁷ There are, also, a wealth of theoretical and philosophical texts focusing on female gendered identity, trauma and madness, and such theory has been drawn upon to illuminate gender and feminist themes in Acker’s work.¹⁷⁸

As Susan E. Hawkins notes, a feminist reading of Acker’s work acknowledges that she perceived “phallic power as monolithic and all pervasive, everywhere and always already the same”, which places her “historically and culturally within a late seventies, radical feminism”.¹⁷⁹ In this chapter I argue that Acker’s work has parallels with some of the classical and contemporary clinically oriented feminist work, and that she exposes the paradoxes and myths around female ‘psychosis’ in a clinically useful way. I argue that Acker overtly undermines claims about ‘what’ women are and how they are ‘naturally’ equated with madness. She plays on ‘feminine’ characteristics in her portrayal of romantic relationships, which are always bound up with confusing issues of sexual

¹⁷⁵ Denise Russell, *Women, Madness and Medicine* (Cambridge: Polity Press 1995); Anna Motz, *The Psychology of Female Violence: Crimes Against the Body* (Hove, East Sussex: Brunner-Routledge, 2001); Nancy Nyquist Potter, *Mapping the Edges and the In-between: A critical analysis of borderline personality disorder* (Oxford: OUP, 2009).

¹⁷⁶ See especially Ussher.

¹⁷⁷ Sociological perspectives include works such as Joan Busfield, *Men, Women and Madness: Understanding Gender and Mental Disorder* (Basingstoke: MacMillan Press, 1996). Similarly Estela V. Welldon’s *Mother, Madonna, Whore: The Idealization and Denigration of Motherhood* (London: H. Karnac (Books) 1988) provides a compelling example of the integration of feminist theory, philosophy and clinical discourse.

¹⁷⁸ See, for example, Hawkins; Schlichter; Zaikowski.

¹⁷⁹ Hawkins, p. 654.

desire, demonstrating the double bind effect of relationships that induce a cognitive dissonance of desire and repulsion, the need for connectivity and the desire for isolation. Acker's vision of sexual desire and orgasm can be read, I argue, as inducing forms of dissociation that might be aligned with similar experiences in psychosis. Sexual violence is a reality for many of Acker's characters, and her vision of trauma is important when considering the external root causes of female reactions to trauma and distress, rather than isolating 'psychosis' as a solely intrapersonal issue. Firstly, I discuss how Acker subverts gendered essentialism in terms of irrationality and patriarchal power.

Gender, Patriarchy and Psychopathology

Acker is, in her fiction and non-fiction, highly critical of the core gender ideologies of patriarchal and sexual power, which both create the unreasonable world that her characters inhabit, and induces their reasonably-unreasonable responses. Unreason in women, in Acker, is developed by and because of patriarchy. This ideology may be formed from essentialist assumptions about *what* women are and gender power disparities that define *how* women should be. This damaging ideology underlies much reasoning around women's mental health and illness, according to many feminist commentaries. Showalter, for example, suggests that there are "dual images of female insanity": "madness as one of the wrongs of women" and "madness as the essential feminine nature unveiling itself before scientific male rationality".¹⁸⁰ Showalter further suggests that there are two ways that the equating of 'female' with 'mad'

¹⁸⁰ Showalter, *The Female Malady*, pp. 3-4.

has occurred. First, she notes that more women receive mental health labels than men, which offers a simple interpretation of a direct interrelationship. The more “prevalent view”, however, notes how feminists and other scholars “have shown how women, within our dualistic systems of language and representation, are typically situated on the side of irrationality, silence, nature, and body, while men are situated on the side of reason, discourse, culture, and mind”.¹⁸¹ Acker draws upon these two areas – the idea of women as *essentially* tending towards madness, and women *defined* as mad by a phallogocentric social system – in her textual illumination of issues of female ‘psychosis’. This is demonstrated through her exposure and destabilisation of the unreasonable system of gender dualisms.

Psychiatry in the broadest sense, including taxonomy, nosology and pathologisation, has been formulated of being based on this essentialist dualism. Busfield argues that current diagnostic process and classificatory systems (the DSM and ICD-10), while formulated as gender-neutral, are in fact “related to gender since they construct as problems of the mind (that is, as irrationality), feelings, mental processes and behaviour which are in themselves gendered”.¹⁸² She continues by pointing out that individual case histories, the cornerstone of psychiatric practice, are constructed precisely by paying attention to “individual characteristics” such as gender.¹⁸³ While a focus on gendered experience in psychiatry is (as I will argue) potentially necessary and helpful, an issue lies in when women are *pathologised because of their gender* and/

¹⁸¹ Showalter, *The Female Malady*, pp. 3-4.

¹⁸² Busfield, p. 117.

¹⁸³ *ibid.* p. 118.

or when their reasonable responses to gendered inequality, gender experience and specifically gendered trauma are deemed pathological. As Busfield argues, like Showalter, “the gendered nature of notions of rationality and agency, with the strong linkage between what it is to be a rational, autonomous individual and being a man and the corollary – a tendency to see women as passive, emotional and irrational – underpins these processes of categorisation”.¹⁸⁴ Busfield later suggests persuasively that power – something that Acker is clearly concerned with, not least in relation to the position of women and other subjugated groups – is a further crucial element of the demarcation of women as inherently unstable, irrational, ‘mad’. “Women’s relative lack of power in many situations in comparison with men, and the perceptions surrounding their lack of power, means they are double disadvantaged”, she writes, continuing on the “one hand, their lack of power makes it more likely that their behaviours may be viewed as indicative of mental disorder. And, on the other hand, it makes certain experiences more traumatic or distressing”.¹⁸⁵

It can be argued that psychological response to trauma is *individually* rather than *gender*-defined – public and clinical awareness of female-on-male domestic violence and male rape, for example, is developing – but Busfield’s analysis of the double-disadvantage women experience is strong, and can be furthered. It is not only an essentialist tendency, nor the socio-economic power differentials between men and women, that are replicated in psychiatry, which lead to the women=madness equation. Women are trapped in a double bind of

¹⁸⁴ Busfield, p. 117.

¹⁸⁵ *ibid.* p. 236.

‘feminine’ behavioural expectations. They are simultaneously expected to conform to certain stereotypes – as a nurturing mother or passive partner, ‘better’ at expressing emotion, and so forth. Yet, paradoxically, if women do not conform to their gender stereotype, displaying instead ‘un-feminine’ characteristics such as anger or violence (against themselves in the form of self harm, others in the form of aggression, or against their children), or excesses of ‘feminine’ characteristics (such as ‘neediness’ in relationships, an excess of self-blame or excess of guilt, among others) then they risk being pathologised as ‘personality disordered’, ‘antisocial’, ‘histrionic’ or a range of other diagnoses.¹⁸⁶

Russell further suggests that many of the personality disorder diagnoses, in particular, amount to “different ways of being female”, and thus that to ‘be’ female is to automatically be pathological.¹⁸⁷ This certainly aligns with my clinical experience working with women who experience self harm, who risk attracting a ‘personality disorder’ diagnosis simply through the physical manifestation of their distress or emotion, despite lacking other diagnostic criteria that might indicate further challenges.¹⁸⁸

While such feminist-orientated critical formulations are persuasively argued, they risk employing the same notion of *difference* that they critique to make their case, at times paradoxically arguing *against* gender stereotyping while using gender stereotypes to solidify

¹⁸⁶ See Motz *The Psychology of Female Violence*, for an excellent analysis of the phenomenon of female violence; see Nyquist Potter for a normalising deconstruction of ‘borderline personality disorder’ and gender; see also Chesler, p. 116 and Busfield, p. 99-102.

¹⁸⁷ Russell, p. 42.

¹⁸⁸ See Baker, Shaw and Biley for further first-person accounts of experiences with self harm which clearly document this over-diagnosing process, as well offering views on how such a diagnostic label might be paradoxically necessary or useful in accessing services.

their arguments.¹⁸⁹ In contrast, within Acker's work, biological sex and, subsequently, gendered identity and gendered experience, are not simplistically represented. Gender in Acker's work is fluid and malleable. Some of Acker's narrators switch genders, at times literally and at others in a way more aligned with an analysis using Butlerian theory of gender performativity.¹⁹⁰ A second way this is presented is through the blurring of first-person narrative voice, where male and female narrators speak as 'I' in the same sections. Many of Acker's works excavate the ways in which women navigate and subvert their socially-ascribed sex roles, gendered identities and risks inherent in female experience, alongside portrayals of sexual desire set against a morally repressive external context that minimises and places controls on female desire.

Acker was clear that "simple" binary divisions were not something that interested her and that patriarchal duality was clear to her in terms of in her perception of psychiatry, saying in interview with Beth Jackson, "I'm not into that simple division of women or men, goddess or god or anything like that. I'm certainly not going into any system that's based on patriarchy; I distrust a lot of psychiatry for that reason".¹⁹¹ I will

¹⁸⁹ This is an issue I am mindful of both in this chapter (where I argue that gendered trauma is a factor in women's psychopathology while simultaneously arguing that we should not pathologise reasonable responses) and also in Chapter 4, where I discuss psychopathological experiences at the same time as arguing we should not focus on the form of the experience but the content and context. Extant taxonomy is difficult to escape when writing on psychiatry.

¹⁹⁰ Judith Butler, *Bodies That Matter* (1993) (London: Routledge Classics, 2011) and *Gender Trouble* (1990) (London: Routledge Classics, 2006). For examples of how gender fluidity is explored in Acker's work, see Pitchford, p. 83-89; Carol Sigel; and also Martina Sciolino, 'Kathy Acker and the Postmodern Subject of Feminism', *College English* 52. 4 'Women and Writing', (1990): 437-445.

¹⁹¹ Kathy Acker in interview with Beth Jackson – Beth Jackson, 'Kathy Acker in conversation with Beth Jackson', *Eyeline* Autumn/Winter (1996) <<http://www.acker.thehub.com.au/ackerjack.html>> [accessed 2nd August 2005] (para. 45 of 49).

return to the notion of a patriarchal psychiatry, but I want to first note Acker's broader distrust of the essentialist binary division on which patriarchy depends on. Distrust of a system founded on sex difference, which then assigns gender roles that subsequently affect behaviour, thought and actions, is something that Acker discussed from her earliest work onwards. Ways to dispense with fabricated notions of 'female' roles, 'feminine' behaviour and the 'correct' way to think as a woman (or, rather, *not* think) and feel, are evident from her first novella *Rip Off Red, Girl Detective*, published posthumously. In this text, the female protagonist Red (after having sex on an aeroplane with a stranger, and expressing a stereotypically feminine concern that she will be abandoned by this stranger) questions: "This isn't typical of a hard-boiled detective, a detective who chooses intellectual pursuits over emotional ones. I have no right to be scared. Well, I'm a female detective I don't pay attention to that shit about intellectual versus emotional".¹⁹² As a detective, Red needs to focus her energies towards intellectual pursuits in order to successfully solve her cases, yet she is constantly distracted by emotional and sexual needs. As explored above, in this way the assumed 'feminine' characteristic of emotionality (associated with irrationality) overtakes intellect (rationality – a 'masculine' trait). Russell suggests that if a "woman breaks out of the female role" she risks being "regarded as mentally unhealthy, as she is not fulfilling her role".¹⁹³ Then, however, she is caught in a "Catch 22" – if she remains compliant with a socially ascribed feminine role, she risks being deemed psychiatrically unwell because the standard of 'wellness' is defined by allegedly masculine

¹⁹² Acker, *Rip Off Red, Girl Detective*, pp. 17-18.

¹⁹³ Russell, p. 30-31.

attributes.¹⁹⁴ In this respect, then, it is evident that Red is similarly caught in a double bind ‘catch 22’ situation here, with desires and needs contrasting with cognitions and responsibilities.

Acker’s concern with deceitful equation of gender in the rational/irrational binary can be further aligned with critiques of male-dominated psychiatry. A tension is evident in much of Acker’s work between gendered expectations, assumption and actuality. This tension is, in part, formed by the way in which one person’s (usually male) claim to *knowledge* and to *knowing* is taken as superior to another’s (usually female). Acker recognised that such belief systems are foundational to patriarchy, leading to oppression, subjugation, and to either an inevitable madness (driven to psychosis by circumstance) or to experiences that might lead to responses later deemed to be pathological (such as psychological reactions to sexual trauma). Joan Busfield, in her sociological analysis of men and women’s different experiences of mental health and illness, highlights the oppressive nature of such equating. She argues that a simplistic ‘male-female/us-them’ binary offers limited potential for adequate or accurate theorisation about gender and madness, or for politically and socially effective challenge and change to occur.¹⁹⁵ Busfield instead emphasises six foundational suppositions related to gender which she uses to build her critique of the differences and synergisms between men and women’s mental ill-health. These include the assertion that any theory of gender must be based

¹⁹⁴ Russell, p. 30-31.

¹⁹⁵ Busfield, pp. 34-48.

primarily on feminist foundations, and that gender should be considered *alongside*, not separate from, social systems and relations.¹⁹⁶

While Acker demonstrates an active textual engagement with many of the elements Busfield highlights as important to enable critical evaluation of gender and ‘madness’, the subject is more complexly presented in her fictions. Acker’s intricate portrayal of the patriarchal creation of gender conventions is explored in depth by Pitchford, a theorisation that has relevance to reading Acker’s analytical enunciation of the synergistic relationship between patriarchy and the pathologisation of women. Pitchford, in her study of feminist political tactics in the work of Angela Carter and Kathy Acker, notes that one critique of postmodernism in general is that at the same time marginalised subjectivity came to be visible and validated, a predominantly white, middle-class, male group of theorists declared the *end of subjectivity*.¹⁹⁷ Thus, at the very moment that self-defined subjectivity became a possibility for women, among others, it was silenced, dismissed. Such an erasure need not signal the futility of resistance, challenge or change, however, suggests Pitchford:

Thus, recognizing ‘woman’ as a fiction does not imply therefore working against it in the name of some more accurate, objective truth. One can reject the usual value loaded opposition between fiction and truth by recognizing that fictions have the power to *create* subject-positions and alliances – to become true – through the operation of framing.¹⁹⁸

Identifying the differences between *tactics* (resistances used by those who may be powerless) and *strategies* (inflicted by the powerful upon

¹⁹⁶ Busfield, pp. 48-50.

¹⁹⁷ Pitchford, p. 25.

¹⁹⁸ *ibid.* p. 29.

the powerless), she suggests that tactics can “disrupt the binary construction of otherness by underlining its necessary presence throughout the social fabric”.¹⁹⁹ In Acker, suggests Pitchford, “society is a series of texts written by the powerful” in which resistance and change becomes possible via the realisation and understanding that no “single text defines anyone, nor tells the whole story of our identifications and allegiances”.²⁰⁰ Drawing upon Judith Butler’s work Pitchford suggests that Acker’s deployment of pastiche and plagiarism “breaks up the homogeneity of culture, exposing the numerous and varied discourses that at any moment influence and shape each of us. Contradictions arise among these discourses, allowing for new deployments and combinations”.²⁰¹ She then discusses gender dualism in Acker’s *Don Quixote*, suggesting that Acker’s manipulation of the male/female binary, combined with her transformation of several characters in *Quixote* into dogs, serves to demonstrate that “dualism is the component of rationalism that allows for the establishment of hierarchies, a world divided into ‘us’ and ‘them’ ”.²⁰² Schlichter supports this view, perceiving Acker’s contribution to the “discourse of critical madness” to be to critically expose not only “patriarchal concepts of femininity” but also the “cultural conditions of their production” and to “develop strategies for the reconfiguration of the representational order”.²⁰³ As I argue, it is the binary dualism of rationalism *itself* that serves to allow for subjugation of women in this way as lower, lesser, *mad*.

¹⁹⁹ Pitchford, p. 30-31.

²⁰⁰ Pitchford, p. 59.

²⁰¹ *ibid.* p. 59.

²⁰² *ibid.* p. 83-89, (p. 86).

²⁰³ Schlichter, p. 324.

There are two interrelated elements to Acker's subverting of gender dualism that contribute to her subversion of the women=madness equation, both of which might be "tactics" in Pitchford's framing. The first tactic is to subvert the gender dualism which positions women as *essentially* contrasted to men, a dualism which leads, as Showalter highlights, to the essentialist demarcation of women as embodying emotion, instability and irrationality and men as epitomising intellectualism, stability and rationality.²⁰⁴ The second tactic is her exposure of the masculine attribution of *what* women are, and *how* they are therefore 'mad', as both meaningless and fictional. The two tactics are not mutually exclusive, and underpinning both are the related expectations placed upon women in terms of relationships, sexual identity and gendered notions of 'victimhood'. In a wider context, it could equally be argued that such assumptions damage the perception of male responsibility and expectation; equating their experiences of distress or disorder as 'feminine' and hence something to be ashamed of, or that their essentialist physical characteristics should somehow make them immune to domestic or sexual violence. This view is relevant to my later conclusions in Chapter 5, which focus on how to better work with *people*. Nonetheless, these two tactics form the basis of my analysis of Acker's deconstruction of rationalist notions of woman and madness.

In many respects Acker's often-playful dissolution of traditional biological sex distinctions might reveal that definitive categorisation based on biology alone is impossible; the first tactic she employs. Yet such assumptions are concurrently inescapable, a factor that contributes

²⁰⁴ Showalter, *The Female Malady*, pp. 3-4.

to Acker's overall positioning of gendered identity as unstable, fragmentary and leading to self-uncertainty. This uncertainty is illustrated in a non-fiction piece, 'Paragraphs'. She argued in 1995, some time after much of the fiction of concern here, that "there's a move in progress, a move away from this world of duality, precisely, from this world defined by two set genders: not everything now has to be coded in male or female".²⁰⁵ Acker's earlier works may be seen as a precursor for this later revelation, where gendered identity is never "anything more than performative".²⁰⁶ Acker's interruption of the gender binary is demonstrated through her literal narrativisation of Judith Butler's work on the performativity of gender identity.²⁰⁷ In *I Dreamt I was a Nymphomaniac: Imagining*, for example, a scene exists where character Peter and the narrator switch genders in an extended convolution.²⁰⁸ The narrator decides "I'm a woman transvestite who's wildly in love with the most gorgeous fag in town" (IDIN, p. 113). Names and personal pronouns are disrupted in this section, leaving the reader in a sense of some confusion and demonstrating reliance on stable linguistic form and rule to orient not only in literature but also in terms of social comprehension more generally.²⁰⁹ Gender is an inherent part of an orienting system that Acker interrupts textually, which contributes to the sense of psychosis at the level of textual form, explored in Chapter 3.

²⁰⁵ Kathy Acker, 'Paragraphs', *The Journal of the Midwest Modern Language Association*, 28. 1 'Identities' (1995), 87-92, (p. 87).

²⁰⁶ *ibid.* p. 87.

²⁰⁷ See Judith Butler, *Gender Trouble*.

²⁰⁸ Kathy Acker, *I Dreamt I Was A Nymphomaniac: Imagining* (1974), in *Portrait of an Eye*, by Kathy Acker (New York: Grove Press, 1998), pp. 91-184. Further references to this novel are given in the text as (IDIN, p. . .).

²⁰⁹ See Watten for an interesting reading of this passage, noting Acker's "fascination" with the Symbionese Liberation Army and Patty Hearst (p. 67-68).

In 'Paragraphs', Acker states, "it's not men who are messed-up, though they are; it's the whole system. The whole system of dualistic thinking. I don't think that any of us would disagree that we, as women, are messed-up".²¹⁰ Herein lies a tension, leading to an unstable positioning on gender, in Acker's work, which is evident in her fiction and was not resolved by the time of her later nonfiction. At the same time as she acknowledges that the system of gender dualism needs reconfiguring, she re-inscribes it in her discussion of how men, and women, are 'messed-up' by the very system she professes to be moving away from. This is but one of the many double binds Acker acknowledges, in the same nonfiction piece, as influencing women's struggle to move beyond the binary of male/female, sane/mad, powerful/powerless, victor/victim. The challenge and tension then lies in how subversion of gender binaries, essentialisms, gendered assumptions, risks leading back to the very same assumptions *about* gender difference.

Martina Sciolino identifies this tension in Acker and in the reader of Acker's work, asking "how can one write a revolution to find a space for her own desires when she is already written by patriarchy?".²¹¹ Sciolino suggests that "both identity and gender are social constructions, works-in-progress whose very indeterminacy enables a politically motivated interruption" in Acker's work.²¹² This indeterminacy marks Acker as literally writing the early elements of poststructuralist deconstruction of both gender categorisation and feminist critiquing of

²¹⁰ Acker, 'Paragraphs', p. 87.

²¹¹ Sciolino, p. 439.

²¹² *ibid.* p. 441.

gender for Sciolino.²¹³ As she points out in her analysis of Acker's *Great Expectations*, one way Acker dissects gender is through the manipulation and switching of narrator's genders, playing on the reader's expectations of and indicating the "tenuous relations between name, gender, and identity while simultaneously exposing the sequence that a reader engages to orient herself in narrative".²¹⁴ The 'I' who narrates most of Acker's fragments and stories is rarely stable or coherent, as would be expected with a secure sense of selfhood, as discussed in Chapter 4 of this thesis. Gendered essentialism impacts not only on the experiences of characters, but also on their self-identity and experience of the world, creating a disjunction between what is believed and what is known, an instability of experience which contributes to the development of more overtly 'psychotic' experiences – unreason is less unreasonable when considered contextually in terms of gender.

The second tactic is coherently explored in Acker's later work, *Empire of the Senseless*. Acker presents a more challenging version of male / female relationships in this text, which explores both essentialist definitions of *what* women are, and the patriarchal attribution of *who* women are and *how* they should be. This double vision creates and maintains the social and psychological madness-inducing external landscape of the dystopia created in *Empire*. In the beginning, Thivai, the male protagonist, narrates Abhor's story *for her* – she does not have a voice, and her traumatic sexual experiences are mediated through the masculine perspective, reminiscent of the way a patriarchal psychiatry risks codification of women's experiences in *only* pathological terms

²¹³ Sciolino, p. 439.

²¹⁴ *ibid.* p. 439.

when it fails to explore either context or personal meaning. In this novel, essentialist gender binaries are deliberately employed in order to tactically reveal a duplicitous patriarchal hierarchy. At one point in the novel, Thivai adopts female ‘drag’ identity to leave his lodging to find food and drugs. It is in his adopted female identity that he is threatened with rape (ES, p. 178). He muses, “Genders were complex those days” (ES, p. 179), yet then reverts immediately back to familiar gendered binaries in order to reorient himself after a threatened trauma: “Now I didn’t want to be a girl is no more cause girls, being passive, don’t eat enough. Cause girls don’t get enough to eat. Now, if girls will meaner, they’ld gets whatever they wanted. To eat. Cause the meanest of us all get the most. [...] I would rather be dead than a girl” (ES, p. 180-1). For Thivai, throughout the novel, communities of people are starkly divided by essentialist gender differences; being female is an option worse than death. What follows is an archetypal representation of the essentialist division between male and female views on sexual relationships, told from Thivai’s perspective: “She told me she wasn’t going to become a pirate cause she was fucking someone else. I didn’t see that it mattered because we weren’t fucking each other. And fucking means nothing to me. But Abhor insisted it meant a lot to her, her being a woman. I told her she was just emotional, being a woman” (ES, p. 183). Here the parallel with Red’s refusal to be defined as *either* emotional *or* intellectual is made further complex, because it is Thivai that defines Abhor, rather than Abhor self-defining. Red, at least, has ownership of her own characteristic attributions, strengths and weaknesses.

Gender stereotyping affects the possibility of rational, autonomous subjectivity in Acker's work. This is evident in Thivai's treatment of Abhor in *Empire of the Senseless*. Abhor is assigned certain gendered identities by Thivai at various points in the novel. From the start of the text, Abhor is codified by Thivai who states she is "part robot, and part black" (ES, p. 3). This assignment of identity continues throughout the text, drawing on gender, ethnicity and human / machine binaries. Later in the text, Thivai describes Abhor as "a chameleon or, rather" reverting "to the lizard that was deep down inside her" (ES, p. 183) – Abhor is seen as sub-human here, animalistic. She is then reduced further in Thivai's eyes to "a diseased, that is, overactive clit" (ES, p. 185). Abhor has an active sexuality in Thivai's eyes, one which breaches the boundaries of patriarchal constrictions on female desire, making her threatening to a male perspective. Thivai's own ambivalence regarding what women are, or should be, and thus what *his* role should be in relation to them, becomes clear with Abhor's kidnap. Following his designating her as sexually voracious, as a "diseased" clitoris, he desires to be the emblematic male rescuer of a poor female victim: "I said, instead of a penknife" – which in practical terms would be relatively useful for a kidnapped 'maiden' – "we'd smuggle Abhor a pen [...] That way Abhor could write down, with her own blood as ink, how we rescued her, how brave our hearts were, how strong our arms" (ES, p. 200-201). By positioning Abhor as Other, Thivai reverts to gender stereotype. In fixing Abhor as powerless, emotional and as sexually voracious and a helpless maiden, he can reinstate himself within the

extant dualistic system; he is re-situated as the archetypal masculine rescuer.

This is not the end of the story for Abhor. Acker's exposure of Thivai's gendered assumptions as meaningless, empty constructions which, paradoxically, are imbued with meaning within a patriarchy framework, eventually allows for Abhor to transition through her own 'psychosis' towards a secure, stable selfhood. *Empire of the Senseless* is in many respects a *transitional* text, for Acker, which is mirrored in Abhor's own transition through madness to sanity, imprisonment to potential freedom. This transition relates to Acker's desire to subvert and deconstruct patriarchal fictions. Acker wrote:

I thought as I started *Empire*, there's no more need to deconstruct, to take apart perceptual habits, to reveal the frauds on which our society's living. We now have to find somewhere to go, a belief, a myth. Somewhere real. [...] *Empire of the Senseless* is my first attempt to find a myth, a place, not the myth, the place.²¹⁵

Acker also talked of finally struggling to *find* this mythical place, discussing the structure and outcome of *Empire* with Ellen G. Friedman:

The first part is an elegy for the world of the patriarchy. And I did that partly by finding out what was taboo and rendering it in words. The second part of the book concerns what society would look like if it weren't defined by Oedipal considerations and the taboos were no longer taboo. I went through every taboo, or tried to, to see what society would be like without these taboos. Unfortunately, the CIA intervenes; I couldn't get there. I wanted to get there but I couldn't. The last section, 'Pirate Night,' is about wanting to get to a society that is taboo, but realizing that it's impossible.²¹⁶

It is ironic, perhaps, that the CIA (as an American 'spy' agency) intervenes here in the novel, interrupting the attempts that Acker, through Abhor and Thivai, makes towards a non-taboo society, a society where

²¹⁵ Acker, 'A Few Notes on Two of My Books', p. 11.

²¹⁶ Acker in interview with Friedman, (para. 46 of 115).

personal freedom of mind and body is impossible. Gender stereotyping is one such inescapable taboo, perhaps – it can be made visible, exposed, but not ultimately overcome, at least in the time that Acker was writing within.

The two related elements that Acker subverts – gender essentialism in a dualistic society and gender stereotyping as forming patriarchal power – have been examined in critical clinical feminist readings of psychiatry. Phyllis Chesler, one of the first feminists to begin to theorise women's madness as discriminatorily formulated in 1972, wrote on these twin issues. While even the revised 2005 version of her seminal *Women and Madness* is problematic in areas, not least (ironically) in its tendency towards essentialism, sweeping and unsupported generalisation, and its dated use of language, the issues she discusses are both contemporary to Acker's own writing and, in many cases, relevant now, some ten years on. Chesler's study is widely cited in more recent feminist critiques of psychiatric practice, and she uses interviews and case reports combined with literary myth and legend in order to expose the way in which psychiatry serves to reinscribe and solidify patriarchal views of women as mad, lending authority to an otherwise false construct. Madness may be both caused by the position of women in society *and* wrongly formulated as a pathological reaction, leaving women with no exit strategy. This process is clearly enshrouded by patriarchy itself whereby women have less power, less presence and less agency, she writes:

Women are impaled on the cross of self-sacrifice. Unlike men, they are categorically denied the experience of cultural supremacy and individuality. In different ways, some women are driven mad by this fact. Their madness is treated in such a

way as to turn it into another form of self-sacrifice. Such madness is, in a sense, an intense experience of female sexual and cultural castration and a doomed search for potency. The search often involves ‘delusions’ or displays of physical aggression, grandeur, sexuality, and emotionality – all traits which would probably be more acceptable in pro-women or female-dominated cultures. Such traits in women are feared and punished in patriarchal mental asylums.²¹⁷

The scene is set, then, with such a theoretical background, for the more nuanced elements of gender, sex and madness to emerge from Acker’s work, demonstrating an overarching concern with the tactical subversion of gender essentialism and stereotype. The reactive “displays” that Chesler describes are visible in many of Acker’s female characters – Janey, in *Blood and Guts In High School*, for example, is simultaneously self-sufficient, aggressive and strong, and abused, subjugated, prone to emotional outbursts, and eventually imprisoned. Similarly, Abhor is also imprisoned (in a literal sense physically and psychological sense socially), and oscillates between a tough, brave and self-sufficient persona and more ‘typically feminine’ romance searching, uncertainty and panicked stricken sets of responses. Such “displays” in Acker’s work are often interlinked with the experience of courtship, sexual relations and romantic relationships.

The Double Bind of Relationships

Romantic love and sexual relationships are difficult territory in Acker’s works. The cognitive and social elements of love are intimately bound up with physical notions of sexual desire. In this section, I will first briefly examine how romantic relationships are presented, with a focus on the double bind and cognitive dissonance evident in the concurrent

²¹⁷ Chesler, p. 91.

coexistence of love and hatred, need / fear of companionship and need / fear of isolation – and how this impacts on the psychological coherence and stability of characters. I will then explore how love and sexual desire are fused in Acker's work, how these two elements drives Acker's characters towards an all consuming fragmentation which might be aligned with 'psychosis'. I conclude this section by considering how this portrayal might be tied to notions of patriarchy and resistance.

Kathleen Wheeler suggests that "the *myth* of romantic love which had run through [Acker's] work since her earliest writing" has a "crushing effect on the development of individual identities" in Acker's texts.²¹⁸ Abhor, for example, can only begin to form her sense of coherent self once she is no longer enamoured with the 'myth' of love for Thivai. The "myth of romantic love" culminates in the inherently unbalanced institution of marriage. Wedlock is presented in Acker's work negatively, as literally locking women into a situation with no escape. For example, in *Empire of the Senseless*, Abhor tells the story of her grandmother's first love, commenting on how her knowledge of this formed her own attitudes towards love. Her parents force her grandmother into prostitution at the age of 10. She meets a young man who "loved her by wanting to kill her: to carry her out of the slum which is prostitution" (ES, p. 5). The man and Abhor's grandmother are imprisoned, however, and he is executed when he murders the Vice Squad who arrested them. The grandmother then marries "a rich man", because, being "poor", marriage is the only route to her freedom: "The

²¹⁸ Kathleen Wheeler, 'Reading Kathy Acker', *Context: A Forum For Literary Arts and Culture*, 9: Online Edition (2001) <www.centreforbookculture.org/context/no9/wheeler.html> [accessed 9th September 2005]

poor can reply to the crime of society, to their economic deprivation, retardation primitivism lunacy boredom hopelessness, only by collective crime or war. One form collective crime takes in marriage” (ES, p. 7). As her grandmother married not for love but economics, Abhor is left in a situation whereby “because I perceived what marriage was for my grandmother and because I love her, I am not able to sexually love another human being or accept another human being’s love” noting if “I have to love, out of desperation or desperately, I know love only when it’s allied with hate” (ES, p. 7). She is unable to situate her emotions as either positive or negative, only experiencing the two contradictory emotions simultaneously. No myths of romantic love for Abhor here – only a confusing and contrary pull towards polar counterparts of emotion.

Love and hate coexist in the desiring relationship for many of Acker’s characters, leaving them caught in a disorientating double bind. The notion of a ‘Double Bind’ in clinical psychiatry was first described by Gregory Bateson and colleagues as consisting of a series of deceptive communication dilemmas where opposing positions are presented as both true and both false at the same time, leaving no space for clear comprehension.²¹⁹ Bateson and colleagues argued that this kind of communicative strategy is potentially malignant, contributing to the formation of ‘psychosis’ in people trapped between contrary positions. The experience of the double bind is both acutely painful and confusing for Acker’s characters, who switch rapidly (often in the same sentence or thought) between desiring and rejecting. A second related experience is

²¹⁹ Gregory Bateson, Don D. Jackson, Jay Haley and John Weakland, ‘Towards a Theory of Schizophrenia’, *Behavioural Science*, 1.4 (1956), pp. 251-254.

also evident in Acker's character's response to 'romantic' relationships; cognitive dissonance.²²⁰ Cognitive dissonance is the psychological stress and fragmentation caused by holding opposing beliefs or behaving in a way that is inconsistent with a strongly held belief. Several of Acker's characters both desire *and* fear intimacy, concurrently seeking cognitively *dissociative* experiences through sexual acts while simultaneously trying to retain their core sense of self-aware subjectivity. External characters at times contribute to this push/pull effect (particularly parents) by placing contradictory requirements on narrators and lead characters in order to manipulate their responses.

The Rimbaud section from *In Memoriam to Identity* is a particularly overt example of the dissonant position that occurs when desiring a sexual or romantic partner.²²¹ All three narratives in this text are concerned with the way in which love and sexual acts consume identity, and with self-destructive and destructive relationships. Self-destructiveness is caused in part by the immense tension created by paradoxical desire to be with *and* without (as self-protection from rejection) another person. The Rimbaud section is drawn from commonly known biographical details about symbolist poet Arthur Rimbaud (named R in the story) and his lover, Verlaine (V). Rimbaud's relationships are disrupted from the start – his mother is murderous and “autocratic” (IMTI, p. 4), his uncle abuses him, and the married poet Verlaine is inconsistent and as self-destructive as Rimbaud himself. The story reads in a flat, repetitive manner, where R yearns and mourns for V, who

²²⁰ Leon Festinger, *A Theory of Cognitive Dissonance* (California: Stanford University Press, 1957).

²²¹ Kathy Acker, *In Memoriam to Identity* (New York: Grove Press, 1990). Further references to this novel are given in the text as (IMTI, p. . .).

alternately leaves his wife for R and then returns to her. R is aware of the instability of their relationship from the off, trying “to destroy his love for V, hate V” but realising he “couldn’t because he couldn’t erase his need of V” (IMTI, p. 37). R is trapped, eventually abandoned, and this too is acutely painful, leading to a desperate need to fill the void left by lost love: “To transform absence to presence and to defeat solitude or the absence of human values, R wrote without stopping; this was all he could do” (IMTI, p. 38). Writing – the act of creation, recreation, memorial, memorising and retelling – is all that R is left with. The isolation and absence of the lost love leaves R in an “absurd” existence, whereby his “breaking point could not be far off” (IMTI, p. 41), demonstrating the effect of isolation on psychological senses of safety, coherence and stability. When R and V are reunited and travel to Brussels, their belief in the longevity of their relationship is reawakened – “In this city R and V believed that their love for each other was eternal. They believed that their love was eternal because it was. It was that (unknown) region which word’s can’t touch” (IMTI, p. 69). Once again, though, V leaves R, leaving R in a state where his “only choices were to move from madness to death or to realize that the experiment of having a human, an *honest*, relationship had failed” (IMTI, p. 78). Here, then, Acker demonstrates the pull towards madness caused by the contrary experiences of love/hate, desire/rejection.

Finally, R talks of being tarnished and somehow doomed, but also contemplative and forward facing: “Now I’ve begun to travel in order to divert all the obsessions that have become my brain. On the ocean – which I adore as if it’s washing away stain – I saw the Cross of

Comfort rise. I know lust has damned me' (IMTI, p. 92). Travelling, sailing and water provide a metaphor chain here indicative of freedom and cleansing, the possibility of atonement from the damaging psychological effects of 'lust'. After the vision of escape and cleansings, however, a brief few lines document R and V's final meeting, where V is jailed after shooting R in the wrist. The final line of the section, a few paragraphs after the shooting, is key – "The imagination is nothing unless it is made actual" (IMTI, p. 95). Imagination, not intellect, rules the passions that lead to madness. Intellect can rule emotion from the cold position of the after-relationship – but a life without passion is one in which "mental war is constant" (IMTI, p. 95). Desire, in this text, is the only route to mental peace – but at the cost of psychological pain, dissonance and disintegration.

Acker illustrates how this contradictory desire for another subsumes any sense of identity or existence beyond desire in a fragmented and dissociated piece, 'Russian Constructivism'.²²² Here, Acker blurs what seem like autobiographical elements (referring to a female weightlifter, which she was, and a lover named Peter, which she had) alongside the use of poetry, dramatic sequence, scenic description, and letters. There is little coherence or narrative framing here, and little by way of genre orientation – it is unclear what the *purpose* of this piece is. The narrative fragmentation and incoherence mirrors the fractured psyche of the "I" writing the letters. In the letters to Peter in this piece, splinters of insight into the self-consuming nature of isolation and missing love are evident. "You," she writes:

²²² Kathy Acker, 'Russian Constructivism', in *Bodies of Work*, pp. 106-125.

[...] kookoo totally untogether, make me as irritable and changeable as you are, so I've made myself into your Rock of Gibraltar in order to capture you but I don't want you [...] I don't know what I'm doing. You're the only life I've known in a very long time. How can I let go of life again? You're my day and night. Forget it, little baby, he's told you clearly he doesn't want to have sex with you and he only wants you so he can revenge himself on his wife 'cause she once left him for a richer man. You are my madness. Come in me, my madness, and since you've already taken me, I beg with everything that is me to take me.²²³

Love and sexual desire both pulls the 'I' away from the male object of desire ("I don't want you") and consumes her every waking minute ("You're my day and night"). This paradoxical position is overwhelming and unbearable, leading to a form of madness, the accusation of the other being "kookoo" and "untogether", where togetherness is a coherent sense of whole selfhood. The inner voice that interrupts the middle of the paragraph reminds the 'I' of the 'real' of the situation – that this partner only wanted her for revenge on his wife – yet she cannot let go, cannot *not* see him. Later in the piece, further fragments solidify this sense of obsession, consumption, the opposing pulls of desire: "in pain I phone you I want to suicide you / over and over again my brain revolves you / focus obsession I see nothing else".²²⁴ Love tears and bruises; sexual desire pulls towards "suicide" of the other to gain some escape. The notion of "suiciding" the other, when suicide usually implies *self*-murder, forms a further sense of the individual being so consumed by desire for the other person that the self does not exist independently *of* the other. Murder of the other would then be suicide of the self.

The self-consumptive element of love and desire is also evident in another short and fragmented piece, 'New York City in 1979'. Here,

²²³ Acker, 'Russian Constructivism', p. 109.

²²⁴ *ibid.* p. 117.

Acker suggests either “you’re in love with someone or you’re not [...] one thing about being in love with someone is you know you’re in love: You’re either flying or you’re about to kill yourself”.²²⁵ The emotions experienced in love and desire swing between pain and happiness. The fear of rejection is consequential here, as Janey says to her partner Johnny – rejection leads to Janey getting “‘dangerously physically sick’”, but also to mental sickness: “ ‘Everytime I hurt I feel so disgusted with myself – that by following some stupid body desire I didn’t HAVE to follow, I killed the tender nerves of someone else. I retreat into myself. I become frigid’ ”.²²⁶ But physical desire – the same desire which leaves Janey open to the risk of rejection, leaving her isolated, self-introverted and alone – takes over for Janey, driving her into madness:

This is the way Sex drives Janey crazy: Before Janey fucks, she keeps her wants in cells. As soon as Janey’s fucking she wants to be adored as much as possible at the same time as, its other extreme, ignored as much as possible. More than this: Janey can no longer perceive herself wanting. Janey is Want.²²⁷

Janey’s self, during the sexual act, becomes consumed (“Janey is want”): Janey is no longer a subject but a *need*, only desire. Such bodily desires are also inescapable: “This is the nature of reality. No rationality possible. Only this is true. The world in which there is no feeling, the robot world, doesn’t exist. This world is a very dangerous place to live in”.²²⁸ A world without desire is impossible to reach. In the sensual and social realm, where bodily desire displaces rationality or coherent introspection, this holds risks for the psyche – no rationality is possible.

²²⁵ Kathy Acker, ‘New York City in 1979’ (1981) in *Hannibal Lecter, My Father*, pp. 36-50, (p. 37).

²²⁶ *ibid.* p. 42.

²²⁷ *ibid.* p. 47.

²²⁸ *ibid.* p. 47.

The risk of extreme mental strain, leading to ‘madness’, induced by the cognitive dissonance of conflicting desires, does not only exist for female characters, as seen in Rimbaud. For Acker, though, patriarchal power is intimately tied up with control of female sexuality. Acker suggested, “everywhere, men have used women’s sexualities and sexual needs and desires in order to control women. For until recently, a women’s work was her sexuality: motherhood or prostitution”.²²⁹ Women’s ‘work’, then, left them in subjugated position, domesticated or as an object used by men. Acker goes further with her analysis, though, suggesting that female sexuality is seen, within patriarchy, as “the opposite of virginal: vicious and evil”.²³⁰ Thus the “result of this historical situation is that heterosexual women find themselves in a double-bind: if they want to fight sexism, they must deny their own sexualities. At the same time, feminism cannot be about the denial of female sexuality”.²³¹ The object of female sexual desire is sometimes reduced to a purely physical entity, desired for relief of painful sexual yearning, or at times more rounded, with relationship ethics coming to the fore.

Yet Acker’s more transgressive portrayals of sexual relationships can be challenging from an ethical perspective. In *Blood and Guts in High School*, for example, the sexual and romantically desired object of protagonist Janey, a young girl, is her father, who she has regular sexual intercourse with, causing a descent into all-consuming

²²⁹ Kathy Acker, ‘Introduction to Boxcar Bertha’, in *Bodies of Work*, pp. 126-132, (p. 130).

²³⁰ *ibid.* p 130.

²³¹ *ibid.* p 130.

anxiety when threatened with his abandonment.²³² As Kathy Hughes, in her reading of the significance of Janey's age in this text, notes, Acker's graphic portrayal of child abuse here might in some ways intend to subvert the disturbing reality of child abuse by making it visible, and that Acker's "choice of a child as the heroine increases the visceral intensity of her words and corresponds with her use of experimental language and technique to reflect the injustice toward women in a patriarchal, capitalist society".²³³ Janey's incestuous relationship with her father is a graphic example of patriarchal power over women – the father controls Janey's sexual, emotional and intellectual desires. It is significant that Janey only develops her coherent self once she escapes her incestuous 'relationship'. Hendin's reading of this transgression is interesting here. She notes that "patriarchy takes a hit in *Blood and Guts in High School*" when Janey reduces her father to "just another sex slave featured in cartoon doodles in her notebooks [...] Externalizing and objectifying sex by treating it as a doodle drawn by a detached observer is an aspect of the need for dominance, the need to talk about 'bodily slavery,' but to be above it all by force of externalizing it as a 'subject' ".²³⁴ It is worth noting that Janey's doodles of her father do not show a powerful phallus, but often a flaccid and somewhat pathetic penis. In this way, she retains some sense of agency despite her desiring, able to graphically reduce her father's power.

²³² Kathy Acker, *Blood and Guts in High School* (New York: Grove Press, 1978).

²³³ Kathy Hughes, 'Incest and Innocence: Janey's Youth in Kathy Acker's *Blood and Guts in High School*', *Nebula* 3. 1 (2006), 122-129, (pp. 128-129).

²³⁴ Hendin, p. 67.

Some of Acker's romantic relationships are reminiscent of Hendin's perspective around the challenge of any sort of simplistic affectionate relationship in the contemporary world. She writes:

Interactions with those who may not be the direct objects of violence are affected by a destructive egotism that shapes a vision of the world as a rapacious and hostile place that warrants aggression. From that perspective, no relationship is positive, and any display of weakness may provoke attack. Because of this it is as necessary to destroy anything vulnerable or compassionate in oneself to protect against being attacked as it is to attack others. Efforts by others to thwart this process – to help or relieve anger – are perceived as duplicitous ploys to weaken resolve.²³⁵

Indeed, many of Acker's characters only develop a coherent self-narrative when they acknowledge that their worlds *are* hostile and dangerous – and enact violent rebellions against this. Abhor is a key example of this, leaving her 'rescuers' behind to forge her own path towards the end of the novel. Janey, in *Blood and Guts in High School*, is thwarted, though, when after her imprisonment, when a possible self-narration and coherency of identity is possible (through her relationship with Genet), she dies. Hendin suggests, though, that despite her death Janey represents Acker's "inversion of values", by "subverting the charged meaning of the words that capture and impale".²³⁶ In this way, Janey transgressively "sees herself not simply as an incest victim or prostitute but as someone who can use her body as a weapon that inflames the dependency of men and her speech as a tool for redefining relationships of power and subordination".²³⁷ Through *Blood and Guts in High School*, Hendin suggests that Acker "conveys an evolutionary

²³⁵ *ibid.* p. 41.

²³⁶ Hendin, p. 258.

²³⁷ *ibid.* p. 258.

genealogy for narratives of modern female fury”.²³⁸ Her other narratives – particularly her earlier work – offers a less evolutionary reading of female experiences with love, sex and romance, however. Other characters, such as in ‘Russian Constructivism’ or ‘New York City in 1979’, that are less fully developed in narrative terms, instead exist in a series of self-obsessions and circularly inescapable situations. They are not afforded the realisation illuminated by Hendin, instead seemingly trapped in their confusing inner worlds. This portrayal, on a basic level, affords insight into the ways in which relationships are vital but potentially damaging, and into the psychological effects of loss, which might afford useful creative demonstration and reflection for clinicians who encounter people struggling in similar situations.

It is the vision of madness, hostility and danger then enables Acker to transgress codified notions of not only ‘what love is’ but also ‘what sanity is’ and how it is attained. Acker portrays textually a vision of the world which Hendin formulates as “entirely hostile” and symbolised by “pipe-bombed building, the death of the child, the husband, the lover, the stable self” which “all add up to a raid on ideals of citizenship, love, and pleasure”.²³⁹ Hendin describes how the “narrative richness” of contemporary fiction – and I would suggest Acker is rich in narrative terms – “can illuminate the more subtle currents, conflicts, and pressures at work” in contemporary culture.²⁴⁰ Acker demonstrates the way in which “accounts of women’s retaliatory violence can only be understood in the context of those male

²³⁸ *ibid.* p. 258.

²³⁹ Hendin, p. 243.

²⁴⁰ *ibid.* p. 243.

provocateurs who do women wrong. Male malice grounds the violence of women in a culture of patriarchy” as Hendin argues.²⁴¹ Hence, Acker portrays the psychologically dissonant effects of belief in the myths of romantic love and companionship alongside and the psychological impact of sexual violence. Rather than foregrounding her characters as simply demonstrative of stasis of women (those who are passive are attacked – those who are active are *doubly* attacked) Acker instead complicates their experiences through her textual fragmentation and dislocated interior monologue representations of narrative voice.

Transgressive themes of incest and frank depictions of sex have led to accusations that Acker is pornographic, with her books occasionally banned.²⁴² Pitchford suggests that dismissing Acker as pornographic results “in a static, oppositional mode of difference that leaves women without agency and threatens to erase the differences among them”.²⁴³ Anti-pornography debates, such as Andrea Dworkin’s *Pornography: Men Possessing Women*, in which pornography itself is seen as reproducing oppression may instead function to reproduce the very same male-strong, female-victim dynamic it allegedly calls into question.²⁴⁴ Critiquing Coleen Kennedy’s reading of the ‘pornography’ in Acker’s work, Pitchford draws on Catherine MacKinnon’s well-repeated assertion that pornography *is* violence against women.²⁴⁵ Pitchford moves on to discuss a model of pornographic readership that is both provocative and develops debates around sexually explicit

²⁴¹ *ibid.* p. 61.

²⁴² Pitchford, pp. 65-68 and pp. 151-152; see also Acker, ‘Immoral’, p. 142.

²⁴³ *ibid.* p. 155.

²⁴⁴ *ibid.* p. 155. See also Andrea Dworkin, *Pornography: Men Possessing Women* (London: The Women’s Press, 1981).

²⁴⁵ Pitchford, p. 162-164.

material away from a simple allow/ban opposition.²⁴⁶ Both Pitchford (in terms of sex) and Hendin (in terms of violence) offer readings here of the potential strategies available to women as illuminated through Acker's fiction. Both of these strategies relate to ways in which the dominant discourse on women=madness can be deconstructed from its foundation, not least when considering women's positions in romantic relationships. Acker's portrayal of the emotional and cognitive elements of sexual acts offers a further challenge to the way 'psychosis' is constructed as ununderstandable, other and alien to common experience.

Sex and 'Psychosis'

I have discussed relationships in Acker's work, which are always bound with issues of desire and sexual need – this section examines Acker's portrayal of sexual desire and 'psychosis'. Sex and psychosis are intricately bound together in Acker's work – as Colby notes, the “complicity of libidinality and psychosis in the narratives of her female protagonists is evident in every one of her texts”.²⁴⁷ In particular I explore Acker's view of sex work; the emotional and psychological effects of unfulfilled sexual desire; and the way in which sexual desire and orgasm might be aligned with experiences akin to a dissociation of sexual-selfhood from rational-selfhood, which may mirror some of the elements of depersonalisation and derealisation experienced in psychosis.

²⁴⁶ *ibid.* p. 169-180. However, Pitchford's assertion that some working class women “have found that participating in the creation of pornography is their best economic option and best route to autonomy” is I think somewhat undertheorised however (see Pitchford, p. 164).

²⁴⁷ Colby, 'Radical Interiors', p. 194.

One repeated theme in Acker's work is her portrayal of women working in the sex industry, of which Acker had personal knowledge.²⁴⁸ Acker, in several of her fictions, turns the dominant male figure in the sex show into explicitly embodying a father, a psychiatrist or Santa Claus. All three of these figures represent potentially powerful male figures in women's lives. The figure of the psychiatrist / therapist is of particular interest here. Chesler was one of the first writers to document the deeply unethical yet allegedly common occurrences of sex between a patient and (male) psychiatrist (termed therapist in Chesler, representing the US view of psychiatrists as primarily performing an analytic function in the therapeutic relationship).²⁴⁹ "Psychologically", she suggests, in instances where the therapist engages in sexual contact with his client, "the female is as much – if not more – a dependant supplicant here as she is elsewhere. [...] The male transmits 'unconscious' signals of power, 'love,' wisdom, and protection, signals to which the female has been conditioned to respond automatically".²⁵⁰ Chesler refers to this "transaction" as being "euphemistically termed 'seduction' or 'part of the therapeutic process,' " when it is actually "legally a form of rape and psychologically, a form of incest".²⁵¹ Given the contemporary nature of Chesler and Acker's work, the way Acker uses the figure of the psychiatrist in a powerful sexually dominant position is noteworthy.

Similarly, the suggestion that women are 'conditioned' to respond in a particular way to strong male figures, as Chesler notes, appears in Acker's work through her repeated sex show scene. In *The*

²⁴⁸ See Acker in conversation with Friedman, (para. 12 of 115).

²⁴⁹ Chesler, pp. 191-215.

²⁵⁰ Chesler, p. 194.

²⁵¹ *ibid.* p. 194.

Childlike Life of the Black Tarantula by the Black Tarantula, a distinctly childlike female figure looks up to the father-like psychiatrist in the sex show, providing a further layer of transgression (CLBT, p. 83-84). In this section, the 'I' speaks in a child's voice, stating "I tell the psychiatrist how Santa Claus fell out of the chimney told me I should always be a good girl I talk baby talk I should always do what he tells me" (CLBT, p. 83) before proceeding to the sexual act. The infantilisation of sexuality here is disturbing, blurring incest and power, as Chesler notes.²⁵² Santa Claus and the psychiatrist are equally blurred in the Airplane section of *In Memoriam to Identity* (IMTI, p. 134-141). The dialogue between the two in this second piece is comparably reminiscent of a child-adult conversation; the male figure is clearly dominant to a vulnerable female. The sex show in these two pieces might be read as emblematic of a wider critique, not only of the sex industry itself but of a patriarchal society where women might not only be seen as objects to be abused, but secondly, might be perceived to be active participants in their abuse, even as children or as people seeking psychological help who might be at a particularly vulnerable time.²⁵³

Female sexuality in Acker is controlled and defined by men – fathers or other powerful male figure often feature in her character's first sexual experiences. This leads to a further dissonance between externally codified codes of 'correct' sexual behaviour set against bodily desires,

²⁵² *ibid.* p. 194. Disturbing though not particularly surprising, given the popularity of 'school girl' type outfits in sex shops.

²⁵³ The clearest and most stark example of this second issue in contemporary Britain is seen in the recent Alexis Jay report into the systematic neglect, disbelief and abuse of vulnerable girls in Rotherham, South Yorkshire. The report notes that girls were often viewed by police and others in authoritative positions as sex workers, instead of as vulnerable and sexually exploited children, and thus seen as in some ways complicit in their abuse. See Alexis Jay, 'Independent Inquiry into Child Sexual Exploitation in Rotherham 1997 – 2013', Rotherham Metropolitan Borough Council, 2015.

which can be overwhelming. In *Empire of the Senseless*, this confusion is narrated as being integral with a mind-body dialect noted in psychoanalytic readings of sexual repression as a cause of female psychosis.²⁵⁴ Abhor, alone in war-torn Algeria, searches the ruined cityscape in a quest assigned by the mysterious Dr Schreber, finding pause to reflect upon her childhood experiences. She focuses on a time she was locked in an attic at the age of 14:

1. In the attic, I forced my finger up my cunt so I could pierce my own cherry. 2. I crave someone loving me just as a junky craves junk. Did No 1. (physical desire) have a relation to No 2. (mental desire)? This limitless and mad-making craving was a reaction to, and an act of anger against, those who had shut me in. (ES, p. 51)

Sexual desire is here questioned as related to cognitive desire – both induce “mad-making” cravings, related to oppression, to being shut in, to anger against “moralists” who Abhor feels constrain her (ES, p. 51). Later in the novel, Abhor is raped after becoming a nude model and, following this experience, she concludes: “Mentality is the mirror of physicality. The body is a mirror of the mind. A mirror image is not exactly the same as what is being mirrored” (ES, p. 65). Mental desires may reflect physical desire, and vice-versa, but these reflections are not identical. Her sexuality, in her “isolation and in my desperation in that dead city”, is a “source of pain” (ES, p. 65). She learns that:

[...] sexuality was the crossroads not only of my mind and body but of my life and death. My sexuality was ecstasy. It was my desire which, endless, was limited neither by a solely material nor by a solely mental reality. In that city dominated by commodities, more and more unsatiated I cried. (ES, p. 65).

²⁵⁴ See Showalter, *Hystories*.

Desire is painful, acutely so, when unfulfilled – but also enduring, and in a society of limits (patriarchal, social, moral, psychological and material), fulfilling ones desires requires disposal of an externally proscribed identity. The dissonance here comes in the form of the ‘ecstasy’ of sexuality desire, which might not fully satiable within a moralistic society that defines acceptable female behaviour and pathologises sexual behaviour that breaches arbitrary, male-defined limits.

Repressed or unfulfilled sexual desire has been long associated with disruptions to female psychological wellbeing, and in many respects Acker’s repeated use of the psychiatrist as the male powerful figure in sex shows is symbolic of the purported correlation of sex and madness. As Chesler writes: “Women have already been bitterly and totally repressed sexually; many may be reacting to or trying to escape from just such repression, and the powerlessness it signifies, by ‘going mad’ ”.²⁵⁵ Chesler elaborates, stating, “women are sexually repressed by patriarchal institutions which enforce fear, dislike, and confusion about female sexual and reproductive anatomy in both men and women”.²⁵⁶

Furthermore:

One psychoanalyst, Marie Robinson, has characterized the proper female orgasm as one in which the woman may be rendered unconscious for up to three minutes. Women have been seen as sexually ‘insatiable’ by witch-hunters and modern scientists; they have also been seen as not really ‘needing’ orgasms as much as they need love, maternity, and fine silverware. Nevertheless, the psychoanalytic tradition (combined with a growing addiction to instant pleasure) has viewed ‘neurosis’ and even ‘psychosis’ as stemming from sexual repression. Consequently, most clinicians have tried hard to help their female patients ‘achieve’ heterosexual orgasms – usually by counselling a joyous and/or philosophical

²⁵⁵ Chesler, p. 98.

²⁵⁶ *ibid.* p. 105.

acceptance of the female role as envisioned and enforced by men: as Madonna-housewife and mother, or as Magdalene Earth goddess.²⁵⁷

Not only the psychosocial context but also the content of female sexuality and orgasm is in this way medically codified, not least in psychoanalytic terms, but also in patriarchal psychiatric practice, as seen in some of the traits associated with predominantly female ‘disorders’ such as ‘borderline personality disorder’ such as ‘seductiveness’ or ‘inappropriate’ boundaries in professional and personal relationships.²⁵⁸

Sexual desire is not always presented as pushing characters towards a painful or disturbing ‘madness’, though, in Acker’s work. It is also presented in a way that allows enhanced knowledge of the limits of both cognitive and bodily experience. In this way the multidimensional physical *and* mental nature of sexuality is vividly depicted. In the short piece ‘Algeria’, Acker comments on notions of the *immediacy* of sexual pleasure and desire, a kind of being-in-the-immediate present. Freedom comes in the mental calmness induced by the “vibrations” and “jagged” sexual sensation, in which “ ‘I’ move so fast, I can no longer feel”.²⁵⁹ “I” here is displaced, as existing outside of ‘self’ in a sense of depersonalisation, where sensation rather than emotion is primary. In this experience, the urge/need is to “base myself on immediate strong action reactions, not on thoughts”.²⁶⁰ Cognitive dimensions of the mind are displaced, again as might be seen in depersonalisation, with only immediate sensations, both emotional and bodily, desired. Such desire is all consuming and controlling of any rational selfhood – it takes over the

²⁵⁷ *ibid.* p. 106.

²⁵⁸ See Nyquist Potter.

²⁵⁹ Acker, Kathy, ‘Algeria: A Series of Invocations Because Nothing Else Works’ (1984) in *Hannibal Lecter, My Father*, pp. 114-141, (p. 140)

²⁶⁰ *ibid.* p. 140.

mental space where cognitive processing occurs. Once desire is present, intellect becomes fragmented and fractured, in its place a world of pure sensation; “there will be no idea, without responsibility duty appointments. My world: the world will be total ruin. My mind obeys only emotion, not emotion as opposed to intellect, but passion joy madness” because passion “is the breaking up of rationality”.²⁶¹ Such depersonalising elements of sexual desire are also overtly linked to a fracturing of rationality by Airplane in *In Memoriam to Identity*, who later states, “ ‘I learned something else about this thing, sex. You don’t understand your own wants but at the same time you can’t deny your own wants without going so crazy that you can no longer bear your own craziness’ ” (IMTI, p. 113). Denial or displacement of desire is not an option for Acker’s characters – the body overtakes the mind. Furthermore, for Acker’s characters, attempts as denial of sexual needs results in ‘craziness’.

It has been suggested that the sexual act in Acker’s work calls into question the limits and transcendence of selves as coherent beings. As Robert Glück notes, sex in Acker is a “blissful jailbreak from the confines of the self” whereby it “is the pleasure happening, not the self”.²⁶² Yet because the self is unrecognisable as a coherent or stable entity in Acker’s work, any pleasure is one that is *denied* for the self, existing only as pleasure itself – a “double bind” experienced as a “grievance” by her characters.²⁶³ Glück suggests that Acker’s refusal to accept the “terms of our confinement” (as subjects) leads to her

²⁶¹ *ibid.* p. 140.

²⁶² Robert Glück, ‘The Greatness of Kathy Acker’, in *Lust for Life: On the Writings of Kathy Acker*, pp. 45-57, (p. 47).

²⁶³ *ibid.* p. 48.

expressed desire for the “freedom to have no ego boundaries”.²⁶⁴ The freedom which Glück situates as *between* the text, within the “silence and emptiness between juxtapositions” causes “anguish” because sex “stabilizes the self / text as much as sex destabilizes it”.²⁶⁵ In her depiction of sex, Acker “creates extra-literary conflict that does not build character either on the page or in the world, as most fiction intends to do, but instead destroys it”.²⁶⁶

It is not only the extra-literary relationships that Acker builds and effaces through her texts that simultaneously builds and effaces notion of subjectivity at any level other than a one dimensional physicality. *Sex itself* can be, as Angela Carter suggests in her study of the works of the Marquis de Sade, a “uniquely unselfing experience”.²⁶⁷ In Acker, this ‘unselfing’ causes a loss of rationality, control, intellect and temporal coherence – the self is dislocated from the body and the external world, experiencing derealisation and depersonalising not on the sense of pathological experiences but as both a desired and feared departure.²⁶⁸

Red, for example, is a voraciously sexual character, defying the struggle that elements of feminist theory had (at the time Acker was writing this novella) with simultaneously liberating women as objects of male desire while repositioning women as actively desiring subjects. Acker, with varying degrees of success, negotiates this tension in much of her work. In a textual incarnation of both Glück and Carter’s notions,

²⁶⁴ *ibid.* p. 48.

²⁶⁵ *ibid.* p. 50.

²⁶⁶ *ibid.* p. 49.

²⁶⁷ Angela Carter, *The Sadian Woman* (London: Virago, 1979), p. 141.

²⁶⁸ See also Colby, ‘Radical Interiors’, pp. 197-199, for a reading of the dislocation of being in the sexual act in Acker’s *My Mother: Demonology*.

Red experiences a loss of selfhood through the sexual act. Red's assertion that she affects a "play with rhythms" in the sexual act is similar to Acker's play with language, as I explore further in the next chapter.²⁶⁹ Both involve a cadence, peaks and troughs, a sense of distortions. Red continues, "now I've lost consciousness; I'm a machine of throat, mouth, tongue hand symmetries and pressures".²⁷⁰ Her consciousness is dislocated from her bodily actions. During sex on an aeroplane, Red experiences again this unselfing – the entire external real is lost as sensation remains the only focus: "The plane disappears, the seat which I'm sitting on falls out from under me; I'm suspended in space by strings of diamonds the paws of cats rub against my ears".²⁷¹ There is a beauty to the language used to describe derealisation here, visceral imagery forming the description of the physical sensation. Later still, during intercourse with the mother of the woman she has sex with on the plane, elements of the desire to be possessed *by* the other person are clear: "I look up at her face, at her huge eyes which mirror me I want her to possess me, to enrage me my muscles are quivering".²⁷² This possession again allows for the self to not need to be in control, instead controlled, consumed – Red wants the "huge eyes" to devour her while simultaneously wanting her body to be "enraged", a potential double bind of desiring controlling and anger against control.

The unselfing, derealising and depersonalising elements of sexual desire and actions are also apparent in *The Childlike Life of the Black Tarantula by Black Tarantula*, and are more explicitly aligned with

²⁶⁹ Acker, *Rip Off Red, Girl Detective*, p. 10.

²⁷⁰ *ibid.* p. 10.

²⁷¹ *ibid.* p. 13.

²⁷² Acker, *Rip Off Red, Girl Detective*, p. 43.

psychosis in this text, where physical desire displaces rationality and selfhood. The narrator dissolves into a stream of consciousness style monologue that simultaneously tells the story of the sexual encounter while showing the rhythm of the act through the uninterrupted textual flow:

I have no identity I can feel the hand softly running up and down my leg inside the leg against the sand softly spreading my legs my buttocks against the burning sand the sand rises into my ass tiny diamonds every touch causes all people think about when they meet me is sex ripples of flesh to collide against the returning ripples as they enlarge into waves I give myself entirely to each desire because there's nothing else to give myself to nothing else exists (CLBT, p. 48)

In this act, for Acker, sexuality starts from within the mind, from the intellect, with a solid and knowable self – “I play with my disbelief, feelingless, until I’m almost insane. I can feel nothing, and have no mind. I can do nothing for myself, nor do I know what I need done” (CLBT, p. 60). The cognitive ‘I’ here is present, though present-in-absence through ‘not knowing’. It becomes displaced when sensation begins to take over: “nowhere needles start rising in me and outside of me through my skin; I have no idea what comes from inside and what comes from outside; I descend into the mental and physical blackness” (CLBT, p. 60). When orgasm begins, the “I” dissolves into a torrent of physicality – “I’m both liquid and solid. I’m completely pleasure” (CLBT, p. 60). The self is opened outward, no longer contained or restrained, and is energised:

(1) I’m opening enough to contain all identities, things, change everything to energy, a volcano. (2) I’m constant energy and I can never be anything else. (3) I have no emotions; I sense textures of everything against textures; I’m completely part of and aware of the object world. I don’t exist. (CLBT, p. 60).

This sensation – the self-displacing sensation of orgasm – has hallucinatory tactile elements that work to displace selfhood entirely. “I” no longer exists, reduced to sensation. Acker’s eloquent descriptions of sexual sensation are not only metaphorical but involve *becoming* rather than *describing*; tactile sensation forms a somewhat hallucinatory, otherworldly narrative tone and textual style.

The multiplicity of desiring I’s in *Tarantula* also experience an array of fears, anxieties and strange experiences that are clinically aligned with psychosis in contemporary formulations. Orgasm and fear, for example, are linked: “for hours I come and come until there’s no difference between coming and reality. I have to be careful for they may visit me at any moment, and take away my writing; I’m still me, I’m still scared by my passion and sex” (CLBT, p. 49). Other narrators become caught in a pendulum-like cyclothymia that mirrors Acker’s depiction of the cognitive dissonance element of relationships: “I’m scared all the time. I don’t know what to be scared about. I love I don’t love I hate I don’t hate I’m scared I’m not scared I kill I don’t kill” (CLBT, p. 8). The desire for connection with another is connected to the desire to murder, most clearly in the first part of the novel where Acker re-writes the stories of female murderesses (CLBT, p. 19). Hallucination-like experiences are presented, though it is unclear as to whether these are metaphoric or actual visual and tactile experiences:

The windows are two huge eyes staring at me, any person can become part of these composite insect eyes, I sit against the white walls of the enclosed room and gibber. The walls are all white. The walls of an asylum. The walls of a hospital. The walls are going to close around me, are closing around me: crush me. I start to scream. The walls are the legs of a huge spider. (CLBT, p. 36)

Metaphoric or literal, the *effect* described is one of fear and claustrophobia. The content here is clearly aligned with fear of both containment and control, of being locked in an asylum. There is no simple alignment of sexual pleasure with a vision of ‘madness’ as desirable here – the picture is complicated by the oscillation between pleasure and pain, as in many of Acker’s sexually explicit sections.

As Watten suggests, in his reading of the historical framing Acker borrows from and disrupts in *I Dreamt I Was a Nymphomaniac: Imagining*, sexuality in Acker is “not necessarily liberation”.²⁷³ Rather, he writes:

[...] it is the energetic disturbance of a wound and an attempt to repair it. Acker’s interest in literary pastiche and repetition begins here: with the disturbance of identity occasioned by a historical event. In the event, identity is dissociated and revealed; Acker continues to write the event. More precisely, Acker continues to look at writing as the dissolution of an event within a structure that can heal it.²⁷⁴

It could be that Acker demonstrates how actively desiring sexuality might heal some of the wounds inflicted by history, both personal (experiences, particularly traumas) and social (patriarchally codified sexuality). In contrast to the disturbing experiences in *Childlike Life of the Black Tarantula*, in the opening sections of *I Dreamt I Was A Nymphomaniac: Imagining* Acker manipulates the ‘insanity’ of pure desire into a preferable alternative to the social real. Her ‘I’ character asserts: “I need to love someone who can, by lightly, lightly stroking my flesh, tear open this reality, rip my flesh open” and again, “I wanted him to rip off my skin, take me away to where I’d always be insane” (IDIN, p. 96-97). The violence of this image relates not to a masochistic

²⁷³ Watten, p. 73.

²⁷⁴ Watten, p. 73.

sexuality, although this is a formulation of Acker's wider work that has been written on.²⁷⁵ I agree with Hawkins who suggests that such readings "occlude, and thus refuse, the fundamental interconnections between heterosexual violence and its intimate construction within and through patriarchy".²⁷⁶ A metaphoric reading, rather, relates to the elements of patriarchal social control Acker criticises. Acker assigns sexuality in the above section to the internal realm of physicality and sensation, with skin representing the containment of internal desires and the external restrictions placed on female desire. In tearing off the external reality, desire can be experienced in a way that transcends a controlling exterior real. This is demonstrated more directly further on in this text during one of the repeated sections: "I see everyone taking off their clothes, flinging their limbs around without control until they have some sense of their bodies; transcending every possible barrier then every barrier [...] I see ecstasy everywhere, and I want to be there totally insane" (IDIN, p. 116 – repeated on p. 124). The transcendence and boundary crossing is first literal – stripping naked in the streets of Paris – and then mental, descending into "ecstasy" to be "totally insane". It would be simple here to draw a conclusion on madness as representing freedom; this section, I argue, rather represents a transgression of social norms that might be aligned with depersonalisation and derealisation.

The unselfing, depersonalising effects of sexual desire and orgasm that I have explored in this section are not directly aligned to

²⁷⁵ See Arthur F. Redding for a view on the deconstructive existence of masochism in Acker's work, particularly in *Empire of the Senseless*. For an alternative view which uses Redding's reading, see Michell Ward, 'Empowerment in Chains: Exploring the Liberatory Potential of Masochism', *esharp: Identity and Marginality*, 6. 1 (Autumn 2005) <<http://www.gla.ac.uk/research/az/esharp/issues/6i/>> [accessed 14th September 2015].

²⁷⁶ Hawkins, p, 641-642.

psychosis in a traditionally defined sense, and a risk here is reading this experience as symbolising the myth that psychosis (particularly schizophrenia) is a ‘split personality’. That is, the experience of complete unselfing, whereby the core personality may be absent while an ‘alter’ replaces it (usually as a result of extremely traumatic experiences in childhood) is one that was previously formulated and named as Multiple Personality Disorder, now known as Dissociative Identity Disorder.²⁷⁷ I will return to notions of fragmented selfhood, but it is worth noting here that Acker, rather than being concerned with taxonomic or nosological accuracy, instead presents creative portrayals of experiences that she describes, repeatedly, as being aligned with psychosis, ‘craziness’ or ‘insanity’. It is these unselfing elements that might best be read here as an illustration of how elements such as depersonalisation, hallucinatory dislocation of ‘real’ perception and fracturing of stable selfhood can be *shown*, rather than described, in creative ways, by juxtaposing the common with the apparently unusual. In this case, desire and irrationality are twinned, both as effecting a sense of unreality, or at least dissonance from an externally framed ‘real’.

Sexual Violence

In one sense, Acker reclaims female sexuality as linked to madness by absorbing this madness *into* the experience itself. However, this is not entirely successful, given the negative emotions and experiences that her characters also suffer through or during the sexual act. Her success in

²⁷⁷ Theo Stickley and Rachel Nickeas, ‘Becoming one person: living with dissociative identity disorder’, *Journal of Psychiatric and Mental Health Nursing*, 13. 2 (2006), 180-187.

depicting female sexuality free from the constriction of patriarchy is also interrupted by the intrusion of sexual violence and trauma inflicted upon women and the psychological impacts of this. In this section I explore Acker's portrayal of sexual violence and note both feminist and clinical literature on the psychological effects of trauma, offering a more direct clinical interpretation of Acker's representation. I also examine how Acker transgresses socially ascribed ways in which 'victims' should act, think and feel. Firstly, however, the way that Acker juxtaposes sexual pleasure and sexual violence is worth further exploration.

The psychological impact of rape and sexual violence is frequently portrayed in Acker's work. Carolyn Zaikowski, drawing on the work of Caruth and various trauma theorists, notes that the literature of trauma traverses the treacherous terrain around:

[...] how to navigate language when we are attempting to articulate not only the unsayable, but its very unsayableness – when we are inscribing, on the space and time of the page's body, events which transcend and shatter normal containers of space and time, events which are defined by their very 'describing' of the body. We confront the quandary of how to witness the unwitnessable through language.²⁷⁸

In Acker's *Blood and Guts in High School*, which Zaikowski uses as her exemplar traumatised body of text, the central cohering features of Post Traumatic Stress Disorder – PTSD – (hyperarousal, intrusion and constriction) might be usefully employed in reading Acker's disrupted and dissociated heroine Janey's narrative. Acker's textual methods reflect "not only the dissociation and confusion of identity; it also highlights the disruption of linear time and narrative so prominent in the

²⁷⁸ Zaikowski, p. 202-203.

minds of trauma survivors”.²⁷⁹ Such a fractured text, “if examined through the lens of PTSD” might then “offer us invaluable information about language, society and healing”, information that can lead to “compassionate witnessing that will make real the possibility of healing, integration and, ultimately, a new world”.²⁸⁰ The stark reality and endemic nature of sexual trauma *coexists* with women’s sexual pleasure in Acker’s writing. Persevering through the radical dislocations of her works enables, in one sense, a witnessing of both women’s trauma and subjugation – in inscribing trauma into the text, Acker enables a demonstration of trauma in both textual form and language.

Leslie Dick suggests that Acker’s depiction of sex “works to bring the reader back to her body in a way no other literary strategy quite does”.²⁸¹ Commenting on the arguments around pornography and pleasure that informed Acker’s work, Dick highlights the “paradoxical proposition that a specific body was always implicated in the construction of identity (and yet did not restrict the possible identifications and fantasies that that very body might enjoy)”, suggesting that this “was itself a feminist idea”.²⁸² He suggests that Acker “took some of these ideas and played them out, like a card game, to display their operation, to make them work”.²⁸³ Dick’s formulation of the interaction of both the bodily and the intellectual is evident in the many forms that sex itself takes in Acker’s work. When involving a second person, it is a commodity; an interaction to counteract the

²⁷⁹ *ibid.* p. 206.

²⁸⁰ *ibid.* p. 217-218.

²⁸¹ Leslie Dick, ‘Seventeen Paragraphs on Kathy Acker’, in *Lust for Life: On the Writings of Kathy Acker*, pp. 110-116, (p. 113).

²⁸² *ibid.* p. 113.

²⁸³ *ibid.* p. 113.

alienating effects of acute isolation; painful but actively desired; and sometimes forced upon unwilling recipients. However, as Dick notes, sex acts in Acker do not only exist in terms of interpersonal relations, but also as mental and physical *intrapersonal* experiences. As Pitchford suggests, Acker's portrayal of "acutely painful *bodily* desires" and the "search for a language that can break free of existing codes to express those desires" have led to a range of work focussing on post-structural and psychoanalytic readings of such desire.²⁸⁴ For Pitchford, such focus can ignore the deeply feminist "*historical* and *material* aspects of the reading practice Acker's novels might offer".²⁸⁵ One such interesting "material" aspect of Acker's portrayal of sex lies in the relationship between the sexual act and the loss of selfhood during orgasm. The second important historical and contemporary "material" aspect of Acker's portrayal of sex and psychosis is her portrayal of sexual violence.

As Peter Wollen suggests, Acker's presentation of sexuality is "always bound up with issues of power, violence, and pain, whether explicitly through sadomasochism and rape or implicitly through a generalized oppression".²⁸⁶ Women in Acker's work are thus "both sexually exploited and sexually voracious", creating for Wollen an "antimony" which "generates a cascade of complex discourses, crystallized in the figure of the outlaw heroine, both flaunting her independence, defying her oppressors and bolting in desperation, abject

²⁸⁴ Pitchford, p. 67.

²⁸⁵ *ibid.* p. 67, emphasis in the original.

²⁸⁶ Wollen, 'Kathy Acker', p. 8.

and humiliated”.²⁸⁷ Wollen suggests that this paradox has at its heart the *family*, with society acting as an external controllers, a “macro-family of powerful rulers and powerless subjects, terrorizing and terrorized, driving and driven mad – an extreme projection of the psychotic family, and its values, across the whole landscape of interpersonal relations”.²⁸⁸

Strategies of resistance are evident in Acker’s works, as Wollen points out: pirates, for example, who make frequent appearances in Acker’s fiction, oppose the “prison of femininity” that is offered to women.²⁸⁹ As I have explored throughout this chapter, this is a prison that drags women towards madness while simultaneously codifying their otherwise ‘normal’ reactions as pathological, leaving them in a double bind.

Acker’s female characters are often in stasis, desiring sexual freedom and autonomy but constrained by not only societal and familial restrictions on sexuality, but by the risks posed by sexual violence. Her portrayal of sex, sexual pleasure and sexual violence does not always conform to the prevailing feminist discourse of her more radical feminist contemporaries, of whom she was critical.²⁹⁰ Abhor’s ontological development, for example, occurs both because and in spite of the gendered injustices she experiences. The “society of disgust” (ES, p. 227) that Abhor despises is the society that designates women as passive objects (to be done to) rather than desiring, active subjects (who do). Abhor is raped in the text. The rape by the photographer in Paris is told in unemotional and cold tone, as is her initial rape by her father, which the reader initially learns about through Thivai’s re-telling. This almost

²⁸⁷ *ibid.* p. 8.

²⁸⁸ *ibid.* p. 9.

²⁸⁹ *ibid.* p. 9.

²⁹⁰ See Acker in interview with Jackson, (para. 6 of 49).

clinical retelling could be read as indicative of two interrelated responses. Firstly, the ‘everyday-ness’ of rape for women in a patriarchal society; secondly, the dissociative elements of the psychological response to trauma.

Pitchford, commenting on the function and role of Abhor’s body in the text, suggests that Abhor has “learned young that she cannot rely on her body for any truth value” and that her learned-yet-paradoxical desire for her raping father “keeps ownership of her body unsettled”.²⁹¹ Neither Abhor’s body nor her mind are owned by Abhor – she is assigned multiple identities by others. As Pitchford suggests, this unsettling of bodily autonomy and ownership is “an important strategy for women and other historically oppressed people” because it problematises the notion that women can *ever* be free or autonomous, in body or mind, despite the “concept of human freedom” that is “so central to rationalism”.²⁹² In many respects, the novel can be seen as telling the story of Abhor’s struggle to develop her own identity, outside of those that are given to her. Abhor’s struggle for bodily *and* intellectual autonomy, which coexist, is threatened when another interrupts her bodily ownership through sexual violence. Abhor learns from a young age that bodily desire is tied up with intellectual desire, offering an example of how Acker offers a complex vision of ‘I want’, where desire holds multiple meanings. ‘I want’ is often removed, replaced by a powerless set of ‘options’; Abhor has only one ‘option’ when raped as an adult – “I quickly chose a raped body over a mutilated or dead one” (ES, p. 64).

²⁹¹ Pitchford, p. 98.

²⁹² Pitchford, p. 98.

The 'choice' is here one that offers *only* potential damage to her bodily and mental integrity. This (lack of) choice leaves her considering the discourse of heterosexual relations more widely: "I didn't know what to do about the useless and, more than useless, virulent and destructive disease named heterosexual sexual love. I've never known" (ES, p. 64). Abhor discovers that a phallogentric sexuality annihilates the possibility of not only a self-owned and self-defined sexuality, but the possibility of selfhood itself outside of the frame of male sexuality: "He did everything to me to such an extent, I no longer was. In order to live again, I had to stop fucking the fucker" she discovers (ES, p. 127). Abhor is *done to* here, in all aspects. Sexual pleasure is intricately related to sexual pain, yet is possible within the confines of powerlessness:

Physical pleasure can only be pleasurable if it is pleasurable, not the cause of suffering and fighting all the time. I'm beginning to believe that physical pleasure can be pleasurable now. A man's power resides in his prick [...] Since I don't have one thing, a dick, I've got nothing, so my pleasure isn't any one thing, it's just pleasure. Therefore, pleasure must be pleasurable. (ES, p. 127)

Abhor here intellectualises pleasure into power relations between men and women, discovering that sexual pleasure for women can only exist if disconnected from its patriarchal context, residing in a purely sensational realm. This, though, dissociates the cognitive elements of sexual desire, the ability to own the 'I' that actively desires as a subject.

The Airplane section from *In Memoriam to Identity* provides a further unsettling picture of rape and sexual violence, transgressive through the relationship that Airplane forms with her rapist which also offers commentary on (lack of) 'choice'. This is a text that Kennedy explores in detail, critically suggesting that "how successful these

simulations of pornographic sexual relations” are at freeing “women from object-status” is questionable at best.²⁹³ Airplane fears bodily invasion and possession that occurs during rape – “I wanted my body to be mine. Deep in me I didn’t want it to be theirs. Something in me was revolting. Something in me was screaming. ‘No. No. No.’ ” (IMTI, p. 107). It is indicated that the rape occurs as she is first discovering the opportunities and limits of her the ability of her body to provide pleasure, hence she simultaneously, like Abhor, learns “this kind of revolt” (IMTI, p. 107) against the dispossession of her own body. The body that offers pleasure is one that can also be possessed and violated by another person, a dissonant and traumatic experience. Her psychological and emotional resistance to the rape is not enough to overcome the physical reality, however: “No one was going to touch me but me. That’s how all of me felt with a scream. But it didn’t matter how strong I felt it cause the slimy man lifted up my right breast and looked at it” (IMTI, p. 107). Post rape, Airplane decides she can no longer live *without* the rapist as he offers her a way to survive:

She was clinging to him because she had decided to survive. Somewhere in sexuality was her strength. Later on, everyone would hate her for this. Somewhere in absence, between an act only feeling remembered and a flight, the activity that was her mind decided that males have the power. That for a female to get her power or to survive, she had, at least at first, to get it from a man. Love is free. She didn’t know what love was. She would survive. This male, the one who had taken her virginity or raped her, it didn’t matter which, was as good as any other man. She’d use him if things worked out, she wouldn’t be a dumb cunt all her life. (IMTI, p. 114)

She is confused by her decision however, experiencing a sense of dissociation between choices which leaves her confused, actions

²⁹³ Kennedy, p. 184.

inconsistent with the divided consciousness: “I didn’t understand why I was saying what I was saying, but my consciousness had gone somewhere” (IMTI, p. 116). Airplane could be seen to be subverting *his* physical power over her by making the decision to use him to gain her own social and sexual freedom. Airplane resorts to gendered assumptions though to codify her decision making process: “Perhaps it’s men who dream of love and women who dream of survival” (IMTI, p. 114). Later in the text, after starting work in the sex industry to support the man who raped her, she questions her sexual desire for the rapist, questioning her own sexuality. Here sexuality *is* identity: “ ‘Maybe I didn’t want R [Rapist] sexually as much as he wanted me because I was really lesbian’ ” (IMTI, p. 143). She continues by questioning the relative safety of a homosexual identity – “If I was a lesbian, I would have control over my life, my vulnerability, the thing between my legs, my need to be touched though not my need to touch [...] If I had control over my vulnerability, I couldn’t be hurt as profoundly as I was being” (IMTI, p. 143). A non-heterosexual identity may be safer, offering less vulnerability. There is less otherworldliness in these portrayals of sexual violence than in some of the other psychosis-like depictions Acker offers. The reality of Airplane’s life is bound to her sexual choices and lack of choices: “Sexuality must be closely tied to reality because by being a lesbian, I could make the reality I wanted. Not drugged up in a bed or a sex show” (IMTI, p. 143). In patriarchal sexuality, Airplane cannot make her own reality – she lacks the ownership and power over her own body to do so.

In one of Acker’s most commented upon works, the abused protagonist also actively engages in violence against other people –

Janey, in *Blood and Guts in High School*, is both victim and perpetrator, and neither in any simple sense. Issues of sex and trauma in this work have been amply explored elsewhere.²⁹⁴ Here, I want to note how Janey represents how Hendin suggests violence by women in fiction “constitutes an attack on the critical theory that has guided much academic discourse about the position of women in literary art, relegating them to anonymity and silence by definition”.²⁹⁵ Hendin suggests that far from “lacking agency in speech or mastery of language [...] violent women are masters of logic games and invention, using narrative skill to express their own take on violent action and its meanings”.²⁹⁶ Janey could easily be read in ‘victim’ terms – taking her experiences of incest, rape, forced prostitution and sexually transmitted infection in their simplest form: awareness of the vulnerabilities of young people, and particularly young women, is high currently, following well-publicised reports into grooming and child sexual exploitation over recent years, offering the potential for transformation around how ‘complicity’ and ‘innocence’, of who should and should not be offered support or be believed, are theorised.²⁹⁷ Awareness of the fundamental psychological effects of child sexual exploitation on mental health, potentially leading to violence against others, self harm, suicidality, psychosis and a range of addiction disorder, is also well noted in public inquiries and reports. This is a welcome move forwards from the recent past where young people were denigrated as ‘criminals’ in their own right – relegated to silence

²⁹⁴ See Hendin; see also Zaikowski.

²⁹⁵ Hendin, p. 13.

²⁹⁶ *ibid.* p. 25.

²⁹⁷ See Alexis Jay; see also OFSTED, ‘The sexual exploitation of children: it couldn’t happen here, could it?’ (2014), <<https://www.gov.uk/government/publications/sexual-exploitation-of-children-ofsted-thematic-report>> [accessed 7th August 2015].

and anonymity. The Alexis Jay and OFSTED reports offer young people a voice in terms of how their experiences are conceptualised.

Challenging the discourse of survival, resistance, violence, complicity and pathologisation in this way, then, aligns with Hendin's perspective on the way violence by women attacks the institutions that formulate how women should act, think and feel.

Janey, in Acker's text, resists any simple 'victim' assigning, instead taking agency in rebellious ways. Janey in particular can be viewed in a more emancipatory way, rather than colluding with a designation of young women as 'victims' with associated connotations of powerlessness and damage. Instead, Hendin argues that, through Janey, Acker "conveys an evolutionary genealogy for narratives of modern female fury":

Acker establishes an inversion of values through subverting the charged meaning of the words that capture and impale. Her young girl sees herself not simply as an incest victim or prostitute but as someone who can use her body as a weapon that inflames the dependency of men and her speech as a tool for redefining relationships of power and subordination.²⁹⁸

In this way, victimhood is subverted, and the myth of the passive victim forever stained and scarred is overturned. In terms of contemporary discourse on vulnerability (particularly in young women at risk of sexual exploitation), it is important to focus also on strength, resistance and tenacity, a point I return to in the conclusion to this thesis.

Demythologising of myths about rape and ways that women who experience it react and respond is evident throughout Acker's work. In her fiction she demonstrates and subverts some of the theory that Susan Brownmiller famously documented in 1975, not long after Acker

²⁹⁸ Hendin, p. 258.

began writing.²⁹⁹ In the early work *The Burning Bombing of America*, which was published posthumously, Acker writes in a free association stream-of-consciousness style, creating the first of her fragmented narratives with only fragile thematic strings holding the piece together. It is worth quoting this segment at length to fully demonstrate how Acker combines literary strategies with psychotic fragmentation (as I explore more fully in the ensuing chapter) in response to extreme fear:

black kid sneaks in the door in back of me arms grab my arms just as I'm opening the elevator DON'T TOUCH ME WHY ARE YOU TOUCHING ME come into the elevator with me I won't hurt you race up stairs second floor going to race up back stairs elude rapist back stairs are less open stand by three doors doorbells protection look around black kid comes out of elevator I'm about to press three doorbells he disappears super's house there's a guy in the building somewhere he attacked me once a clack kid go away I don't want anything to do with anybody out comes my police whistle [...] Jerry's apartment a guy attacked me in the front hall he's somewhere in the building will you come down here don't have any clothes on go to hell after a while you learn the rules of the jungle you don't wear heels that click you're always ready to scream.³⁰⁰

Acker here depicts the 'rules' women have to live by – to wear sexually chaste clothing, to be in a state of perpetual preparedness for attack. The fear of rape, instilled in women from a young age, is transmitted by the fractured and frenetic narrative tone here, reading like a stream of acute panic. There is also a lack of voice – imagination, fear and vocalisations blur. Being female is a task, with its own male-defined rules, one that women have to work at rather than exist in, lived “constantly on guard” yet “as independent as possible”, offering a further double bind where

²⁹⁹ Susan Brownmiller, *Against Our Will: Men, Women and Rape* (New York: Fawcett Books, 1975).

³⁰⁰ Acker, *The Burning Bombing of America*, p. 152.

women cannot ‘win’.³⁰¹ Female solidarity provides one strategy of resistance against male power, when men are “humans who are bred trained they can do anything they are almighty they must not be concerned with daily life”.³⁰² There is mention of a “secret language” owned by women, one that realises that in “certain ways sexual gender no longer exists” and also that women have to “know you have to be strong at every moment”.³⁰³ For men, “their essence is rape. their desire is murder. they are forced to destroy”.³⁰⁴ This early work is almost entirely written in stream of consciousness style and, despite its lack of narratively clarity, it offers a stark vision of patriarchal power and the psychological anxiety and perplexity inherent in women’s double bind existence. The disparaging vision of men, inherited by women and inscribed into their psyches, is punctured by rare interruptions to the narrative flow: the meaning is frank.

One direct impact of sexual violence on Acker’s character is their enacting of self harm and feelings of suicidality, often via laceration of wrists. Self harm is not always associated with clear mental health challenges involving psychosis or otherwise: this is a view that is apparently antithetical to psychiatric formulation, but borne out by narrative accounts of self harm and suicidality expressed by people with lived experience.³⁰⁵ Self harm as a *possible expression* of distress or disorder has recently been (wrongly) formulated as a disorder in its own

³⁰¹ *ibid.* p. 190.

³⁰² *ibid.* p. 190.

³⁰³ *ibid.* p. 190.

³⁰⁴ *ibid.* p. 190.

³⁰⁵ See Baker, Shaw and Biley; see also Grant, Biley and Walker, and also Grant, Haire, Biley and Stone.

right.³⁰⁶ Self harm can be associated with traumatic experiences, and in this sense, the recent formulation of self harm into a disorder – Non-Suicidal Self Injury – adds a further level of pathologisation to an issue that affects a significant proportion of young people and adults.³⁰⁷ Self harm in Acker’s work, then, might not be clearly associated with her version of ‘psychosis’, but it can and does occur in response to psychosis in clinical practice, and her exploration of this issue is worthy of note given the focus of both this chapter (pathologisation of women) and the thesis (ways which Acker’s portrayal can offer clinical insights).³⁰⁸ For Acker’s female characters, self harm is a physical manifestation, a tangible bodily wound, of psychological trauma.

While self harm might, in some cases, be viewed as self-destructive, it has also been noted that in Acker’s characters such “self-destruction is always bound up with a utopian if somewhat solipsistic

³⁰⁶ Marie Crowe, ‘From expression to symptom to disorder: the psychiatric evolution of self-harm in the DSM’, *Journal of Psychiatric and Mental Health Nursing*, 21. 10 (2014), 857-858.

³⁰⁷ See Mental Health Foundation, ‘Truth Hurts: Report of the National Enquiry into Self Harm among Young People’ (London: Mental Health Foundation, 2006). This widely cited report focused on young people up to the age of 25. As the Report notes: “The statistics on self-harm are unreliable for a number of reasons. Many young people who self-harm will treat themselves or will be treated at home and will not reach the attention of services or professionals. Their self-harm will not therefore be recorded and counted. Young people who self-harm and present at hospital accident and emergency services are predominantly cases of self-poisoning. Substantial anecdotal evidence that the Inquiry heard strongly suggests that this is only a small sub-population of young people who self-harm. Finally, figures on self-harm are confusing as definitions of self-harm used varies across the different research” (p. 20). As such, I have not commented further on epidemiology here – suffice to say, it is widespread, common and – most concerningly – highly stigmatised and often treated with indifference or contempt.

³⁰⁸ Self harm in psychosis has been reported in studies globally – see for example A. Nishida, T. Sasaki, Y. Nishimura, H. Tani, N. Hara, K. Inoue, T. Yamada, T. Takami, K. Shimodera, M. Itokawa, N. Asukai and Y. Okazaki, ‘Psychotic-like experiences are associated with suicidal feelings and deliberate self-harm behaviors in adolescents aged 12–15 years’, *Acta Psychiatrica Scandinavica*, 121 (2010), 301–307. See also S. B. Harvey, K. Dean, C. Morgan, E. Walsh, A. Demjaha, P. Dazzan, K. Morgan, T. Lloyd, P. Fearon, P. B. Jones and R. M. Murray, ‘Self-harm in first episode psychosis’, *British Journal of Psychiatry*, 192, (2008), 178–184.

desire for a radical transformation”.³⁰⁹ In this way it might represent a reclaiming of the body that has been abused, as well as a rebellion against the constricting and abusive family. Self harm often is enacted by Acker’s characters following a repeated pattern of events – after sexual assault by, or due to the absence of, the father figure, and often involving a mother figure who is emotionally absent at best and cruel at worst. For both Red and Abhor, self harm is induced following attempted rape by the father figure, and is treated dismissively by the mother figure. Red narrates a conversation with Mother:

I’m selfish I’m insane I have to see a psychiatrist. I should be dead. I tell her to stop bugging me, I’ve been having a hard time: I show her my wrists which I’ve cut up rather badly with razors, trying to punish myself. She tells me not to talk about nasty things at the dinner table.³¹⁰

A near-identical silencing of the visible, outward manifestation of acute emotional pain is repeated in both Acker’s short pieces ‘Requiem’ and ‘Translations of the Diaries of Laure the Schoolgirl’.³¹¹ The response of others is one which is not uncommonly seen in clinical reactions to self harm, where approaches can vary from supportive and tender to hostile and ignorant of what the visible wound may indicate, instead reacting to the ‘behaviour’ as ‘attention seeking’.³¹²

It is in *Empire of the Senseless* that self harm is most vividly written onto the body of Abhor and into the narrative:

³⁰⁹ Redding, p. 285. See also Redding on body modification in Acker’s work as distinct from harmful body control and development such as cosmetic surgery. Finally see Kathryn Hume, ‘Voice in Kathy Acker’s Fiction’, *Contemporary Literature*, 43. 3 (2001), 485-513, (p. 504-505) regarding pain and self harm in Acker’s work.

³¹⁰ Acker, *Rip Off Red, Girl Detective*, p. 66.

³¹¹ Kathy Acker, ‘Requiem’ (1997) in *Eurydice in the Underworld*, pp. 151-188. Kathy Acker, ‘Translations of the Diaries of Laure the Schoolgirl’ (1983) in *Hannibal Lecter, My Father*, pp. 104-113.

³¹² See Baker, Shaw and Biley for discussions of the wide variety of clinical reactions to self harm, some helpful, some verging on neglectful and abusive ‘care’.

Then he [Father] taught me a final trick. He showed me how to insert a razor blade into my wrist just for fun. Not for any other reason. Thus, I learned how to approach and understand nature, how to make gargantuan red flowers, like roses, blooming, drops of blood, so full and dripping the earth under them, my body, shook for hours afterwards. During those afterhours, I fantasized my blood pouring outwards. This was my relief that there were no decisions left. (ES, p. 9).

This the passage here Abhor indicates a degree of *relief* at the bodily experience she experiences when translating her intangible emotional pain into an externally facing physiological trauma. The metaphoric linking here of blood and nature is not uncommon for people experiencing self harm – blood flow can afford a feeling of cleansing or of physiological release, literally (from the loss of internal fluid) and in physiological terms (the physical pain offers a release of sometimes extreme tension, or distraction from, or manifestation of, psychological turmoil).³¹³ Abhor's drive to hurt her body emanates from her relationship with her father, which induces acute anxiety, fear, and panic: "Daddy left me no possibility of easiness. He forced me to live among nerves sharper than razor blades, to have no more certainties [...] Daddy taught me to live in pain, to know there's nothing else" (ES, p. 9-10). In this way, for Abhor, self harm translates inevitable emotional pain into physical pain. Self harm might afford a degree of relief from tension but at the cost of accepting that there is "nothing else" other than pain available to her in her existence. This is her life lesson from a young age.

Self harm rarely occurs in isolation from emotional pain, psychosocial stressors and, sometimes, as a response to sexual abuse or

³¹³ Self harm holds multiple unique meanings for individuals and, as attested to in Baker, Shaw and Biley, each person's experience is unique, each person's reason for self harm is individual. My reading of Abhor's self harm here does not intend to assume a degree of certainty over the effects of her harm; I am interpreting from a position of having worked with many people who experience self harm both clinically and academically.

assault in childhood and/or adulthood. The action, the physical manifestation of psychological wounds, is often silenced, dismissed or ignored as an ‘attention seeking’ behaviour, more often seen in women and more often formulated in this dismissive way *when* seen in women.³¹⁴ Self harm is not only experienced by female characters in Acker’s work. Rimbaud, for example, lacerates his wrists and considers suicide because of psychological effects created by the disparity between the “desire of the mind and body and the society outside that mind and body. From impossibility of any desire’s actualization” (IMTI, p. 9-10). His self-laceration is not an attempt to suicide, but an attempt to *feel* something in an existence where the freedom to exact one’s desires is unobtainable. Acker here writes the physicality of pain, expressed as a self-inflicted bodily wound, as a *reasonable response* to different traumas, particularly sexual trauma. Her character’s responses make manifest, in bodily exterior ways, the internal turmoil induced by trauma and by existence in the “society of disgust” that Abhor inhabits (ES, p. 227).

Violence, child abuse and sexual trauma are well documented as contributory factors to men’s and women’s experiences of distress, depression, psychosis and a host of other mental health issues; some have suggested that mental illness in both genders has a significant causal

³¹⁴ See, for example: Armando R. Favazza, *Bodies Under Siege: Self-mutilation and Body Modification in Culture and Psychiatry* (Baltimore: John Hopkins UP, 1992); Anna Motz, ed. , *Managing Self Harm: Psychological Perspectives* (London: Routledge, 2009); Helen Spandler and Sam Warner, *Beyond Fear and Control: Working with Young People who Self Harm* (Ross-on-Wye: PCCS Books, 2007); Marilee Strong, *A Bright Red Scream: Self-Mutilation and the Language of Pain* (London: Virago, 2005); Maggie Turp, *Hidden Self Harm: Narratives from Psychotherapy* (London: Jessica Kingsley, 2006). All of these texts note the potential for dismissive and unhelpful reactions, and offer alternative ways in which clinical staff might support people experiencing self harm.

relationship with sexual and other types of abuse in childhood.³¹⁵ Ussher exposes the ways in which depression, ‘borderline personality disorder’, post-traumatic stress disorder and premenstrual syndrome are constructed by a patriarchally-orientated psychiatry to pathologise women’s *understandable* responses to the violence and misogyny inflicted upon them.³¹⁶ She suggests that the very act of labelling women through their various diagnoses “acts to deny the social and discursive context of women’s lives, as well as the gendered nature of science, which defines how women’s madness is defined and studied”.³¹⁷ The reality of women’s experiences of oppression and trauma risks being ignored in formulations of female distress that pathologise their very *reasonable* responses to subjugation and the omnipresent risk of sexual and other violence.³¹⁸ Ussher argues that the very real internal and external manifestations of women’s distress in response to violence and abuse should not be pathologised as symptomatic of mental illness. She argues that distress is “not about weakness, inherent vulnerability, or pathology in women” but is instead a “‘reasonable response’ to the materiality of abuse, within the gendered construction of heterosexual relationships, where sexual violence against women and girls continues to be enacted”.³¹⁹ Ussher further suggests: “we need to understand the material conditions of women and girls’ lives that facilitate such abuse –

³¹⁵ See Russell, pp. 45-50. See also John Read, Lisa Goodman, Anthony P. Morrison, Colin A. Ross and Volkmar Aderhold, ‘Childhood trauma, loss and stress’, in *Models of Madness: Psychological, Social and Biological Approaches to Schizophrenia*, ed. by John Read, Loren R. Mosher and Richard P. Bentall (London: Routledge 2004), pp. 223-252 – and P. Bebbington, D. Bhugra, T. Brugha, N. Singleton, M. Farrell, R. Jenkins, G. Lewis, and H. Meltzer, ‘Psychosis victimization and childhood disadvantage: evidence from the second British National Survey of Psychiatric Morbidity’, *British Journal of Psychiatry*, 185, (2004), 220-226.

³¹⁶ Ussher, p. 13-14.

³¹⁷ *ibid.* p. 46.

³¹⁸ See Ussher, p. 129-152 and Russell, p. 47-50.

³¹⁹ Ussher, p. 152.

powerlessness, patriarchy, and absence of voice (or refusal of others to hear)”.³²⁰ I have argued in this chapter that Acker makes evident in her texts the power structures which position and maintain women as ‘victims’ of men, providing a portrait of the external social conditions from which female experiences of distress and disorder emerge. It is these represented realities that allow Acker to demonstrate the causal and reasonable development of madness in women. Unreason is often entirely reasonable for Acker’s characters – particularly when unreason comes from the experience of trauma.

Ussher suggests that through a process of *subjectification*, “truths about women’s madness are reproduced and lived by women; the fictions framed as facts that serve to regulate women’s experience of distress, and through this process, our very experience of what it is to be ‘woman’ ”.³²¹ The key suggestion here – that “fictions framed as facts” are internalised and reproduced by not only men but by women – is evident in Acker’s work. Acker’s focus on trauma and violent sexuality is not always reproduced with the recipients of violence acting in the way they ‘should’ as ‘victims’.³²² There is distress and disorder, but also growth, reflection, change and introspection. Airplane, for example, discovers that she can consider her *own* singular and coherent identity, violently interrupted as it was through her induction to a powerless sexuality, through escaping her destructive relationship with the man who rapes her:

³²⁰ *ibid.* p. 152.

³²¹ *ibid.* p. 7.

³²² For a parallel argument see Charley Baker, “‘Nobody’s meat’: Revisiting Rape and Sexual Trauma through Angela Carter”, in *Ethics and Trauma in Contemporary British Fiction*, ed. by Susana Onega and Jean-Michel Ganteau (Amsterdam and New York: Rodopi), pp. 61-83.

I became two people: I was (still) a child who wanted caring parents and I was a human I had made. The human I was making had a will as strong as a god's, like those gods in Norse mythology, cause the one I was making had to. The will isn't ferocious or uncontrollable; it's an adult. Whereas the child's freedom in geographical terms is sexuality. That got me mixed up for a long time: being two people or rather, being the same person as a child and as an adult. And I knew I was hurting and I clung to my hurt (IMTI, p. 148-9).

In her freedom, she can consolidate her child and adult identities into her own secure personhood, moving forwards without reliance on a male care giver. Recognition of her pain and nurturing of her self offers a positive potential when trauma is worked through. Airplane narrates much of her own story in the first person, enabling a sense of personally constructed formulation and reflection – an important element in terms of narrative approaches to psychiatry, which I return to in Chapter 5.

A similarly positive future is offered in *Empire of the Senseless*, where Abhor might be read as reacting against trauma in perhaps traditionally defined and reasonable ways (with distress and confusion) but also by escaping her patriarchal prison towards an individually defined and hopeful future. As Mitchell Ward argues, referring to Abhor, “by disavowing victimhood and by carefully controlling her own reaction to abuse, she is able to retain the agency that she otherwise does not possess”.³²³ In this way, Ward suggests, because the post-war Algerian landscape offers no psychological sense of working through her experiences, she owns her circumstances and experience, distorts her own accounting not in order to deceive but as a “rationalization that saves her from being stuck in the role of victim”.³²⁴ Both Abhor and Thivai struggle to find ontologically secure, non-dualistic identities in a

³²³ Ward, p. 3.

³²⁴ *ibid.* p. 6.

decaying landscape. The final section of the text is given to Abhor and the beginnings of her turning *her* insanity into anger. She speaks, privately but then publicly via a letter, about the injustice she suffers throughout the text as a consequence of her gender, which include rape and assault. Abhor insightfully, unlike Thivai, recognises early in the text that the “multinationals along with their computers have changed and are changing reality” (ES, p. 83), and that masculine power both controls and creates the reality she experiences. This realisation does not initially allow her to develop an independent, ontologically secure self; she starts from a position of being “panicked” about the instability of her relationship with Thivai (ES, p. 112) and “confused to the point of psychosis because I wasn’t sure what I was” (ES p. 110). Here, she talks of not knowing “*what*” rather than “*who*” she is; she initially she has no way of being except as Other, through other people’s designation of *what* she is. Abhor has the final words in the text, though, establishing herself as an autonomous human, rather than an automaton (as designated by Thivai): “I didn’t as yet know what I wanted. I now fully knew what I didn’t want and what and whom I hated. That was something” (ES, p. 227). The novel closes on Abhor’s hope that “one day, maybe, there’d be a human society in a world which is beautiful, a society which wasn’t just disgust” (ES, p. 227). Before this potential offering ending, Abhor’s self harm can be seen as a *resistance* to her father’s attempts to induct her into chaos and confusion – she controls her body through her self harm. In giving Abhor voice through the art at the end of the text, as well as the words she finally finds to ask Thivai why he inflicts pain on her, and through her appeal to let “anger be anger: neither self-hatred nor self-

infliction” (ES, p. 221), Acker provides a more encouraging potential future for at least one half of the population. Abhor might find her “society which wasn’t just disgust” (ES, p. 227) through a self-aware, active, reflective, liberated and desiring self rather than a socially constructed sexual self to be desired.

‘Women = Madness’

In this chapter, I have argued that Acker offers a creative telling of feminist theories of women’s madness. Acker’s narratives demonstrate the socio-political *causal* elements of ‘psychosis’ that contribute to how it is both formulated in women and more directly induced, showing the *reasonable* development of madness in women. It would be simplistic and reductionist to view Acker’s rich and diverse portrayals of madness as either women’s rebellion-through-madness, or as their nihilistic descent into the only route available for them within a patriarchal society – both views have faced some criticism.³²⁵ Carol Siegel, writing on Acker’s *Don Quixote*, suggests that to “reinfuse madness with its former power to challenge the bourgeois order, not merely escape into its despised fringe, to resignify it as an alternative source of vision rather than a miserable failing to achieve normalcy”, Acker must “resanctify madness”.³²⁶ Yet as Schlichter notes:

The madwoman, one of the stereotypes of femininity in Western culture, holds a central position within the gendered system of representation, enabling and outlining the locus of the masculine subject of reason, while simultaneously epitomizing a negation of women’s discursive authority. In this sense, the association of women and madness

³²⁵ See Schlichter, for example, who notes the views that propose that “the madwoman must be understood as an epitome of discursive impotence” (p. 310).

³²⁶ Siegel, p. 21.

dramatically exposes the role of an irrational, feminine Other-of-man, which cannot occupy the place of a subject of culture.³²⁷

Acker, then, “stages her paradoxical politics of enunciation through the madwoman”.³²⁸ While these disaligned views on the functions of madness in Acker are interesting, I argue that one of Acker’s key messages in writing through and from within the apparent incoherency of psychosis, as I explore in the next chapter, is to appeal to the reader to *attend to the content*, to deconstruct the destructive, to challenge accepted forms of logic, coherence and understandability. This motif has a striking relevance for clinical practice, whereby the context and content of experiences remains secondary to the form and structure of ‘symptoms’ in terms of reaching a diagnosis of ‘psychosis’ – and particularly where women are doubly pathologised before and in displaying their ‘symptoms’.

Acker does not suggest that ‘madness’ does not exist – nor does Chesler, as the first feminist writer to explore gender and psychiatry. Despite her view that demonstrably and vocally ‘mad’ women are detained in “patriarchal” institutions, Chesler is clear that she also believes “that what we call ‘madness’ does exist”.³²⁹ She argues that it can be “caused or exacerbated by violence and by certain social and environmental conditions; that people in it’s grip suffer terribly; that it doesn’t always last forever [...] and that the ‘helping’ professions have been both helpful – and far from helpful”.³³⁰ In her revised text, she argues that women remain unfairly pathologised by dint of their gender –

³²⁷ Schlichter, p. 310.

³²⁸ *ibid.* p. 312.

³²⁹ Chesler, p. 37.

³³⁰ *ibid.* p. 37.

*“Perhaps what we call ‘madness,’ whether it appears in women or in men, is either the acting out of the devalued female role or the total or partial rejection of one’s own sex-role stereotype”.*³³¹ This focus on sex roles stereotyping and how it is interweaved into clinical perspectives on madness is explored in more depth in Busfield’s text, where she comments on Chesler’s evaluation that women are “doubly disadvantaged”, both in psychiatry and generally, by either being ‘too’ or ‘too little’ feminine within their socially prescribed roles.³³² Through my analysis in this chapter, I have demonstrated Acker’s concern with women’s disadvantageous positions in patriarchal society, and documented some of the tactics of resistance to this process that her characters employ. Furthermore, Acker’s writing of women’s sexual pleasure serves to undermine the patriarchal assumption that women should be passive, desirable objects rather than desiring, active subjects. Through her demonstrations of the unreasonableness of the ways women are positioned and powerless in sectors of society, Acker demonstrates how their unreasonable responses are, conversely, both reasonable and understandable, whether such reactions be caused by romantic relationships, sexual pleasure or sexual trauma.

Chesler suggests that one possible route forward for women is to work towards a “frank passion for achieving the power necessary to define oneself – a power which is always predicated on the direct control of worldly realities”.³³³ This is a universal goal, irrespective of gendered factors such as motherhood, political alliance or sexuality: “Any

³³¹ *ibid.* p. 116, italics in original.

³³² Busfield, p. 99-102.

³³³ Chesler, pp. 347-348.

woman”, she writes, “who successfully becomes interested in and achieves various powers directly, and not through or for a man or a family, is, within the psychological kingdom of patriarchy, committing a radical act, i.e., and act that risks ‘winning’ ”.³³⁴ Chesler, however, risks placing the emphasis on *women* changing, *women* developing, *women* seizing power. Within our current clinical framing, it is difficult (though not impossible) for men to do this from within psychiatry, when they are positioned as mad – women are at a double disadvantage here. If they speak out about their treatment or challenge their diagnostic label, they risk being deemed non-compliant, hysterical, manipulative, hormonal, risk being denied treatment (which they may need), or contained physically and chemically like their predecessors.

As a range of female-authored autobiographies of encounters with madness attest, hospitalisation, even self-sought therapy, is not generally an empowering experience, least not in the early days – authors from a range of diverse social, educational, political and historical backgrounds such as Sylvia Plath, Marya Hornbacher and Rachel Reiland provide testimony to this.³³⁵ Ussher notes autobiographies as being one source of resistance and challenge, suggesting that women’s accounts of madness are:

[...] far removed from medical or psychological descriptions of ‘symptoms’, ‘diagnostic categories’, or ‘interventions’. They bring women’s distress and despair to life: the messy, murky, painful feelings and complex web of relationships that extend out from the woman who is invariably the sole object of the psychiatric gaze.³³⁶

³³⁴ *ibid.* p. 348.

³³⁵ Plath, *The Bell Jar*; Marya Hornbacher, *Wasted: A Memoir of Anorexia and Bulimia* (New York: HarperCollins, 1999); Rachel Reiland, *Get Me Out Of Here: My recovery from Borderline Personality Disorder* (Minnesota: Hazelden, 2004).

³³⁶ Ussher, p. 211.

Such writing can effect “a catharsis that makes sense of experience, and keeps madness at bay”.³³⁷ I would extend this, given that Acker’s writing blurs the boundaries of autobiography and fiction, to suggest that writing and narrative by women can offer such a space for exploration, challenge, resistance and deconstruction. On Acker and other’s work depicting violence by women, Hendin notes: “Language and perspective are primary instruments of revolt [...] Through the denial of innocence and the protected and nurturing roles once played by women – the mother, the daughter, wife, sister, lover – a new set of core roles is harshly affirmed”.³³⁸ In this respect, learning *clinically* to identify, understand and listen to the *context* of women’s lives and their potential distress, even when violently expressed to self or others, rather than reaching too swiftly for the diagnostic manual or prescription pad, might offer narrative ways of working that honour individual experience, interpretation, meaning-making and strength.

As Pitchford suggests, Acker demonstrates that madness is not a revolutionary alternative or successful mode of subversion. Pitchford notes that Abhor “cannot, in rejecting rationalism, risk falling into its dualistic opposite, irrationality. Irrationality cannot acknowledge the power imbalances rationalism has created”.³³⁹ ‘Psychosis’ or ‘madness’ is not rebellion. Felman, reviewing Chesler’s 1975 version of *Women and Madness*, writes:

Depressed and terrified women are not about to seize the means of production and reproduction: quite the opposite of rebellion, madness is the impasse confronting those whom cultural conditioning has deprived of the very means of

³³⁷ *ibid.* p. 211.

³³⁸ Hendin, p. 101.

³³⁹ Pitchford, p. 103.

protest or self-affirmation. Far from being a contestation, 'mental illness' is a *request for help*, a manifestation both of cultural impotence and of political castration.³⁴⁰

It is astonishing that 40 years after Felman noted this, a biomedical view continues to view psychosis and mental distress as (yet-undiscovered) biological entities, potentially separate from context and with content that is irrelevant to diagnosis. This formulating alienates personal meaning of the experience and expression of a 'disease' process. It remains concerning that women are in a position of double pathologisation, as this risks dismissing women's expressions of distress, trauma, discontent and rebellion as 'sickness', as Ussher, Nyquist Potter, Motz and others argue. An open and critical dialogue about the violence inflicted upon women, rather than the silencing of this, would be useful in terms of deconstructing the discourses within which 'victimhood' is currently narrated. Acker wrote these social and personal realities: her writing can, as I argue in Chapter 5, offer significant reminders as to the importance of the socio-political context of women's lives (as much and equal to the experiences of all people experiencing oppression or subjugation), the significance of personal content, meaning-making, storytelling and interpretation, and of the need to *believe* in women's and men's experiences of trauma. Her narrating of sexual experiences might offer readers an experience somehow analogous to psychosis - much of Acker's fragmented and challenging narratives offer a similar de-centring effect on the reader, which might further offer insights into the experience of the chaotic, fragmentary and confusing elements of psychosis. This reading process might also offer the development of

³⁴⁰ Shoshana Felman, 'Women and Madness: The Critical Phallacy', *Diacritics*, 5. 4 (Winter 1975), 2-10 (p. 2). See also Showalter, *The Female Malady*, p. 5.

interpretative and narrative skills that can be employed in clinical work.

These dual elements are the focus of the next chapter.

Chapter 3: Acker's Writing Psychosis – Textual Form

There's a lot of power in narrative, not in story.³⁴¹

Acker's stories exude strangeness – they are non-linear, fragmentary, with fractures and ruptures throughout, diversions and tangents that interrupt traditional literary flow and form. In this chapter I explore how Acker *formally* creates what I refer to as a 'textual psychosis' via structural devices and literary techniques, which demonstrate psychosis for the reader at the level of form. Using elements of Evelyn Keitel's notion of the psychopathographic text, I argue, that Acker's work offers more than a simple mimicking of psychosis. Acker does not only write *about* psychosis – though she refers to it in different ways often in her work. Acker *writes psychosis*. In this way, I argue, her work offers insights into how it may feel to experience fragmentation, confusion, mistrust, loss of internal coherence. The experience of reading Acker's work might then prompt novel understanding and interpretation skills for clinicians.

Throughout this chapter, my overarching argument is that Acker's *writing psychosis* offers a literary analogue of psychosis. She takes an ununderstandable (in Jasper's terms) condition and psychoticises textual form, through fragmentation, repetition and the depiction of inaccessible languages. Her texts replicate at the level of form a certain kind of mental state which is chaotic, disordered, difficult to comprehend and interpret – challenging to simply 'read'. Acker does not write stories *about* psychosis. Nor does she invite a simple 'symptom-spotting' reading; there are few clinically discernible or discrete psychotic

³⁴¹ Acker in interview with Lotringer, p. 23.

symptoms evident in her work, and identifying psychosis in characters via a clinical discourse produces a reductive application of interdisciplinarity that denies the artistic function of literature itself. Acker's work, alternatively, *structurally* translates certain elements of psychosis into the written narrative form. Acker offers up a mirror to psychosis, which not only contests easy interpretation but which contests the foundations of a psychiatry based on formulating complex mental experiences into identifiable symptomatology, leading to diagnosis based on a certain correlation of symptom clusters. In this chapter, I examine Acker's literary form, before discussing her use of narrative fragments rather than coherent 'story'; use of repetition; and depiction of inaccessible languages and the 'language of orgasm'.

Acker's Textual Form

Acker's distinctive form, textual destruction and lack of easy readability has attracted much critical attention, including creatively critical pieces which mimic Acker's own deconstruction of the reader's expectations of stability and coherence.³⁴² Acker's writing can seem almost casually thrown together, a jumble of seemingly unrelated fragments, sections repeated from her own other works, plagiarised from pre-existing texts, auto-plagiarised, containing multiple voices that transcend time and space, existing within but not exterior to the narrative. Fragments are sometimes self-contained interior monologues with limited exterior fixing. Yet Acker's work, including her early work, is formed of very carefully constructed patterns of language and narrative, involving

³⁴² See, for example, the collection of pieces in *Lust for Life: On the Writings of Kathy Acker*.

significant *work* far beyond a casual bundling of words or stream of consciousness thrown into a vague story.³⁴³ Peter Wollen suggests that Acker “used to read her own texts too, each one eight times, re-drafting it after each reading – once for meaning, once for beauty, once for sound, once to the mirror to see how it looked, once for rhythm, once for structure, and so on”.³⁴⁴ For the reader, this leaves texts in which they can make their “own montage”, to “appropriate and re-order”.³⁴⁵ In this respect, and particularly in her most radically fragmented short pieces, where the psychoticisation of text is most evident, Acker’s literary analogues of psychosis leave the reader able to create their *own* meaning, to re-construct the mental state presented in the text. The reader can respond by dismissing the text as incoherent, ununderstandable and ‘unreadable’, or can construct meaning and coherence from the incoherence, potentially using Acker’s non-fiction work and considering the context and content of the text to support coherence formulation. The way that Acker has been described as offering readers a personalised montage of fragments may offer an invitation to a clinically-minded reader to consider how they form a montage out of people’s own stories – how they chose what to hear, how to formulate this, which framework to apply, or, more radically, acknowledging which framework the person themselves applies and considering how differing discourses might be equally valid and meaningful.

Noting Acker’s simultaneous deliberate construction and deliberate destruction of textual form, Wollen suggests that, far from

³⁴³ See Acker in interview with Lotringer, p. 8.

³⁴⁴ Wollen, ‘Kathy Acker’, p. 1. See also Dick, p. 111.

³⁴⁵ Wollen, ‘Kathy Acker’, p. 1.

creating apolitical or nihilistic texts, destruction and construction is indicative of Acker's dissolution into a "torrent of textuality" in which she became, and was, a "ceaseless explorer of the disorientating potential of language".³⁴⁶ Acker borrowed, appropriated, re-appropriated and plagiarised an array of diverse sources, as documented in much commentary on Acker's work and by Acker in interview.³⁴⁷ She also breached the boundaries of generic form and content, subverting orienting factors that the reader uses to situate him or herself in the reading process. As Dick states, "Kathy shoved it all together: great literature, pornography, schlock novels, movies, poetry of many lands, science fiction, detective stories, and other genres".³⁴⁸ William Burroughs is noted as one author who provided Acker with inspiration and textual methodologies which could, as Wollen suggests, be used as "an example of how a literary technique could be given a political twist as a mode of resistance, envisaged as a way of subverting the control system inherent in verbal discourse".³⁴⁹ In my reading, Acker's writing of psychosis at the level of form offers resistance to contemporary discourses that formulate complex experiences, beliefs and expressions into an over-simplified system. Similarly, Muth, exploring how contemporary American fiction might be best read in the context of literary theory, suggests that reading *Blood and Guts in High School* "as a roughly linear narrative centered on the liberatory struggle of heroine

³⁴⁶ Wollen, 'Kathy Acker', p. 2.

³⁴⁷ See for example Acker in interview with Lotringer; Georgina Colby, 'The Reappropriation of Mythology to Represent Pain: Falling Silent in the Work of Kathy Acker and Robert Mapplethorpe', *Comparative Critical Studies*, 9. 1 (2012), 7–35; Dick; Friedman, 'Where are the Missing Contents? (Post) Modernism, Gender, and the Canon', pp. 243-244; Garrigós; Harper; Muth; Siegel.

³⁴⁸ Dick, p. 114.

³⁴⁹ Wollen, 'Kathy Acker', p. 4.

and author alike” risks upholding the “very binary we want the novel to undermine”, arguing then that “we tend to classify the genuinely disruptive elements of the novel as politically unreadable”.³⁵⁰ Much like describing *Blood and Guts in High School* as a simple coming of age story (or, worse, as ‘unreadable’ because of its disruptive and fragmented nature) would miss the political, social, feminist, linguistic and artistic messages inherent in this multi-layered text, homogenising and reducing someone’s multifactorial and complex mental, social and interpersonal experiences to only be indicative of ‘psychosis’ denies the context, content and personal meaning of such a personal and multifaceted phenomena.

Ebbesen, reflecting specifically on Acker’s *The Adult Life of Toulouse Lautrec by Henri Toulouse Lautrec*, suggests that in this text Acker “challenges dominant ideology through the textual form itself”.³⁵¹ Ebbesen asserts that Acker “holds form partially accountable for gender oppression and oppression of the poor. In form, she sees a fundamental thought process which structures all of life. Indeed, this attack on narrative form is a paradigmatic feature of her oeuvre”.³⁵² He suggests that one of Acker’s textual methods is “defamiliarisation”, whereby she “consciously employs intertextualized texts to violate boundaries of identity and gender”.³⁵³ De-familiarisation also works in Acker to “break down the numerous and interrelated binaries [...] (e.g. identity/non-identity, self/other)”.³⁵⁴ The madness / sanity boundary equally requires rethinking, and as such Ebbesen’s thoughtful analysis can be furthered.

³⁵⁰ Muth, p. 90.

³⁵¹ Ebbesen, p. 7.

³⁵² *ibid.* p. 7.

³⁵³ *ibid.* p. 8-9.

³⁵⁴ *ibid.* p. 9.

Acker's deconstruction, and destruction, of coherent narrative form and structure functions in one way to demonstrate as hollow the arbitrary dualistic division what we consider as logical or rational expression, and what are considered expressions indicative of 'madness'.

In this chapter, my focus is on *how* Acker's textual form produces texts which structurally and formally are analogous to the disorienting effects of psychosis and *how* this translates for the reader a sense of familiarisation *and* defamiliarisation with psychosis (drawing on Keitel). As I have argued elsewhere, with reflection on Keitel, fiction is one literary form which can either *tell* madness via diegetic narrative, including intradiegetic narration – this process risks objectification, presenting madness as a spectacle of otherness where it remains something *outside* of the reader, happening to *an other*.³⁵⁵ Acker, on the other hand, often *shows* madness at the level of the textual form, leaving the reader potentially disoriented and 'defamiliarised' (in Ebbesen's terms) from the orienting features of linear narrative and stable (even when digetically unstable or unreliable) narrative or narrative voice.

Acker was aware of the disorientation that her work can effect on the reader. In interview with Lotringer Acker talks about "not writing for the reader" because, if a text is constructed with the reader in mind, "there's no distance. If there's this distance between the reader and the text, the reader's just an observer. *I want the reader to come right into the text because that's the only way you can take the journey*".³⁵⁶ She admitted that this "probably" makes her "texts a bit unreadable".³⁵⁷ Yet it

³⁵⁵ Baker and others, *Madness in Post-1945 British and American Fiction*, pp. 26-28.

³⁵⁶ Acker in interview with Lotringer, pp. 14-15. My emphasis.

³⁵⁷ Acker in interview with Lotringer, p. 15.

is the invitation to “come right into” the narrative that I argue enables the reader to take something clinically useful away from the reading experience. Acker, further, noted the influence of conceptual artists on her work, learning that *form* is:

[...] determined not by arbitrary rules, but by intention. And intentionality is all. That’s what I mean by this emphasis on conceptualism, on intentionality. So I had really been trained in the idea that you just don’t sit down and write, you have to know why you write and why you use certain methodologies.³⁵⁸

This suggests that Acker’s disorienting form was at least partially constructed with a deliberate aim, at a minimum to explore traditional narrative linearity as inconsistent to and insufficient for representing contemporary existence.

Acker referred to herself as “the most disoriented novelist that ever existed”.³⁵⁹ *Disoriented* offers a vivid and accurate description of Acker’s work, perhaps rather than *conceptual* or *experimental*. As Acker noted, ‘experimental’ can be a designation used to dismiss or deride a writer’s work: “I think that sometimes the word ‘experimental’ has been used to hide the political radicalness of some writers. Oh, they’re ‘experimental’ means they’re not really important”.³⁶⁰ For Acker, writers themselves have a role to play in maintaining this dismissal, noting, “it is not only the major publishing houses who support the ‘experimental’ equals ‘marginal’ equation. It is the ‘experimental’ writers themselves, for they have and are internalizing the literary conventions and

³⁵⁸ Acker in interview with Lotringer, p. 3.

³⁵⁹ Acker in interview with Lotringer, p. 10.

³⁶⁰ Acker in interview with Friedman, (para. 97 of 115).

restrictions that support the status quo”.³⁶¹ Acker, not only in her portrayal and textual re-creation of psychosis, but also in her active and relentless engagement with major themes (gender, poverty, capitalism, inequality, the deceptive and subjugating power of language, the effects of societal repression of sexuality), is neither marginal nor ‘merely’ experimental. In offering an interpretation that focuses on psychosis in her work, her portrayal of the apparently marginal and ununderstandable-therefore-Other (psychosis) as actually far from marginal demonstrates ways in which ‘marginal’ experiences are both meaningful and important for her narrators and characters.

I argue that Acker *writes psychosis*. This does not mean potential difficulties in *reading psychosis* in her texts necessarily leads to a reading that is unable to make sense of senselessness or failing to take away something clinically useful from her non-clinically narrated or represented psychosis. Ebbesen suggests that if we “look at Acker’s textual production [...] we see numerous attempts to unveil and criticize *ideology* within texts”.³⁶² However, he argues that her “morally committed textual activism is directly at odds with the very theories she idiosyncratically employs” – from Baudrillard to Derrida and feminist postmodernism – leading to a conflict for Ebbesen.³⁶³ He suggests that Acker “believes that postmodern writing strategies (e.g. deconstructive, Lacanian) are useful within texts because they facilitate liberation from patriarchy and capitalist oppression in the conditions of

³⁶¹ Kathy Acker, ‘Speech for the *Artist in Society* Conference, Chicago, October 1994’, <<http://acker.thehub.com.au/ackademy/speech.htm>> [accessed 2nd August 2005] (para. 53 of 55).

³⁶² Ebbesen, p. 190.

³⁶³ *ibid.* p. 191.

postmodernity”.³⁶⁴ Because, for Ebbesen, such “poststructural theories” stand “in direct opposition” to any “ethical-political purposes”, a question arises: “whether or not formally radical art can transform reality and change the political status quo”.³⁶⁵ Ebbesen – “against Acker” – believes it cannot.³⁶⁶ Like Pitchford, I believe that the transformative and revelatory potential power of radical art and literature lays in the reading practices they encourage.³⁶⁷ As I argued in Chapter 2, Acker’s political engagement is aligned with (though not easily situated directly within) feminist discourses on women’s madness.³⁶⁸ Her political engagement can also be aligned with the work of post-psychiatry, as I demonstrate in the conclusion to this thesis.

In effect, what Acker does with her literary-in-extremis *writing psychosis* is to provide strands of knowledge for her readers – reading experiences and possible interpretations that deconstruct and reconsider dominant discourses *on* madness, much like those provided in a different medium by writers such as Bracken and Thomas.³⁶⁹ Before I move on to demonstrate how Acker writes psychosis, I want to briefly turn to Evelyn Keitel’s work on psychopathography to offer a method through which reader response might afford the reading experience *of* psychosis, which prompts novel interpretative reading skills. Using Keitel’s work, I have argued elsewhere that there is a subgenre of mid to late twentieth century fiction that comprises of *psychotic texts*.³⁷⁰ Acker provides an exemplar

³⁶⁴ Ebbesen, p. 191.

³⁶⁵ *ibid.* p. 191.

³⁶⁶ *ibid.* p. 191.

³⁶⁷ Pitchford, *Tactical Readings*.

³⁶⁸ See Acker in interview with Friedman, (para. 8 and 99-113).

³⁶⁹ See Bracken and Thomas, *Postpsychiatry*.

³⁷⁰ See Baker and others, *Madness in Post-1945 British and American Fiction*, Chapter 6.

of this psychoticisation of textual form and content. Psychotic texts, as I define them, are fictions of “incoherence, dissolution, and irresolution”.³⁷¹ The fragment and the idea are of more concern in the psychotic text than the narrative whole or its adherence to generic conventions (although this subgenre of fiction invents new generic conventions of its own and can be seen not only in the work of Kathy Acker but also William Burroughs and texts such as J. G. Ballard’s *The Atrocity Exhibition*).³⁷² Psychotic texts are not easily readable – they can be, at times, ‘unreadable’, resisting comfortable or familiar comprehension. The words on the page dissolve into an anti-narrative babble of voice and voices, abruptly ending, withholding resolution and leaving the reader unsettled and questioning. Keitel’s work on psychopathographic texts provides a useful reader-response frame in developing my reading of Acker’s textual psychosis. Keitel’s work on psychopathography is most closely aligned with my reading of what reading Acker’s fragmented form can offer, though my reading both converges and departs from Keitel’s. Nonetheless, Keitel offered a significant influential background to this chapter, and as such is worth exploring in some detail.

Psychopathography

Keitel excavates a subgenre of texts that focus on madness, which she names “psychopathography”.³⁷³ Keitel’s theory contributes to psychoanalytically orientated reader-response criticism, which she draws

³⁷¹ Baker and others, *Madness in Post-1945 British and American Fiction*, p. 165.

³⁷² J. G. Ballard, *The Atrocity Exhibition* (1993) (London: Flamingo, 2001).

³⁷³ Keitel, p. 1.

up early in her theorising.³⁷⁴ Her primary hypothesis is that *psychopathographical* texts are distinguishable from *pathographical* texts by virtue of their effect on the reader. When reading psychopathographies such as Doris Lessing's *The Golden Notebook*, the reader is not distanced from the psychosis depicted, able to maintain a relative distance from their position as 'not-mad', but is instead drawn into the midst of the experience where "[r]eading about psychosis becomes a reading psychosis".³⁷⁵

This process occurs in a complex way. The "emotional dimensions involved in psychotic experiences are conveyed to the reader" via psychopathographies, which explore "human borderline situations" which lie "beyond the margins of discourse", reacting to the "problem of communicating something which lies beyond communication" (i.e. in psychosis).³⁷⁶ Hence, psychopathographies, as distinct from pathographies, "deal with an area of experience which resists linguistic representation".³⁷⁷ Keitel suggests that pathographies "are written in a highly conventional linguistic style which leaves the *capability* of language to represent 'reality' unquestioned".³⁷⁸

Conversely, the "literary strategies whereby psychotic experience is communicated are not – or at least, are not all – marked by unfamiliarity and strangeness of the subject matter" because "inaccessible material cannot be communicated in an unknown code".³⁷⁹ Hence, she argues, psychopathographies "rely for their effect on textual strategies which are

³⁷⁴ Keitel, pp. 2-3 and pp. 7-9.

³⁷⁵ Ibid. p. 118 – see also Baker and others, *Madness in Post-1945 British and American Fiction*, pp. 24-26.

³⁷⁶ Ibid p. 33.

³⁷⁷ Ibid. p. 14.

³⁷⁸ Ibid. p. 14.

³⁷⁹ Ibid. p. 14.

in part taken over from their literary context, and on experiences with reading other contemporary texts”.³⁸⁰ One area where I depart slightly here from Keitel is that throughout this chapter I argue that Acker’s texts *do* rely on strategies of unfamiliarity and strangeness through textual form (and content), and that it is this distance from ‘known’ textual strategies that might serve to prompt reflection on diverse communicative and interpretative strategies.

Psychopathographies “first appeal to but then undermine and ultimately frustrate the reading habits acquired from consuming contemporary literature, so that a vacuum is created in which the specific effect of psychopathographies can unfold”.³⁸¹ Intertextuality is key to Keitel’s proposal, forming in part the “virtual dimension” of reading.³⁸² In this dimension “extra-textual components” are called upon by the reader, induced by the reading process, to produce the effects of the psychopathography.³⁸³ Psychopathographical novels are, for Keitel, dividable into three subtypes, which mirror the subtypes of mediating texts that Keitel explores – literary, theoretical and imitative. Mediating texts differ from psychopathographies, in that the mediating text offers a “stabilizing effect” for the reader, whereas psychopathographies induce instability.³⁸⁴ The *imitative* and “degenerate” *theoretical* subtypes are less successful in their induction of the reader’s experience of “the emotional elements inherent in psychotic personality dissolutions: pleasure and unpleasure, creative playfulness and a sense of paralysis or

³⁸⁰ Keitel, p. 14.

³⁸¹ *ibid.* p. 14.

³⁸² *ibid.* p. 118.

³⁸³ *ibid.* pp. 85-86 and p. 106.

³⁸⁴ *ibid.* p. 14 and p. 33.

oppression”.³⁸⁵ The reasons for this are twofold. Firstly, because they rely on a “naive spelling out” as seen with, for example, Fromm-Reichman’s case histories (theoretical psychopathographies).³⁸⁶ In theoretical psychopathographies, the theoretical is not only presented as theoretical, but is juxtaposed with a literary illustration *of* the theoretical, an “*over*-powering discourse” which is “certainly stabilizing (if not boring)”.³⁸⁷ The reader can only opt to accept or reject the case material presented as “true or false”, with no alternative reaction possible, because the primary intention of theoretical psychopathographies is “didactic”.³⁸⁸ Secondly, the “imitative type of psychopathography draws upon and takes over the textual strategies of and perspectives of both the literary type of psychopathography and schematic literary genres, and employs them in a trite way”.³⁸⁹ Thus *imitative* psychopathographies, such as that provided by the omniscient narrator in Hannah Green’s *I Never Promised You A Rose Garden*, which Keitel uses here, work to maintain the reader’s position as removed from the text, and the madness, and thus *stable*. Therefore, the “imitative type schematically reproduces the form of the literary type of psychopathography” but “displays no formal innovations of its own and, in turn, cannot give rise to any unusual and interesting effects”.³⁹⁰ In this respect Acker certainly does not fit the theoretical psychopathography or the imitative – elements of her work offers an imitation of the form of psychosis, but I argue that her texts do not automatically distance the reader, placing them in the stable or

³⁸⁵ Keitel, p. 107.

³⁸⁶ *ibid.* p. 85.

³⁸⁷ *ibid.* p. 77.

³⁸⁸ *ibid.* p. 78.

³⁸⁹ *ibid.* p. 83.

³⁹⁰ *ibid.* p. 15.

authoritative external position. Acker's *writing psychosis* instead can offer a literary analogue that moves beyond the imitative functions Keitel identifies.

There are texts that cross the boundaries of the three subtypes of psychopathographies. It may be that Acker would be best situated somewhere between the imitative and literary subtypes. This positioning is possible when comparatively noted alongside Keitel's reading of Doris Lessing's *Briefing for a Descent into Hell* as illustrative of the use of R. D. Laing's psychological theories in producing a creative text. Keitel argues that this is one of "very few *literary* texts relating to and interacting with a *theoretical* system".³⁹¹ In fact virtually all of Acker's texts could be read as interacting with various theoretical systems, though it is antithetical to the purpose of her texts to consider them solely through a theoretical lens, as I have explored in Chapter 1 when discussing the types of theoretical system that *could* be employed to analyse Acker's narratives.

In reading *literary* psychopathographies, Keitel argues that a "sense of an enveloping oppression felt during reading, a sensation of being trapped in the text, is further enhanced by the virtual dimension of the literary type of psychopathography".³⁹² This "virtual dimension", argues Keitel, "comprises proliferations of phantasies relating to be subject, which are expense factors, as well as intertextual references to the conventions of the mediating texts".³⁹³ Keitel suggests that this "dimension" is "virtual" because, though it is induced by the text, it is

³⁹¹ Keitel, p. 90.

³⁹² *ibid.* p. 118.

³⁹³ *ibid.* p. 112.

“not contained in any definite textual strategy, and must be supplied by the reader, who may well feel ‘lost in the infinite’ ”.³⁹⁴ The “reader’s expectations of stabilization, however, is thwarted, and the disappointment of his expectations reinforces his sense of an enveloping oppression to an even greater degree”.³⁹⁵ In Acker, her overt intertextuality offers an *initially* stabilising or orientating possibility for the disoriented reader – but this is constantly subverted via her manipulation of existing texts towards her own textual aims, her miscellany of textual and generic references, and the textual strategies she employs to de-situate her work from the familiar or known.

Psychopathographies do not merely use a psychotic character or narrator for their effects: “If the author is able to convey in literary discourse dimensions of experience not directly accessible to us in real life, then his work must do more than offer a superficial, naive depiction of mental illness”.³⁹⁶ Acker rarely creates clinically recognisable intradiegetic, ‘tellings’ of madness, or showings *of* madness in characters defined as such by an omniscient other-narrator. Keitel suggests that the:

[...] communicatory situation pre-structured by the textual strategies of psychopathographies is expansive and open [...] expanding and contracting, dedifferentiating and redifferentiating forces, are at work *simultaneously*. No choice between mutually exclusive possibilities has to be made.³⁹⁷

Leaving – or rather, initiating – *open* possibilities for interpretation means that the literary type of psychopathography offers, for Keitel, “a way into those dimensions of experience which are situated in the deep

³⁹⁴ Keitel, p. 112.

³⁹⁵ *ibid.* p. 112.

³⁹⁶ *ibid.* p. 5.

³⁹⁷ *ibid.* p. 112.

levels of our unconscious and constantly repelled by any conscious perception”.³⁹⁸ In terms of what literature can offer for clinical purposes, I suggest that Acker’s fragmented and disorientating texts do not leave the reader suspended in a place where their responses are somehow “repelled” by conscious perception. The reader of Acker’s work can make the choice to dismiss any discernable reader effects in much the same way a clinician might dismiss a person’s seemingly ‘mad’ expressions as only indicative of an illness. Or, as I argue in the conclusion to this thesis, they can learn from Acker’s work empathetic reflection (the sense of what psychosis might be experienced as – from the literary analogue offered by Acker) and communicative and comprehension strategies (the novel reading and interpretative skills gleaned from making sense of incoherence), which might be useful in the clinical interaction, both in terms of supporting people to cohere their stories and in interpersonal responses to hearing those stories.

In textual terms, Acker’s work is not only *about* psychosis – following Keitel’s thesis, I argue that it takes the reader *inside* psychosis, offering them a translation of some of the emotional responses the anxieties inherent within psychosis. I depart from Keitel in reading these responses through a psychoanalytical framework however, and I disagree with some of the statements she makes about psychosis clinically, though I can appreciate their psychoanalytic origins.³⁹⁹ My exploration here examines how Acker re-presents ‘inaccessible’ material with *new* – rather than ‘unknown’ – textual codes and strategies. I propose Acker’s

³⁹⁸ Keitel, p. 113.

³⁹⁹ Examples can be found on p. 30 and p. 34, regarding anorexia as a “schizophrenic” illness, for example, and references to “normal” as opposed to “psychotic” people.

texts can be interpreted from a starting point that employs Keitel's theory, but moves beyond this, using mediating texts not as any stabilising force in the texts but subversively, for example, in the way that clinical feminist accounts both intersect and divert from Acker's work, as I explored in Chapter 2. A clearer example of such subversion is evident in how descriptive psychopathology might offer one stabilising mediative text for interpreting Acker's characters experience of psychosis, but such a reading leaves the reader no further forward in understanding, empathising or developing new skills.

The following sections of this chapter aim to demonstrate how Acker provides a textual analogue of psychosis. There are three areas that convene to produce effects on the reader that I return to in the conclusion section. Firstly, her use of narrative fragment, often with only a loosely connecting overall narrative framing, replicating textually – and thus giving the reader the sense of – elements commonly associated with 'psychosis' such as thought disorder, loosening of associations and tangential thinking. In Acker, the fragment is powerful, not the overarching *story*.⁴⁰⁰ Secondly the use of repetition, within individual texts and between texts, induces a sense of insecurity, doubting of reading memory. Finally, I explore Acker's use of inaccessible language, both through use of foreign languages and characters and through her mediations on the loss of language that is available (or not) in orgasm and sexual desire, drawing a parallel here with the challenges of representing what Keitel noted as 'inexpressible' experiences. I then

⁴⁰⁰ See Acker in interview with Lotringer, p. 23.

return to Keitel briefly in concluding this chapter to demonstrate the two clinical effects that can be taken from Acker's writing psychosis.

Narrative Fragments

Ebbesen notes that Acker disrupts "the traditional realistic narrative", evident in her "shifts in genre, as well as moments of interdiscursivity and intertextuality within those genres".⁴⁰¹ For Ebbesen, Acker's *The Adult Life of Toulouse Lautrec by Henri Toulouse Lautrec* "parodies genres in order to unmask – at the levels of *form* and *content* – what she feels these constructions attempt to conceal or repress, namely, destructive social relations under patriarchy and capitalism".⁴⁰² He continues by suggesting that, for Acker, "this state of affairs has much to do with reason, notions of static and autonomous subjectivity, as well as reified social relations".⁴⁰³ Acker's formal experimentations with narrative, genre and textual form have been interpreted in one way, then, as functioning as an 'unmasking' of the destructive nature of social relations (particularly gendered) and the unobtainability of an autonomous and *flexible* personal identity. Acker's fragments demonstrate a fluidity of experience which denies the desirability or achievability of coherent rationality in expression or experience. The cumulative effect of reading Acker's radically disjointed, incoherent fragments serves two core functions in contributing to overall reader response. Firstly, they disrupt coherent notions of story and linear narration, mirroring the way that people experiencing their self-narrative

⁴⁰¹ Ebbesen, pp. 67-8.

⁴⁰² *ibid.* p. 67

⁴⁰³ *ibid.* p. 67.

disruptions might express those experiences. Secondly, and following this, they offer an opportunity to cohere fragments into something meaningful and useful.

As a core element contributing to Acker's writing psychosis, her use of narrative fragments owes much to the cut-up fold-in techniques of William Burroughs. Acker's 'Politics' was, she states, formed when "doing a lot of Burroughs experiments. It was all about the sex shows, with cut-in dreams, cut-in politics, cut-in everything".⁴⁰⁴ Acker admired Burroughs' work. In the essay 'A Few Notes on Two of my Books', she writes, "Burroughs's writing is 'immediate.' 'Immediate' has something to do with the sentence 'I want to read something that means something to me.' Burroughs never bores me".⁴⁰⁵ She expands upon what she means by *immediacy*, the individual meaning of work upon the reader, in a second essay, 'William Burroughs's Realism', noting that in "terms of content and formally, William Burroughs's writings are those of discontinuity and dissolution [...] Due to these psychotic realities, Burroughs, in his writing, was able to portray futures which are now our present".⁴⁰⁶ The "discontinuity and dissolution" in Burroughs, which contribute to his portrayal of a "psychotic" reality, comes from the Cut-up / Fold-in technique best displayed in *Naked Lunch*, *Soft Machine*, *The Ticket that Exploded* and *Nova Express*. In *Naked Lunch*, Burroughs suggests that the reader can cut into the text at any point, given that there is very little in the way of linear structure.⁴⁰⁷ Burroughs' description of

⁴⁰⁴ Acker in interview with Lotringer, p. 5.

⁴⁰⁵ Acker, 'A Few Notes on Two of My Books', p. 6.

⁴⁰⁶ Acker, 'William Burroughs's Realism', p. 2.

⁴⁰⁷ Burroughs, *Naked Lunch*, p. 176.

his work practices offers insight into his writing process and a further suggestion of how to read his texts:

I started my trip in the morgue with old newspapers, folding in today with yesterday and trying out composites – When you skip through a newspaper as most of us do you see a great deal more than you know – In fact you see it all on a subliminal level – Now when I fold today's paper in with yesterday's paper and arrange the pictures to form a time section montage, I am literally moving back to the time when I read yesterday's paper, that is traveling in time back to yesterday – I did this eight hours a day for three months [...] I made fold-ins and composites and I did the same with photos

—⁴⁰⁸

Burroughs suggests that skimming and thus reading on subliminal level, rather than linear detailed reading, is how his texts might best offer something useful. In this respect, the experience of reading Burroughs might be one of temporal disruption through his lack of linearity and suggests recognition of the importance of *ideas*, of the fragment itself, rather than *story* of the whole. This is something that Acker clearly offers, and which may have been directly adopted from Burroughs' techniques. Acker demonstrates the power of the fragment of narrative over the textually coherent whole. Instead of dismissing the formal fragment as incoherent when viewed without the exterior contextual, content-driven or linear framing, there is much to be noted from the fragment itself. The same can occur when working with people experiencing psychosis – the form of expression might be deemed to 'only' indicate 'psychosis', but the importance of the framing and the content of the fragment are of vital importance in understanding the overarching themes that contribute towards cohesion of the whole.

⁴⁰⁸ Burroughs, *The Soft Machine*, p. 50.

Acker's narrative fragments, like Burroughs' cut up/fold in texts, translate through textual form certain elements that have been formulated as indicating psychosis, such as thought disorder and tangential thinking, through their loosening of associations and fragmentation of linear structure. Such a structure is mirrored in Acker's most radical fragmented short pieces and texts. There are, similarly, elements of repetition with regards Burroughs' four cut-up fold-in texts – he used the same body of written and recorded material to form the texts, and hence certain characters reappear at points in each novel and his thematic concerns remain similar throughout. This again is very evident in Acker's use of repetition and re-appropriation of her own (often already appropriated) material.

Acker's psychoticisation of text through the cut up / fold in technique is especially apparent in *The Burning Bombing Of America*. This short fragment contains many of Acker's recurrent themes and tropes – gender roles, madness, capitalism, violence and sex. There is a direct concern with notions of madness expressed in this piece, a typical example of Acker's fragmented narrative flow and depiction of interior consciousness:

I'll just talk forget it inspiration gone energy high general feeling in the consciousness: can't get myself together what are you doing I'm flying into outer apace I'm going insane 25mg. Valium one seconal. 50mg. Benzedrine unknown chemicals in the food personality changes result. hospitals are for getting well. don't believe it don't believe anything you hear. Be as paranoid schizophrenic as possible. all sentences suspect. Stupid Man says the universities are in league with the evil magicians the so-called Death Wards Columbia deals arsenic-napalm DD3 welfare means lobotomy nurses are robotants. Allow people to do whatever

they want allow the streets to be covered with silk people
will dance wildly in the streets⁴⁰⁹

The disjointed and tangential nature of this fragment offers a clear example of how people experiencing inner confusion and disjointedness might express such ideas. Themes of paranoia are also evident, a commonly depicted experience in Acker's work which I return to in Chapter 4 to explore the personal meaning of such phenomena. Acker's use of triple spaces within the textual structure, between words and segments, is also interesting here. They indicate not a pause, as would be expected by a full stop, but have a curious reading impact, enhancing the sense of narrative flow (there is little actual pause) but also creating a sense of panic and franticness through frenetic condensing of multiple ideas into one segment of text. These spaces might also indicate a violent interruption, a literal fracture, in the stream of consciousness narrative flow. In this section, my furthering of Keitel's work is evident – there is no mediating or stabilising orientating text here, despite the loose association that can be made with the stream of consciousness textual style. Acker (like Burroughs) here creates a new textual strategy that forms part of her development of a literary analogue of psychosis – the replication of what might clinically be considered 'psychotic' interior monologue, but where attention to the individual fragments and the overall segment might offer insights into the particular concerns of that person.

The very early piece, 'Politics', provides a further exemplar of Acker's psychoticisation of the text through the use of fragment rather than linear story. 'Politics' was written while Acker was working in the

⁴⁰⁹ Kathy Acker, *The Burning Bombing of America*, p. 158.

sex industry and hence echoes many of her later thematic concerns, such as the unselfing process of orgasm and the synergism this holds with ‘psychosis’.⁴¹⁰ It is formed of a stream of consciousness style, deeply fragmented, and with very minimal punctuation to prompt pause. The narrative is crowded and condensed with ideas, with only the mention of “dream sequences” providing any narrative thread or sense of purpose: “this is the third dream sequence I’m not going to do anything for the next two days put down my actual dream” for example offers an orienting element for the reader (this is a dream section, I expect a sense of unreality here perhaps).⁴¹¹ The reference to dream sequences calls to mind psychoanalytic ideas of free association, whereby a person writes or speaks without active cognitive processing or the need for overall coherency. This, in turn, potentially provides a semblance of generic ordering for the reader: the piece might, then, be aligned with the ‘known’ strategic textual employment of stream of consciousness as a narrative device.

In terms of the psychoticisation of the text, ‘Politics’ again textually demonstrates various elements that are thought to be indicative of ‘psychosis’, such as thought disorder, tangential thinking, pressured speech and disinhibited content. This segment provides one example:

Lenny didn’t leave me some dead tired Bob is disgusting a
destroyer of human minds the second dream sequence written
at 11.40 I’m feeling like shit get along with Hannah (I am) I
can’t cite down peacocks my nightmares all these
invulnerable thoughts my great beauty I can try to talk to
Hannah third dream tomorrow tell her Lenny says she’s
scared I should do everything to help her relax I want to be

⁴¹⁰ Acker in interview with Lotringer, p. 5.

⁴¹¹ Kathy Acker, ‘from Politics’, (1968) in *Hannibal Lecter, My Father*, pp. 25-36, (p. 30).

alone Greta Garbo Scylla and Charibdis I don't know how to
return⁴¹²

The flow here is disjointed, chaotic, tangential, disordered. The reader (like the clinician) does not know who Lenny, Bob, or Hannah is, or why they should have such significance in the interior monologue. These 'others' crowd the narrator's world and expressed thoughts, but do not exist in any characterial sense. A reduction of a complex narrative expression to a series of symptoms would potentially deny the narrative function, content and significance of this piece, however. The stream of incoherence that forms 'Politics' contains fragments of insight into the narrator's experience and existence, which might be missed if only searching for symptomatological examples of disorder that correspond to a particular taxonomy. Lines such as "my basic problem is I can't quite believe anything and cant react to anything similarly I never react to things when they happen but only later when they're less threatening" might, for example, be indicative of the wider existential concerns of mid to late twentieth century life – loss of certainty, concerns about emotional flatness and superficiality, anhedonic response, loss of meaningful reaction to events.⁴¹³ The final line of the piece screams out from the page, "it doesn't mean what it should no one else thinks like this anymore I say angelic I'm sick of fucking not knowing who I am", which might indicate problems with defining and securing an identity, a theme that Acker returns to frequently.⁴¹⁴ Persevering through the anti-narrative of 'Politics' demonstrates the potential of fragments to both contribute to

⁴¹² Acker, *'from Politics'*, p. 28.

⁴¹³ *ibid*, p. 27-28. Such concerns are amply illuminated in a range of postmodern theoretical material such as that by Fredric Jameson and Jean Baudrillard – see also Woods, *The Sublime Object of Psychiatry*.

⁴¹⁴ Acker, *'from Politics'*, p. 35.

a sense of cohering a whole and to demonstrate the importance of meaningfully acknowledging the content, rather than concentrating on *only* identifying the form. A reading here could have more clearly pinpointed different psychiatric symptoms in the two pieces noted above. I argue that they offer examples where narrative fragments might offer a sense for the reader of franticness, fear, anxiety, instability of belief, incoherence of thought. In Chapter 5 I return to what such fragments can offer clinically and pedagogically.

Much like in psychosis, Acker's fragments do sometimes hold a loose narrative structure – *Blood and Guts in High School* and *Empire of the Senseless* are two such structured texts, where fragments form parts of the story but there is a narrative thread throughout. These texts, though, do not function wholly as 'stories' in any traditional sense. In interview, Acker stated:

What I have always hated about the bourgeois story is that it closes down. I don't use the bourgeois story-line because the real content of that novel is the property structure of reality. It's about ownership. That isn't my world-reality. My world isn't about ownership. In my world people don't even remember their names, they aren't sure of their sexuality, they aren't sure if they can define their genders [...] There's a lot of power in narrative, not in story.⁴¹⁵

Acker does not write 'stories', or follow any traditional realist novel plot formation. Reading, interpreting and discussing Acker's texts, in a critical sense, becomes challenging for precisely this reason: there is little by way of orientation for the reader or certainty in interpretation. Even these more 'readable' texts retain elements of the fragmentation that characterises much of Acker's early work. Acker's texts *open* rather than, as she suggests above, closing down to one vision of reality. For Acker,

⁴¹⁵ Acker in interview with Lotringer, p. 23.

the narrative fragments, rather than coherent story, offer powerful reading and re-reading potential. In *not* presenting a coherent ‘story’, Acker opens the narrative space in which the effects of her writing psychosis can unfold. As Keitel notes, traditionally written texts might offer a description of psychosis – Acker’s texts instead offer, through the effect of fragmenting linear or coherent interior vocalisation, a reading experience in itself analogous to psychosis.

It is not always *within* the narrative fragment that the creation of written psychosis occurs – it also emerges both *between* the fragments and *because* of the fragment. Ebbesen suggests that in the *lisible* or ‘readerly’ narrative, a “gap” occurs because “the writer uses various and contrary components from different discourses” – thus the “act of making ideology into literature (its form) creates a gap, which is the unconscious”.⁴¹⁶ He suggests that “Acker wants to make this gap visible” – that in her “interdiscursive” use of the detective genre, she upends the generic conventions and thus demonstrates from inside the genre the genre’s “hidden ideology”.⁴¹⁷ Ebbesen’s reading demonstrates Acker’s subversive play with genre, and the identification of a ‘gap’ made visible is of use here to inform my argument. Acker’s psychoticised texts are constantly in tension – the individual fragments are uncomfortably placed alongside each other, overtly incoherent in their own right and doubly so when placed in seemingly random sequences. This, then, leaves the reader struggling to situate narrative within context, time, space, character, and narrative voice. This space or gap might be where the effect of reading Acker’s writing psychosis occurs.

⁴¹⁶ Ebbesen, p. 86.

⁴¹⁷ *ibid.* p. 86.

The struggle towards coherent meaning making of fragments, then, offers for the reader one part of what Keitel has termed “reading psychosis”.⁴¹⁸ The cumulative impact of the effect of immersion into incoherence might offer two potential responses that may aid reformulation of how the experience of psychosis is considered, and how best to respond to dialogue that alienates the reader/listener from the content precisely through its apparent illogicality or confusion. Firstly, such fragments, while unfamiliar, might be paradoxically familiar to a clinical reader. That is, they replicate forms of expression that likely will have been heard elsewhere. Such fragments might mirror the way that people experiencing disruptions to their sense of self, belief and cognition might express those experiences. One possible response is to dismiss them as ‘mad’ writings in the way a person expressing such thoughts and beliefs might be codified within a biomedical framework as ‘mad’. A different and more ethically minded response might, instead, take the time to consider the content of each fragment, to find the thread that ties the fragment to the whole, to consider the meaning of the individual element to the person. Secondly, and following this, the fragments might offer an opportunity to cohere different parts of a story together – this is something I return to at length in the conclusion to the thesis, considering how narrative-based approaches to people experiencing disruption and challenge to their sense of certainty and coherence in ‘psychosis’ might be both beneficial and, importantly, more in line with contemporary person-centred and personalised approaches.

⁴¹⁸ Keitel, p. 118.

Repetition

A second narrative feature that contributes to Acker's writing psychosis is the use of repetition. It has been suggested that Acker uses repetition to "strip syntax of meaning".⁴¹⁹ A second reading can be offered which draws a parallel between Acker's use of repetition and what Arthur Frank has called 'chaos narratives'. Chaos narratives, one of three types of narrative self-storying following acute or serious illness, are clearly described by Frank:

Chaos is the opposite of restitution: its plot imagines life never getting better. Stories are chaotic in their absence of narrative order. Events are told as the storyteller experiences life: without sequence or discernible causality. The lack of any coherent sequence is an initial reason why chaos stories are hard to hear; the teller is not telling a 'proper' story. But more significantly, the teller of the chaos story is not heard to be living a 'proper' life, since in life as in story, one event is expected to lead to another. Chaos negates that expectation.⁴²⁰

The lack of sequence or linearity in the chaos narrative offers a sense of perpetual present-ness to the story. It is this "and then and then and then" feature of the chaos narrative is resonant with Acker's use of repetition.⁴²¹ Instead of enabling a consistent and logical self-story that follows a linear pathway, acute illness might prompt a disruption in temporal certainty, leaving the person in a state of continuous present, with past interrupting present and future hesitantly, if at all, envisioned. The past intrudes into the present; events are unexpectedly repeated. I argue this is certainly true for different types of relapsing and remitting illnesses, but also for episodic experiences where the fear of relapse can impact upon a sense of forward movement or growth. Frank, who

⁴¹⁹ Colby, 'The Reappropriation of Mythology to Represent Pain', p. 11.

⁴²⁰ Frank, p. 97.

⁴²¹ *ibid.* p. 99.

concentrates mainly on the experience of bodily sickness, suggests that chaos narratives are “anxiety provoking”, both to experience and to hear, revealing “vulnerability, futility and impotence”.⁴²² Further congruence can be seen here with Keitel’s “reading psychosis”, which she notes can induce a sense of “enveloping oppression” and hence anxiety for the reader.⁴²³ The psychopathography *should* induce in the reader “the same ambivalent or negative emotions that accompany psychotic attacks: pleasure as well as oppression, paralysis and anxiety”.⁴²⁴ In Acker’s texts the repeated appearance of sections and sequences, both within the same text and between different texts, adds to an overall disruption of temporal-logical certainty both within the text or texts themselves and for the reader who may experience their own sense of ‘and then and then and then’.

Repetition, then, contributes to the cumulative effect of fragmentation and forms a further element of Acker’s writing psychosis. Repetition has much to do with notions of memory for Acker, who noted, “I began to work with memory and with repetition. How does the reader remember, or what does the reader remember when you repeat something over and over again? How do language and memory work even in the most logical, well constructed texts?”.⁴²⁵ The effect of Acker’s repetition on the memory of the reader forms a kind of reality rechecking. Repetition in Acker forces questioning by the reader of the actuality of their reading practice – have I read this before, have I a misprinted copy, why the repeated image – it must be of significance, but *what*?

⁴²² Frank, p. 97.

⁴²³ Keitel, p. 112-118.

⁴²⁴ *ibid.* p. 2. As noted above, I object to the use of the non-specific “psychotic attacks” here, which holds even less meaning than a biomedical framework.

⁴²⁵ Acker in interview with Friedman, (para. 32 of 115).

There are two tropes that Acker returns to that are of particular relevance in her writing psychosis. Both thematically offer insights into the contextual circumstances from out of which the fractured inner monologues of her fragments occur. Firstly, the repeated appearance of the murderous, abortive, and sometimes suicidal Mother. This section, from *Translations of the Diaries of Laure the Schoolgirl*, appears in various modalities throughout Acker's work:

My mother tells me why I was born: she had a pain in her stomach, it was during the war, she went to some quack doctor (she had just married this guy because it was the war and she loved his parents); the doctor tells her she should get pregnant to cure the pain. Since she's married, she gets pregnant, but the pain stays. She won't get an abortion because she's too scared. She runs to the toilet because she thinks she has to shit; I come out. The next day she has appendicitis.⁴²⁶

Acker repeatedly manipulates this mother figure as inducing the inherent instability of her ontologically insecure characters. Parents, who always hold a particularly vicious, destabilising presence in Acker's work, cast their children loose into the world – literally in this fragment, where the child is excreted rather than born – before a secure sense of self has been developed. The same Mother is portrayed in the Rimbaud section of *In Memoriam to Identity*, as a mother who again “would have had an abortion if a quack doctor hadn't informed her that pregnancy would kill or cure all her physical problems” (IMTI, p. 3). This mother is also murderous:

[...] in spite of God this draconian woman who could tolerate no slight to her authority decided to become the Mother of Maternal Crimes (MMC): she was going to murder pitiful R, not exactly by killing him, but by destroying and annihilating every shred of his will and soul while he still lived on. (IMTI, p. 4)

⁴²⁶ Kathy Acker, 'Translations', p. 107.

The repetition of this passage could offer a commentary on patriarchal notions of maternity and motherhood as women's purpose and goal in life, subverting the image of the caring mother and desired child. Alternatively, it might offer a perspective on how parenting (or lack thereof) effects the development of a fractured sense of self. Other repeated tropes regularly appear in Acker's texts, such as the sex show montage that often features a father figure, Santa, or psychiatrist. In this respect, both repetition of the segment, adding to reading anxiety, and the content itself, forces a consideration of meaning, implication and interpretation of depictions of events that later contribute to characters destabilised sense of who they are, what experiences are 'real' and their internal emotional consistency.

Secondly, Acker re-appropriates her own material, repeating sections of her work in other texts, sometimes with minor variations. This is apparent when comparing sections of her 1982 work *Great Expectations* (itself an appropriated version of Dickens' classic tale) and the short piece 'The Birth of the Poet' from 1981. 'The Birth of the Poet' is a drama, written in a performance style. In *Great Expectations*, Acker changes the same spoken passages to prose. These two passages provide a good example of the effects of re-appropriated repetition, given their thematic concerns:

(Cynthia lies down on the street and sticks razor blades up her arms. The bums ask her if she needs a drink.)

CYNTHIA: Madness makes an alcoholic sober, keeps the most raging beast in an invisibly locked invisible cage, turns seething masses of smoke air calm white, takes a junky off junk as if he's having a pleasant dream, halts that need FAME that's impossible.

I am only an obsession. Don't talk to me otherwise. Don't know me. Do you think I exist?

Watch out. Madness is a reality, not a perversion.⁴²⁷

Cynthia lays down on the street and sticks razor blades vertically up her arm. The bums ask her if she needs a drink. Madness makes an alcoholic sober, keeps the most raging beast in an invisibly locked invisible cage, turns seething masses of smoke air into calm white, takes a junky off junk as if he's having a pleasant dream, halts that need FAME that's impossible.

I am only an obsession. Don't talk to me otherwise. Don't know me. Do you think I exist?

Watch out. Madness is a reality, not a perversion.⁴²⁸

Other repeated sections from 'The Birth of the Poet' blur into *Great Expectations* as prose and drama, destabilising generic expectation and coherence of individual text or stable characterisation. Madness in these two passages is twice presented – or rather, re-presented – as somehow inevitable; it is the *reality* for the character here. The change in narrative from drama to prose offers a challenge to the reader – in dramatic form a further layer of distance from the narrative might be present, where the lines and staging are *imagined* rather than *immersive* as might be seen in psychopathographic reading. The thematic concern with self harm has been noted in the preceding chapter; through its repeated textual appearance it becomes a theme worthy of consideration, but the stark and recurrent portrayal might contribute to a further sense of oppression, confrontation and anxiety for the reader. The repetition of sections, and of images, leaves the reader with no escape from what is presented.

Repetition also forces a re-reading. As Pitchford argues, it is the act of re-reading that forms a viable tactic in the contemporary era, suggesting that Acker's "model of identity – a model based on rereading"

⁴²⁷ Kathy Acker, 'The Birth of the Poet' (1981) in *Hannibal Lecter, My Father*, pp. 75-103, (p. 86).

⁴²⁸ Kathy Acker, *Great Expectations* (1982) (New York: Grove Weidenfeld / Grove Press, 1989), p. 119.

provides one possible way in which individuals can obtain agency despite the existence of oppressive power structures.⁴²⁹ Alongside induction of re-reading, the function of repetition in Acker is twofold. Firstly, it forms a sequence of repetition which, while the *contents* of the repetition may not always be nightmarish, causes the experience of reading becoming akin to hearing a stuck record, with the reader descending what may be akin to a Baudrillardian “schizophrenic vertigo” of “serial signs, for which no counterfeit, no sublimation is possible, immanent in their repetition”.⁴³⁰ Secondly, a certain *numbness* might be induced in the reader, a Jamesonian *lack* of affect and a *blunting* of emotional response.⁴³¹ This *blunting* could be interpreted as being analogous with the ‘negative symptoms’ of psychosis. Where we can view Acker’s destruction of narrative into fragments as reproducing the frenzied aspects of psychosis, repetition instead might induce a re-presented version of the experiences of unreality (or dissociation from the external real), anhedonia, demotivation and emotional absence or flatness.

Such blunting effects might also be induced through Acker’s sexual representations and explicit language – eventually ceasing to hold any outrage value, transcending their socially inscribed derogatory meanings to become merely words on a page. One reading here of response to Acker’s repeated graphic sexual scenes is that they become neither arousing nor shocking, devoid of their ability to provoke emotional response in the reader, leaving the mechanistic interaction of

⁴²⁹ Pitchford, p. 59.

⁴³⁰ Baudrillard, *Simulations*, p. 152.

⁴³¹ Jameson, *Postmodernism or, The Cultural Logic of Late Capitalism*.

bodies without selves. McGann notes that Acker's language, "if it does not horrify and disgust at both these extremes", leaves our reading "from her text's point of view" as already passing "over into the night of the living dead".⁴³² He follows with the suggestion that Acker's language "destroys its own shock effect" and "will finally be judged boring".⁴³³ Similarly, in a feminist reading of Acker, Kennedy argues that *not* being shocked by the explicit passages in Acker "is to serve unreflectively the patriarchal establishment that determines relationships between men and women".⁴³⁴ Alternatively, Wheeler posits a more positive view of "the importance of shock in awakening her readers from the sleep of familiarity".⁴³⁵ Familiarity might be that certain words are shocking, graphic, offensive – unfamiliarity on the other hand, and Acker's purpose here might be most aligned with this reading, realises that it is not the *word* that demeans, exploits and controls, but the context of the usage. In this respect, as with my reading of gender, sex and psychosis in Chapter 2, repetition of graphic sex and language might further serve to prompt readers to consider their beliefs, values and expectations when responding to individuals with diverse circumstances or expressions.

The endless repetition of interacting genitals – what Wheeler refers to as the "primitiveness of the body" taking the place of "the 'I' as subject in many of Acker's early works" – and hitherto scandalous language enables the reader to be blunted but, I would argue, *not* bored.⁴³⁶ Wheeler suggests that one of Acker's purposes with her writing

⁴³² McGann, p. 493.

⁴³³ *ibid.* p. 495.

⁴³⁴ Kennedy, p. 171.

⁴³⁵ Wheeler, (para 13 of 14).

⁴³⁶ *ibid.* (para. 12 of 14). For a penetrative analysis into various feminist readings of Acker's texts see Martina Sciolino, who situates Acker as post-feminist and examines

was to make the reader “explicitly aware of social programming” which she believed has “dehumanized us, and has created a ‘reality’ more like a ‘hyperreal’ realm of codes and simulacra, where desire has been programmed in a certain, repressive way”.⁴³⁷ Social programming invokes our initial shock at Acker’s language and graphic representations of physicality and desire. Realisation *about* this social programming enables shock to pass and the reading journey to continue – and, furthermore, deeper exploration of constructs previously deemed as ‘certain’ or ‘known’ (in my reading, subverting the binary duality of ‘rational / irrational’ to consider a continuum of experiences which might be both understandable and meaningful). Wheeler further suggests that Acker’s “experiments represent a quest to find out what could liberate us from those habitual fictions we call reality and ordinary life”.⁴³⁸ This highlights one of Acker’s potential purposes with her literary experimentations; repetition is one such ‘experiment’ that might effect a response to Acker’s writing psychosis that offers acknowledgement of the potential insights afforded by otherwise ‘shocking’ or ‘incoherent’ textual repetitions and fragments.

A further element in Acker’s work, following from repeated tropes, text or graphic presentations, is a concern with dream, dream states, and separating unconsciousness and consciousness. In Acker’s texts, dream-like unreality can often not be situated *as* a dream, but instead is blurred with conscious existence, displaced from the physical surrounding world, isolated and enveloped in an uneasy unreality. This

the use of montage in Acker’s text as initiating the “interruption” necessary to understanding of gender as “in indeterminate relationship with identity” (as above, p. 441).

⁴³⁷ Wheeler, (para. 3 of 14).

⁴³⁸ *ibid.* (para. 13 of 14).

semiconscious-dream style, particularly when used in a recurring manner, contributes to Acker's writing psychosis, affecting a sense of unreality at the level of reader response, offering a further sense of disorientation for the reader. Furthermore, repetition itself might evoke a sense of dream-state reading. *I Dreamt I Was A Nymphomaniac: Imagining*, for example, contains one section consisting of a scene repeated twice, and another comprised of four repetitions of a specific dream sequence. The second segment includes autoscopic depersonalisation – "I (outside the dream) look at myself (inside the dream)" (IDIN, p. 102). Temporal stability is displaced in this repeated section, as it is in dreams:

Last night I dreamt I was standing on a low rise of grassy ground; Dan was standing next to me facing me. He put his arms around my neck kissed me, said 'I love you.' I said 'I love you.' Two years later I'm riding through a forest with my two younger sisters. (IDIN, p. 101).

The orienting presences of consciousness, where past present future can be cohered, are lost here. Time juts from past to future, with the present indeterminately situated, much like in Frank's chaos narrative. The repetition of these segments within the same section of text, though, forces the reader to reread the repetitions searching for differences, to *meaning* for the repeated text. The dream-sense then is created doubly for the reader – by the repetition and by the disorientating content.

Glück argues, with reference to this specific passage, that Acker's "strategies keep the reader off balance", making it difficult to write *about* Acker's work "because the best reading is always an uncertain reading".⁴³⁹ He continues:

⁴³⁹ Glück, p. 46.

Acker creates a reader who is lost in strangeness. She pitches the reader into a welter of contradictions that do not resolve themselves, but replace each other continuously: a text that hates itself but wants me to love it, sex that dissolves and amalgamates, a disempowered self that tops its heated bottom-act with cold manipulations, a confession that is therapeutic without the possibility of health. Her aesthetic is founded on double binds whose brilliance captivates me as I struggle against them.⁴⁴⁰

Acker's reader is left disoriented and lost in "strangeness". Glück illuminates the effect of Acker's writing psychosis here. Dream, wake-states and 'psychosis' collide – particularly when this occurs extra-textually in the repetitious appearance of sections with minor, almost undetectable alterations within and between texts. None are certain – it is not possible to assert that a particular depicted scenario is dream, psychosis or fantasy / daydream. Characters are temporally and cognitively as disoriented as the reader might then become. Through repetition, the reader is trapped, in Glück's words, in a literary "aesthetic" founded on "double binds" which simultaneously present conflicting and often negating messages. The textual double bind that Glück notes is one which presents the reader with a series of repetitions with no overt purpose, trapping them in an unending present, much like in Frank's chaos narratives. Similarly, Acker presents opposing propositions, perspectives and situations as all true, all possible, all existing – leaving the reader caught in their own double bind.

In *I Dreamt I Was A Nymphomaniac: Imagining*, a further example of the way Acker disrupts narrative coherency is evident. In this case, philosophical mediation erupts into the dream-like and repetitive narrative structure. This narrative fracturing develops into a commentary

⁴⁴⁰ Glück, p. 46.

on the temporal instability of selfhood in Acker's work. Temporal instability is a subject I return to in the next chapter, but want to note here for its relationship to repetition and contribution to overall sense of disorientation in writing psychosis, as an interpretation of this section using Frank's notion of the perpetual present of the chaos narrative can be drawn using this literary interjection. The interjection offers a complex mediation on time:

Say there's two theories of time. Absolutist theory of time: the world is in time. The world, events occur in moments. These moments can be mapped on a time line. Relativist theory of time: time is in the world. Time is the temporal relations of events. [...] Intention: escape this horror as I know it and am made by it. How can I (I being a model of any individual) change? Assume the relativist theory of time accurately maps time in the world. 'I change.' What do I mean by 'I'? (IDIN, p. 136).

Either events occur sequentially, logically, or they are extant as events connected by (individually experienced) time. "I" is not locatable in the absolutist experience of time as represented in Acker's text here, as "I" does not occur in a linear manner. "I" is also multiple and thus unstable precisely because it can only exist in a moment, for a moment. As I discuss in the next chapter, a secure and coherent sense of identity is often unachievable, expressed textually as multiple and undifferentiated 'I's in Acker's work. Watten asserts that the passages noted above, however, indicate that the "individuals" here are "durationless and merely present", continuing: "'I', therefore, is either an endless series of such individuals or is the substance of temporality itself".⁴⁴¹ He continues, commenting specifically on the four repeated sections in the early part of this text – the repeated dream passage I noted above –

⁴⁴¹ Watten, p. 65.

breaks off to move onto the next repetition in the middle of the sexual act, with no closing point before the next repetition. He suggests that “at the moment the event (here, a dream) becomes so multiply overdetermined that it precludes narration” and as such “Acker’s task in what follows will be to align, thus, the empty literalness of repeated narration with the overdetermined pressures on identity that cause it to break off and become reconfigured”.⁴⁴² Repetition and recurrence is the only available response for the unstable self – it is inescapable and inevitable. Acker’s mediation on time and the repeated segments of *I Dreamt I was a Nymphomaniac: Imagining* might be seen as a literalisation of the unending present of the chaos narrative. Such repetitions open up the text to multiple interpretations, multiple versions of who the “I” is, all coexistent and thus all valid, but equally all tentative and uncertain.

The reader, of this text but of much of Acker’s work more generally, is potentially left – like Acker’s “I’s” – suspended in a series of what Jameson formulated as *perpetual presents* of postmodern ‘schizophrenia’, occurring when the subjects cohering sense of temporal logic breaks down.⁴⁴³ Jameson writes:

If, indeed, the subject has lost its capacity actively to extend its pro-tensions and re-tensions across the temporal manifold and to organize its past and future into coherent experience, it becomes difficult enough to see how the cultural productions of such a subject could result in anything but ‘heaps of fragments’ and in a practice of the randomly heterogeneous and fragmentary and the aleatory.⁴⁴⁴

⁴⁴² Watten, p. 69.

⁴⁴³ Jameson, p. 25-28.

⁴⁴⁴ *ibid.* p. 25.

Acker's own "cultural productions" (which seems to be a more apt description of her texts than 'novels' perhaps) are exemplars of the "heterogeneous and fragmentary and the aleatory" of Jameson's version of postmodernity. The reader's reading explodes into multiplicity, fragmented and random. The reader is imprisoned in the perpetual "and then and then and then" of Frank's chaos narrative – the perpetual 'and then and then and then' of literary psychosis.

Inaccessible Languages

Acker's writing psychosis can be viewed as dream-like in many ways, particularly in those dream-sections that are repetitious. In some ways, Acker's fragments and repetitions might be seen, in Jaspers terms, as un-understandable, similar to some expressions of psychosis where the expressed message is received in a literal sense (the words are heard) but which may be challenging to decode and respond to (interpreting beyond a demarcation as 'mad speech'). Acker had a clear interest in the way in which experience which either resists linguistic representation (particularly orgasm, but also dreams) or that exist at the limits of consciousness might be communicated using 'known' languages.⁴⁴⁵ Parallels can be drawn between how Acker depicts inexpressible or inarticulable experience and how this might relate to the depiction of psychosis (which, as Keitel suggests, might exist at the limits of coherent or accessible representation in text). The challenge for the reader, which contributes to an overall sense of textual psychoticisation and reading psychosis, is thus furthered in textual terms by Acker's use of

⁴⁴⁵ See Acker, 'Paragraphs', for example.

inaccessible languages – firstly, in her attempt to express the inexpressible, specifically the language of orgasm; secondly through the insertions of foreign languages and script into texts.

Acker commented that she wrote at times from within a dream-space. Referring to her 1993 work *My Mother: Demonology*, Acker notes her need to find an “interior space”, a “free” space.⁴⁴⁶ This space, where mind, body and language both meet and depart, comes from experiences that are inexpressible (particularly at the point of sexual departure, from within orgasm). This ‘space’ was found for Acker by turning “to dreams”.⁴⁴⁷ Acker notes that dream “was a language I accessed; I did not make it up. I did not compose it. I became interested in languages I could access, find”.⁴⁴⁸ Dream space is linked to the linguistic expression of the bodily experience of orgasm: Acker suggests that the language of orgasm “seems to be architectural: it has spaces”.⁴⁴⁹ These spaces are, perhaps, the “interior space that was free” which Acker wanted to write from within – spaces unconstrained by social language and describable experiences; spaces free, perhaps, of exterior repression.⁴⁵⁰ Social language in this way is inarticulate for expressing liminal experiences, such as orgasm, dream or psychosis. Acker’s dream-space expression can be seen as mirroring the expression of elements of psychosis – not in terms of the unconscious elements of psychosis, analysis of which belongs to psychoanalytic critique, but in terms of how the textual construct then offers a reading experience which is both strange and familiar, subliminal and sublime, unsettling and seductive. It is these

⁴⁴⁶ Acker, ‘Paragraphs’, p. 91-92.

⁴⁴⁷ *ibid.* p. 91-92.

⁴⁴⁸ *ibid.* p. 91-92.

⁴⁴⁹ *ibid.* p. 92

⁴⁵⁰ *ibid.* p. 91.

unsettling effects that can offer a reading of text which might provide an analogue to psychosis for the reader. The free space, the internal space, allows for exploration not only with dream language, as Acker discusses in ‘Paragraphs’, but from the interior of bodily and primal experience, with the language that emerges from intense bodily experience, be it athletics, bodybuilding or orgasm.⁴⁵¹

Acker’s attempt to develop bodily and inarticulate experiences into language – not *describing* in traditional terms of sensation or emotion, but in accessing and interpreting the body’s own language itself – has clear echoes with what Keitel describes as the challenge of presenting inaccessible material which “resists linguistic representation”.⁴⁵² Examining what Acker created in her attempts to find the language of orgasm leads to insights into the challenge of translating psychosis into language and text. In interview with Jackson, Acker notes that, when searching for a new language outside of inherited myths around sexuality and gender, she felt “there’s something there that has to do with breath and that there’s a very close connection between breath and language, and rhythm”.⁴⁵³ As I noted in Chapter 2, orgasm in Acker’s work is presented as an experience that produces loss of cognitive control and loss of selfhood, an unselfing where the only focus is on the bodily experience. She suggests that one area of interest was “when you go through orgasm, where you lose control, what’s the language that’s there”, suggesting “in that way sexual material’s been coming back [into her texts] because I’ve been trying to see what, or

⁴⁵¹ Acker, ‘Paragraphs’, p. 91.

⁴⁵² Keitel, p. 14.

⁴⁵³ Acker in interview with Jackson (para. 23 of 49).

listen to, what's there".⁴⁵⁴ In this way, the language of orgasm in Acker's work might offer insights into the challenges of expressing of specific experiences, bodily, emotional and mental, without resorting to simple but inadequate descriptive process.

The *textual* portrayal of liminal body experience, as inexpressible, contributes to Acker's writing psychosis. Acker writes *though orgasm* in several pieces of work. In the non-fiction piece 'Seeing Gender', Acker writes, "I have become interested in languages which I cannot *make up*, which I cannot *create* or even *create in*: I have become interested in languages which I can only come upon (as I disappear)".⁴⁵⁵ Acker here notes that these are languages in which she, as an "I", a cognitively orientated, active subject, disappears, leaving the "*languages of the body*".⁴⁵⁶ She continues, further presenting the challenge of separating body and self, object and subject, suggesting that there are:

[...] a plurality or more of such languages. One such is the language that moves through me or in me or ... for I cannot separate body and identity...when I am moving through orgasm or orgasms. I shall give you an example. Nothing has been *made up* or *created*.⁴⁵⁷

The example she then provides is a stream of consciousness style piece, less thematically correlated to any socio-political motivation, as evident in strands of thematic concerns that cohere her earlier fragmented pieces.

This piece instead focuses on body, nature and sensation:

*clear our forest water animals plants spout up twigs move
twigs in lips go down under liquid comes out the animal there
turns over
in safe place, center of. the tendrils are moving over the
water. going down going deep now the music begins only*

⁴⁵⁴ Acker in interview with Jackson (para. 23 of 49).

⁴⁵⁵ Kathy Acker, 'Seeing Gender', in *Bodies of Work*, pp. 158-168, (p. 166).

⁴⁵⁶ *ibid.* p. 167.

⁴⁵⁷ *ibid.* p. 167.

*music is slow nothing happening in there where the trees
grow. (there is all happening.) just goes on and on what?
nothing, for the body has taken over consciousness, is falling
asleep as if in a faint, all pleasant here and quiet*⁴⁵⁸

This fragment mirrors the kind of creations that can occur with free association writing. More importantly, though, when set against some of Acker's fragmented and repetitious pieces that more overtly concern psychosis in content, the tone of this section is notably calmer, slower, soft and blurred rather than frantic or with jarring edges. Consciousness is displaced as bodily sensation overwhelms the cognitive space. The later section of Acker's illustrative writing from the body rather than mind here breaks down into fragments and disconnects, from words to word:

*[...] this is so intense it can hardly be handled.
the treasure in the
midst of he
churning waters gold
dot
churn/separate all*⁴⁵⁹

The words might be recognisable, but the tone and rhythm of the piece overwhelms the reader's consciousness, displacing them from the familiarity of narrative form and content. The content and form of writing from body rather than mind, like many of Acker's pieces, fragments on the page to mirror linguistic expressions of thought disordering in psychosis.

'The Language of the Body' is another short piece where Acker explicitly, via a 'Masturbation Journal', notes the relationship between language and orgasm and how this relates to both dream and the

⁴⁵⁸ Acker, 'Seeing Gender', p. 167. Spacing, italicisation and grammar in original.

⁴⁵⁹ *ibid.* p. 167. Spacing, italicisation and grammar in original.

unconscious.⁴⁶⁰ In ‘The Language of the Body’, Acker talks of orgasm being a “threshold” point, a crossing over – while immersed in the crossing, “language is forbidden; having crossed, it’s possible to have language”.⁴⁶¹ Acker speaks of orgasm as related to nature, waves, rhythm and breath.⁴⁶² The “other world” entered within and through the transition point where subjectivity is destabilised is one where “all is a kind of ease”, a “world within dream”.⁴⁶³ In Acker’s description of the ‘crossing over’, there is a tipping point into the experience, but it also exists as a flow with ebbs and peaks rather than a specific rupture point with a clear ‘in’ or ‘out’ of experience. Her analysis here is interesting from the perspective of considering psychosis as a continuum of experiences, which acknowledges that there *may* be a point of consumption where psychosis takes over rationality but that, equally, some experiences aligned with ‘psychosis’ exist alongside more ‘usual’ mental processes. In this way, as Bentall has noted, psychosis might not be something that a person ‘becomes’ (as in ‘became psychotic’ or ‘relapsed into psychosis’), instead represented by a range experiences where elements of psychosis that cause distress or disorder might be more or less intrusive, more or less consumptive of other parts of the person’s mind and life.⁴⁶⁴ This may be a more useful way of considering the experience of psychosis, rather than considering it as an illness that someone ‘has’ or ‘does not’ have, ‘is experiencing’ or is ‘in remission from’.

⁴⁶⁰ Kathy Acker, ‘The Language of the Body’ (1993) in *The Penguin Book of Lesbian Short Stories*, ed. by Margaret Reynolds (London: Penguin, 1994), pp. 399-411.

⁴⁶¹ *ibid.* p. 409

⁴⁶² *ibid.* p. 409. See also Acker, ‘Seeing Gender’.

⁴⁶³ Acker, ‘The Language of the Body’, p. 409.

⁴⁶⁴ See Bentall, *Madness Explained*.

Yet in ‘The Language of the Body’, the ebbing and flow of the threshold experience occurs when Acker is alone, not when engaged in a sexual act with another person. She notes that “human communication” is unbearable.⁴⁶⁵ This may due to the struggle, in this piece, to “make sex live, to find the relation between language and the body rather than this sexuality that’s presented by society as diseased”.⁴⁶⁶ The journey is punctuated by space and absence, by the loss of language at the point of departure from the building sensation into and through the orgasm itself:

1. To calm the irritation. Just calm the irritation. Where is the opening, the door that opens?

Irritation is happy to be touched, but if it turns too expectant or excited without relaxing, it will become rigid.

The arising is a single, growing clit;

2. lose myself (beginning to lose myself)⁴⁶⁷

The journey concludes with the “*going over*”.⁴⁶⁸ The “I” here, the subject, is present initially – beginning to be lost, but present – before the transitional point, the “*going over*”, where the ‘Day 1’ section of the “Masturbation Journey” ends. This rhythmic sensation is mirrored in the spacing of the individual processes. In this respect, the experience of a *journey* experience might be considered as similar to the types of *journeys* that people who experience psychosis might experience along a continuum of mental processes, rather than as a binary ‘sick / well’ process. There may be a ‘going over’ where a person reaches a point where their experiences are less tolerable, more distressing or intense, but

⁴⁶⁵ Acker, ‘The Language of the Body’, p. 407.

⁴⁶⁶ *ibid.*, p. 407.

⁴⁶⁷ *ibid.* p. 408.

⁴⁶⁸ *ibid.* p. 408.

this threshold exists on a continuum where the individual might move back or forward, towards and beyond a self-defined point of difficulty or distress, rather than this being medically codified in terms of ‘insight’, ‘intensity’ or ‘relapse’.

What Acker finds, ultimately, is that the orgasm resists language; the build up can be written, but the climax is silent, overwhelming. At the point of climax, in orgasm, language stops. The ‘gap’ between language and sensation, space where time moves (there is a logical progression to the piece) is of secondary importance to the end point, the ‘goal’ where self is lost. Ebbesen suggests that in the *lisible* narrative, a “gap” occurs because “the writer uses various and contrary components from different discourses” – thus, the “act of making ideology into literature (its form) creates a gap, which is the unconscious”.⁴⁶⁹ Ebbesen suggests that Acker “wants to make this gap visible”.⁴⁷⁰ When Acker writes orgasm, the gap is made visible, but not filled (there is often physical space on the page between written text segments). Language is unable to convey the physical and cognitive structure, or affective experience, other than in a flattened, one-dimensional sense. The experience remains within, and can only be described by using, pre-existing discursual strategies. This is the language of nature and the body for Acker and, in parallel, a psychiatric discourse for psychosis. Language, though, acts in a reductive way, diminishing complex experiences when applying them to particular schemata.

⁴⁶⁹ Ebbesen, p. 86.

⁴⁷⁰ *ibid.* p. 86.

These types of schemata are aligned with what Keitel, drawing on Frank Kermode, discusses as “concord fictions”.⁴⁷¹ Case histories and theoretical psychopathographies are “concord fictions” in the way a person’s experience is reformulated into a familiar, recognisable, coherent form.⁴⁷² What Keitel is concerned with in her development of the reading effects of the psychopathographic text, however, is not the cohering of experience, which leaves the reader orientated and cohered *themselves*. It is the “vacuum” in which the “specific effect of psychopathographies can unfold” – the space created when conventional linguistic representation is inadequate to convey the inaccessible experience.⁴⁷³ In Acker’s work, this ‘vacuum’ is formed through the use of fragments and repetition; the portrayal of the inexpressible; and the use of language and script that might be unfamiliar to the reader, enacting a further alienation from the depiction.

The insertion of sections of foreign language and script into narratives is apparent in some of Acker’s more structured narratives – *Blood and Guts in High School* and *Empire of the Senseless*, for example. When Sanskrit or Arabic is used in text, unless the reader is familiar with those forms of language, the text becomes literally ununderstandable. On Acker’s use of Arabic in *Empire of the Senseless* Pitchford suggests that the “meaning-disrupting speech of the Other becomes a source of alternative models of subjectivity (the sailor or pirate) and of narrative itself (a woman’s subversive storytelling as an act of survival and as a

⁴⁷¹ Keitel, p. 62.

⁴⁷² *ibid.* p. 62-63.

⁴⁷³ *ibid.* p. 14.

rejection of sexual victimhood)”.⁴⁷⁴ There is a third possibility that Pitchford presents here, rather than the reader’s ‘my meaning’ or ‘no meaning’: that Acker opens the spaces of representation here in which marginalised voices can be heard.⁴⁷⁵ Pitchford suggests that this is Acker not seeking to “destroy the realm of language and representation” but instead to “expand it, to exploit its own contemporary dynamic of expression”.⁴⁷⁶ Furthering this argument, Acker’s literal language disruptions – such as in *Blood and Guts in High School* where Janey learns Persian to overcome her literal and metaphorical imprisonment – serve three functions. Firstly, they demonstrate the alienating power of ‘other’ languages. Unless meaning can be made, which requires the reader to *know* the language, meaning remains at the level of mere notation on paper, meaningless. Secondly, such insertions leave the reader in a state of confusion, of absence from the text, excluded precisely from the meaning-making that may be occurring. Thirdly, Acker does provide translations for her reader – in *Blood and Guts in High School*, some of the Persian is translated, though this services only to demonstrate how literal translations of other languages into English are difficult. The reader of the translation (unless fluent in Persian) has no certainty as to the *accuracy* of Acker’s translations.

A reversal of position is evident here, where Acker holds the power to completely or partially exclude the reader from the text. This reversal mimics the exclusion of the patient from the medical language used by psychiatrists and others in the creation of medicalised meaning

⁴⁷⁴ Pitchford, p. 96.

⁴⁷⁵ *ibid.* p. 96.

⁴⁷⁶ *ibid.* p. 96.

from ‘psychotic’ speech or expression. The expressions are not seen in practice as standing alone as *potentially* meaningful in their own right; instead, they are codified, interpreted, re-presented in an ‘understandable’ format, as indicative of an ‘illness’. The psychiatrist’s language and meaning-making has priority and higher status than the person’s own, and the person no longer *owns* their experience, its formulation or expression.

Following Pitchford’s reading of the use of inaccessible foreign script or language, the marginalised speak in Acker’s work, and the reader can be, and sometimes is, excluded from understanding their dialogue. What potential could there be for understanding the languages of madness if a similar marginalising vocalisation is enacted in clinical practice? This question forms the basis of this concluding section – how Acker’s work might inform, though her disjointed textual form, both a reading experience that offers an analogue to the experience of psychosis, increasing empathetic reading process, and the development of novel interpretative skills from this reading, offering methods of communication for interacting in narrative ways with people experiencing psychosis.

The Psychoticisation of the Text

During another textual interruption, in *Empire of the Senseless*, Acker asks:

What is the language of the ‘unconscious’? (If this ideal unconscious or freedom doesn’t exist: pretend it does, use fiction, for the sake of survival, all of our survival.) Its primary language must be taboo, all that is forbidden. Thus, an attack on the institutions of prison via language would demand the use of the language or languages which aren’t

acceptable, which are forbidden. Language, on one level, constitutes a set of codes and social and historical agreements. Nonsense doesn't per se break down the code; speaking precisely that which the codes forbid breaks the codes. (ES, p. 134)

Empire of the Senseless was in many respects a transitional text for Acker, one in which she began to move from deconstruction (and destruction into fragment) to construction, to the search for a “myth to live by”.⁴⁷⁷ It is apt, therefore, that in this novel she rejects ‘nonsense’ in favour of speaking the taboo itself. Two interrelated strands relating to Acker’s textual translation of psychosis are evident in this narrative interlude. Firstly, that the unconscious is formed of that which is taboo, unspoken – Acker writes these taboos, enacting the textual codes required to deconstruct, and destruct, the societal, institutionalised and codified psychological walls enclosing that which is unspoken, unable to be spoken, precisely because it is defined as taboo. If psychosis remains an experience that is deemed ‘ununderstandable’ then it remains taboo, codified only in medicalised terms as Other to ‘rational’ or understandable experience. Acker’s second point here is that ‘nonsense’ will not suffice for breaking down linguistic code or societal taboo. Sense might not be immediately evident in Acker’s fragmented texts, but readings of the apparently random elements can and does offer *potentially* useful readings of taboo. There are lessons to be taken from both the reading experience and the processes of interpretation necessary for understanding Acker’s ‘non-sense’. In my argument, the reading experience and possibilities for interpretative reflection lie in the

⁴⁷⁷ Acker in interview with Friedman, (para. 46 of 115).

correspondence between Acker's textual portrayals and the expression of psychosis.

Acker, through the narrative devices of fragmentation, repetition and inaccessible language, can be situated somewhere between Keitel's literary and imitative psychopathography, not easily affiliated with either category but offering for the reader effects of both. Ebbesen, in a further categorisation, identifies that Acker does not write *lisible* (in Barthes' terms – 'readerly') narratives – instead, she *undermines the lisible* narrative via a collection of elements, which I suggest include fragmentation of narrative linearity or coherence, repetition, and the reproduction of inaccessible languages to demonstrate the inexpressible.⁴⁷⁸ In employing such textual elements Ebbesen suggests that Acker "wants to attack the acculturation process by destroying – or at least disrupting – the *lisible* text's role within the acculturating institution of literature".⁴⁷⁹ Specifically, for Ebbesen, Acker's repetitive narratives, the destruction of a stable narrative voice, and the replacing of "descriptive residue" with "moments of *iteration* which disrupt the *narrative rhythm* and, as a consequence, interfere with realistic presentation of the world" are key elements of her uncovering that which is repressed or silenced.⁴⁸⁰ Indeed, the "iterative" moments – both the fragments that Acker peppers her narratives with which disrupt (and on occasion destroy) a sense of narrative coherency and her literal repetitions – are closely interlinked with Acker's "assault on reason and

⁴⁷⁸ Ebbesen, p. 72.

⁴⁷⁹ *ibid.* p. 74.

⁴⁸⁰ *ibid.* p. 96. Emphasis in the original.

logic” according to Ebbesen.⁴⁸¹ This argument can be expanded.

Notwithstanding that Acker’s purpose may have been to disrupt generic convention, as Ebbesen suggests, the effect of her textual disruptions on the reader actively demonstrates an attack on notions of understandability that prioritise rationalism and coherence as *more* valuable than those expressed by people who experience, and speak from, a position of marginalisation. This active nature of this demonstrable writing psychosis, then, offers something that a traditional *lisible* or ‘readerly’ narrative cannot.

The language used to convey psychosis, particularly when spoken by the individual experiencing psychosis, may or may not be understandable in its most literal form. Sections of Acker’s work are clearly interpretable, but others are not, as in psychosis where experiences of paranoia or hallucination might be clearly describable but experiences like thought disorder might emerge as more challenging to hear and respond to. In the latter, unpacking threads of importance amidst elements of intrusion or confusion might be challenging. The content of expression and the form through which it is presented might be alien to more common experience. This again opens a further space, a space between literal ability to read words on a page and a broader understanding of the text itself. This space mirrors the lacuna Jaspers’ identifies between the understandable experience (neurosis) and the ununderstandability of psychosis. Acker often leaves her readers suspended in the ‘space between’ the understandable and the un-understandable, with both plural and plastic interpretations available.

⁴⁸¹ Ebbesen, p. 97.

Acker's texts open out, rather than closing down, interpretation. A biomedical binary framework of madness 'v' sanity risks closing down, through the demarcation of 'mad' or 'sane' expression and experience. Confusing or muddled expression can be dismissed as indicative of 'sickness' or focused on as meaningful at that moment for an individual.

Scholars often comment upon the reader of Acker's work. Carla Harryman, for example, suggests that the reader of Acker's text:

[...] suspends her own interpretative coherence; self-identity in reading multiplies, expands, pixelates, contracts, is undone: the reader becomes to herself a multisensory / sensibility of the text, a further anarchic layer of the text and / or obstruction. Reading further crowds the text. 'I' am interference.⁴⁸²

Similarly, Dick suggests that, like a "recalcitrant child", Acker:

[...] sets to work to break every writerly rule: the first and most fundamental rule of originality is exploded in a relentless practice of plagiarism; the idea of continuity – or authorial voice, of character, of narrative progression – is shattered. Most particularly, any kind of gender continuity is continually called into question, while genres thrown are thrown together to disrupt and disturb and disorientate any reading that settles into a comfortable pattern for a moment or two.⁴⁸³

Both Harryman and Dick note here that the reader is not afforded any continuity in the reading process, either through the text or as external to the text. In contrast, focusing on Acker's narrators-as-(re)readers, Pitchford notes that Acker rewrites "classics and pulp texts alike in a flat, deaestheticized style that becomes, in a sense, the common thread among the texts", suggesting that "this deaestheticization marks an interruption of the irrational, challenging the normal rules of reading".⁴⁸⁴ Thus,

⁴⁸² Carla Harryman, 'Acker Un-Formed', in *Lust for Life: On the Writings of Kathy Acker*, pp. 35-44, (p. 36)

⁴⁸³ Dick, p. 115.

⁴⁸⁴ Pitchford, p. 78.

Acker's "strategically stupid style refuses attempts to compartmentalize (rationalize) thought and speech into monologic units".⁴⁸⁵ These three differing perspectives on Acker's readers demonstrate the challenge of offering a clear or definite reading of Acker's texts, the challenge inherent in stating that Acker's texts *can* offer something fixable for the reader. Such a challenge is not limited to radically fragmented or alienating texts, but my proposals as to what *might* be experienced or taken from the text by the reader are necessarily tentative and propositional.

I have referred to Acker's writing as a *writing psychosis* throughout this chapter, an interpretation which takes Keitel's interpretation of the psychopathographical text beyond her initial theorisation. The effects on the reader of Acker's destruction of linear narrative into fragments, her use of repetition within narratives, and her disclosure of the space in which experience resists conventional linguistic representation, is nonetheless closely aligned to Keitel's analysis. The effect on the reader of reading psychopathographic narratives is clear for Keitel: "Reading about psychosis becomes a reading psychosis".⁴⁸⁶ Acker, as I have argued, does not write *about* psychosis. Instead, she provides a literary analogue *of* psychosis – she *writes psychosis*.

The reader does not recall Acker's 'stories', but the fragments contained within them. De-familiarisation with narrative coherence or, to paraphrase Keitel's words, the absence of the stabilising mediating text,

⁴⁸⁵ Pitchford, p. 79.

⁴⁸⁶ Keitel, p. 118 – see also Baker and others, *Madness in Post-1945 British and American Fiction*, pp. 24-26.

might leave the reader somehow lost, excluded from content that is stable, knowable and known, *and* simultaneously included into the disoriented experience of psychosis. Wheeler suggests that Acker “sought to reveal the fact that familiar order and logic are much less native to our experience or the apparent order of nature and the ‘external’ world”, suggesting that sanity is “arguably, merely the most familiar form of irrationality”.⁴⁸⁷ Acker textually creates irrationality in her ‘irrational’ texts. This might, then, offer readers with a sense of what confusion, insecurity, dissociation from everyday experience or communication, fragmentation, fear, anxiety, joy, elation and liminal experiences might then feel like. When such experiences are aligned, as I have, with psychosis, this insight may be then further applied to clinical practice in terms of reflection on how such experiences might feel.

Acker destructs texts and narratives; she destabilises, disorients and disrupts the reading process. In this way, reading her work might require the development of novel interpretative and reading skills. In 1993, Acker wrote on nonfiction piece about the processes she went through in her experience of bodybuilding and the struggle she had in writing *about* bodybuilding.⁴⁸⁸ Finally, she notes that she decided to write after each workout, yet she constantly forgets to write: “I...some part of me ... the part of the ‘I’ who bodybuilds... was rejecting language, any verbal description of the processes of bodybuilding”.⁴⁸⁹ Hence, the only way she can begin to write *about* bodybuilding is to begin by analysing the rejection of verbal language involved in such an intense

⁴⁸⁷ Wheeler (para. 8 of 14).

⁴⁸⁸ See also Colby, ‘The Reappropriation of Mythology to Represent Pain’ on this piece for a broadly similar reading.

⁴⁸⁹ Kathy Acker, ‘Against Ordinary Language: The Language of the Body’ (1993), in *Bodies of Work*, pp. 143-151, (p. 143).

physical activity. The physical act of entering the gym involves a “crossing of the threshold from the world defined by verbal language into the gym” – a parallel can be drawn here with her work on the crossing of the threshold into orgasm.⁴⁹⁰ She writes: “What happens during these minutes is that I forget. Masses of swirling thought, verbalized insofar as I am conscious of them, disappear as mind or thought begin to focus”.⁴⁹¹ There is a loss of conventional, external, cognisant self upon entering a space of physicality, through bodybuilding here but also through orgasm elsewhere or any kind of intense physical activity. The mind focuses exclusively on the physical action and sensation. Acker describes in detail the process involved in bodybuilding, whereby muscle groups are broken down in order to be re-grown, stronger than before – muscle groups are worked to the point of, and through, “failure”.⁴⁹² To grow, muscles must first be destroyed. She asks, “Is this equation between destruction and growth also a formula for art?”.⁴⁹³

Colby suggests that in Acker’s work “this destruction-growth formula becomes immediately apparent in both her feminist revisions of male texts and in her use of repetition within those texts”.⁴⁹⁴ This ‘formula’ seems to be an apt metaphor for Acker’s writing processes. In her writing she deconstructs narrative coherence, linguistic structure, rhythm and form, in order to germinate and create meaning. This does not occur in a conventional manner, where story is created through development of linear narrative, but instead through the destruction and erasure of traditional, recognisable form via fragments, repetition and inaccessible

⁴⁹⁰ Acker, ‘Against Ordinary Language: The Language of the Body’, p. 145.

⁴⁹¹ *ibid.* p. 145.

⁴⁹² *ibid.* p. 145-146.

⁴⁹³ *ibid.* p. 146

⁴⁹⁴ Colby, “The Reappropriation of Mythology to Represent Pain”, p. 10.

language, as well as through elements such as plagiarism and appropriation which I discuss in the following chapter. As I suggested when discussing Keitel, Acker's narrative fragments rely on the unfamiliar and the strange because the distance created between the effect of reading Acker's texts and 'known' textual strategies serves to prompt reflection on diverse communicative strategies. This induces the disruption in the reader; the medium may be actively de-familiarising, almost repelling the reader from the content. A new type of reading is required when encountering Acker's textual psychosis. I argue that this is analogous to the process a listener might go through when encountering a person experiencing psychosis. The content and the form in which psychosis is told might be, in Jasper's terms, ununderstandable. It might be outside the realm of everyday experience. New strategies are required to reach an understanding of the ununderstandable; narrative-based psychiatric practice might offer one such strategy, as I return to in Chapter 5. In this way, the processes involved in reading Acker's texts – considering salient language and expression through metaphor, trope, structure; cohering meaning by reading Acker's non fiction pieces alongside her fictions; familiarity with contextual theory that might inform readings of the text; noting the emotional and cognitive effects of textual tone and form; considering what can be taken away not only from the form of writing psychosis here, but the content of experience – might be new and worthy of reflection. Narrative skills such as these might then prompt supportive interpretation, reformulation and acting as an aid to personal meaning-making of the emotional and cognitive features of the *experience* of 'psychosis', which is the focus of Chapter 4.

Chapter 4: ‘Psychosis’, Experience and Content in Acker

Reason which always homogenizes and reduces, represses and unifies phenomena or actuality into what can be perceived and so controlled. The subjects, us, are now stable and socializable. Reason is always in the service of the political and economic masters. (ES, p. 12)

I have explored the medical and the socio-political context of madness in Chapters 1 and 2 respectively, and examined in Chapter 3 Acker’s textual form and how reading her work might offer the analogous experience of psychosis and development of novel reading strategies for clinical practice. In this chapter I consider Acker’s representation of the individual experience of ‘psychosis’, the *content* of her ‘literary psychosis’. I argue that Acker’s version of the phenomenology of madness offers a vision of the challenges of coherent and securely identified self-story telling and meaning-making in psychosis that may then offer something beneficial for clinicians to consider when contemplating how to support people in narratively oriented ways. Given that Acker’s vision of ‘psychosis’ is not one particularly aligned with a diagnostic or medical vision of psychopathological phenomenology, my intention is not to ‘symptom spot’ or to ‘diagnose’ her characters. Instead I examine three broad elements. Firstly, I focus on Acker and self-storying, particularly Acker’s reflection on the interrelationship of ‘schizophrenia’ and identity, lack of stable first-person narrative ‘I’, and her manipulation of fiction and autobiography. Secondly, I examine conceptions of memory and time in Acker as important to cohering personal experience in temporal ways. Finally, I explore the how Acker presents paranoia, fear of controlling agencies and lobotomy, a frequent trope in Acker’s work, that *could* be aligned with a framework of

descriptive psychopathology, but which I explore in terms of *experience* rather than their familiarity (or not) with the symptomatological approach to formulating ‘psychosis’. What psychosis *means* in Acker’s work, rather than what it ‘is’ or what it ‘looks like’, is a central concern of this chapter. Given this principal focus, in the concluding section of this chapter I note the ‘form-content’ divide in psychiatry, arguing that attention to the content offers a way of working in clinical practice that is both potentially beneficial and more aligned with an individualised perspective.

The quote that opens this chapter, from one of Acker’s more coherent novels *Empire of the Senseless*, is similar in message to some of the contemporary works that attempt to formulate what ‘psychosis’ may be. Leader points out that we “live in a society that has less and less space for the detail and value of individual lives [...] people today are coerced more than ever to think in uniform ways, from the nursery to the corridors of professional life”.⁴⁹⁵ In this way, clinical students and staff are indoctrinated into discourses of knowledge about what ‘psychosis’ *is* which might not align with people’s own experiences, and indeed might actively be *against* people’s own formulation of cause, effect, impact and recovery.⁴⁹⁶ Immediately after this comment, Leader notes:

We see this reflected in the mental health world, where treatment is often considered as an almost mechanized technique to be applied to a passive patient, rather than as a joint collaborative work, where each party has responsibilities. [...] The psychotic subject has become less a person to be listened to than an object to be treated. The

⁴⁹⁵ Leader, p. 3-4.

⁴⁹⁶ Multiple first-person accounts of encounters with mental health services and professionals have explored the way in which psychiatric discourse might sometimes misrepresent people’s experience or beliefs about aetiology, meaning, sense making and recovery – see for example Read and Reynolds; Grant, Biley and Walker; Grant, Haire, Biley and Stone; and Baker, Shaw and Biley.

patient's specificity and life story are often just airbrushed away. [...] Despite the warnings of progressive psychiatrists over the years and the antipsychiatry movements of the 1960s and 1970s, psychosis is still too often equated with the ways in which some people fail to fit the norms of society.⁴⁹⁷

Leader focuses much of his study on the 'everyday madness' that people *outside* of the psychiatric system might experience, his objective being that if we can understand "what has allowed someone to remain stable and avoid the most shattering and painful symptoms of psychosis" we may be better able to understand the experiences of people who have attracted the attention of psychiatric services, either through their own volition (as their distress or fear is great) or through their externally observed behaviour (often focused around discourses of 'risk' to self and other).⁴⁹⁸

Leader is critical of psychiatric systems that ignore or deny subjective meaning and sense making as important, those systems that prioritise symptomatological form over content, privileging the surface appearance and expression rather than the inner world.⁴⁹⁹ Acker, over 20 years earlier, suggested that not only did a singular notion of what reason 'is' reduce and repress people, but that *literature* had the potential to address this state of affairs, as seen in the text following the quotation which opens this chapter: "It is here that literature strikes, at this base, where the concepts and actings of order impose themselves. Literature is that which denounces and slashes apart the repressing machine at the level of the signified" (*ES*, p. 12). Literature can upend, subvert dominating or marginalising discourse. This chapter aims to examine

⁴⁹⁷ Leader, p. 4

⁴⁹⁸ *ibid.* p. 10.

⁴⁹⁹ *ibid.* p. 32.

how Acker's phenomenological portrayal of different elements of 'psychosis' might upend a traditional discourse which might risk privileging symptomatological form over personally important content, demonstrating how attention to the content might offer beneficial ways of working with people *outside* of an illness framework, in terms of storying or re-storying narratively-constructed authentic identity.⁵⁰⁰

Narrative and Authorial 'I': Identity and 'Schizophrenia'

Acker was fascinated with notions of identity, a theme that appears time and again in both interviews and critical work. The sense of challenge in developing a coherent or coalesced centralised identity materialises as a regular issue through her narrative voices, often via interior monologue.

As Watten notes, the "centre of Acker's strategies, then, is a dissociation of personal identity that generates the form of the novel".⁵⁰¹ Ebbesen further suggests that Acker's "shifting proper names and pronouns" serves "to problematize the ideological notion of 'I', whose construction takes place at the moment one enters phallogocentric language".⁵⁰²

Dissociated identities are written into the construction of Acker's texts; their expressions of experience are always bound up in notions of anxiety, fear, mistrust, ontological and existential insecurity and the inherent instability of the language available to them to construct their 'selves'. As Hume suggests, the "varied range of subjects in her narrative subunits at first supports the sense of there being no unified centre of consciousness", yet there is, as Hume elaborates, a consistent voice

⁵⁰⁰ See also A. Grant, H. Leigh-Phippard and N. P. Short, 'Re-storying narrative identity: a dialogical study of mental health recovery and survival', *Journal of Psychiatric and Mental Health Nursing*, 22. 4 (2015), 278-286.

⁵⁰¹ Watten, p. 64.

⁵⁰² Ebbesen, p. 9.

through Acker's work, one concerned with the experience of control from others (among other themes) and which resists a simple reading that positions Acker as emblematic perhaps of 'postmodern fragmentation'.⁵⁰³ In this section I explore how Acker portrays the first person voice in her fiction and how this might relate to experiences aligned with 'psychosis', and how this troubling of narrative voice is related to the blurring of autobiography and fiction, before considering how challenges around *who* is cohering a self-story might offer insights into narrative-based work in psychiatric practice.

Acker was critical of the notion of what she has referred to as a "specific, controlling, imprisoning 'I' ".⁵⁰⁴ Elsewhere, she noted the radical disjunction that exists between the individual's view of reality and the world itself is "insanity" incarnate: "Pretend that there is a distinct entity named *self* and a different entirety named *world* or *other*. Define *insanity* as the situation between the self's version of the world and the world. According to this definition, American culture is now insane".⁵⁰⁵ Furthermore, the *expression* of this personally experienced and culturally demonstrated "insanity" cannot be adequately demonstrated, for Acker, through "[w]ell-measured language, novels which structurally depend on Aristotelian continuities, on any formal continuities"; such works "cannot describe, much less criticise, this culture".⁵⁰⁶ This disparity, then, between the desired aim of a centralised identity and knowable real versus the reality of a fragmented sense of self and lack of ontological or existential certainty is best expressed, for

⁵⁰³ Hume, p. 489.

⁵⁰⁴ R. U. Sirius, 'Kathy Acker: Where does she get off? Interview by R. U. Sirius', *Alt X* (online journal) <<http://www.altx.com/io/acker.html>> [accessed 2nd December 2005].

⁵⁰⁵ Acker, 'William Burroughs's Realism', p. 2.

⁵⁰⁶ *ibid.* p. 2.

Acker, through discordant narrative voices who have a limited sense of ‘I am’, ‘I want’ or ‘I believe’.

The previous chapter spoke at length about reader responses to Acker in terms of her dissolution of structural formality. Glück suggests that, as a reader of Acker’s work and finding her disorientating, he felt “anguish exactly because I was deprived of the one identity-making machine of identification and recognition”.⁵⁰⁷ This disorientation is not only indicative of the reader response to Acker’s work, but is disorientation experienced by many of her characters and narrative voices within her texts. Acker’s characters are fragmented, unsure, insecure, paranoid, experiencing a fracturing between their perceptions and the perceptions of others. First person narration sometimes involves multiple voices, a babbling of identities or elements of selfhood. What this babble of ‘I’s’ reminds the reader of is the common misconception that psychosis, and specifically ‘schizophrenia’, involves a splitting of identity. This notion is not true – instead this kind of personality division is codified in the formal (but controversial) diagnosis of ‘Dissociative Identity Disorder’, where, usually in response to acute trauma, the core personality ‘splits’ into one or more ‘alters’.⁵⁰⁸ Far from being caught up with diagnostic nosology, Acker instead presents this plurality of identity alongside issues of plagiarism and blurring of autobiography, fiction and critical writing in a complex fusion.

Acker attributed this fusion as being born from her interest in ‘schizophrenia’. In interview with Friedman, she states “I came to

⁵⁰⁷ Glück, p. 47.

⁵⁰⁸ See Stickley and Nickeas for a detailed perspective on living with Dissociative Identity Disorder. .

plagiarism from a different point of view, from exploring schizophrenia and identity”.⁵⁰⁹ Again, in interview with Lotringer, she reiterates this view, stating, “I became very interested in the model of schizophrenia. I wanted to explore the use of the word I”.⁵¹⁰ The most viable identity in the contemporary world, Acker states, is formed of a splitting, a hyperreal merging of false/true, constructed and reproduced: in writing *The Childlike Life of the Black Tarantula by The Black Tarantula*, Acker wrote that she wanted to explore:

The idea that you don’t need to have a central identity, that a split identity was a more viable way in the world. I was splitting the I into false and true I’s and I just wanted to see if this false I was more or less real than the true I; what are the reality levels between false and true and how it worked.⁵¹¹

The most striking element of Acker’s re-presentation a ‘split’ identity occurs through her decentring of a stable and secure narrative I in her fragments and texts – as Schlichter notes (with reference to *Don Quixote*), “the destabilization of the point of view produces a variety of many small, local narrations that replace the master narrative”.⁵¹² Such a destabilisation exposes the way identity fragmentation relates to issues of coherent self-narrative but offers a narrative decentralisation of the ‘master narrative’ of rationality as a masculine objective.

I want to return here to the fragment from *The Burning Bombing of America* that I used earlier, to illustrate my point related to how the narrative I functions in Acker’s work as a dissociate, insecure expression of identity:

⁵⁰⁹ Acker in interview with Friedman, (para. 8 of 115).

⁵¹⁰ Acker in interview with Lotringer, p. 7.

⁵¹¹ Acker in interview with Lotringer, p. 7.

⁵¹² Schlichter, p. 321.

I'll just talk forget it inspiration gone energy high general feeling in the consciousness: can't get myself together what are you doing I'm flying into outer space I'm going insane 25mg. Valium one seconal. 50mg. Benzedrine unknown chemicals in the food personality changes result. hospitals are for getting well. don't believe it don't believe anything you hear. Be as paranoid schizophrenic as possible. all sentences suspect. Stupid Man says the universities are in league with the evil magicians the so-called Death Wards Columbia deals arsenic-napalm DD3 welfare means lobotomy nurses are robotants. Allow people to do whatever they want allow the streets to be covered with silk people will dance wildly in the streets⁵¹³

This segment is overtly concerned thematically with psychosis and the experience of paranoia and fear, presenting a sense of madness as inescapable *and* as an escape strategy. The elements of what has been termed post-war cultural paranoia are clear from the middle and towards the end of this fragment, and this theme in post-war fiction has been amply discussed elsewhere – I return to this experience shortly.⁵¹⁴ From the perspective of exploring Acker's presentation of narrative identity, the textual presence of a possibly omniscient voice (it could equally be argued that this is an internal questioning 'I' rather than a dislocated one) is evident here. It is subtly placed – as subtle as an auditory hallucination may be experienced, for example. The I in the text first indicates a sense of unease, of “general feeling in the consciousness: can't get myself together”, and immediately after this a voice asks, “what are you doing”. The “I” replies, “I'm flying into outer space I'm going insane”, a note of insight before the paradoxical descent into paranoia *about* insanity, and a simultaneous call *towards* “being” mad.

⁵¹³ Kathy Acker, *The Burning Bombing of America*, p. 158.

⁵¹⁴ See Patrick O'Donnell, *Latent Destinies: Cultural Paranoia and Contemporary U. S. Narrative* (Durham and London: Duke University Press, 2000); Timothy Melley, *Empire of Conspiracy: The Culture of Paranoia in Postwar America* (Ithaca and London: Cornell University Press, 2000).

The curious use of “I” and “You” (and later, “We”) in this piece distances both authorial I and I-as-first-person narrator because the I (or I’s) are inherently *unstable*. There is no coherent character identity created because of the littered fragments of text that form the piece as a whole. References to various friends and others at different points in the text are only initialised, producing a further distance than would be achieved by naming people. The use of “You” draws the reader directly into the text, appealing to them but simultaneously dissociating them from their expectations as a reader, for example:

SWISH freaks maniacs Your schizophrenia SWISH Your
giant hand covers our eyes pulls our fingers into long strands
of light Your fingernails scrape the skin off our senses Your
realm is not discussed there is no language for You [...] You
never rest You talk to me in the presence of other people I am
alone I sit by myself I cry.⁵¹⁵

This section is accusatory in tone (“Your schizophrenia” / “your fingernails scrape the skin off our senses”), yet collective (“our”). In many respects, “I” is every and any “I”; “you” is every and any “Other”. The overt distancing, almost repelling, of the reader (both through the accusing of the narrative voice, and the literal fragments of text posing a challenge to coherent reading and sense-making) leaves a reader who is trying to navigate their way through the scattered fragments of a text that, concomitantly, depicts the scattered fragments of a desecrated America. There is, again, no mediating text here, or even the structure of a mediating text to orientate the reader. The text may be thematically dystopian, but it does not follow the conventions of a dystopian narrative. Both the external real (cityscape) and the internal self (the I) are fractured and ruptured.

⁵¹⁵ Acker, *The Burning Bombing of America*, p. 171.

Acker's narratives are often interrupted by different voices (including those of the author) making identification of a discrete 'I' challenging. In a 1990 piece, published initially in the journal *Postmodern Culture* as "Dead Doll Humility" and reproduced in 1993 as "Dead Doll Prophecy", Acker demonstrates these interruptive voices.⁵¹⁶ This is a creative piece about the process of becoming a writer, creatively retelling the legal wrangling Acker experienced over plagiarism, and her feelings on the issue of plagiarism more generally. This fusion of creative and autobiographical is told in the third and first person (via Capitol's thoughts) but also signals concerns and influences that Acker discussed in interviews, for example the Black Mountain Poets.⁵¹⁷ The text is often missing the subject pronoun 'she' or 'her' giving a curiously distant impression. Other capitalised sections put Capitol's thoughts into quotation marks, offering a further distance from the impression of Capitol speaking Acker's thoughts, ultimately leading to a doubling of Acker's voice – two voices, possibly three (1st person, 3rd person and '....'). This is a powerful, if confusing, linguistic strategy. The different voices culminate and agree with one another. This is a feature throughout much of Acker's work, whereby I becomes unstable through a multiplicity of narrators all speaking in the first person. As in 'Dead Doll Prophecy', Acker interjects explicitly autobiographical material, political commentary, seemingly irrelevant sub-plots that fail to become plots, and philosophical musings into many of her texts. This again proves

⁵¹⁶ Kathy Acker, 'Dead Doll Prophecy', (1993) in *The Subversive Imagination: Artists, Society, and Social Responsibility* ed. by Carol Becker. New York: Routledge, 1994: 20-35.

⁵¹⁷ *ibid.* p. 21.

disorientating for the reader, and fragments Acker's more stable or coherent narratives in the same ways as her short pieces fragment.

As Kathryn Hume suggests, though, writing on the destabilising and deconstructing voices in Acker, there *is* a consistent voice throughout Acker's work, one which "projects itself through lyric lamentation, cries, the vocabularies of sex, pain and oppression".⁵¹⁸ She continues, suggesting that the values of this voice are "traditional and humanist, and include fair treatment, decent living conditions, the inner self's authenticity, and its right not to conform to social norms".⁵¹⁹ Alongside the 'I' that speaks consistently of Acker's core concerns, in other ways the narrative 'I' in Acker's work is destabilised, autoscopically displaced and external to the self.

The multiple points of view struggling for space within *The Childlike Life of the Black Tarantula by the Black Tarantula*, for example, are presented as a babble of hallucinatory voices. Within this text, there is no stable I offering a discrete characterial identity – the first person voices are multiple and undifferentiated by Acker: "My name is Laura Lane. I'm born in Holly Springs, Mississippi, in 1837. My name is Adelaide Blanche de la Tremouille. I, K A, fall in love with D; D burns me" (CLBT, p. 17). The narrative here switches between an authorial voice narrating contemporary events in a diary or self-analytical manner alongside the stories of female murderesses in the first and second chapters. The framing breaks down when Acker asserts that she is copying pornographic books, yet elements that Acker draws on (potentially) autobiographically ("I, K A" in the quote above; references

⁵¹⁸ Hume, p. 509.

⁵¹⁹ *ibid.* p. 509.

to L and B in the quote below) interject the ‘pornographic’ tale of a relationship between two girls at a school:

In my head I’m telling someone about me the two voices become voices outside my head I almost hear, not quite, I feel I’m closest to people in loony bins I see myself acting superior I’m going to get a job emptying toilets in a loony bin because I subconsciously know that I’m crazy. This is how I’m sneakily helping myself: I ask L about B’s work say I think B’s work is important because I’m still secretly and madly in love with B; secret sexual intentions determine my actions. [...] A semicircle of people stand around Jean’s cubicle, stare at our forms through the thin white curtains. Everyone knows about me. I love you. (CLBT, p. 33-34).

The L and B sections occur at different points and seem to be mediations of Acker, working through her personal relationships, interrupted by the ‘story’ of Jean and the I voice. Allusion to the experience of voice hearing is also evident in this quote. Where there is a babbling of ‘I’s’ speaking, the effect replicates the potential experience of auditory ‘hallucination’ for the reader, where thought is interrupted by more ethereal voices.

Acker seems to directly appear in this text: “Kathy also writes about this and her memory of it is the same as mine” (CLBT, p. 70). Acker explicitly links ‘schizophrenia’, identity and the blurring of autobiography and fiction in discussion about the process of writing this text. In interview with Lotringer she asserted that she was, in *The Childlike Life of the Black Tarantula by the Black Tarantula*, “splitting the I into false and true I’s and I just wanted to see if this false I was more or less real than the true I”, noting that by the end of the text “I can’t tell what’s true or false, except for actual dates. If I say I was born in 1748, I know that’s false”.⁵²⁰ She also commented on the

⁵²⁰ Acker in interview with Lotringer, p. 7-8.

interrelatedness, for her, of autobiography and fiction, truth and falsity, and ‘schizophrenia’ in interview with Friedman:

The thing about schizophrenia: I used a lot of autobiographical material in *Black Tarantula*. I put autobiographical material next to material that couldn’t be autobiographical. The major theme was identity [...] It’s a very simple experiment in *Tarantula*. When one first encounters the ‘I’ in *Tarantula*, it’s the autobiographical ‘I’. Then the ‘I’ takes on other, non-autobiographical qualities and gradually the inevitable parentheses around ‘I’ dissolve and the experiment in identity proceeds from that.⁵²¹

This further, then, implants the author into the narrative, further displacing authorial and characterial identities, closing the gap between author and text. Authorial identity is pluralised, like the ‘schizophrenic’ identities that Acker conveys in *The Childlike Life of the Black Tarantula by the Black Tarantula*.⁵²²

Through the blurring of authorial control over the text and the production of fictional or narrative voice, Acker in many ways constructs *herself* through writing. This offers a presentation of a public identity, which is unstable and slippery; the ‘facts’ about Acker’s life cannot be grasped from her narratives, as much as they ever can from even the most directly autobiographical texts. The presentation of a fictionalised or semi-fictionalised autobiography offers an interesting perspective when considering how to support people experiencing ‘psychosis’ and related experiences to construct their self-narratives in coherent ways, as a common criticism of narrative-based research (and potentially narrative-

⁵²¹ Acker in interview with Friedman, (para. 28 and 32).

⁵²² See also Hardin, ‘Between Theory and Autobiography’, for an interesting reading of the insertion of autobiography into Acker’s fictions, tracking through her oeuvre – Hardin notes that “we should not be so quick to dismiss the autobiographic because there is an honesty and purpose behind it” (p. 140).

based practice) lies in issues of authorial truth.⁵²³ As Bracken and Thomas point out, attention to who is speaking at a given moment is important in considering how we might construct Otherness and Sameness, difference and familiarity, and, importantly, communication and dialogue.⁵²⁴ They suggest that a static notion of ‘character’ in text (and I argue that Acker’s narrative voices, rather than characters, are not ‘static’ in this sense as they do not appear long enough to develop any secure or continuous identities) might be seen as “monological, fixed, unvarying”, whereas a person is “truly dialogical, an ever unfolding set of infinite possibilities”.⁵²⁵ The blurring of Acker’s authorial authority over the text makes her in many ways dialogic with (as would be expected through textual creation) and *within* her texts themselves. Ebbesen notes that Acker’s expression of narrator voice “marks the break between the speaker who speaks and the speaker who is spoken of”.⁵²⁶ In this way, then, she troubles how (clinically) we might define the ‘truth’ of an author or narrator’s story. However, the truth-value of a story becomes of secondary concern when establishing meaning is prioritised in the reading process. Most importantly, though, Acker’s unstable I’s serve to offer consideration, as Ebbesen notes, of who speaks and when, who constructs a story, who tells us what is occurring. Instead of reducing people’s complex experiences to biomedicalised formulae, people experiencing ‘psychosis’ might be better served by being placed

⁵²³ See Immy Holloway and Dawn Freshwater, *Narrative Research in Nursing* (Oxford: Blackwell, 2007); Immy Holloway and Dawn Freshwater, ‘Vulnerable story telling: narrative research in nursing’, *Journal of Research in Nursing*, 12 (2007), pp. 703-711; M. Sandelowski, ‘Telling Stories: Narrative Approaches in Qualitative Research’, *Journal of Nursing Scholarship* 23(3) (1991), 161-166; Christina Bold, *Using Narrative in Research* (London: Sage, 2012).

⁵²⁴ Bracken and Thomas, *Postpsychiatry*, pp. 209-213.

⁵²⁵ *ibid.* p. 211.

⁵²⁶ Ebbesen, p. 69.

in the role of active speaking subject rather than passive recipient of discourse.

Acker noted that her distortion of author and character related to her appropriation and plagiarism of sources, which distorts the boundary between experience, adoption of another's experience, and re-presenting both as potentially, but not actually, true or false:

I don't work in any way that is pure. Either, as a writer, you take a stance that one is only going to talk about oneself [...] or you engage in practices that are impure [...] What I do is obviously very impure. I don't re-enact other texts, I directly appropriate: I directly and bluntly use these other experiences which aren't 'mine'. Only they're mine because I've read them. Or heard them, etc.⁵²⁷

This, then, adds a further layer of interpretative tentativeness – all that is offered is a narrative that is simultaneously true and false, simultaneously real and unreal. Acker further presents her own experiences in fictionalised form, evident in comparing 'The Gift of Disease' and the short piece 'Eurydice in the Underworld'.⁵²⁸ Acker's insertion of herself into texts is further complexified through how she describes her creation of characters. She suggested in interview with Lotringer: "I become the characters in the novel, but the characters in the novel aren't me. People always think they're me, and it's a drag".⁵²⁹ Acker further noted, on the writing process in her early works, she was looking for her both her writing voice and a sense of true 'I': "I placed 'true' autobiography next to 'false' autobiography [...] in fiction, there is no 'true' or 'false' in social-realist terms. [...] All is real. When I placed 'true' autobiography

⁵²⁷ Acker, 'Paragraphs', p. 89.

⁵²⁸ Acker, 'Eurydice in the Underworld'; Acker, 'The Gift of Disease'.

⁵²⁹ Acker in interview with Lotringer, p. 20.

next to ‘false’ autobiography, everything was real”.⁵³⁰ Drawing on Acker’s views on the construction of personal identity through text, and to answer critique posed around the validity and trustworthiness of narrative-based approaches – all stories are real and *personally* true, all perceptions of events valid. The task of the clinician, then, in narrative-based psychiatry is not to assert that a version of events is true or false, but to explore the psychosocial effect of the described situation or scenario, explore interpersonal reactions to it, to *offer* alternative readings of what is described, and perhaps to counter dominant narratives of a centralised identity as a desirable goal with a version of selfhood that accepts a plurality of identities that everyone inhabit at different times.

The final layer of narrative identity pluralisation that contributes to Acker’s overarching fragmentation of selfhood in texts is the way she appropriates and plagiarises texts as well as re-appropriating her *own* writing. This again offers a destabilising of authorial identity via the text. The early work ‘Politics’ demonstrates Acker’s interest in weaving autobiography (specifically diary material) and fiction as a presentation of pluralised authorial identity. Acker was working in a sex show when she wrote the piece, and notes in interview with Lotringer that “in the diary section I wasn’t dealing with a fake I, with fake autobiography yet”.⁵³¹ She discussed in this interview the construction of this text, noting: “I placed very direct autobiographical, just diary material, right next to fake diary material. I tried to figure out who I wasn’t”.⁵³² This piece of Acker’s early writing directly links a personal working through

⁵³⁰ Acker, ‘A Few Notes on Two of My Books’, p. 10.

⁵³¹ Acker in interview with Lotringer, p. 5.

⁵³² *ibid.* p. 7.

of a fragmented identity, where the only way to construct personalised identity might be by discarding different elements of identity that do not quite 'fit'. Acker suggests she wrote, initially, to find out who she was not. Writing is not the act of self-creation or self-awareness, instead reliant on acceptance of the plural nature of identity, with story making functioning as an erasure of who the author is not, starting from the point of 'I am' as a fluid and multiple position.

Through the distortion of narrative I and the blurring of autobiographical and fictional material in her work, Acker calls into question how far a *stable* identity can be constructed, through or within narrative. If this process is impossible, this might then offer an insight into the ways in which people experiencing the continuum of experiences that are biomedically formulated as 'psychosis' might struggle to create their own storied identity. In Acker's work, the disturbance of coherent or confident (and autonomous) subjectivity is linked to plagiarism: "You create identity, you're not given identity per se. What became more interesting to me wasn't the I, it was text because it's text that creates identity. That's how I got interested in plagiarism".⁵³³ Plagiarism in this way might be seen not only as taking a pre-existing text and re-inscribing its methods, tropes, content, meaning and themes, but in also adopting another person's identity. As Pitchford notes:

This widespread plagiarism [in *My Death My Life* by Pier Paolo Pasolini, but also in Acker's other texts] is a way to trouble the authority of writer, meaning, and reader. [...] Authorial ownership normally functions as a form of rational causality, determining meaning and thereby legislating a certain sense of how reality works. It is by now

⁵³³ Acker in interview with Lotringer, p. 7.

commonplace to point out that this sense of reality has tended to be male and otherwise hegemonic.⁵³⁴

Acker noted the relationship, as she saw it, between plagiarism, identity and 'schizophrenia'. In this way, as Pitchford notes, her writing troubles (male and hegemonic) discourses that allege the desirability of one stable, fixed reality and the possibility, therefore, of a fixed identity responding to and existent in that real. This troubling, as asserted by Avital Ronell, did not lie in a wilful ignorance of the masculine and hegemonic tradition:

Acker undermined the staple myths of originality, of literary ownership and reliable reference. She rearranged the logic of framing [...] she didn't turn her back on a very determined history of thought or on the literary tradition; she just turned them on their backs, that is, by reinscribing, regendering, profaning, desecrating, shattering the source and adjusting the reference in a constant, loyal, determined way.⁵³⁵

Instead, Acker – in my reading – subverts the discourse that asserts that one reality is 'real' and that beliefs or experiences that lie outside of that commonly held 'real' thus are indicative of pathology, of sickness, of 'psychosis'. Her work calls into question to the ways in which human experiences are experienced intrapersonally, interpersonally and extrapersonally and the way such experiences are viewed and codified by external powers.

It is possible, through Acker's presentation of plural identity, to consider how people may hold different identities at different times, rather than *only* being identified with a pathological identity. The effect of being attributed a 'sick' (central) identity have been widely formulated

⁵³⁴ Pitchford, p. 73. See also Kathy Acker, *My Death My Life by Pier Paolo Pasolini* (1978) in *Literal Madness*, pp. 171-394.

⁵³⁵ Avital Ronell, 'Kathy Goes to Hell: On the Irresolvable Stupidity of Acker's death', in *Lust for Life: On the Writings of Kathy Acker*, pp. 12-34, (p. 24-5).

and commented on in the Medical Humanities.⁵³⁶ Deborah Bowman, for example, comments on how the “confining effects of identity” are experienced by “those who become patients”:

[...] from the mundane, but significant, dehumanisation that occurs when a person is distilled into a hospital number, test results, systemic pathologies or bed location to the existential crises to which illness and suffering give rise. Diseases too are telescoped into singular identities in which a particular narrative, often predicated on a reductive or mechanistic account, dominates discourse [...].⁵³⁷

The denotation of a person with diverse experiences as only ‘sick’, ‘telescoping’ a life into a singular identity, is particularly evident in mental health care. The labels applied – ‘schizophrenic’, ‘bipolar’, ‘P. D.’ – carry with them sets of (sometimes pejorative) assumptions, prejudices and indications of *what*, rather than *who* a person may be. Instead of being ‘a person experiencing psychosis’ or ‘a person responding to acute childhood trauma’, patients might be reductively noted in clinical shorthand as ‘psychotics’ or ‘Borderlines’.⁵³⁸ As I argued in Chapter 2, the way we formulate experiences, reactions, emotions and personality characteristics into pathology risks over-pathologising and over-diagnosing people into a particular discourse that risks further dominating declarations around subjective experience that does or does not ‘fit’ this framework. A person with a label of ‘borderline personality disorder’, for example, might experience a distressing life event and express a quite reasonable level of upset: in a person without

⁵³⁶ See for example Erving Goffman’s classic *Stigma: Notes on the Management of Spoiled Identity* (1963) (Touchstone, Simon and Schuster, 1986) and also Arthur Frank and Arthur Kleinman’s work.

⁵³⁷ Deborah Bowman, ‘On identity in (the) Medical Humanities’, *Medical Humanities*, 40 (2014), pp. 1-2, (p. 1).

⁵³⁸ See also Charley Baker, Paul Crawford, B. J. Brown, Maurice Lipsedge and Ronald Carter, ‘On The Borderline? Borderline Personality Disorder and Deliberate Self Harm in Literature’, *Social Alternatives*, 27. 4 (2008), 22-27.

this label, the distress might be considered ‘reasonable’. In a person with this label, upset risks being re-formulated into ‘over-emotionality’, ‘attention-seeking’, ‘acting out’ or indicating a person ‘in a crisis’.

Acker subverts identity-containing or constraining frameworks, further disrupting binaries of rationality, normativity and ‘appropriateness’. Her work, in this way, might offer a way of rethinking how people experience different elements of mental health challenges as flexible elements of a whole person, rather than these *being* the whole person. Such experiences are not only *common* but also part of being *human*, rather than isolated biomedical pathologies.⁵³⁹ At the very least, her exploration of the plural nature of identity prompts consideration of the array of available identities that people adopt in different ways at different times or in different circumstances, and, importantly, the way that what Bowman refers to as the “privileging of particular ways of describing illness or disease” holds “significant implications for how we identify and respond to illness”.⁵⁴⁰ There is a pressing need to consider how labels are used in psychiatry to describe a person’s identity, particularly those labels that carry negative connotations that might serve to exclude people from accessing help, despite policy-level documents to the contrary.⁵⁴¹ The privileging of one view over another that Bowman

⁵³⁹ See Morgan, ed. , *Being Human*, for philosophically informed perspectives on mental health, illness and ‘being human’.

⁵⁴⁰ Bowman, ‘On identity in (the) Medical Humanities’, p. 1.

⁵⁴¹ See the classic paper by Glynn Lewis and Louis Appleby, ‘Personality disorder: the patients psychiatrists dislike’, *The British Journal of Psychiatry*, 153. 1 (July 1988), 44-49. See also Dominic Markham, ‘Attitudes towards patients with a diagnosis of ‘borderline personality disorder’: Social rejection and dangerousness’, *Journal of Mental Health*, 12. 6 (2003), 595-612. See Peter Snowden and Eddie Kane, ‘Personality disorder: no longer a diagnosis of exclusion’, *Psychiatric Bulletin*, 27 (2003), 401-403 on a UK policy level initiative to address this issue. This is not an issue isolated to the UK, or indeed one that has resolved in the past 10-15 years – see S. Lawn and J. McMahon, ‘Experiences of care by Australians with a diagnosis of borderline

notes “represents a clash of identities: the collision of personal, professional, individual, systemic and epistemological identities in which multiplicity of meaning may be unseen, disregarded, misunderstood or diminished”.⁵⁴² Noting the importance of acknowledging the multiple meanings of experience that might be held by people experiencing health and illness, and continuing the recognition of plurality and plasticity of both identity and interpretation, in the next section I discuss how memory and temporality function in Acker’s development of plural identities, and the importance of temporality in the development of coherent self-storying.

History, Temporality and the Construction of Self-Stories

One vital but sometimes overlooked element in contemporary psychiatric practice, when considering how personal identity is both constructed, experienced and malleable, is the experience of personal temporality and the relevance of personal history. When a clinical history is taken as part of an assessment framework, a core element of the dialogue usually asks about childhood, education, family structure, family history of mental illness and personal history. The initial assessment might not be the right place to ask for details of any elements of past history that might be traumatic (given the limited nature of this contact) – yet it sets the tone for future interactions. When elements that are considered important to the person are closed down as not relevant to assessing mental health at that point, a sense may be left of mental health challenges existing only

personality disorder’, *Journal of Psychiatric and Mental Health Nursing*, 22. 7 (September 2015), 510–521.

⁵⁴² Bowman, ‘On identity in (the) Medical Humanities’, p. 1.

presently (what is happening *now*), rather than as affected by past experience. Recent developments in clinical practice such as Trauma Informed Care and reducing rates of physical restraint in care settings note the importance of personal history of trauma on current experience, in mental health generally and in psychosis.⁵⁴³ Hence, a personal experience of temporality, the impact of personal history, and the experience of the current are important elements for working *with* people in contemporary mental health care. As Acker notes, if we “throw history away, if we do not accept historical thinking, what kind of civilization are we negotiating? What kind of culture? If we throw history away, we are depriving ourselves of potentialities, potentialities for actions”.⁵⁴⁴

This has not been (and is not) always the case, however. A singular focus on the present is common in mental health care, as Bracken and Thomas comment, noting paradoxically that it “is only from *outside the series of nows* that what is past, present and future can be established”.⁵⁴⁵ Drawing on Heideggerian notions of being-in-time, they suggest: “the present is not and cannot be something that is fixed and separate from the past and the future. The three are involved inextricably with one another”.⁵⁴⁶ The effects of this are most evident if “we attempt to imagine a person existing in the present tense alone, without access to

⁵⁴³ See Denise E. Elliott, Paula Bjelajac Roger D. Fallot, Laurie S. Markoff and Beth Glover Reed, ‘Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women’, *Journal of Community Psychology*, 33. 4 (2005), 461–477. See also Joy Duxbury, ‘The Eileen Skellern Lecture 2014: physical restraint: in defence of the indefensible?’, *Journal of Psychiatric and Mental Health Nursing*, 22 (2015), 92-101, for details of how contemporary in patient care fails to acknowledge trauma and simultaneously enacts new trauma through the use of physical restraint.

⁵⁴⁴ Kathy Acker, ‘Writing, Identity, and Copyright in the Net Age’, in *Bodies of Work* by Kathy Acker (London: Serpents Tail, 1997), pp. 98-105, (p. 99).

⁵⁴⁵ Bracken and Thomas, *Postpsychiatry*, p. 128. My emphasis.

⁵⁴⁶ *ibid.* p. 129.

a past or future”.⁵⁴⁷ The significance of this insight is crucial to understanding the ways in which contemporary phenomenological descriptive psychiatry risks failing to consider content, context and subjective experience. Bracken and Thomas’ point is simple: our selves are constructed through our pasts, our contemporary experiences, and our perceived (or not) future. Disruptions to this process might then initiate extreme psychological responses that result in subjective confusion, distortions of perception, and emotional labour involved in moving beyond past trauma.

A disrupted sense of personal temporality and history contributes to the overall challenge in securing a stable identity or set of identities in Acker’s work. Acker’s ‘I’s often only exist at that moment in the text, without a sense of *story* for the reader. The use of inner monologue perhaps presents the most acute example of the present-ness of experience as represented in Acker’s fragments. A multi-layered and complex experience of past, present and future, the way the present is relentlessly experienced and the person’s own version of their history, forms versions of what Frank theorises as chaos narratives. It is the chaos narrative that the clinician can most easily “dismiss” in favour of his or her own reductive medicalised version.⁵⁴⁸ In chaos narratives, Frank argues, the person’s own story is not a coherent, temporally logical or sequential narrative.⁵⁴⁹ The same is true for the ontological and existential instability that character’s experience in Acker’s work, and for Acker’s narratives more generally. Time – as a sense of secure history

⁵⁴⁷ Bracken and Thomas, *Postpsychiatry*, p. 129.

⁵⁴⁸ Frank, p. 110.

⁵⁴⁹ *ibid.* p. 98-99.

and identifiable past-present-future sequence, and the experience of temporality – is both disrupted and disruptive in Acker’s chaos-like narratives.⁵⁵⁰ The relentless ‘now’ inherent in Acker’s work may involve different events or emotions, but it forms a sense of imprisonment, of relentless staticity, immobility, whereby the individual only experiences a perpetual series of presents. As Abhor experiences, for example, “I no longer remembered. Without my memory I realised reality was gone” (ES, p. 113). In the absence of memory – personal past – she is “the only end which could be present”, whereby in *the* future (not only hers) there “will be no end to human tears” (ES, p. 113). The disrupted sense of personal history enacts a trauma in and of itself, leaving no positive future: “Since I saw no temporal possibility to other than the present, I saw no possibilities” (ES, p. 113). No sense of coherent past, or of possible future, is envisaged.

Personal history, as I note, is not entirely ignored in psychiatric assessment processes. Yet as Frank suggests, there are often significant differences between a person’s telling of their own history, their ownership of it, and which features or memories are significant, and the practice of a clinical history taking.⁵⁵¹ When clinicians have, by virtue of the person’s condition, *potentially* pre-doubted the person’s account of their narrative depending on their experiences, labels or different versions of events involving the person, there results a multi-layered history comprised of multiple sources, in which the salient features of the clinical discourse may vary wildly from the salient features of the person’s own experience.

⁵⁵⁰ See also Jameson, in particular p. 25-28.

⁵⁵¹ See Frank.

In Acker's work a disruption in temporal coherency is further developed through her misuse of historical fragments and events, which contribute to the overall sense of temporal disruption in her work. While in much of Acker's work there are historical referencing points, such as the Vietnam War in *The Burning Bombing of America*, in other pieces Acker destroys the temporal (and, sometimes, spatial-geographical) structuring the reader has come to expect. In Acker's *The Childlike Life of the Black Tarantula*, she blurs pieces set in history and taken from various textual records of, for example, female murderesses, and what appear to be contemporary (auto)biographical sections. This effects a textual temporal dislocation, with modern day elements such as American 7-11 convenience stores placed alongside historical features London's Newgate prison, with only brackets to demarcate between the time shifts (CLBT, p. 26-27). Acker often takes historical events and rewrites them (such as the death of Pier Pasolini in *My Death My Life by Pier Paolo Pasolini*), plunders autobiographies (such as the Rimbaud section of *In Memoriam to Identity*) and inserts historical figures into otherwise seemingly fictional texts (such as the appearance of Jean Genet in *Blood and Guts in High School*). This further temporally disorients the reader, mirroring the characterial dislocation experienced.

Ebbesen suggests that the inclusion (or at times, interruption) of historical moment or event in Acker's work provides a "critique of history not unlike Foucault's" which "sees history and historical narrative as constructed from disparate and different phenomena, none of which can be unified into a true history".⁵⁵² This is a problematic feature

⁵⁵² Ebbesen, p. 111-112.

of Acker's work for Ebbesen. He suggests that Acker's purpose with her historical inclusions is to "ethically driven: she desires to overturn patriarchy and capitalism as they have been historically inherited", yet at the same time "she seems to hold a vision of history as itself made historical by the narratives in which it is recounted".⁵⁵³ Similarly, Pitchford comments on the function of the rewriting of history in postmodern writings, suggesting that in Acker, and in postmodernism more generally, the subject can "only ever repeat the language and the stories that have served to perpetuate oppression".⁵⁵⁴ Texts have different readings in different contexts, however, and in exposing this both Acker and her characters "exploit this potential for contradiction among the utterances of authority".⁵⁵⁵ Such a reading might offer a timely reminder about who *owns* a person's history, and how far clinicians should and should not enact a rewriting of that history, given the medical authority given to clinical staff to resituate people as and into diagnoses and formulations.

Acker's "irrational pastiche" acts, for Pitchford, "primarily to challenge rationalism".⁵⁵⁶ This textual strategy is a potentially revolutionary one:

Recognizing, on the one hand, that history is composed only of texts and, on the other, that texts are always mired in history (and thus, material in their impact) produces a practice of reading that moves beyond either mere relativism or binary opposition to create an identity patched together from local, tactical acts of reuse.⁵⁵⁷

⁵⁵³ Ebbesen, p. 112.

⁵⁵⁴ Pitchford, p. 17.

⁵⁵⁵ *ibid.* p. 17.

⁵⁵⁶ *ibid.* p. 17.

⁵⁵⁷ *ibid.* p. 60.

I commented upon Acker's use of 'tactics' in Chapter 2 with reference to Pitchford's analysis and I reiterate here, in some senses concurring with Pitchford, that Acker's disjunctive use of historical fragments serves two functions, both of which rely on *tension* for their effect. Firstly, by rewriting history, Acker exposes the constructed nature of historical narrative – a person's version of their history may materially differ from an external observer's viewpoint, but their version *is no more or less valid*. Secondly, Acker identifies and exploits the constructed nature of History as evidence for the false and arbitrary nature of what, instead of historical fact, might just as equally be referred to as the myths and legends that have contributed to the contemporary situation, for example, regarding the position of women as embodying madness.

Acknowledgment of these two points emphasises the need to consider *how* a person experienced their past, *how* it intrudes into their present, *how* they see their present experiences as relating to their past history and, vitally, *how* they envision their future. Temporality is a vital element in working narratively with people experiencing disruptions to their sense of selfhood in the both present and the past, whether this be in working through trauma that might be intruding into the present or considering how past experiences of treatment for 'psychosis' affect their beliefs about their potential (or desire) to feel differently in the future. This is particularly evident in the ways people might have experienced psychiatric treatment as coercive, controlling or otherwise as dismissive

or insensitive to their sense of self and their experiences as *genuine*, not only indicative of pathology.⁵⁵⁸

Paranoia and Lobotomy

Experiences of controlling agencies or figures (often an eponymous ‘they’) and a resultant paranoia, both generalised and specific to the threat of ‘lobotomy’, are commonly depicted experiences in Acker’s work. As Hume notes, the “central core found in all Acker’s personae is threatened [...] and the emblematic experience of that threat is lobotomy”.⁵⁵⁹ My aim in this section is not to directly offer a clinically informed reading, but to note how subjective experience is richly depicted in Acker’s work, compared to how it might be reductively formulated in psychiatric assessment as merely ‘paranoia’ or ‘delusions of passivity’. In this way, rather than ‘symptom spotting’, I aim to consider the content and experience of psychological phenomena in Acker’s work in terms of the relevance and importance character’s place on their experiences. Paranoia has been theorised as endemic in postmodern fiction.⁵⁶⁰ Patrick O’Donnell suggests that:

Paranoia as manifested in contemporary narrative can be further considered as the multifarious contradiction of a postmodern condition in which the libidinal investment in mutability, in being utterly other, contests with an equally intense investment in the commodification of discrete identities: this contradiction pertains both to the formation of individual subjects and to the national and political bodies into which they are interpellated as collective subjects.⁵⁶¹

⁵⁵⁸ See Duxbury for discussion of one of the worst coercive aspects of psychiatric practice, physical restraint.

⁵⁵⁹ Hume, p. 500.

⁵⁶⁰ See O’Donnell; see also Melley.

⁵⁶¹ O’Donnell, p. 14.

The result of the tension between individual identity and the pressures of a collective consciousness is that paranoia is no longer “the classic, universalized symptoms of an individual pathological condition” but instead “can be seen as symptomatic of a collective identity”.⁵⁶² In this section, I consider how Acker presents the effect of controlling agencies on the construction of selfhood, feelings of ‘paranoia’ and the related fear of lobotomy, in both *Empire of the Senseless* and, more briefly, *The Childlike Life of the Black Tarantula by the Black Tarantula*. These two texts demonstrate in an emblematic way the worst potential of controlling agencies, as *both* a radically individual and more universal experience.

In *Empire of the Senseless*, Abhor has to constantly question both her sense of who she is and how her experiences might be real or unreal. The loose thread of the novel is Abhor and Thivai’s search for a live-saving drug made by Dr Schreber. In the dystopian world that the narrative is set in, this journey is perilous. This key passage by Abhor, on difficulty of finding any stable and knowable ‘I’ and thus identity, summarises the identity fragmentation that she suffers as an individual:

I was not possible. I, in fact, was more than diseased. [...] When all that’s known is sick, the unknown has to look better. I, whoever I was, had no choice but to go along with Schreber. I, whoever I was, was going to be a construct. (ES, p. 33)

In this landscape, not only is Abhor’s identity constructed rather than self-definable, but also there is no escape, no sense of reliable exterior real:

There was no such thing as rescue. There could have been no reality. I had only myself to save myself. I couldn’t save myself. My wings were more torn than dishrags, they were sick, and the tongue was so torn it couldn’t speak. I could

⁵⁶² O’Donnell, *Latent Destinies*, p. 14.

neither fly nor cry. Nor could I stay alive [...] Inside my mind I scream aloud: inside my mind, the world, I scream aloud. (ES, p. 13-14)

Only by turning towards her interior can Abhor have a voice, as Ward notes: “The overwhelming physical and emotional control which Abhor’s father exerts over her creates a situation in which she cannot change the conditions of her existence, leaving her to instead turn inward and assert control over her desires”.⁵⁶³ Later in the novel, when Abhor clings to the broken, tortured body of her raping father who, like Janey in *Blood and Guts in High School*, she loves sexually as a lover, she states: “I was crying. In the nightmare of my mind, I desperately clung to that body as if it was alive. Like a shipwrecked sailor, I desperately clung to life.” (ES, p. 86). In response to this trauma, Abhor describes reality as “something else”, as “enough to make you crazy” (ES, p. 86). Confronted with further trauma, Abhor’s ‘real’ is enough to drive her towards psychosis. The existent external real is controlling, violent, decaying in *Empire of the Senseless*, and Thivai also experiences disruptions to his sense of who is through the existence of controlling external agencies. Only when Thivai has experienced isolation and acute panic (in which only “an act of will kept the fiction of ‘me’ going”) and mistreatment from the CIA, can he see the superficiality (and fiction) of the social real (ES, p. 147). Again, Acker here displaces stable identity, replacing with fictional, constructed ‘me’, only sustainable by an act of will and threatened by absence of any sense of interconnection with others. Acker’s message here might be that a stable, self-defined and

⁵⁶³ Ward, p. 5.

authentic sense of self, and the desired happiness and freedom concurrent with the discovery of this true self, is not possible in society that controls.

The theme of control is taken to a very literal extreme in *Empire of the Senseless*. Post-war Paris, taken over by Algerians, forms the scene of the CIA's Operation Midnight Climax, whereby the testing of "mind chemicals or drugs" are conducted through the programme designed "to find safe ways to cause total human amnesia" (ES, p. 142-143). The core agency of control in *Empire of the Senseless* is the CIA, related to experiments in the 1960s with LSD. The tone here appears paranoid, but the paranoia (given the historical context of the events depicted) is *reasonable* rather than pathological:

By this time, since the CIA had tested chemicals on themselves to such an extent that they were now either lobotomy cases or insane, they needed new experimentees. Since the experimentees could know that they were such – victims – they had to be part of socially despised closed groups: prisoners, homosexuals, etc. The CIA needed socially despised closed groups. (ES, p. 143)

Set against the reasonable fear of lobotomy (with lobotomy both actual and symbolic of other forms of mind-control) is an overarching sense that the general public is somehow sleepwalking towards increasing sense of control:

There were now those humans who had things and those humans who didn't. Those who didn't have things knew nothing of education, lived in the streets, concrete lumps of the lumpenproletariat, and ate shit for food. They were just too low to be drug test-worthy. Lobotomies can't be given lobotomies. (ES, p. 143-144)

Those who comply, who remain silent, who do not question or rebel, are not under threat because they lack any vision of the controlling nature of historical and contemporary existence. Acker noted that the CIA in this

novel, despite depicting now-accepted ‘real’ events, was symbolic of the fact that “you can’t isolate yourself from the world”:

That’s what I mean by the CIA being symbolic. It could have been anybody [...] you can’t get to a place, to a society, that isn’t constructed according to the phallus. You’re stuck with a lot of loneliness, so how do you deal with that isolation and loneliness? The third part concerns that issue. Also I’m looking for a myth. I’m looking for it where no one else is looking.⁵⁶⁴

In this way, Acker’s portrayal of acute anxiety, isolation, fear and perpetual threat demonstrates both the notion of paranoia as a reasonable and endemic experience, as O’Donnell suggests, and that it is inevitable in the contemporary patriarchal constructed and controlling social realm.

Lobotomy forms a signifying chain throughout Acker’s work. Thivai watches as the CIA lobotomise a young man drugged on “super acid” and develops sudden insight into the nature of control: “That lobotomy was both a lobotomy and a sign: my pleasure (my imagination, dreaming, desiring) was being cut off from actual life” in a society which (literally) exerts forms of mind control (ES, p. 146). The “Sultan of Reality” is no longer the individual mind, capable of imagination and desire, in the existent senseless empire, but is the person “who gives the orders” (ES, p. 145); including the lobotomising, scalpel-wielding doctor. The novel in some ways then functions as a call to arms: “The people whom the CIA force to live in prison are evil because they’re insane. They live in dreams. Let our madness turn from insanity into anger” (ES, p. 169) is Acker’s rousing message.

The theme of escapism is apparent in *Empire of the Senseless* through two areas: sailing and sexual desire (which is linked to drug-

⁵⁶⁴ Acker in interview with Friedman, (para. 48 of 115).

taking, both enacting a de-selfing). The escapist potential of sailing is noted in the Sinbad the Sailor section, and there are several references to piracy and sailing as ways to obtain a true or unconstrained desiring identity. The quest, though, to escape as a sailor is blighted by nightmarish hallucinatory experiences. Commenting on the hypocrisy of the religion, for example, Acker includes a scene in which a “serpent” (representing a priest) rapes a pregnant woman after sliding from under the confessional door in a church – amid piles of “shit” he, “writhing around in her intestines”, “injected his venom” into the foetus (ES, p. 161). The scene is disturbing, offering a vision of both trauma and fear that mirror some of the distressing elements of psychosis.

Set against such nightmarish elements is the desired sensation of orgasm, as I explored in both Chapters 2 and 3, which is linked to the unselfing sensation of taking drugs in *Empire of the Senseless*. Thivai states, “I existed when I shot up. The sperm or me was evanescent, floating. Sparks of stars exploded in the black sky” (ES, p. 141). The metaphoric ecstasy here forms a doubling of the notion of “shot up”, which is a euphemism for injecting drugs as well as orgasm. Thivai states, “I would, and I would have, run away, but there’s no place to which to run, so the only safety is psychosis and drugs” (ES, p. 27) – both psychosis and drugs represent escape from the ‘real’ experience of paranoia, fear and control.

A similar balancing of paranoia and fear of lobotomy versus the pleasure of sexual desire occurs in *The Childlike Life of the Black Tarantula by the Black Tarantula*, where drugs and the experience of desire are equally addictive: “I find my being dependant on love [...]

Drugged, I can completely control myself [...] The drug aids my passivity and thus my strength. Living has become pure pleasure. I can hardly tell the difference between my coming and not coming” (CLBT, p. 59). Balanced against this pleasure-existence is the fear of being lobotomised by the social real and those who control it: “I think I would rather die than submit become a robot let them lobotomise me” (CLBT, p. 61). In one of the diary-like sections, where Acker’s authorial voice emerges, lobotomy and the idea of being “robotized” by controlling powers who define ‘correct’ behaviour is again highlighted: “I’m sick of this society. ‘Earn a living’ as if I’m not yet living; lobotomized and robotized from birth, they tell me I can’t do anything I want to do in the subtlest and sneakiest ways possible” (CLBT, p. 58). Lobotomy, the literal killing of the individualised self by those with medical power, is one metaphoric way in which Acker demonstrates how female desire is controlled, and how mind control is experienced in the way people are constrained and dictated to.

Ultimately, the descent into insanity – even if descent is conducted in defiance to lobotomising reality or is enacted because of all consuming paranoia – is nihilistic and will prove unsuccessful in Acker’s eyes. Paris becomes, for Thivai, not the city of carnal pleasure he initially inhabited but “a city completely empty” (ES, p. 146) in which “I was lost. My total being could have been a total scream” (ES, p. 147). Within this apocalypse, the only voice capable is a scream (which both Thivai and Abhor perform). Abhor speaks brutally but honestly about her desire to escape: “I want to be mad, not senseless, but angry beyond memories and reason. I want to be mad” (ES, p. 51). The literal end point of such

an experience, though, might be one that involves not the fulfilment of desire or the coherence of stable subjectivity, but the literal killing of the self through suicide. Suicide is one of the strongest fears of clinical staff in psychiatry; suicide is often alluded to in Acker's work. Both a personal sense of helplessness and hopelessness are strongly correlated with suicide and suicidality.⁵⁶⁵ The ultimate end point for Acker's characters amidst their fragmenting subjectivity, their inability to cohere a stable sense of past, present and future, their experiences of fear and control, is to express thoughts of suicide. This representation might offer insights into ways in which suicidality is experienced.

Thivai notes that he is "physically and mentally damaged because my only desire is to suicide", yes his damage is directly related to both desire and paranoia, as his "current fuck" is "always telling me that I ought to kill myself but, more significantly, that everyone wants to kill me" (ES, p. 27). The desire here might, then, be related to helplessness associated with paranoia and a sense of passivity – a way of regaining an element of control against the amorphous threat of murder. In comparison, and more richly, Abhor expresses:

There are different forms of suicide [...] It seemed to me that any form of human suicide was neither a necessary nor an unnecessary act, but an act of unbearable anger, an act of murder in which the murderer self-destructs his desires to destroy the whole world. (ES, p. 72).

Here suicide is portrayed as an act of anger, a way of turning destructive desires inward. Yet Abhor afterwards notes that suicide might offer the only available choice over individual destiny, and given the notions of control and fear inherent in *Empire of the Senseless*, this later elaborate

⁵⁶⁵ Mark Williams, *Cry of Pain: Understanding suicide and the suicidal mind* (London: Piatkus, 2014).

theorisation offers a vision of suicide as escape. Two strategies are available in “the face of suicide, in the face of those living corpses who are trying to drag us into their own suicides, in the faces of those old men”:

One is a pure act of will. To bang one’s head against a wall, preferably a red brick wall, until either the red brick wall or the world, which seems unbearable and inescapable, breaks open. [...]

The second strategy wasn’t exactly one of will. The heads, being broken, gave up. Gave up in the face of the unopposable suicide of the owning class [...] Because in almost every nation political torture was a common practice so there was nowhere to which to run. (ES, p. 73)

Suicide might, for many people, represent a reasonable response to unbearable psychological, physical and emotional pain, particularly when confronted with a seemingly inescapable or oppressive scenario. Acker’s emphasis here serves, perhaps more than at any other point, to remind readers to the need to explore personal meaning and rationale for suicidal emotions, the content of intention and personal history to reach that point. There is no universal motive for suicide; each person’s story is unique, and reducing such a complex set of experiences into either a symptom (‘suicidality’) or a result of ‘symptoms’ (‘considering suicide in response to X’) without detailed narratively informed investigation is unhelpful.⁵⁶⁶

Narrative Identity: The Importance of Content

Through this chapter, I have argued that Acker deconstructs pathological interpretations of experiences potentially aligned with ‘psychosis’ (such

⁵⁶⁶ See Grant, Haire, Biley and Stone for details of the interpersonal experience of suicide, from those who have experienced the desire to die and from those who have lost people to suicide.

as struggles in the coherent sense of ‘I am’, ‘I think’ or ‘I believe’, and experiences of fear, control and paranoia), while troubling the relationship between narrative and author as distinct from one another. She also offers a view on the importance of temporality and history in constructing secure self-stories. Identity, experience and notions of what is or is not ‘reasonable’ or ‘understandable’ are fluid and malleable concepts in Acker’s work, set against notions of a definitive predication of who is or is not ‘pathological’ or ‘healthy’. Acker’s focus on the content of experience, rather than on symptomatological form and depiction, offers a reconsideration of how *content* is subordinate to *form* in psychiatric practice.

For Ebbesen, Acker’s work “parodies genres in order to unmask – at the levels of *form* and *content* – what she feels these constructions attempt to conceal or repress, namely, destructive social relations under patriarchy and capitalism”.⁵⁶⁷ He continues by suggesting that, for Acker, “this state of affairs has much to do with reason, notions of static and autonomous subjectivity, as well as reified social relations”.⁵⁶⁸ Within the ever-shifting levels of narration in Acker, it is rare to find an identifiable *symptom* which matches the symptomatological form described in diagnostic textbooks. Ebbesen suggests that Acker may hold “form partially accountable for gender oppression and oppression of the poor”, as in form “she sees a fundamental thought process which structures all of life”.⁵⁶⁹ The content rather than the form – in terms of textual framing and the content of that text – offers a more insightful and

⁵⁶⁷ Ebbesen, p. 67.

⁵⁶⁸ *ibid.* p. 67.

⁵⁶⁹ *ibid.* p. 7.

useful depiction in Acker's writing than a linearly constructed formal 'story'. Similarly, Wollen notes:

The fantastic elements of [Acker's] writing are generated textually, rather than by acts of creation – the author is divested of her authority, mediumistic in her relationship of a text generated through interpersonal methodologies. The narrator, the "I", her/himself, becomes a construct of that text, rather than the other way round.⁵⁷⁰

A parallel can be drawn between Wollen's assertions on Acker's writing practice and construction of narrative identity in clinical practice. In psychiatry, the people who are cared for by clinical staff risk becoming constructs of psychiatry rather than autonomous subjects who can opt to take different elements from the multitude of available theories that best suit their beliefs, experiences and sense of personal history, present and future. The dominance of pathology and biomedical technocracy currently risks creating the person, the 'I' her or himself, into a construct of psychiatry: as a patient at best, or reduced to a label at worst, rather than as a person seeking or in need of care and support to reconstruct their experiences in a way they find both meaningful and acceptable.

One issue that maintains the reductive practice of people *becoming* seen through only their illness or label concerns the way that form and content are considered in psychiatry. Contemporary psychiatric practice starts from the point of *symptom*, not experience. As Sims states, it is "important to try and reach the patient's subjective meaning and not just be satisfied that the response is abnormal", yet at the same time, citing Jasper's distinction between that which is understandable and that which is un-understandable, he suggests that ununderstandability is "the

⁵⁷⁰ Wollen, p. 10.

essence of the psychotic experience”.⁵⁷¹ A challenge can be noted in how clinicians might reach a shared understanding of a subjective experience that is essentially ununderstandable to their experience. One of the potentially alienating elements in this challenge is that the *form* of symptoms is more important to the psychiatrist’s assessment whereas the *content* is the crucial element to the patient, as Sims notes:

The *form* of a psychic experience is the description of its structure in phenomenological terms, for example a delusion. Viewed in this way, *content* is the colouring of the experience [...] The patient is only concerned with the content [...] The Doctor is concerned with both the form and content, but as a phenomenologist only with form.⁵⁷²

Sims gives two further examples of the form/content dilemma, following with a crucial statement: “the nature of the content of these two examples is irrelevant in coming to a diagnosis”.⁵⁷³ Essentially, in descriptive psychopathology – the discourse commonly used by psychiatrists during assessment – the experience (content) is irrelevant when compared to the symptom (form) in making a diagnosis.

I am not alone in identifying issues with the form/content divide in psychiatry, and it is oft highlighted as a concern in texts that take a critical look at psychiatric practice. Some critical views suggest that form and content need to be viewed as equally important, as Parker and colleagues note: “One cannot privilege content alone since it is always mediated in some form and it is not simply reification which is the problem”.⁵⁷⁴ Bracken and Thomas, however, offer a more critical perspective, noting how the form/content divide first came to be through

⁵⁷¹ Sims, p. 13-14.

⁵⁷² *ibid.* p. 16.

⁵⁷³ *ibid.* p. 17.

⁵⁷⁴ Parker and others, p. 62.

Jasper's essential distinction.⁵⁷⁵ After noting the way in which psychopathology, if it is ever to be considered a 'scientific' discipline, necessarily reduces experience to form as "without this we are 'limited' to a level of interpretation that is based only on personally narrative and locally defined meanings", Bracken and Thomas point out:

[...] the experiences brought to psychiatry are rarely, if ever, singular isolated events. They are most often varied and muddled. Forcefully present at one moment, less intense at a later time, and absent altogether in a different social setting. They emerge from within the tapestry that is the person's life.⁵⁷⁶

Bracken and Thomas note, like Parker and colleagues, that the clinician might well be interested in the content in terms of building a therapeutic relationship, but that in terms of assessment, diagnosis and treatment, phenomenological form is prioritised. In contrast, a postpsychiatric perspective considers "context" and "hermeneutic exploration" firstly and secondly, with diagnosis (if warranted at all) developing through a dialogic process of shared exploration, which values *both* medical and personal knowledge and beliefs.⁵⁷⁷

In Acker, a sense of stable self and certainty of internal and external real, is challenging – her character's quests for a secure self (particularly in more coherent and developed characters such as Abhor in *Empire of the Senseless*) often involves the concomitant acceptance of the uncertainty of reality and their desire for a certainty. This acceptance, for Acker, defines the "history of the century" which "can be seen as defined by the struggle between a model of or desire for an absolute

⁵⁷⁵ Bracken and Thomas, *Postpsychiatry*, p. 10 and pp. 112-122.

⁵⁷⁶ *ibid.* p. 108 and p. 109.

⁵⁷⁷ *ibid.* p. 133.

reality and a model or recognition of reality as indeterminate”.⁵⁷⁸ Leader, reflecting on notions of paranoia, suggests:

The frozen condensation of meaning found in paranoia is very different from the polysemy of, the wealth of meaning, found in schizophrenias [...] the person is left at the mercy of too many meanings: this can at times result in literary and poetic dexterity, but often the person feels overwhelmed and invaded by meaning.⁵⁷⁹

Acker’s work demonstrates the overwhelming sense of a polysemy of personal meaning possible for cohering self stories, not as indicative necessarily of pathology but as the more common experience of what she described as “the struggle between a model of or desire for an absolute reality and a model or recognition of reality as indeterminate”.⁵⁸⁰ This experience does not result in any sense of narrative or poetic dexterity; it is the challenge of coherent self-awareness and self-expression which enables no clear reading of the ways in which her characters experience ‘psychosis’. Focus on the form *only* dismisses the polysemy of meaning, plurality of experience and the radical individualism that characterises much of Acker’s work. It is these factors that offer clinical insights into the experience of fragmentation of self, disruptions in temporality and experiences of fear or anxiety that might be experienced by people in clinical settings. In this chapter, I have argued that in Acker, it is not the *form of a symptom* but the *content of experience* that is crucial to understanding the individual subjective experience of psychosis. Whilst diagnostic criteria and categorisation can function as a denial of individual experience, reducing the complexities of mental life to a series of tick boxes, Acker presents the cognitive and emotional *content* of

⁵⁷⁸ Kathy Acker. ‘A Young Girl’, p. 141.

⁵⁷⁹ Leader, p. 100.

⁵⁸⁰ Acker. ‘A Young Girl’, p. 141.

experience against a background of destructive and destructing society. A diagnostic reading of the texts of Acker continues to work within a flawed discourse that, in the contemporary age, has begun to be deconstructed. In the concluding chapter, I turn to the clinical utility of Acker's work.

Chapter 5: New Perspectives

But reality is something else. Reality is enough to make you crazy.⁵⁸¹

In the preceding chapters, I have explored notions of gender, sex, sexuality and trauma in Acker's visionary texts, aiming to demonstrate how women's madness in her work is reasonable rather than unreasonable. I have explored the 'tactics' (in Pitchford's terms) that may be found in Acker's work for identification and deconstruction of these issues both within and beyond a simple feminist framework. I have examined how Acker's texts may be seen as analogous in themselves to the *formal* expression of psychosis, offering an introduction and development new ways of reading, listening to and interpreting psychosis. By exploring, in Chapter 4, how Acker's work details *content* and subjective experience, I have offered one interpretation (and there are multiple interpretations of Acker's work – each is tentative and tenuous) around the way she offers a pluralised vision of elements of experience that might otherwise be more reductively formulated as 'psychosis'. This radically individualised creative portrayal is not available through the homogenising diagnostic frameworks that dominate areas of contemporary psychiatric practice. I hope that, through a close reading which appreciates the symbiosis of mental state and textual construct in Acker's work, my reading might offer insights into how clinical staff might: reflect on novel interpretative skills that can be gleaned from reading practices; reflect on paying attention to the fragment and to personal interpretation and meaning of experiences; reflect on the importance of acknowledging the external context of

⁵⁸¹ Acker, *Empire of the Senseless*, p. 86.

madness (in particular, issues of power and gender). In this way, Acker offers a version of elements of psychosis in the contemporary age that are *understandable*. In this summary chapter I want to explore how my analysis of Acker's literary extreme of psychosis, as an example of a specific reading practice, might have implications in encountering the 'real life' experience of psychosis in clinical practice. Firstly, I offer some final considerations of the implications of my reading of Acker's version of psychosis; secondly, I consider the clinical implications of using literature and narrative-based working in healthcare education and practice; finally I consider some of the clinical innovations that are aligned with my reading of Acker in order to demonstrate ways in which changes in how we view and respond to people experiencing 'psychosis' is changing.

I stated in Chapter 1 that I am *not* suggesting that Acker's work mirrors a clinically diagnosable psychosis – this does not, however, mean that readings of her work do not provide a potentially valuable contribution to understanding psychosis *differently*, in a manner that has parallels with the work of both the medical and health humanities and the discourse of postpsychiatry. While Acker does not depict 'psychosis' in a traditional manner, as may be seen in novels which explore more clinically recognisable psychosis such as Janet Frame's *Faces in the Water* or Doris Lessing's *Briefing for a Descent into Hell*, her work does offer insights into what psychosis *might* feel like, where it *may* emerge from, how it *might* be heard, and how we *may* then respond to it.⁵⁸² In terms of pedagogical benefits to reading Acker, her work illustrates

⁵⁸² Doris Lessing, *Briefing for a Descent into Hell* (London: Flamingo, 1971).

‘psychosis’ at the levels of context, form, and content, providing a diverse range of opportunities for learning. In the simplest terms, my analysis offers three insights. Acker’s focus on gender provides a depiction of the way women’s experiences of gender expectation and oppression, the complexities of romantic relationships and the experiences of sex, desire and sexual trauma are related to the reasonable development of psychosis. Above all else, this chapter serves to demonstrate how we risk unreasonably pathologising women’s experiences, and the importance of *belief* and supportive responses to trauma, resisting the pathologisation of reactions that might serve survival functions (such as self harm). This chapter may further offer a reminder of the need to be mindful of power differentials in clinical relationships – as staff / patient, but also as male / female. In Chapter 3, I argued that Acker’s literary analogues of psychosis offer the reader with two options: dismissing the text as incoherent, ununderstandable and irreadable, or constructing meaning and coherence from incoherence. Her narrative fragments then offer an invitation to a clinical reader to consider how they form a *montage* from people’s stories: how they chose what to hear, how to formulate this, which framework to apply. They might offer an analogous example of what it might feel like to experience incoherence or confusion, chaos or destruction, fear, anxiety or alienation from the external real. They further may prompt the development of novel literary interpretative skills that can be useful in communicative and formulatory ways. In Chapter 4, I argued that Acker’s version of subjectivity and psychosis offers a vision of the pluralistic nature of identity, of the challenges of coherently narrating self and experiences in

psychosis, which may then offer a consideration of the importance of content over form, of experience over diagnosis. The aim of this final chapter is to demonstrate how the crystallising of these three elements in the broadest ways might inform critically minded, narratively oriented psychiatric practice.

In Acker, there are few fixed referential points whereby we can singularly assert (as much as we ever can, or should) that a particular character is ‘mad’ or ‘sane’. What is emphasised instead is the *content* of the strange, unusual, unsettling, ‘sublime’ (in Woods’ terms) experience, rather than the colder formal clinical definition or categorisation.⁵⁸³ In this respect I argue that Acker subverts the dominant discourse on psychosis and provides a novel literary voice in a language that is challenging to cohere and understand, as ‘psychosis’ might be linguistically challenging to hear. It could be, then, that through reading Acker, our foundational assumptions about madness are challenged. Acker’s work appears at first glance to potentially mirror or demonstrate Jasper’s ununderstandability criterion of psychosis; resultantly, it impels the reader to use their cognitive, emotional and sense-making skills to read her work *differently* to be able comprehend her work.

Acker does not necessarily make ‘psychosis’ in its entirety ‘understandable’ – and in some ways this would be antithetical to my (and many others) assertion that ‘psychosis’ is not one single ‘thing’. What she does instead is to highlight the acute individuality of experience and expression – a uniqueness that defies biomedical psychiatry’s attempts to reduce individual experience to a series of tick

⁵⁸³ See Woods, *The Sublime Object of Psychiatry*, for a discussion of the nature of the sublime nature of ‘schizophrenia’ in postmodern critical and cultural theory.

boxes and categories. She also highlights the external factors – the search for stable identity and the gendered factors in this and experiences of oppression and control – that both affect individual madness and contribute to the societal construction of madness. Finally, she demonstrates the complexity of how we construct ourselves, our experiences, our beliefs and our emotions through language – language which is far from benign or that offers uniformity of meaning and interpretation, language that enchains rather than empowers. Readings of Acker’s work therefore offer the possibility of finding coherence in incoherence, method and resistance in madness, calm in chaos. It is Acker’s complexification of, and partial resistance towards, the ‘un/understandability’ binary that can teach us much about the challenges of hearing, interpreting and responding to psychosis.

Acker’s subversion in some ways enacts violence against contemporary codifications of madness and sanity. In her reading of violences enacted by women in contemporary literature, media and culture, Hendin suggests:

Communicative violence that reveals destructive egotism can be seen as a process of narration that operates according to a subjective logic of seizure, appropriation, complication, and the portrayal of one or more alternative truths with social as well as personal meaning.⁵⁸⁴

Acker’s violence – the destruction of text, but also the violence experienced by and from her characters (to and from self and others) – seizes the depiction and formulation of madness from the hands of corporate and patriarchal systems, placing it into a more complex interpretation involving gender politics, comprehension of context and

⁵⁸⁴ Hendin, p. 36.

self-actualisation of experience as both valid and meaningful, rather than potential self-oppression through compliance with a framework of meaninglessness or ‘ununderstandability’.

Here, in one sense at least, her portrayal of ‘psychosis’ has a successful strategic aim, in my view, one that aligns with Hornstein’s clinical-literary aim in *Agnes Jacket*. Hornstein says: “What if the mad are trying to tell us something? What if their ‘ravings’ contain important information? Just because they’re difficult to decipher doesn’t mean we shouldn’t try to make them out”.⁵⁸⁵ The contentions in Acker’s work are multiple and multifaceted, with no simple reading or application. It may be that upending ‘madness’ from its very foundation, from the ‘healthy’ or ‘sick’ binary, is required for a distinctly applied reading of Acker’s oeuvre.

It has been suggested, as explored in Chapter 1, that the enduring need for a ‘clear’ demarcation between mental illness and ‘sanity’ is necessary to continue the profit-making aims of pharmaceutical companies and greed of those associated with promoting the need for medicating responses to experiences that may be very reasonable and very understandable.⁵⁸⁶ A less malignant view notes that an inherited Kraepelinian history predicates current formulation. As Bentall suggests, “where scientific materialism prevails, the need to distinguish between what is ‘real’ and what is ‘imaginary’ seems self-evident, whereas, in less materialistic cultures, this distinction is less

⁵⁸⁵ Hornstein, p xiii.

⁵⁸⁶ This is something that James Davies in particular notes in some depth, in terms of the relationships between pharmaceutical industries and those charged with the (ever increasing) DSM creation.

important”.⁵⁸⁷ The echoes of postmodern cultural theory here are evident in terms of what ‘reality’ may be and how a more pluralistic vision of ‘realities’ might emerge.

Likewise, Darian Leader aims to suggest a way forwards that is relevant here. He is critical of the “segregative” nature of contemporary psychiatry, where a person is seen to have a ‘healthy’ and an ‘unhealthy’ element to their being and, where the task of psychiatry and psychology is then to “allow the healthy part to triumph”.⁵⁸⁸ He writes:

In this segregative vision of the psyche, patients become faulty pieces of equipment that must be restored to their original functionality through external intervention, rather than through their own internal resources. Psychotic phenomena must be removed as far as possible, and the patient led back to a shared reality, which in practice means that of the therapist.⁵⁸⁹

Leader’s emphasis throughout his tome is to highlight the existence of ‘everyday’ madness which coexists quietly alongside the mundane and everyday – it is only when a trigger of some kind is introduced that the more florid and difficult to manage crisis can occur. Hence, in terms of how we may view madness as existing on a continuum of mental experience and emotion, Leader notes that there is the potential for many people to exist in varying states of unreality at varying times, rather than any certain division between ‘mad’ and ‘not mad’.⁵⁹⁰ He suggests that after we have reflected on and learnt from the quieter instances of ‘paranoia’ and ‘delusion’ that people experience, an “investment in dialogue and a curiosity about the logic of that person’s world can open

⁵⁸⁷ Bentall, *Madness Explained*, p. 356.

⁵⁸⁸ Leader, p. 327.

⁵⁸⁹ *ibid.* p. 327-328.

⁵⁹⁰ The idea of a continuum model of mental health and illness is one that Bentall also promotes extensively, and persuasively too – see especially *Madness Explained*, though it is a common theme in much of his work.

up new therapeutic directions and offer the possibility of change”.⁵⁹¹ In this way it is useful to subvert how ‘expertise’ is perceived, instead recognising individuals as having the expertise in their own experiences. This change in viewpoint can afford the potential for growth and hope in people who may otherwise feel (or be) consigned to a lifelong and deteriorating course of illness, as Kraepelin predicted some 130 years ago. The role of professionals here would be to *support* rather than to *treat* – a distinction I will return to shortly.

Caution may be required in simply deconstructing the dichotomy of ‘mad v sane’ however. As Pitchford suggests, in Acker’s work, “merely reversing the rational / irrational binarism by rejecting language and logic leaves the marginalized no way to combat their position”.⁵⁹² Pitchford refers to Acker’s works as “unreasonable”, arguing, “this word offers a third term, a way out of the binary opposition between the rational and the irrational”.⁵⁹³ While notions of ‘unreasonableness’ can carry negative connotations difficulty, stubbornness and challenge, Pitchford argues that these same negative associations can be positively construed: “To be unreasonable frequently carries connotations of protest, of someone’s stubborn refusal to acknowledge the superiority of the logic of the person using the term”.⁵⁹⁴ Thus, moving from ‘real’ and ‘unreal’ towards ‘reason’ and ‘unreason’, she suggests that the “unreasonable person’s position implies that rationality isn’t everything, that other desires or even needs must also be taken into account” while simultaneously differentiating between

⁵⁹¹ Leader, p. 330.

⁵⁹² Pitchford, p. 85.

⁵⁹³ *ibid.* p. 103.

⁵⁹⁴ *ibid.* p. 103-104.

unreasonable and irrational: “To be irrational [...] is simply to be incomprehensible or hysterical, to remove oneself from contestation entirely”.⁵⁹⁵ Unreasonableness, in contrast, might offer tactical strategies of subversion and protest otherwise suppressed by inadvertently or deliberately re-inscribing a binary of rationality instead of ‘madness’.

Pitchford further suggests that Acker’s work and fictions:

[...] develop another strategy, an ‘unreasonable’ manipulation of textual scraps that takes the very words and images that have inscribed women as powerless and irrational beings and turns them to women’s advantage by tactically recombining them and pointing out their own contradictions”.⁵⁹⁶

I would argue that it is not only women that this tactical subversion is available to, or effective for. For those marginalised groups – not least the male *and* female populations deemed ‘mad’ – resistance via the exposure of contradictions, falsehoods and myths, can be useful. Of course, as Pitchford suggests, this relies on the reader correctly interpreting such exposures – though the notion of ‘correct’ is a difficult one; I prefer ‘personally meaningful’ rather than ‘correct’.⁵⁹⁷ How, then, does this occur in texts are deemed irreadable, as Pitchford herself acknowledges?⁵⁹⁸ For Pitchford, “paying attention to how a text’s meaning is contingent on specific rhetorical contexts is the basis of political practice”.⁵⁹⁹ Thus, my readings of the rhetorical contexts *and* content of madness in Acker’s work may provide the basis of some forms of resistance to marginalisation that focuses less on the binary opposition and dualism between, for example, psychiatrist /patient or anti-psychiatry

⁵⁹⁵ Pitchford, p. 104.

⁵⁹⁶ *ibid.* p. 104.

⁵⁹⁷ *ibid.* p. 104.

⁵⁹⁸ *ibid.* p. 182.

⁵⁹⁹ *ibid.* p. 183-4.

/ biomedical psychiatry, and more of a way forwards in the *spaces between* such contradictory positions.

Health Humanities

The health humanities offers one such liminal disciplinary space within which positive ways of working with people who experience challenging or difficult experiences can emerge without resorting to binary positioning. Health humanities is an emergent discipline, having been established in 2010.⁶⁰⁰ It represents expansion of the existent medical humanities discipline, which has produced significant developments in medicine, health and medical education, rather than an opposition; aiming towards inclusive clinical, research and community practices which broaden the scope and appeal of both health and humanities to a wide range of people experiencing illness and health, as well as to clinicians working with them. The health humanities represents the move towards an “inclusive and applied approach to humanities in healthcare” which engages with “scholars, practitioners, healthcare providers, patients and their carers to develop and promote the emerging discipline of health humanities and to harness the full measure of potential benefits of the arts and health humanities in the provision of healthcare”.⁶⁰¹ The focus is thus on the human experience of health and health care, wellbeing and sickness, and how this may best be examined through the

⁶⁰⁰ See Crawford and others, *Health Humanities* – see also Paul Crawford, Brian Brown, Victoria Tischler and Charley Baker. ‘Health Humanities: The future of Medical Humanities?’ *Mental Health Review*, 15. 3 (2010), 4-10. Further book length studies advancing the Medical Humanities have emerged recently – see particularly the comprehensive book by Victoria Bates, Alan Bleakley and Sam Goodman (eds.) *Medicine, Health and The Arts: Approaches to Medical Humanities* (Oxon: Routledge, 2014).

⁶⁰¹ Crawford and others, ‘Health Humanities: The future of Medical Humanities?’, p. 8.

humanities; the application of creative approaches to health and wellbeing in healthcare which takes place outside of the medical encounter and theorisation; and how broadening clinical education of *all* those involved in health care provision to include the humanities may afford more human and humane insights into people themselves and their lives.

I suggested in the Introduction to this thesis that my work is best situated within the health humanities, as well as intersecting with critical and postpsychiatric theory. Not all of the work that I have referred to and employed would consciously associate itself with a critical discourse on psychiatry, however the majority function to at least offer *different* ways of working, or to interrogate extant assumptions, practice and approaches to mental health. In much the same way, Acker's work does not neatly fit into a particular genre category. Her works transgress boundaries of the fictional and the autobiographical; of imaginative textual construction and high philosophical reasoning; of feminist and critical-feminist approaches; even of what we deem to be 'literary' or 'artistic'. She is positioned in a liminal space, between fixed referents, political alignment or belief systems. It is this space between that can interrogate and subvert, offer radically new visions of experience and emotion, and propose integrative ways of working with people that do not dismiss anyone's expertise, instead recognising expertise as temporary, personal and open to challenge and new knowledge. Thus, a health humanities-informed framework for approaching mental health via narratives can offer two core developments in practice and education where my readings of Acker may contribute: helping people to formulate and

narrate their own experiences in a language and way that makes sense to them, and innovation in health education and the continuing professional development of clinical and support staff.

Working and Learning Narratively

Narrative approaches to medical practice and therapeutic work are not a new phenomenon.⁶⁰² Much work has been forthcoming in terms of how to promote a way of working with people that help them to develop and articulate their own stories of coherence and meaning from chaos, fear, often alienation and distress. The work of key theorists here such as Rita Charon, Arthur W. Frank, Arthur Kleinman, Anne Hunsaker Hawkins and (more recently) SuEllen Hamkins, Femi Oyeboode and Liam Clarke have been influential in developing the clinical implications of this thesis.⁶⁰³ These theorists and clinicians focus in different ways on stories and narrative in medicine and health – either in exploring people’s narrative accounts of their own health and illness, or supporting medical students towards narrative approaches to care, or how readings of existing fictions (and autobiographies) may be of use in clinical theorisation, education and practice.

⁶⁰² See for example one of the first book-length studies in applied narrative medicine - Trisha Greenhalgh and Brian Hurwitz, eds., *Narrative Based Medicine: Dialogue and Discourse in Clinical Practice* (London: BMA Books, 1998). See also Rhiannon Crawford, Brian Brown and Paul Crawford, *Storytelling in Therapy* (Cheltenham: Nelson Thornes, 2004).

⁶⁰³ In exploring people’s narrative accounts of their own health and illness as genres or bodies of work in their own rights, see Kleinman, Anne Hunsaker Hawkins, *Reconstructing Illness: Studies in Pathography* (Indiana: Perdue University Press 1993) and Frank. In supporting medics and medical students towards narrative approaches to care see Charon and also Hamkins. For readings of how existing fictions (and autobiographies) may be of use in clinical theorisation, education and practice see Oyeboode, ed., and Clarke. See also Crawford and others, *Health Humanities*, Chapter 3 ‘Applied Literature’, where I provide more in depth visions of the core functions of narrative in health care in more general terms, rather than specific to Acker’s work.

Leader describes the subversion of the professional role from 'expert' to 'supporter of expert' which is necessary in narrative approaches to mental health, though in relation to analysts rather than generic mental health workers (doctors, nurses, care workers, informal carers):

The work of helping the psychotic subject create a history, through naming, dating, isolating and detailing [...] is in some senses a secretarial duty [...] A secretary, after all, doesn't – or shouldn't – intrude too much; they write things done; they check, confirm and ask for clarifications; they remind you of something when necessary, they help organise schedules and the difficult aspects of life; they are hopefully reliable; they tend to occupy the same stable space; they might, like the clinician, ask you to elaborate, to date, detail, name and isolate in order to take down their notes; they don't try to impose a world view on you or tell you that you're wrong; and sometimes they may do something unusual, like expressing an opinion forcefully. And, of course, being a secretary means not being a boss.⁶⁰⁴

His principle is relevant for staff at all levels in mental health. One potential issue here lies in the people who approach psychiatry who may be unable *at that point* to formulate their own understandings of their experiences – people who may seek meaning and validation through the purported and heavily publicised solidness of a positivistic rather than pluralistic approach to their experiences. I argue, following Leader, that we need to be honest with people in admitting that we do not know what causes mental health challenges; that we do not know if medication will work (it may quieten the experience, but it may not, and can have extreme side effects); that we need to offer people a range of frameworks and support them to narrate their experiences within whichever epistemological and ontological understanding they choose. I firmly believe, further, that we need to support people to *author their own*

⁶⁰⁴ Leader, p. 305.

stories of hope, strength and resilience, rather than pathology, sickness and failure.⁶⁰⁵ As Hamkins suggests: “Medicine, while sometimes helpful, is never the reason why someone is succeeding in pursuing their dreams. That success is due to the person’s intentions, values, talents, commitments, creativity, and tenacity – and our job as narrative psychiatrist is making sure that story of success is told”.⁶⁰⁶

Core interpersonal and reactive conditions are necessary for ethically responsive and meaningful working with people towards narrating their experiences – as Bowman notes, “choosing how to write, to communicate and to read is integral to *doing* good medical ethics”.⁶⁰⁷ These skills include, but are not limited to: believing people’s experiences of trauma and the way they feel this has contributed to (or not) their experiences in later life; promoting the fact that people are in a room communicating with another person as an opportunity for change; and privileging people’s formulation of the aetiology of their experience over that offered by tentative psychiatric formulations. As I noted in the beginning of this chapter, Acker’s narratives prompt, further: recognition of the importance of external context and of experiences of trauma and how these affect the present; consideration of how we might ‘read’ fragments of disordered expression to support a coherent self-story; which reading skills we might use for this as learned from our experience of reading texts like Acker’s (both in terms of the experience of reading and the interpretative skills needed to reconstruct the fragments). Acker’s works encourage us, primarily, to consider the individual, not the label.

⁶⁰⁵ Hamkins, p. 50.

⁶⁰⁶ *ibid.* p. 14.

⁶⁰⁷ Deborah Bowman, ‘What is it to do good medical ethics? Minding the gap(s)’, *Journal of Medical Ethics*, 41 (2015), 60-63, (p. 61).

In much the same way as Acker's work *could* be dismissed as fragmented, unreadable non-sense, so too do we risk dismissing people's valid, real and meaningful experiences and perceptions as 'only' indicative of 'psychosis', rather than as part of an expression of the richness of subjectivity that the person has, has lost, and can be supported to regain.

Any ethical and empowering approach to healthcare needs to place the person at the centre of their care and as the expert in their own needs, desires, fears and experiences. Healthcare encounters are inevitably bound by narrative in all but the most common or mundane illnesses. As Greenhalgh and Hurwitz write, "not only do we live by narrative, but, often with our doctors and nurses as witnesses, we fall ill, get better, get worse, stay the same and finally die by narrative too".⁶⁰⁸ In psychiatry, in particular, the person's own narrative should be at the core of the interaction. Thus, skills in narrative interpretation, close reading (or listening), learning to discover narrative threads through possible non-linear narration, appreciating the importance of socio-political context (social determinants of health and illness), characters (family members / friends), time and place (personal history) and personal meaning are vital in informing contemporary healthcare.⁶⁰⁹

The use of narrative in clinical education is fairly well established, primarily in medical education, although though many of the

⁶⁰⁸ Trisha Greenhalgh and Brian Hurwitz, 'Why study narrative?' in *Narrative Based Medicine: Dialogue and Discourse in Clinical Practice* ed. by Trisha Greenhalgh and Brian Hurwitz, (London: BMA Books, 1998), pp. 3-16, (p. 5).

⁶⁰⁹ See also Martyn Evans, 'Roles for literature in medical education', *Advances in Psychiatric Treatment*, 9 (2003), 380-386.

principles illuminated have inter-professional applicability.⁶¹⁰ This innovation has not had a linear or easy pathway to implementation, and questions have been asked as to whether narrative and humanities approaches are truly “integrative” to curricula or merely “additive”.⁶¹¹ Nonetheless, it has been suggested more recently that humanities-based elements to clinical education may offer a counter to what Tischler describes as an “erosion” in the initial “passion and enthusiasm” that medical students bring to their course throughout their 5 plus years of education.⁶¹² Nurse education has begun to receive critical attention in terms of what the Humanities can offer, from narrative-based elements in clinical pedagogy but also visual arts, music, film and so forth.⁶¹³

Arun Chopra notes that it is an individual’s decision as to whether the arts and humanities can offer anything meaningful and useful for their educational development, suggesting that the two pedagogical approaches best aligned with the use of literature in psychiatric education are experiential and constructivist. He notes that the “experiential”

⁶¹⁰ See for example Alan Beveridge, ‘Should psychiatrists read fiction?’, *British Journal of Psychiatry*, 182 (2003), 385-387; Evans; Greenhalgh and Hurwitz; Oyeboode and Victoria Tischler, ed., *Mental Health, Psychiatry and the Arts: A Teaching Handbook* (Oxon: Radcliffe Publishing, 2010).

⁶¹¹ See Beveridge, ‘Should psychiatrists read fiction?’ for a clear summary of the different concerns around the benefits and limitations of literature in medical education and practice; see also Alan Beveridge, ‘The benefits of reading literature’ in *Mindreadings: Literature and Psychiatry* ed by Femi Oyeboode (London: RCPsych Publications, 2009), pp. 1-14, (p. 8-11).

⁶¹² See Tischler, p. 1. This issue is one I have witnessed in nurse education and one which I try to counter through the use of music in sessions and reading suggestions based on enjoyment as well as education – see Paul Crawford and Charley Baker, ‘Literature and Madness: A survey of fiction for students and professionals’, *Journal of Medical Humanities*, 30 (2009), 237-251 and Charley Baker, ‘Narrative in nurse education, practice and research’, *Journal of Psychiatric and Mental Health Nursing* 22. 1 (2015), p. 1-2. See also Crawford and others, 2015, Chapter 3.

⁶¹³ See for example Clarke; Andrew McKie, and John P. Gass, ‘Understanding mental health through reading selected literature sources: an evaluation’, *Nurse Education Today*, 21 (2001), 201-208; Diann Slade, Iona Thomas-Connor, and Ting Man Tsao, ‘When Nursing Meets English: Using a Pathography to Develop Nursing Student’s Culturally Competent Selves’, *Nursing Education Perspectives*, 29. 3 (2008), 151-155; Andrew McKie, Violet Adams, John P. Gass and Colin MacDuff, ‘Windows and mirrors: reflections of a module team teaching the arts in nurse education’, *Nurse Education in Practice*, 8. 3 (2008), 156-164.

approach “involves symbolic experience and appeals naturally to the learner’s imagination”, provoking an “emotional response from the reader as they identify with the characters’ joys, struggles and aspirations”.⁶¹⁴ In contrast, “constructivism”, he writes, “fosters learning by encouraging the discovery of meanings through the use of personal viewpoints and validation of the learning experiences through intersubjectivity or the convergence of personal meanings”.⁶¹⁵ The benefits aligned with these two views in terms of using literature are that unlike “with the largely cognitive-oriented traditional didactic teaching, experiential or constructivist based learning methods appeal to emotions and provoke thought”.⁶¹⁶ Both this empathic appeal and the cognitive follow-through associated with reading about people’s experiences can perhaps then support compassionate and ethical care provision and delivery.

Indeed, the use of various humanities subjects, particularly narratives, in clinical education has further been illuminated as one way of supporting future clinician’s ethical development, as Deborah Bowman suggests:

It may be that whatever one believes one is teaching when delivering seminars, courses and lectures in ‘healthcare ethics’, the importance of emotion and the power of the narrative is greatly under-developed in, but a nonetheless essential aspect of, the business of moral reasoning.⁶¹⁷

⁶¹⁴ Arun Chopra, ‘When art and medicine collide: using literature to teach psychiatry’, in *Mental Health, Psychiatry and the Arts: A Teaching Handbook* ed. by Victoria Tischler (Oxon: Radcliffe Publishing, 2010), pp. 51-62, (p. 53).

⁶¹⁵ *ibid.* p. 53.

⁶¹⁶ *ibid.* p. 53.

⁶¹⁷ Deborah Bowman, ‘The Ethicist’s Tale: Using the Humanities to Facilitate Learning in ethics’, in *Healthcare in Approaches to Ethics in Higher Education: Teaching Ethics across the Curriculum* ed. by Susan Illingworth (Leeds: Philosophical and Religious Studies Subject Centre for the Learning and Teaching Support Network (PRS-LTSN, 2004), pp. 54-63, (p. 55)

She continues by suggesting that, if one of the primary outcomes of health education is to “produce practitioners who are reflective, empathetic and humane, professional, patient-centred, honourable and responsible” then “drawing on emotion and offering contrasting human perspectives on moral dilemmas in healthcare may be an essential part of ethics teaching and learning”.⁶¹⁸ In this respect, Bowman suggests that the “innovative” approach of the Medical Humanities can:

- *Accentuate the power of the narrative in healthcare ethics (thereby reminding all that healthcare is a human science and engaging learners)
- *Offer multiple perspectives on a dilemma or problem
- *Capture the ‘silent’ or overlooked perspectives in ethics
- *Make emotion and psychological responses an explicit and integral part of what constitutes a practitioner’s ‘duty of care’.⁶¹⁹

A truly ethical response to people experiencing mental health challenges is one that must acknowledge the limitations and risks of medicinal and biomedically oriented psychiatry, instead offering individualised versions of both pathology and recovery, which are pluralistic in their approach. Narratives can support both reflective and empathetic capacity building in students and practitioners, which might further, then, prompt ethical reflection which seeks to open up rather than close down meaning, interpretation and experiences.

Such an ethically-minded approach may resist the dominant obsession with quantifying human reactions into numerical formulas, ratings and results – in themselves antithetical to person-centred, individualised, compassionate and ethical practice, which may not neatly fit with a tick box culture. As Clarke asks and asserts:

⁶¹⁸ Bowman, ‘The Ethicist’s Tale’, p. 55.

⁶¹⁹ *ibid.* p. 55.

But why tell of mental distress through fiction? In an era of evidence-based practice, biotechnology and pharmacology, it's unfashionable territory [...] literary narratives might augment psychological knowledge and, consistent with current service user involvement, validate the unorthodox against professional ownership of ideas, thus establishing a more democratic, reflective, psychiatry.⁶²⁰

Reading literature can act as a buffer against the homogenising potential of a biomedically oriented pedagogic and clinical framework. This move alone – recognising the person not the ‘pathology’ – may further support genuinely ethical practice and future practice.

Where I differ from some of the scholars who have contributed to the important discourse of the clinical use of narratives in Medical Humanities is that I do not necessarily believe that all the interpretative skills professionals and student professionals can take away from humanities-related study need to be tied to a particularly medical framework. Charon, for example, proposes some imaginative ways of working reflectively, creatively and with a great deal of empathy through narrative approaches such as writing a parallel chart to complement medical notes – but she does not focus on the harder to pin down issues around mental health and wellbeing unless they are related to direct reactions to physical disease and disorder.⁶²¹ In this way, the issue of whether a disease is ‘real’ remains un-challenged – we can test and diagnose cancer, diabetes, coronary artery disease and so forth. We cannot do the same for mental illnesses and cannot demonstrate unequivocally that they come from the body / brain.

What I propose instead, and have demonstrated in my analysis of the way psychosis is demonstrated and enacted in Acker's work, is to

⁶²⁰ Clarke, p. v.

⁶²¹ See Charon. See also Greenhalgh and Hurwitz, ‘Why study narrative?’.

celebrate plurality and plasticity of meaning, interpretation and belief around mental health and wellbeing. Anne Whitehead has noted the value of multiple meanings in literature and medicine, writing that instead of “subscribing to a dominant impulse towards meaning and control” readers can “also benefit from what the literary can reveal to us about what it means to live in a condition of *uncertainty*”.⁶²² With Acker’s texts, this benefit might require a suspension of one’s own beliefs around the aetiology of psychopathology and an embracing of the tenuousness of explanatory models of mental illness, given that Acker does not offer a biomedically recognisable re-inscriptions of what psychosis ‘is’ or ‘looks like’. Hence, in this thesis, I have deliberately tried to avoid placing a solidly psychiatric, psychoanalytic, philosophic, linguistic or even literary model of reading onto Acker’s texts, but instead drawn from multiple disciplines when tentatively proposing my readings of the madness at work in Acker’s fictions. Clarke, similarly, writes that his aim in his analysis of various fictions focused on madness is to augment a:

[...] reductionist evidence base with fiction that amplifies therapies which prize client’s narratives within reparative work [...] to impart some stories of mental distress wherein patients are better understood from a literature that explicates the missing dimensions of the orthodox and the turgid.⁶²³

What better format than the innovative fiction of Acker to appreciate individuality and uniqueness? Orthodox or turgid are words not commonly associated with her radical texts.

⁶²² Anne Whitehead, ‘The medical humanities: a literary perspective’, in Victoria Bates, Alan Bleakley and Sam Goodman, eds., *Medicine, Health and The Arts: Approaches to Medical Humanities* (Oxon: Routledge, 2014) pp. 107-127, (p. 115).

⁶²³ Clarke, p. 16.

Broader Understandings?

A range of directly clinical approaches are emerging which may offer versions of the individual approaches to understanding and meaning making with ‘madness’ that I suggest a reading of Acker’s (and others) work can offer. Recovery, one of the dominant models throughout the UK and Europe over the past 10 years, has for example attempted to offer these ‘person centred’ approaches has made some progress towards supporting people to a more positive and individually defined future, rather than a biomedically envisioned symptom-controlled, medically defined one. As Leader says, though, there “is always a great danger in trying to ‘normalise’ a patient, and adapt them to what we take to be a common reality”, and in this sense, ‘Recovery’ may be aiming for something that is neither desired nor desirable for many.⁶²⁴

One issue I take with Leader’s otherwise well thought through and positive text in fact is his denotation of people as ‘patients’, often by their diagnosis (‘schizophrenics’) – this view still relies on one which promotes and relies of different, on a binary of ‘them-us’, which I argue critically informed views on psychiatry have begun to, if not overthrow, at least to demonstrate as problematic and stigmatising. I am aware, as Leader suggests, that some people find labels useful and validating, anchoring them, acting as a “staple to pin things down” – however, I reject the homogenising way that labels are used when we turn from a *person* experiencing a particular set of symptoms that they feel indicates a particular illness towards something that indicates that a diverse group of people ‘are’ or ‘do’ something, seen in referring to ‘schizophrenics’ or

⁶²⁴ Leader, p. 296.

‘psychotics’ for example.⁶²⁵ I also feel that labels have the potential to subsume a person as their diagnosis – rather than *having* or *experiencing* something, they *are* something. Finally, labels can, and do, carry their own socially constructed meanings – seen most clearly through the associations of ‘schizophrenia’ and ‘psychosis’ with ‘violence’ in the media.⁶²⁶ Recovery, at its philosophical core, promotes an individualised approach – policy and practice documents relevant to Recovery risk relying on the discourse of ‘Recovery from <insert diagnosis>’, which in itself is reliant on the same problematic binary approach to mental health.

Positive visions of what the experience of madness can offer, rather than what it removes, are also available. Chadwick, for example, offers versions of ‘schizophrenia’ that *celebrates* differences in perspective and dialogues with the self and others.⁶²⁷ Similarly, Hornstein also brings into acute focus the *understandability* of people’s experiences, versions of their experiences that are often found without the support of medical professionals but instead through communities of support from people who understand because they have experienced similar. Shared understanding is often constructed through narratively informed dialogues, she notes:

We all construct narratives of our lives, using what’s happened to us in the past to shape what follows. Experience is too chaotic and complicated, taking place on too many channels simultaneously, to be straightforwardly intelligible. [...] We are hugely dependent on the reactions of others to make sense of what is happening to us, especially if it’s sudden or dramatic.⁶²⁸

⁶²⁵ Leader, p. 221.

⁶²⁶ See, for example, Paul Hammersley and Terence McLaughlin, ‘Campaign for the Abolition of Schizophrenia Label’. See also Cross, *Mediating Madness*.

⁶²⁷ See Chadwick.

⁶²⁸ Hornstein, p. 97.

If the response of others is to tell people they are wrong, bad, damaged, broken, ill, and to medicate and isolate them, restrict their freedom, curtail their lives chemically and physically, then no wonder the epidemic of madness grows. Elements that make us human are pathologised; beliefs and experiences that may be normal responses to extreme or traumatic circumstances, that may be entirely understandable (rather than unreasonable) emotions or cognitions, that may be reasonable responses to an unreasonable external reality, as Acker may have phrased it, are deemed *unreasonable* or *pathological*. Hornstein more than amply demonstrates the empowering potential of fully or partially leaving the medical system and forging one's own way towards their own understandings through community involvement and the validating power of story-telling and story-sharing.

This is not to suggest that mental health professionals and clinicians do not have a significant role in working with people with mental health challenges – far from it. Leader, Hamkins and Hornstein, similarly, suggest that the role of professionals may be to support people to make sense of their experiences and to support them towards formulating them into something that is both meaningful but also offers hope for the future. Again, this requires a shift in thinking about who we deem to be 'expert', consideration of power and its foundational relationship with traditional and current practises where coercion and compliance are legally supported and enforced, and for increased humanistic appreciation of the person and their experiences.

Relatedly, in terms of the role clinical staff have in supporting people with their experiences, the discourse of postpsychiatry offers a

version of approaches to mental health generally and to clinical practice directly which clearly align with the readings I have offered of Acker's fiction. I want to return here to the framework that I elaborated in Chapter 1. Bracken and Thomas note that postpsychiatry is based on five areas.⁶²⁹ Firstly, the context of experiences is the starting point, rather than the adjunct, for understanding what has led a person to this point; secondly, the need for a "hermeneutic exploration" of the person's *own* meaning, significance and values should be offered prior to seeking biological or causal explanations; thirdly, diagnosis is *negotiated*, if offered at all, by clinician *and* patient; fourthly, a consideration of temporality is vital; finally, postpsychiatry aims to face forwards towards "a time when we become more comfortable with dealing honestly with different viewpoints and different ways of framing our problems, more comfortable with ambivalence".⁶³⁰ The plurality and individual focus of postpsychiatry, as I noted in Chapter 4, offers an evocative paradigm for care. My analysis of Acker's work fits here within all of the 5 areas offered for transformation within this paradigm.

Open Dialogue may offer a different clinical route forward that works in narrative and dialogic ways. This Finnish approach has recently begun to attract attention in the UK and shows some promising results, though as always further studies are required to declare it 'successful'.⁶³¹ The core principles of Open Dialogue have much in common with Acker's work. The aim is to work with people in their own homes in a

⁶²⁹ Bracken and Thomas, *Postpsychiatry*, p. 133-134.

⁶³⁰ *ibid.* p. 133-134.

⁶³¹ Jaakko Seikkula, Jukka Aaltonen, Birgittu Alakare Kauko Haarakangas, Jyrki Keränen and Klaus Lehtinen, 'Five-year experience of first-episode nonaffective psychosis in open-dialogue approach: Treatment principles, follow-up outcomes, and two case studies', *Psychotherapy Research*, 16. 2 (2006), 214-228.

deeply humanistic manner, with their network surrounding them and with the aim of developing new narratives around the experiences they have. Crucially the person experiencing ‘psychosis’ remains at the centre of all meetings and guides the process, deconstructing notions of power in the process. The process draws on work from philosophers such as Bakhtin and Derrida, cohering around three interrelated principles: tolerance of uncertainty, dialogism and polyphony, starting with the acknowledgement that “there is no conception or truth or reality that can be known as separate from and outside of human expression”:

The therapeutic ingredient comes from the effect of dialogism on a social network as new words and stories enter the common discourse. To accomplish this, the language practices of the treatment meeting have the double purpose of holding people long enough (tolerating of uncertainty) so that the inexpressible can be given voice (dialogism) with the help of others in the network (polyphony).⁶³²

The process in this respect aims to create new narratives where people learn to consider and interpret their experiences in a way that makes sense to them. Those around them are encouraged to contribute to the re-authoring of the person’s experiences and to formulation of their own stories – all voices are celebrated and included. The co-founders of the approach suggest, “this way of working has humanized and improved the care of young people in acute severe crises, such as psychosis”.⁶³³ Such a polyphonic approach has much in common with Acker’s fictions and with the readings I have elaborated in the preceding three chapters, noting the importance and challenge of social networks in sense-making and selfhood; the need for novel languages and formulations of

⁶³² Jaakko Seikkula and Mary E. Olsen, ‘The Open Dialogue Approach to Acute Psychosis: Its Poetics and Micropolitics’, *Family Process*, 42. 3, (2003), 403-418, (p. 410-411). .

⁶³³ Seikkula and Olsen, p. 416.

experience; and the need to acknowledge all voices as equal, recognising power differentials. Such approaches may yet wrest the wellbeing of people from the grasp of pharmaceutical companies and provide more ethical, humane and supportive ways of working.⁶³⁴

Closing Thoughts

Literature that focuses on madness has the potential to teach readers about how it might feel to experience unusual perceptions or beliefs, to feel acutely frightened or suspicious, to hear or see unfamiliar things in an unfamiliar way, or to feel the crushing bleakness of depression or the heightened sense of doom associated with acute anxiety. Acker's narratives go a step further, immersing the reader in an experience that might be analogous to the fragmentation and confusion commonly discussed by people who experience 'psychosis'. As well as benefits for clinical education and practice, literature more widely may also provide a broader understanding in a social or public sense. There are two elements to this potential. Firstly, the areas I have explored above in terms of experiential knowing and empathetic development. Secondly, through highlighting the different approaches that people find helpful and that many people do not find biomedical understanding or treatment helpful – or at least without significant risk. Literature can demonstrate recovery

⁶³⁴ For the most recent scandal in pharmaceuticals related to mental health drug creation and manipulation of efficacy and safety data, see: Joanna Le Noury, John M. Nardo, David Healy, Jon Jureidini, Melissa Raven, Catalin Tufanaru and Elia Abi-Jaoude, 'Restoring Study 329: efficacy and harms of paroxetine and imipramine in treatment of major depression in adolescence', *British Medical Journal*, 351 (2015), DOI: <<http://dx.doi.org/10.1136/bmj.h4320>> [accessed 16th September 2015]. See also Peter Doshi's accompanying editorial which clearly sets out the history and background to the case, demonstrating the lengths that pharmaceutical companies will go to to retain profits – Peter Doshi, 'No correction, no retraction, no apology, no comment: paroxetine trial reanalysis raises questions about institutional responsibility', *British Medical Journal*, 351 (2015) <<http://www.bmj.com/content/351/bmj.h4629>> [accessed 16 September 2015].

and strength, survival and resilience, buffering the effects of the common media discourse of madness that often focus on risk, fear and confinement.⁶³⁵ We know, as repeated studies have shown, that a biomedically oriented public-facing framework of mental health – ‘an illness like any other’ – paradoxically *increases* public stigma.⁶³⁶ What I have aimed to do in this thesis is not to merely offer a counter narrative to the dominant framework, or to read Acker through these counter-narratives. Instead, I have illuminated through Acker’s complex textual constructions the nuanced complexities of madness as they are portrayed through one author’s texts.

A range of literature could potentially have been used in this thesis, as noted in the Introduction. However, to my mind Acker’s work best exemplifies the experience of psychosis *because* of its complexity. Acker challenges our perceived ideas, arguing for deeper examination of the sociocultural context and phenomenology of psychosis, an examination that recognises the importance of gender and trauma, the boundaries and perils in the way that language may confine people to a particular binary, and the importance of recognising the individual meaning of experiences and attending to the experience’s content. In this way, her texts offer a different approach to those found in more popular fictions and autobiographies, and as such I have only briefly touched upon the idea of wider audiences here.

Madness narratives have an established place in literary studies and in mental health. Hornstein recognises this and draws a parallel with

⁶³⁵ There is not space to discuss this notion in more depth in this thesis, but see Simon Cross, *Mediating Madness*.

⁶³⁶ M. C. Angermeyer, A. Holzinger, M. G. Carta, and G. Schomerus, ‘Biogenetic explanations and public acceptance of mental illness: systematic review of population studies’, *British Journal of Psychiatry*, 199, (2011), 367-372.

the now-established discourse of trauma studies in literature, cautioning against the homogenisation of individual's stories through demarcating them as just another text to be analysed (in much the same way that psychiatric practice risks treating each person experiencing challenges to their mental health in a homogenising or disease-centric manner):

In the new field of 'trauma studies,' the connections between writing, torture, abuse and violence are emphasised. Such work has certainly made trauma narrative more salient in our culture. But as critic Lee Edwards has argued, too close a focus on 'the text' can paradoxically make actual suffering seem less salient. If every account is equally analysable, then the testimony of the survivor has no special claim to authenticity. [...] Madness narratives are similar: taking them simply as literary productions, as Evelyne Keitel, for example, does [...] risks failing to focus on patients' real experiences in the mental health system. For people whose descriptions of 'reality' have been systematically invalidated by their doctors, trauma isn't just another trope to use in storytelling.⁶³⁷

Madness may be the trope which I have focused on here through Acker's fictions, but my suggestions for the clinical implications of such reading and interpretation are far from homogeneous or positivistic. Acker in this sense aligns more closely with the work of the critical and post psychiatric movements than any extant biomedical framework. My reading has much in common with a growing, but still not adopted, imperative in psychiatry more widely to acknowledge, as noted by Bracken and colleagues, the "mounting evidence that good practice in psychiatry primarily involves engagement with the non-technical dimensions of our work such as relationships, meanings and values".⁶³⁸

They continue:

Psychiatry has thus far been guided by a technological paradigm that, although not ignoring these aspects of our

⁶³⁷ Hornstein, p. 168.

⁶³⁸ Bracken and others, p. 430.

work, has kept them as secondary concerns. The dominance of this paradigm can be seen in the importance we have attached to classification systems, causal models of understanding mental distress and the framing of psychiatric care as a series of discrete interventions that can be analysed and measured independent of context.⁶³⁹

Fictions are not designed to be read as being one ‘thing’ or as holding one ‘meaning’ – the text is individual, pluralistic, offering flexibility of meaning but also education, learning, challenges to extant viewpoints and values, empathetic or alienating reactions towards people’s inner worlds or to their behaviour as described or depicted by others. Texts can support the approaches I have described here but cannot replace the real-world concerns of people and their immediate circles – they are adjunctive. Texts *could* however be more centralised to both people and the professionals who support them, in terms of how clinical staff work and develop. The principles I have illuminated through my reading of Acker’s work certainly could and should be much more foundational in clinical theory and work, if we aspire to ethical and humane practices.

Acker may have begun her literary career with a focus on deconstruction and destruction, but later texts such as *Empire of the Senseless* offer more reconstructive proposals. As I have argued, her writing can offer something reconstructive from seeming fragmentation, chaos, randomness, and incomprehensibility. This reconstruction could lie in what is taken away from her novels in terms of how to clinically approach psychosis. In this respect, my thesis offers an applied example of the boundary crossing and opportunities for engagement from a diverse range of health care practitioners evident within health humanities discourse. This is the first, to my knowledge, extended study

⁶³⁹ Bracken and others, p. 430.

of how one author's work can be read as offering relevant clinical insights. My reading of Acker could, and I hope will, offer a second reconstruction – one which offers a version of literary criticism which does not 'symptom spot' or interpret within the existing framing, but instead teases out the unknown and draws together the fragments to illuminate a way of working *with* a person towards building, rebuilding and maintaining the whole.

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