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Saara Jäntti

Bringing Madness Home

The Multiple Meanings of Home in Janet Frame's *Faces in the Water*, Bessie Head's *A Question of Power* and Lauren Slater's *Prozac Diary*

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ABSTRACT

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Yhteenveto: Kodin monet merkitykset naisten hulluuskertomuksissa: Janet Framen *Faces in the Water*, Bessie Headin *A Question of Power* ja Lauren Slaterin *Prozac Diary*

This study brings together two contested themes in feminist debates: madness and home. While both have been analyzed as sites of women's oppression, they have, too, been celebrated as liberatory spaces. Through a close reading of three women's writings on the experience and treatment of madness in three different cultural and psychiatric contexts, this study discusses and challenges these views. To bring madness home is a methodological move that seeks to combine (post)structural and phenomenological readings on women's madness. It engages the feminist debates on women's madness, the critical discourse on madness where home has been first and foremost understood as a site of oppression that drives women mad, with more recent debates on gendered notions of home that deconstruct and reconstruct notions of home. Janet Frame's *Faces in the Water* (1961) is an asylum story where home consists of the (imaginary) home in the World outside the asylum and the lived everyday realities of the hospital. The patients settle for minimal home spaces in the hospital and maintain a nostalgic relation to the home in the outside world. In Bessie Head's narrative madness is perceived as a journey, and a violent intrusion of the protagonist's homespace in the village where she, a refugee from South Africa is settling. In *Prozac Diary* the protagonist's world as she knows collapses when her new medication removes her multiple ailments. Depending on the historical/cultural/psychiatric context, home becomes a space where madness removes the ailing subject or where she endures it and creates sites where the inevitable pain and suffering entailed in the experience of madness can be tolerated. These sites are homes. Material and immaterial, livable spaces, where the subject can dwell.

Keywords: Home, women's madness, psychiatry, gender, literature, space, belonging

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Like madness, research also can be conceptualized both as a journey and as a relation to home. In the course of the eight years that it has taken me to write this thesis, this research has taken me to – and provided me with – many homes. Some of them had walls, some of them consist(ed) of human relations, and others provided me with theoretical frameworks that helped me to build the foundations of this work. The thesis has been written in four countries and six towns, all of which taught me their own lessons about home and belonging. In the course of these years, the thesis itself became a kind of home that held things together when life around it got rough. And now that the work has been done, it is time to thank all those involved – and time to move on. Here are a few people and institutions I wish to acknowledge and thank:

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I dedicate this work to my two boys, Tobia and Joona. Äidin värityskirja on nyt vihdoin valmis!

At home in Jyväskylä,
7.5.2012

Saara Jäntti

FIGURE

TABLE

CONTENTS

1 INTRODUCTION

This study started out as a study of women's autobiographical accounts of madness, of textual constructions of madness, and what it has meant to be defined as mad and treated for madness in different times and places. During the research process, it grew to be just as much about home, the mad, gendered subjects' relation to places and spaces called home, and the meanings and definitions that authors assign to these spaces in the course of their narration of madness. As it stands here now, this study explores the meanings of home in three women writers' autobiographical texts on madness.

The study thus emerges from a wider context of women's madness narratives, but focuses on the writings of Janet Frame (1924-2004), Bessie Head (1937-1986) and Lauren Slater (1963-) who all underwent mental turmoil and psychiatric treatments, and wrote about them. In order to discuss their experiences, Frame and Head resorted to autobiographical fiction while Slater's *Prozac Diary* belongs to the genre of memoir. The autobiographicality of their texts links them to a centuries-long tradition where psychiatrically treated women employ narratives based on personal experience to explore, expose and challenge psychiatric practices.

The psychiatric and cultural contexts they wrote in – and wrote about – differ significantly. Janet Frame was born and raised in New Zealand and underwent psychiatric incarceration in two different asylums in the 1940s and 1950s. *Faces in the Water* was written in Britain as part of the therapy that helped her overcome the trauma of these experiences. Bessie Head escaped Apartheid-ridden South Africa by taking an exit visa to Botswana where she wrote her novels and underwent mental turmoil in the 1960s and 1970s. Lauren Slater is a writer and psychologist whose *Prozac Diary* (1998) examines long-term Prozac use in the late twentieth-century Boston.

By examining the various meanings of home in women's madness narratives, the study brings together two contested issues in contemporary feminist theory: madness and home. In feminist studies both madness and home have, on the one hand, been discussed in terms of power and abuse. They have been seen as sites of oppression for women as feminists have strived to make visible

the mechanisms of (violent) oppression both within the home (Friedan 1971, Husso 2000, 2003) and in relation to psychiatric treatment (Chesler 1972, Showalter 1985, Ussher 1990). In feminist discourses both madness and home have been made political and public to counter their (previous) constructions as private and personal. Like the term 'woman', they both have been deconstructed to reveal the violence embedded in the structures and discourses that regulate them. On the other hand, they both carry positive connotations as when home is referred to as a place/space of warmth, comfort and reconstruction of one's (shattered) subjectivity (hooks 1990, Young 1997) – or when madness is discussed as a site of protest against patriarchy and as an emblem, a critical tool with which violences against women can be deconstructed (Cixous 1975, Schlichter 2003). Both home and madness thus carry positive connotations in a metaphorical sense, and potential violences in a negative reality.

The reasons why I landed upon home as the nexus of my analysis was not a self-evident choice, but rather a long process. The choice is grounded in the history of feminist debates and analyses on madness and home. I came to madness through its feminist analyses that sought to understand why, it seemed, more women than men were being – and had historically been – diagnosed as mad? And why did the representation of madness so often take place in the form of a woman patient (Chesler 1972, Friedan 1963, Gilbert and Gubar 1979, Showalter 1987, Ussher 1990, Appignanesi 2008). What was it that drove women mad – and enabled their confinement? Much of the feminist analyses found the historical explanation in women's restricted role as "angels in the house" and their restricted role in regard to public agency. It was the social structures and cultural hierarchies, the feminists argued, that construed women as liable to madness and equalled femininity with madness (Chesler 1972, Showalter 1985, Ussher 1990). It was women's roles as mothers and wives that tied them to the home, which limitations constructed dependence and vulnerability to violence. Add to these the burdens of child-rearing, and it was no wonder it seemed to be the home that drove women mad. When I first encountered these analyses, they all made sense. They still make sense. And I think the revelation, examination and analysis of women's pathologization in the context of their cultural and social oppression continues to be one of the most crucial tasks of feminism. As Jane Ussher's (2010) review on feminist psychology reveals, examination of the social and domestic structures that underline mental health issues continues to be the critical task of great numbers of feminist scholars.

My own study, however, took a different turn. For as I continued reading women's madness narratives, that is, narratives by women who had endured both madness and its treatment and wrote fiction and non-fiction about these experiences, other kinds of meanings of home began to emerge. It was not only women's agony about their domestic role that dominated their discourse on home. I was also faced with a kind of yearning, a longing for a home, and came across with something like this:

> It was almost Christmas time and everybody in the mental hospital was wanting to go home. Some had homes and some didn't but that made not much difference, they

> all wanted to go to a place that could be called home, where there were no locked doors and dayrooms and parks and Yards and circumspect little walks in the gardens on a Sunday afternoon […] When I get home, the patients said to each other, when I get to my own home, and sometimes when they went shopping down to the store on a Friday afternoon, past the school where the kids gardening in the school garden stopped to stare at the loonies till the master jerked them back to their task with, they're people like you and me, remember, when they weren't at all, they weren't people like anybody in the outside world, they were shut away from streets and houses and fun and theatres and beaches, well, when they got to the store they would buy a Christmas card, for the Superintendent they said, then perhaps he will let me go home, because I want to go home, there's nothing wrong with me really. (Frame 1997, 33)

This extract from Janet Frame's short story, "Bedjacket", pointed to madness and its treatment as something that spatially and culturally removed the madwomen from the "normal" spheres of life and thus created a significant difference between them and other people. Their exclusion from what Erving Goffman in *Asylums* (1961) had called the "Home World" as opposed to the Institutional World that he was studying, seemed to create a tremendous yearning for home. Moreover, this yearning was, as the extract shows, not only indicative of the patients' exclusion from a place that could be called home, but framed by and experienced within particular structures and discourses of power and health. Furthermore, the home that was longed for was linked to both humanity and spaces and places where actions of everyday life took place. Home was thus intrinsically linked with notions of health, negotiated within institutional structures imbued with power and a desire that directed the patients' being in the world. Furthermore, the patients' desire to go home directed their everyday actions and consumer choices, and their incarceration labelled and stigmatized them in the eyes of others.

But it wasn't until two years into the research that I discovered this extract that seemed to capture most of what I had to say about women, madness and homes, and madness and its treatment as an axis of difference between women. What emerged first was a much more vague sense of home as something that could provide a significant nexus for an analysis of various types of positions that the different types of madness and their various treatments position women. The yearning for home and the multiplicity of the meanings of home first made itself felt as a presence, a returning image, issue that repeatedly emerged in the texts (I was reading *Faces in the Water* at the time) and begged for attention, but evaded any clear-cut definitions. Furthermore, home as a concept, seemed anything but theoretically trendy. In fact, it seemed a bit old-fashioned and somewhat banal.

I became, however, intrigued about the kinds of homes the women patients were longing for. I started to look closer at meanings home was given in different narratives and at different points in narratives, and found out that like in the passage above, *home* had different functions in the stories. It also had different functions in the experience and actions of the patients and protagonists. At the same time, I began to ask myself what was actually meant by the notion of *home* in the madness narratives and what was actually said about it in other academic disciplines. And I soon found out that home was, indeed, explored in

a number of academic disciplines. In fact, *home* seemed to be everywhere: human geography (Massey 1994), postcolonial studies (Brah 1996, Ahmed 2000, Ahmed *et al.* 2003), art and cultural history (Saarikangas 2002 and 2006, Granö, Suominen and Tuomi-Nikula 2004), sociology (Mallett 2004, Haraven 1991), and women's studies had recently revived and re-visioned the term. In philosophy, the term had been explored especially in existentialist (Heidegger 1964) and phenomenological (Bachelard 1969) terms. And even disciplines like Environmental Psychology (Moore 2000) had been busy with understanding homes and houses. All these disciplines seemed to reveal something about home that resonated with what I was discovering in women's madness narratives.

Most importantly, in the course of my research, I discovered that feminist debates about home had evolved tremendously since the early rejection of home as a site of mere oppression for women. I found out that whereas the notions of home in feminist debates on madness remained linked to the discourse of oppression, violence and the aetiology of madness, *elsewhere* feminist theorisations of home had moved from the early critique and rejection to subtle analyses of multiple women's multiple notions and positions, attachments and engagements with the various notions of home and belonging. For while the 1980s feminist critics of home, following de Beauvoir's (1964) rejection of home as a space of immanence, had equated it with intellectual laziness and ethnocentricity within feminism (Honig 1994, Martin and Mohanty 1997, de Lauretis 1990, Braidotti 1994) and warned feminists from "staying at home." In the 1990s, home had been "saved" by black feminist scholars' – bell hooks (1990) in particular – and Iris Marion Young's (1997) defence of home. In "Homeplace", for example, bell hooks (1990) argues that for the oppressed, home can be a space where subjectivities can be restored and strengthened. Iris Marion Young (1997) in turn lists four positive values for home, and argues that rather than rejected, home as a site for safety, preservation, individuation and remembrance should be defended as a universal value and right. Notions of home have since been developed further by, for example, postcolonial scholars (Brah 1996, Ahmed 2000, Ahmed et. al 2003) who deconstruct unified notions of homes and their relation with the dwellers. These postcolonial scholars pointed to the effects of dislocation and cultural differences between places of origin and spheres of living, which resonated with my findings about the dislocation of the mad within national cultures. I will present these different notions of home in the next chapter. Here, suffice it to say that today, home is understood as a multilayered and dynamic space that is created and transformed in and through various human practices and actions (Johansson and Saarikangas 2009, 14). *Home* as Hanna Johansson and Kirsi Saarikangas (ibid. 14) write "extends from a material location and landscape to the meanings, social relations, emotions, and memories." It is a cultural, historical construct that embodies a number of meanings rather than closes in on any single definition.

So, while feminist debates on home had moved from rejection and requirements for women to liberate themselves from the "comfortable concentration camp" (Friedan 1963) to subtle analyses on the multiple meanings of home,

in the feminist debates on madness home remained linked to the aetiology of madness. Now aetiology is a medical term that refers to the causation of a disease or condition. In this study, what I have come to call a *feminist aetiology of madness* was a point of departure. The feminist aetiology of madness actually points to the social construction of madness and emerged as a cultural critique of psychiatry. This aetiology that has long prevailed in feminist cultural and literary feminist studies has focussed on the ways in which the social organization of societies produces madness in women by assigning them to the private sphere of the home and by denying them social agency. This places women in vulnerable socio-economic positions of dependency and thus render them both oppressed and depressed. In this aetiology, the roots of women's madness lie in the home. This aetiology can be found both in feminist psychology and in women's literary traditions. It seems that what (Western) feminist novelists engaged in in the nineteenth century was taken up by feminist literary theorists and psychologists in the late 20th century. According to Sandra Gilbert and Susan Gubar (2000/1979, 85), the women writers of the19th century engaged in the "symbolic drama of enclosure and escape" where houses were depicted as "primary symbols of female imprisonment" to the extent that "[d]ramatisations of imprisonment and escape were so all-pervasive in the nineteenth-century literature that we believe they represent a uniquely female tradition in this period." Gilbert and Gubar's (1979) classic reading of female literary traditions and examination of this theme were founding phases in feminist literary criticism, and led to the figure of the madwoman to become an important tool in cultural criticism.

The feminist aetiology of madness is bound up with the critical discourse on women's madness where the figure of a madwoman is taken as a point of departure for social critique. As Elaine Showalter (1987) and Monica Kaup (1993) have pointed out, most feminist analyses of fictions and autobiographies that describe women's madness and (violent) experiences within psychiatry have read schizophrenia and other forms of mental illness as allegorical, symbolic or even symptomatic of the discourses and practices that regulate women's lives in general. Annette Schlichter (2003) argues that this critical discourse on women's madness can be used to reveal and critique the conditions within which women's gender and sexualities are regulated. This critical discourse of madness refers to "a theoretically and disciplinary heterogeneous body of texts that emphasise the construction of femininity as madness and simultaneously appropriate the madwoman as a figure of denaturalization" (Schlichter 2003, 310). The disciplines involved in the production of this critical discourse where the madwoman is used as a means of "feminist critique of representation, which theorizes the interrelation of the production of gender and discursive authority" include feminist critique of psychiatry, cultural histories of women's madness, studies of madwomen in literature as well as philosophical analyses of the dualistic organization of masculine reason and feminine irrationality, and psychoanalytically inspired work on hysteria. According to Schlichter, the figure of the madwoman is a central form of representing the gendered relations between

men and women in Western societies, as it postulates masculine subjects as subjects of reason and simultaneously denies women access to discursive authority. In this way, Schlichter argues, the figure of the madwoman thus embodies and exposes cultural notions of femininity as irrational, and women as an Other-of-man, the second sex. Exposed, analysed, and parodied, this figure can help to expose women's symbolic and social disempowerment. It can also be used as a critical strategy in feminist interventions in patriarchal systems of representation. (ibid. 310).

Although the critical discourse of madness, and feminist interventions in the cultural pathologization of femininity (for example Chesler 1972, Showalter 1985 and Ussher 1990, 2010) are important as they expose the conflation of femininity and madness with women's bodies and the body of women, they have also provoked important criticism within feminism. The use of the figure of the madwoman as an emblem of women's oppression has been vehemently criticised because it associates all women with traditional notions of femininity and hysteria. Nina Baym (1984), for example, has criticized the approach for rendering all women mad and voiceless, and Marta Caminero-Santagelo (1997) has argued that this emblematic use strips madness of the pain and suffering, voicelessness and lack of agency, which, according to the women who have suffered from mental illness, constitutes their experience. In other words, Caminero-Santangelo is critical of the symbolic use of the figure of the madwoman, for it reduces the figure to an analytic tool, a representation of an other than herself. She points out that Gilbert and Gubar's reading of Bertha Mason, the madwoman in the attic in Jane Eyre, as Jane's double and symbol of Brontë's struggle and rage to become an author, completely ignores the fact that Brontë's depiction of the madwoman and her treatment is in perfect accordance with the pre-psychiatric, animalistic notions of madness of her time. Neither Brontë nor Gilbert and Gubar are critical of the treatment of the madwoman as little – if anything – more than an animal. (Caminero-Santangelo 1998, 3) Thus, while postcolonial critics such as Gayatri Chakrovorty Spivak (1985) have argued that Gilbert and Gubar's reading ignores the racial politics of Brontë's depiction, Caminero-Santangelo points out that such readings also ignore the psychiatric politics of Brontë's book. Thus, whereas Gilbert and Gubar read madness as symbolic and metaphorical, Caminero-Santangelo wants to bring us back to the literal experience of madness and begs us to recognize the existence of real madwomen. Gilbert and Gubar by no means deny the existence of madness, yet their reading of it as symbolic of Jane Eyre's struggle for self-definition, and Brontë's struggle for self-expression, reduces Bertha Mason, the actual madwoman in the attic, to a mere narrative convention and ignores her as the victim/embodiment of the historical (pre)psychiatric context.

I thus find Caminero-Santangelo's (1998) criticism crucial – not least in the light of the current emphasis in feminism on differences (e.g. Pearce 2002) between women, and postcolonial demand for understanding the local conditions within which women's femininity and womanhood are constructed (e.g. Mohanty 1986, Spivak 1986). In this thesis, I argue that madness and the mental

institutions and psychiatric discourses and practices that attempt to cure these madnesses are the kind of localities that construct incommensurable differences between and within women, and create specific subject positions for women. Unlike Caminero-Santangelo (1998), however, I do not equate such positions with total victimization and voicelessness, but, as Kerry Davies (2001) has shown and the ever-growing body of women's autopathographies demonstrates, argue that women's madness narratives employ discourses and literary spaces that are available to the writers and produce new meanings and possibilities for others to identify with. I do agree, however, that there is more to madness, experience and to conveying experience than mere words. Novels and autobiographical texts do more than define: they tell and they describe. And they often describe the feel of a place and movement within and across space. As Michel de Certeau (1984, 115) noted "every story is a travel story, a spatial practice." And by examining movement, restriction of movement, acts of dwelling and significations of places and spaces brought about by madness and its treatment, I wish to emphasize madness and being a psychiatric subject as experiences related to the subject's (gendered) humanity.

According to Martin Heidegger (1962/1995), dwelling, the act of inhabiting a place, is a human mode of being. In fact, it is the human mode of being. As humans, we construct and dwell in places where we can live, places with which we create meaningful relations and within which we create – or seek to create – meaningful relations with others. The places we construct, dwell in and with(in) which we create meaningful relationships are usually referred to as homes. They are sites of belonging. Feminist scholars (from Irigaray 1993 and de Beauvoir 1964 to Young 1997 and Johansson and Saarikangas 2009) have analysed the ways in which the processes of dwelling, making and having a home are gendered. This study seeks to further investigate and problematize this gendering, by analysing the ways in which madness and its treatment affect the (gendered) meanings and locations of inhabiting a space. It thus adds madness and psychiatry into the exploration of the (gendered) meanings of home. For madness and its treatment, as we will see, fundamentally affect the subject's possibility of finding, making and maintaining a home.

I believe that by exploring these meanings, it is possible to create further understanding – and perhaps empathy – of the existential difficulties and challenges that madness and its treatment pose to their subjects. Thus, what is sought for in this study, is not an exhaustive list of the meanings of home in different times and places, but a vocabulary and point of view that would further understanding and help to explore an experience that according to many escapes words: one of the widely acknowledged aspects of madness is the loss of authority over language due to excess of words or lack of them (Kristeva 1989, Foucault 1961, Irigaray 1993, Cixous 1975). This loss also characterizes the narratives at hand, and thereby, to grasp the experience of madness by grounding my analysis on the notions of home, I seek to understand madwomen's experiences through their movement and location in space, the description of the spaces they inhabit, their travel and stillness in and through space. (Naturally,

in a study that engages with texts, these movements can only be accessed through language, but what is important here, is the focus on embodiment and sense of place, rather than mere *logos*.) Objections have been raised to the use of spatial metaphors to describe the experience of madness: Andrea Nicki (2001), for example, argues that they work to romanticize madness. The texts of all the three authors discussed in this study, however, make use of a variety of spatial metaphors to describe their experiences as madwomen. The stories evolve as spatial narratives. Home is used both as a metaphor and as a setting for the actions, lived realities of the everyday life of the narrator/protagonist struggling with mental turmoil.

Also, in my view, it is rather the medical and psycho(patho)logical discourses that work to alienate the 'able-minded' from (the experiences of) the mad or mentally ill and thereby prevent the development of empathy based on identification. Let us take, for example, obsessive-compulsive disorder (OCD): just hearing the word leads us to think of someone worrying over minute details and getting nothing done. But if we think of a person trying to cross a room, and – like Lauren Slater (1998) in *Prozac Diary* – having to count numbers in order to take even one step. And if we imagine that room and that person and stop for a moment to think about the frustration embedded in this tedious attempt by an adult person to cross a room, we may not only be able to imagine that room, but perhaps also understand the pain and frustration brought into everyday life by the illness. Thus, while psychiatry and (psychiatric) discourses and practices that regulate madness are understood in this study as the structures that produce mad/psychiatric subjects as the effects of those structures, the focus on the embodiment, affects and corporeality of the mad protagonists seeks to account for their experiences. By restricting my examination to homespaces, I restrict my attention to spaces that are indicated by the narrator/protagonist as important to their identity. Thus, in this study, rather than a given, home is understood as a narrative means to convey the experience of madness and recovery. Home is both a symbolic and concrete space within which the protagonists negotiate their multiple belongings. My main research questions are these: What kinds of meanings or figurations of home are developed in the autobiographical[1] writings of madness of Frame, Head and Slater. How do the mental turmoil and psychiatric treatments shape the protagonist/narrators' relationship to these meanings of home – or manifest themselves in the textual construction of the meanings of and protagonists' movement in these spaces?

Further, mapping out the homes of the madwomen charts their multiple belonging in the past and the present. The actual and imagined acts of dwelling situate the protagonists in time and space and reveal their orientations and aspirations. Dwelling as a human mode of being in the world anchors us in it. The madwoman narrators, however, find being and belonging in the world especially problematic, and seem to be in a constant flux of renegotiating the modes

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1 The autobiographicality of the writings by Frame and Head is addressed and problematized below.

and ways of inhabiting spaces. Therefore, I find that taking something as universal as dwelling, having a home, a place/space to live in and to belong to is a fruitful starting point for unravelling an experience that does not shape us all as women. For despite the prevalence of the cultural association of women with madness and the peculiar fact that when talking about my thesis to other women, a common reaction has been to say something like: "Well I suppose as women we all know what you're talking about", or "Oh well, we all know something about that." I, however, argue that "we" do not. Although labelling and not being taken seriously as women may still, unfortunately, play a role in many women's experience of themselves as women, there remains a difference in being diagnosed a woman and being diagnosed mad: not all of us literally swallow a pill every morning to regulate our moods, to enable us to move, to keep us from hallucinating or hearing voices. Not all of us are confined. And although we may be able to relate to the experience of confinement or losing our minds, it is only some of us who actually experience confinement, electroshocks, years in therapy, or life-long medical treatment with side effects from weight gain to compulsive mechanical movement, nausea, diarrhoea and decaying teeth. And it is only some of us who need to convince doctors of their normalcy to be actually able to take a walk outside, to be let outside. And only some of us sit on our hospital beds swinging our upper bodies and talking nonsense or sunk in impermeable silence. And only some of us truly believe that we have ping pong ball machines for our brain as one of the confined madwomen in Kay Redfield Jamison's (1995) memoir, *An Unquiet Mind,* does.

By engaging in the examination of the spatial, temporal and social arrangements and mechanisms which regulate women patients' lives, and thus contribute to the construction of their subjectivities and shape their sense of belonging, I wish to challenge the previous tendency in feminist readings of madness to conflate women's madness with their confinement at home. In so doing, I engage with the more recent debates and theorisations on home in feminist theory where during the past twenty years the readings of home have become more and more subtle and diverse (from hooks 1990, Young 1997, Jokinen 1995 to Johansson and Saarikangas 2009). They have also incorporated and pointed to important differences between different (groups of) women. Madness and the psychiatric measures that the women who are diagnosed as mad undergo have not, however, been addressed as constituting an alternative viewpoint to home – as they have not sufficiently been theorised and understood as an axis of difference between women. In this study, however, I argue that despite the critical need to expose and scrutinize the categories through which women are defined as mad, the discourses of psychiatry, the experience of madness and its treatments create crucial and at times incommensurable differences between women. Madness is thus, in this study, understood as an axis of difference, a difference that, as Rosi Braidotti[2] (1994) suggests, can occur between groups of women and individual women, and within a woman.

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[2] Braidotti theorizes sexual difference. Here, I apply her theory of difference to madness.

This last point relates my study to the debates on the notion of 'woman' in feminism. Since the late 1980s one the greatest challenges of feminism has been to theorize differences between women, to find analytical tools that could count for the ways in which femininity/gender is experienced as entwined with other identity categories such as class, race, gender, ethnicity, cultural background, sexual orientation, age etc. without losing sight of gender as a common nominator. Thus far, disability as an axis of difference between women has been addressed by feminist disability studies that have engaged in the study of the physical disability of women (see, for example, Gabel 1999, 38) while mental disorders and madness have not been theorized in such a way. Rather, the feminist engagements with women's madness has sought to deconstruct and question the bases on which women are defined as mad. Here I am looking at the effects of those definitions, by enquiring into the experiences of those already defined as mad. But it is important to acknowledge that just as there is no "Woman", there is no "Madwoman" either: the experiences of different types of madness, the different definitions and discourses regulating madness and the different local, historical and cultural contexts within which madness is experienced as well as the differences in regard to, for example, class and ethnicity, create important differences between mad women, too.

In the critical discourse on women's madness, the focus on the oppressive nature of home led to the failure to take into account the positive aspects of home. Also, the emblemic reading of madness saw madness as a symbol of women's oppression rather than a result of (pre)psychiatric practices and discourses that violated women who were defined as mad specifically. However, although Sandra Gilbert and Susan Gubar provide a reading of the madwoman as symbolic of the position of women writer, they also note that the madwoman was, in terms of concrete space of the houses, also dislocated from women's "normal" place. Furthermore, as, for example, Saarikangas (2006, 2009) has pointed out, notions of home as a space of confinement of women relies on a bourgeois experience and understanding of homes: for black and working-class women, for example, the homes of others have been working places that have, as in the case of slave women or today's domestic workers, often deprived them from making and maintaining a house and home of their own. The analyses in this study show that madwomen's deprivation of spaces that can be called home due to illness and/or treatment, highlight the importance and even necessity of homes, and home itself is seen as a cultural variable in relation to which madness and its treatment create an axis of difference between mad and sane women.

The purpose of this study is to develop ways of reading and approaching texts that could acknowledge and take account of these differences. And thus, the reason why I have chosen to write about these three particular authors and their texts lies in both their difference and similarity[3]. Janet Frame, Bessie Head

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[3] The reasons for choosing the authors at hand are not, however, merely academic. There are affective and aesthetic aspects involved, and reasons that relate to the course of development taken by this study took in the past years. My encounter with

and Lauren Slater are linked by their diagnosed madness and as female authors who write about madness and its treatment. In the case of Frame and Head, this experience is fictionalized and the mad protagonist and their textual constructions of madness should thus not be confused with them as authors. I have chosen these authors/works because they all write critically about the pain of madness and its treatment in a language that with its poetic beauty alleviates the very pain it seeks to describe. This poetic quality of the text can be read as a way of romanticizing madness. I, however, regard it as a factor that – much like humour (Freud 1928) – contributes to the mad subjects' dignity. Beauty, like humour, helps the subject/narrator to rise above a painful experience. And Frame, for example, writes with a wit and humour that – as she later criticised herself – makes her text (even too) entertaining. Like Slater, she employs beautiful metaphors to convey the experience of madness and its treatment, and the loneliness and feeling of isolation that results. Head, in this sense, is more difficult. Her text is painful to read, the horror of the hallucinations so gripping that the reader finds a sudden and surprising relief in reading a price list for the products of a communal garden, the key site of Elisabeth's recovery and integration into her new community. The writers are thus united in their being female subjects of psychiatry and through their ability to write about women's

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Faces in the Water, was love at first sight. The beauty of Frame's poetic prose and the clarity of her insights into the lives of the wards she described, was so gripping that I spent the first year of study focussing on Frame's work. Slater arrived later, and, focussing on the experiences of an outpatient, it seemed to make a nice counter-part to Frame's asylum story. But it seemed to me that something in between was missing. When, in 2005, Rosemarie Buikema suggested I'd take a look at Head, I did. My first encounter with *A Question of Power* was troubled. The book was gripping, but unlike Frame's novel, it confused and dismayed rather than charmed me. What is this? The horror, the confusion, the abuse? The shifting characters leaping, creeping into each others' bodies? The filth, the evil, the victimisation of both Elisabeth – and the reader, I felt confused by the book's power to unsettle, devastate, blur. Head takes the reader into the violence experienced by the psychotic mind in the equally unsettling and violent niche of Southern Africa of the 1960s. In relation to my academic concerns regarding the home, Head's oeuvre seemed to introduce inescapably important aspects relating to homelessness, an impossibility and necessity of entering an in-between space in a strictly categorised racial hierarchy. I felt, and, having browsed through numerous scholarly works on Head's work, continue to feel, that whereas my study should have little to add to the work on Head, Head's haunting novel, indeed, has a great deal to add to my research regarding home: placelessness and belonging to communities wider than the family, be it religious, national or local village life. Wider than the community of the mad. Wider than literary. Head's work challenges any given belongings, it questions the premises of any assumptions regarding home as an origin. It also points to the necessity of re-imagining belonging, the importance of anchoring one's identities in (invented) narratives of origin and the past, while forcing one to find new possibilities of belonging, visioning a future.

One might say, I am thus exploiting Head's work, appropriating it for the purposes of my study, rather than appreciating it per se. One can further claim that in doing this, I am appropriating a third-world writers' work and experience and accommodating it into the white academic world. I cannot defend myself against these accusations. I can only say that with all the works of interest here, I have simply attempted to understand, to learn about the complicated relation between women's writing on madness and home. I cannot imagine a more challenging teacher than Head's Elisabeth and her struggle with evil to learn from.

subjection to psychiatric discourses and practices in an illuminating and gripping way.

However, I also chose these three writers due to their differences. As stated, they embody or "represent"[4] different cultures, eras and psychiatric practices, and consequently, their narratives draw on these practices. Frame was drawing on her experiences of two New Zealand mental hospitals in the 1940s and 1950s when she wrote *Faces in the Water* in England as part of her therapy with R.H. Cawley. The treatment she received in New Zealand consisted of long-term hospitalizations, electroshock and insulin therapy. The novel is staged in over-crowded hospitals where one doctor tried to care for a thousand women a day.

Head's narrative is set in Botswana, where her settling in a village as a forced, mixed-race migrant from Apartheid-ridden South Africa is intertwined with an unsettling experience of hallucinations, a creation of an inner world that co-exists with her external reality, draws material from it, and sometimes prevents her participation in it. Elisabeth, Head's protagonist, is also a mother of a little boy, which positions her as a single parent, and importantly a provider and carer for a family. Elisabeth's experience is thus shaped both by her exile and motherhood.

As for Slater, who writes at the end of the twentieth century, the medical context is that of Prozac, a psychopharmaceutical drug (fluoxetine) developed by a North American drug company called Eli Lilly in the 1970s, and marketed since 1987 as Prozac (Shorter 1997, 322-3). In the United States Prozac has become immensely popular and it has generated a body of user literature with titles such as *The Prozac Nation* by Elizabeth Wurtzel (1995) and *Prozac Highway* by Persimmon Blackbridge (1997).

As for madness, the three women whose writings this study is concerned with are not only from different eras and continents, but have undergone highly different treatments, chosen different narrative forms and write from different positions in regards to madness itself. They thus resort to different textual and discursive means and forms to convey and construct their experiences. They also take different stances in regard to madness itself: For while Frame herself was misdiagnosed and later officially cleared of her diagnosis of schizophrenia, in *Faces in the Water* she devises a mad main character. Her narrative voice, however, is deliberately distanced and the narration, while poetic and focalized from the perspective of the mad protagonist, is clear and rational (Kaup 1993). Head, on the other hand, narrates from within madness – yet this mad narration alternates with a rational/realistic description of the protagonist's engagement with her new community. And, finally, Slater writes from

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[4] I do not wish to refer to the authors or their books as representatives of their cultures or the psychiatric discourses that have shaped their experience and subject of writing in the sense that they were typical – and thus representative of their respective "eras" or cultures. Rather, I wish to draw attention to the fact that they, by writing, create representations of practices and contexts through their art. They represent these contexts in the sense that some of the differences between their narratives are shaped by, draw on and create their differences.

within cure, she writes "through Prozac" as opposed to writing about Prozac. She as the author/narrator is "Prozacked", and the very act of writing, at least in the form it is made available to us as readers, is made possible by the cure for her madness.

Due to their multiple differences in regard to (psychiatric) cultures, the texts I have chosen help to problematize the notions of gender, madness, home and psychiatry even further. None of these have a single, unified core meaning. The project of this study is not to find any universal definition of home or madness. On the contrary. It seeks to open up, explore, map out and (re)think the relation between madness, women and home. By providing close readings of the chosen texts I thus pay attention to what is particular to each text – and not general to a body of texts. And while other differences such as class, race, and sexuality are important axes of difference also in regard to madness, in this study I have focused on the importance of and differences in psychiatric contexts in the formation of the subject. The other differences are dealt with more implicitly. In this study, my project is thus to engage with the texts, to think about them, and reach up from below, rather than to diagnose and define.

What follows is thus a study of the textual construction of the meanings of home by women subjected to madness and its treatment. More precisely, it is a study of how this subjection (re)positions the protagonists in relation to home, and an examination of the meanings the notion or concept *home* gains in the narratives of madness and its (attempted) cure. In this study, home is understood as a narrative means to convey the experience of madness. It is understood both as metaphorical and as a concrete site of living. In each text, it is the context and the writer that construct the significance of different meanings of home. The most crucial aspects of home that emerge in the texts, however, include the understanding of home as both spatial and temporal, as a site of safety and privacy and everyday life. Home is understood as a geographical location, an inner space, a material and immaterial extension of identity. It has implications for the knowledge and epistemology of the mad woman. In short, home is understood as a narrative means with which the experience of madness can be approached and conveyed. In Rita Felski's (2000, 88) words: home can be "any often-visited place that is the object of cathexis, that in its very familiarity becomes a symbolic extension and confirmation of the self."

As for the structure, the study has two parts: in the first part, "Language as a House of Being. Women Writing Madness" I will examine the literary and psychiatric contexts from which the madness narratives emerge and present the most important backgrounds and frameworks from which this study has emerged. The chapter focuses on the role of language and the conditions and narrative conventions that shape and condition madness narratives. I situate Janet Frame's, Bessie Head's and Lauren Slater's madness narratives in the context of the cultural history of psychiatry, feminist critique of psychiatry and women's madness and the history of women's writing on madness. Also the role and nature of autobiographical writing will be discussed, and the limits language and narrative and discursive conventions put to knowing about and

reading madness narratives as descriptions of experience are examined. The chapter thus presents the foundations of the present study that seeks to develop an alternative way of approaching madness, that is, to "bring madness home" and thus to conceptualize the phenomenon of madness through its effects on the practices and aspects of dwelling and belonging. In relation to these previous debates, bringing madness home thus presents both a methodological and theoretical move towards a close reading of the mad subject's embodiment and movement in relation to spaces of dwelling and belonging which is both phenomenologically informed and takes into account the structural organization of the discursive and geographical/topological spaces of madness. Bringing madness home thus presents a new approach to the literary/cultural study of madness, which is why I have chosen to split the study into two parts.

The second part, "Bringing Madness Home" consists of a short presentation of the notions of – and debates on – home that have been most crucial to the analytic chapters that follow. This section presents the notions of home and the theoretical underpinnings of the methodological approach the study proposes in seeking to analyze and understand the phenomenon of madness: to bring madness home is to offer a new lens through which to view madness. To discuss madness in relation to the mostly feminist notions and debates around home, however, presents new challenges also to these notions. Thus the meanings of both madness and home prove to be multiple and mobile, but – as the structure of the study shows – the theoretical and methodological approach the study proposes is to read madness through its effects on the protagonist/sufferer's relation to home. The close reading of each text in the following three chapters examines the ways in which this could be done.

In the analytic chapters I discuss each author's work one by one. My readings of the meanings of home in each chapter discuss and develop the ideas of home presented above, but the emphasis is on the literary works rather than on the different notions of home developed in theory. In other words, rather than to try and identify these different notions in each text, the emphasis in each chapter will be on the notions of home that the authors develop and highlight in the specific contexts within which they write. This has also been the path taken in my research: it is from the authors and their texts that I have learnt of homes and their meanings to the mad protagonists; the theoretical texts that discuss similar ideas have been discovered along the way.

While each chapter is concerned with the idea of home as the dwelling subject's evolving relations to spaces and ideas that in the texts are identified as homes, and each chapter discusses both the spatial construction of the subject and the affects of madness and its treatment to the position of the dwelling subject, each chapter also highlights different aspects of dwelling. With Frame's *Faces in the Water* we enter both the genre of asylum writing and the psychiatric culture and era where patients were treated primarily with incarceration, electroshock therapy and insulin. It is these treatments and the asylum as a space that call for particular readings. Here the notions of home discussed surface due to the patients' separation from the world outside, the necessity of creating and

maintaining privacy in a (semi-)public space. It is as if the protagonist, Istina, were in exile, cast out of her usual surroundings. This creates the basis for a nostalgic relation to the home in the outside world, while in reality the patient might not have a place to stay in the world outside. Nostalgia for the world outside is, however, also required of the patients as in the psychiatric setting its expression is interpreted as sign of health. In the liminal space of the hospital the patients are required to settle and to adjust to the norms of the hospital, but making it their home is interpreted as a sign of mental disturbance. The patients thus have to balance on a thin line and create their own minimal spaces within the hospital that provide them with aspects of home such as spaces of belonging and privacy. The chapter thus develops the idea of home as partial: there are aspects reminiscent of home in the hospital while the patients' (assumed) relation to the home-of-origin remains complex and crucial to their position in the hospital. For the patients the asylum also functions as the site of everyday life and a site for performing gendered duties, and hence the role of domestic chores will also be discussed. In relation to feminist literary theory, my discussion on Frame examines madness and confinement as a difference *between* women.

With Bessie Head's *A Question of Power* (1974) madness originates from what – with some reservations – could be called the exilic condition: a home-as-origin that has failed to count as a home expels the protagonist to a new life in a new country, and the deterioration in her mental health occurs simultaneously with her efforts to settle in the new community. Home is discussed as a site of everyday life in which mothering and community life play a crucial role, and a site – or stage – of mental turmoil. This chapter develops the idea of madness-as-difference within a woman. Head's unsettling text describes the protagonist's actions and life as divided into two realities: the nightmare reality of madness which is a site of the perpetration of gendered violence and abuse where the protagonist negotiates her belonging to humanity – and a social reality where she struggles to find her place in a culturally hybrid community. While the nightmare world is characterized by violence and destruction, the depiction of the social reality is dedicated to communal rootedness and growth: the protagonist, while rejected from taking part in the traditional agriculture and ploughing of the land outside the village, becomes a gardener in a development project and builds a house on the outskirts of the village. As the question of madness in Head's novel has been disputed by some scholars, the various interpretations of her nightmares/hallucinations will be discussed, and I will argue that instead of just madness, *A Question of Power* consists of two distinct phases of madness which are constructed through different discourses on madness – and reflected by the protagonist's homes. In Head's novel madness intrudes into the privacy of her home and, importantly in relation to feminist arguments for a space of one's own, the protagonist finds shelter from the nightmare world in the social space outside her home.

The discussion of Lauren Slater's *Prozac Diary* (1998) presents home as a site and symbol of identity construction of a long-term user of a psychotropic

medication. In her memoir, the homes of the past, present and future are presented as symbolic of the protagonist's mental state and processes, and the importance of home as a site for daily acts of living and meaning making, are highlighted. As Slater is an out-patient, home is where she experiences illness and its cure, and takes decisions in regard to her treatment. Furthermore, in *Prozac Diary* home can clearly be read as a material continuation of the dweller's identity, and the furnishing and re-furnishing of her apartments are discussed as materializations of her illness- and health-based identities. The cultural context of the late-twentieth-century US sets the emphasis in this chapter on the importance of the notion of the self, especially the one of the empty self, consumerism and the psychopharmaceutical industry. Health and illness are discussed as narratives and spaces that provide the protagonist with a sense of belonging while writing is a space where she crafts a space for new belongings. In relation to feminist theory, Slater's book makes a point about madness as illness, and consequently as a difference within a woman.

Each chapter is also concerned with definitions of madness and health. Also, the following, more abstract but by no means less important notions of home are analysed: language, literature and feminism as homes for the madwoman. Ideas on how these can provide – or fail to provide – the mad female subject with a sense of home and belonging will be developed in each chapter.

PART ONE

"Language as the House of Being"[5]

[5] I borrow the phrase from Martin Heidegger (1998) who writes: "Language is the house of being, which is appropriated by being and pervaded by being."

2 BACKGROUNDS AND FRAMEWORKS: WOMEN WRITING MADNESS

The literary history of madwomen and women's madness narratives reflect trends in psychiatry, and each shift in the ideology (or, the discursive construction of the mad) and in the treatment of the mad has produced new cultural representations and narratives about the mad. However, the relationship between the cultural/popular representation of the mad and their treatment have played into one another in much more complex ways than mere reflection: psychiatrists have resorted to the existing literature to highlight cases and symptoms, and (former) patients have picked up the pen to engage in the reform of psychiatry (see, for example, Porter 2002). In this chapter, I examine some of the ways in which the interplay between literature and psychiatry has taken place. Psychiatry is presented as a cultural practice and discourse that evolves in history and varies in time and place. Other discourses that shape the experience and conventions of narrating experiences of madness are also presented. The works this study is concerned with are located in a literary history of women's madness narratives. Autobiographical writing and the concept of experience are discussed as sites of subject formation and as sources of knowledge. This chapter thus makes the point that madness and psychiatry are imbued with language and inherently dependent on the cultures of which they are a part – that they are shaped by and shaping.

Literary texts on women's madness thus both reflect and participate in their contemporary psychiatric discourses and practices. Psychiatric discourses emerge and circulate in women's writing on madness while the texts themselves seek to challenge the very discourses from which they emerge. As women "can function only within the linguistic, semiotic constraints of their historical moment" (Kaplan 1992, 12), we can also "look at fictional form as an historically discursive construct effective in different ways in different contexts" (Weedon 1987, 172). In this study, madness is understood as discursive – or rather, discourse is understood as our only access to the experience of madness and the only way to convey the experience of madness that has often been described by the very fact that it escapes language. It has been characterized as

"unspeakable, yet, as this chapter shows, it has been spoken – and keeps on being spoken – in multiple ways. Discourse, as defined by Jan Blommaert (2005, 3) "comprises all forms of meaningful semiotic human activity seen in connection with social, cultural, and historical patterns and developments of use." This chapter discusses madness narratives as a nexus of social, historical, cultural processes that affect the ways in which it can be spoken and how it has been heard.

2.1 Madness

> Deconstruction demonstrates that madness cannot be understood either in the isolation of the consultation room, the research laboratory, the deconstructed literary texts or through the subjective reports of an individual woman. Madness is more than a hormonal imbalance, a set of negative cognitions, a reaction to a difficult social situation, or the reflection of underlying unconscious conflict. Madness is more than a label. It is more than a protest. It is more than the representation of women's secondary status within a phallocentric discourse, a reaction to misogyny and patriarchal oppression. To understand madness we must look further and wider than the individual – to the whole discourse which regulates 'woman'. Yet we must look beyond the category of 'woman' to the reality of the pain and desperation which is a part of this experience for the individual in distress. It is not an easy task, and thus far it has not been accomplished at all, by either the mental health experts or the radical dissenters (Ussher 1991, 289).

In today's Western/Northern world, we may have grown so accustomed to think of madness, the different types of madnesses, through the grid of diagnostics that to group the various conditions – such as mood, personality and, for example, eating disorders and schizophrenia – under the same umbrella term of madness, may seem like a flaw. This is certainly the case in psychiatry where, the strive for diagnostic accuracy foreshadows also the doctors' aim to understand the patients' conceptions of their condition, and the understanding created about, for example, cultural differences in conceptualizing altered states of mind is accommodated in Western psychiatric treatments and discourses[6]. Susanna Kaysen's (1995) humourous mimicry of the discursive frames within which madness has been understood and treated in the western world over the last centuries may serve to remind us that the understanding of the reasons for and best ways to cure madness involves a historical change:

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[6] This is demonstrated by a recent article by Ezeobele et al (2010) who conducted a phenomenological study among Nigerian-born immigrants in the US to understand their conception of depression. They found that Nigerian-born immigrant women do not distinguish depression from other psychiatric conditions. Despite the authors' claim that they are seeking to understand, they nevertheless interpreted the immigrant women's perception as mistaken on the grounds that the lack of this distinction prevents the depressed from getting psychiatric help.

Etiology

This person is (pick one):
1. *on a perilous journey from which we can learn much from when he or she returns;*
2. *possessed by (pick one):*
   a. *the gods,*
   b. *God (that is, a prophet)*
   c. *some bad spirits, demons, or devils,*
   d. *the Devil;*
3. *a witch*
4. *bewitched (variant of 2);*
5. *bad, and must be isolated and punished;*
6. *ill, and must be isolated and treated by (pick one):*
   a. *purging and leeches,*
   b. *removing the uterus if the person has one,*
   c. *electric shock to the brain*
   d. *cold sheets wrapped tight around the body,*
   e. *Thorazine and Stelazine;*
7. *ill, and must spend the next seven years talking about it*
8. *a victim of society's low tolerance for deviant behavior;*
9. *sane in an insane world;*
10. *on a perilous journey from which he or she may never return.*

Susanna Kaysen (1995, 15) *Girl, Interrupted*

The aetiologies – models explaining the origin of diseases – which Kaysen presents point to discourses through which madness has been – and can be – understood. She refers to madness as a perilous journey, and religious possession, which was the primarily means of conceptualizing madness in the Middle Ages. Witchcraft and the witch hunt – as Jane Ussher[7] (1990) argues – marked a point in historical development where individual women were first scapegoated for social ills and later saved from religious persecution by "benevolent" rising scientists who claimed the women were mentally ill. It is here, at this point or era in history where madness begins to be defined as illness and thus an object of psychiatric and medical enquiry. The issue of whether those who break the law are mad or bad continues to be a contested issue within society, and the question what must then be done to those who are defined as mad is a matter of vehement social and scientific debate, policy making and negotiation between individuals, families, medical and social institutions and the culture at large. In the psychiatric context of the twentieth century, Kaysen points to electroshock treatment, psychopharmaceutical drugs, talking therapy, and the anti-psychiatric movement's opposition to psychiatric labelling. All this points to the fact that psychiatry itself is a contested field. And although conceptions of madness as religious possession, for example, may seem historical, they may still prevail in some (sub)cultures or mingle in the cultural imagination regarding madness. Furthermore, also the prepsychiatric discourses and cultural ideas concerning madness continue to be circulated and coexist in popular represen-

7 "The witch-hunts functioned partly to allow scapegoating and persecution of individuals as solutions to problems which were deeply embedded in the system the most vulnerable groups in society – women, the poor, the socially isolated, those who needed charity could be blamed for all manner of social ills which could not otherwise be explained." (Ussher 1991, 47)

tations. Although, today, medical discourse dominates the Western world, social constructionist, religious and even the animalistic discourses find their proponents. For example, in Lizzy Simon's (2002) *Detour. My Bipolar Trip in 4-D* she cites the "best of" of the *NYPress*:

> THE BEST SCARY SUBWAY AD
> "For People Mental Illness Treatment Is Working"
> Crazy Train. It's the kind of bland subway advertisement you wouldn't look twice if you didn't read the logo in the corner. It's just a picture of a well-dressed middle-aged woman in an office, smiling pleasantly at the camera. Until you read the logo, it could easily be an ad for a law firm or a job placement agency. But [with the logo] everything's turned on its head. […] Suddenly the pleasant smile on the woman's face has become a pained grimace, stretched tight across a scull already at the point of bursting with homicidal fantasies. Her hands, at first just clasped together calmly in her lap, become claws, clamped together in a vain attempt to keep them from slashing out at the cameraman, or her own eyes. We see a lot of crazy people on the streets, on the elevator and in the office. *We know what they look like. We know what they're up to – what they're planning and what they're capable of – and we'll tell you this: It's no good.* The pleasant office she's sitting in in the picture? We bet within a week the walls are smeared and splattered with buckets of her fellow employees' blood, and riddled with bullet holes after she's gone marching through the halls with an arsenal of high-powered weapons strapped to her body. "Treatment Works"; yeah, sure, in some cases – but just to be on the safe side […] just keep them the hell away from us, OK? (*Detour*, 42-3)

This animalistic representation of mental patients – hands as claws and beast-like behaviour that poses a threat to others and the patient herself – resonate strongly with Charlotte Bronte's depiction of Bertha Mason as the madwoman in the attic in *Jane Eyre.* The association of mental illness with violence and threatening behaviour is still an important aspect of public imagery on mental illness that importantly shapes the patients' view of themselves and others (see, for example, Davies 2001).

It is due to this multiplicity of the different possible ways to conceptualize madness that in cultural/social/historical and literary studies (for example Porter 1985, 1988, 2000; Showalter 1987; Appignanesi 2008, Ussher 1991), madness as a term is employed habitually. In these studies, which are not concerned with treating individual patients, the focus on diagnostics[8] is, in fact, regarded as something that may actually blind the psychiatrists and other professionals involved in psychiatric practices to the cultural and social influences that produce pain and suffering in the patients. The fact that pain and suffering in the psychiatric contexts becomes pathologised as an individual problem is the main concern of the critics of medicalization (see, for example Appignanesi 2008,

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8 It was Emil Kraepelin, the doctor who coined schizophrenia, who introduced to psychiatric thinking the idea that the actual content of madness, for example in hallucinations, does not matter. In light of the success of psychiatry in eliminating patients' symptoms this move away from content has proven most efficient. However, in helping to understand the experience of mental illness, clinical categorizations do little to enlighten us about the actual experience and the kinds of threats illnesses pose to the subject; how threatening, for example, hallucinations can be, and how they disturb the fundamental constitution of one's sense of self.

Baker et al. 2008, Moynihan and Castells 2005, Tome and Watkins 2007). These critics fear that focus on diagnostics[9] prevents the doctors from understanding the lived realities of the patients, the economic, emotional and social context in which the psychiatric conditions are lived through. They argue that these contexts can also cause, or significantly contribute to the outbreak of conditions, and that it is the contexts that need to be changed, not the individual.

The often self-acknowledged, on-going struggle of the social-constructionist models that explain madness as caused by structural socio-economic inequalities, however, remains: how to account for individual suffering. As Ian Hacking (1998) has noted, attempts to understand medical illnesses as culturally (shifting) constructs repeatedly provokes the "reality issue" of mental illness: in contemporary culture, even the hint that medical illnesses may be more than de facto physical illnesses, i.e. cultural, social or discursive constructs, seem to provoke defensive claims that this way of understanding illness questions the real experience and pain of the sufferer. And it is true that while psychiatry may lose the sight of its patients by looking too deep, for example, the neurobiological changes in the individual's brain or by focusing on whether the symptoms presented by the patient meet the diagnostic criteria, social-constructionist models often fail to answer the question: what to do with the person in pain? For, clearly, to tell a depressed person who struggles to get out of the bed each morning (and may not always succeed) that her suffering is due to social inequality and structures, and that her cure depends on changing these structures, is to burden the sufferer with the responsibility of the social structures of which she is the victim. Yet, this very knowledge could, indeed, help her realize that her reaction (depression) to these structures is not mad but somewhat understandable. In an ideal case, medication (subscribed according to the diagnosis) may help the patient to gain agency, first, over her own condition and subsequently, through a therapeutic process, locate her suffering in oppressive structures. Ideally so. In reality, the medicalization of psychiatry has resulted, most significantly, in an increasing medicalization of social problems (Ussher 2010) where diagnostic criteria and the focus on symptoms and cure in terms of a "pill for every ill" (Busfield 2010) have increasingly replaced interest in the role of society in rendering people ill. This despite the fact that, for example, *The World Mental Health Report* (Desjarlais et al., 1996), identifies the social roots of women's mental health problems in low-income countries as undernourishment, low-paid work and domestic violence, and thus pleads for coordinated efforts to economically empower women and reduce violence in all of its forms (Ussher 2010, 16)[10].

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10 Several studies (Brown et al., 2003, Alegria et al., 2008; Jackson-Triche et al., 2000, Chen et al., 2005, Pezzini, 2005) have shown internationally that in places where women enjoy economic autonomy and reproductive rights they report less depression and more life-satisfaction. Conclusions have been drawn that "depression can be reduced by increasing women's access to economic resources and employment, as well as facilitating autonomy over reproductive decisions." (Ussher 2010, 17)

However, while diagnostic criteria, as in the case of the current worldwide epidemic of depression suffered by women, can blind us to the social roots of their suffering, nevertheless they can tell us something about the ways in which an individual sufferer's relationship with her surroundings changes depending on the type of madness her suffering takes: depression and manic episodes in bipolar disorder, for example, manifest themselves quite differently.

Furthermore, not all madness is necessarily socially inflicted, and, even if it was, the consequences are experienced by individual sufferers. If we thus try to think of the ways in which madness and its treatment change an individual sufferer's relation to (home)space, we must consider sufferers both as mad (to use the term advisedly) and as psychiatric subjects. *Mad subjectivity* refers to the forms that the individual sufferer's madness takes, to the sufferer's altered mind, changed perceptions and understanding of reality and relation to it. It comprises the cultural discourses that we draw on to make sense of these changes and suffering. Historically, these discourses have varied from religious possession by devils and gods to the wandering of the womb. *Psychiatric subjects*, on the other hand, are formed once the subjects are drawn into the medical discourses and institutional practices that seek to make sense of what are considered psychic abnormalities. Psychiatry, as Lisa Appignanesi (2008) points out, has the double task of gaining knowledge about mental illness and of managing the mad and curing them. A psychiatric subject is thus constructed through diagnostic categorization and the practices that shape her involvement in the psychiatric institution. A spatial reading of a mad subject who experiences depression, for example, could account for the subjects' use of space and movements, while a spatial reading of the sufferer's experience as a psychiatric subject would take into account the changes in location and daily routes involved in taking her to medical encounters as well as changes in her position in her community brought about due to, for example, the stigma of diagnosis or, let's say, incarceration. Both aspects, madness and its treatment, are important in understanding illness-as-an-experience, and naturally, they are closely entwined in the actual experience. Experience cannot be distinguished from the discourses that enable their representation, nor can it be reduced to its representation. As Jane Ussher (1991, 11) puts it:

> To use the term "madness" is to recognize the meaning attached to the perception of illness or dysfunction in the psychological domain – the stigma attached – and to avoid entering into the discourse of the experts wherein these different classificatory systems are deemed to exist as entities in themselves, as illnesses that *cause* the disturbance in the first place. I would not deny the reality of the experience of the person labeled as schizophrenic, depressed or anxious, or of the person caught within any other nosological categories now currently adhered to […] But I want to look beyond any individual diagnostic category: to look to the function and experience of madness itself, especially what function it serves in society and what it means to the individual woman. For madness acts as a signifier, clearly positioning women as the other.

In this study, my reading of the meanings of madness and home in women's writings on madness seeks to account for these experiences by paying attention

to the effects of experiences of madness or mental turmoil and its treatment on the spaces of belonging and the course of everyday life. In this study, both madness and home are understood both as effects of structures and as lived realities.

According to Marja-Liisa Honkasalo (2008, 14), a Finnish anthropologist of medicine, illnesses are cultural at least in four ways: through the expressions, categorisations, signification and acts with which we engage with illnesses. As Arthur W. Frank (1995, 3) points out in his *Wounded Storyteller*, the stories we tell of ailments and pains are shaped by learned, cultural codes of narration. Since our childhood, we learn how to speak of illness: what to reveal and what not. Ian Hacking (1998) goes even further by stating, in relation to madness, that different times and places allow different forms of manifestations of madness. According to Hacking, it is not only that the development of psychiatric categories help to distinguish an ever greater number of mental disturbances, but that the illnesses themselves are transient i.e. appear in a time and a place, and later, fade away. They may "spread from place to place and reappear from time to time. It may be selective for social class or gender, preferring poor women or rich men." (Hacking 1998, 1) Hacking is not referring to latent and acute phases of an illness in the case history of a certain patient. In fact, he is not referring to individual patients at all. Rather, he is pointing to diagnosed illnesses such as hysteria (or of the more contemporary categories, chronic fatigue syndrome, anorexia, for example) that appear in one point in the history of psychiatry, only to fade away at another time (see also Showalter 1997). Hacking's case in point is a wandering lunatic, a late nineteenth-century French (and later European) phenomenon, i.e. fuguers, men who wandered compulsively deserting their families and homes to walk long distances to the point of extreme exhaustion. In regard to women's madness, Susan Bordo (1989) also has argued that women's suffering finds different outlets in different forms of madness that are always tied into the understandings of femininity of each cultures/historical period. What Hacking, Showalter and Bordo thus argue is that it is not only the different ways in which madness can be narrated in different times and different places but the very ways in which madness manifests itself that are shaped – allowed – by specific cultural forms. And this is what Hacking calls the ecological niche. An ecological niche, Hacking argues, can provide a framework in which to understand why and how some mental illnesses thrive at one time – and disappear at another. Hacking outlines (at least) four vectors for the niche:

1) medical: the illness has to fit into the larger framework of diagnoses, taxonomy of illness;
2) cultural polarity: the illness has to fit between two elements of contemporary culture: romantic and virtuous, and vicious and tending to crime. What counts as either is characteristic to the culture, the positive and negative meaning associated with certain characteristics or behaviours varying from time to time and place to place;
3) observability: disorder has to be identifiable and visible as suffering, as something to escape;

4) refuge (my term): despite the pain the illness inflicts, it has to offer a certain escape, some unique release from the culture which surrounds it: in Hacking's (1998, 2) words: "the illness, despite the pain it produces, should also provide some release that is not available elsewhere in the culture in which it thrives."

What Hacking's formulation can offer to this study is an understanding that the experience of madness draws on and is shaped by the local context where it is endured. Madness, in order to count for madness, has to be recognized as madness: hearing voices, for example, can be understood in other ways than as a symptom of a psychiatric disease. Madness thus has to be recognized as madness by the suffering subject and the culture at large; it is both an individual and social problem, and moreover, it has to offer some release from the culture in which it is experienced and be itself something the sufferer wishes to escape from. Hacking's formulation of the ecological niche is thus something that in my vocabulary could be translated as a home: illness and suffering, madness and pain are something that enable, transform and refute belonging. They are bound up with the culture that surrounds them and can allow a space to negotiate belonging by means of language and corporeality. In all the stories madness provides some escape from the gendered requirements of the protagonists' social reality. Furthermore, the different physical experiences that the protagonists in *Faces in the Water*, *A Question of Power* and *Prozac Diary* undergo due to their madness, the different discourses the authors resort to, and the explanations they give to madness craft a kind of narrative home for their experiences. As my reading of, in particular, *Prozac Diary* will show, these homes or niches can also function as an intergenerational link that not only crafts the narrator's identity, but through which she relates to others and forms affective relations and identifications. Thus the experience of madness is never a singular experience but bound in processes of cultural signification that vary in time and place. As Lisa Appignanesi (2008), who in *Sad, Mad and Bad. Women and the Mind Doctors from 1800 to 2000* has charted the history of women and madness, puts it: "particular periods for whatever reason threw certain expressions of mental illness into view and that diagnoses or explanations clustered around these. [...] deep historical forces, it would seem, sometimes bring to the surface crystallizations of disorder or its antidote […]: passions, nerves, sleep, sex, food, abuse have all had their moment as a symptom and point of scientific interrogation." In the stories this study is concerned with, the writers turn their gaze to psychiatry itself, and interrogate the ways in which it affects the patients' lives through different means of management and by offering them different means to explain their condition. Psychiatry thus repositions them in relation to physical, geographical, social and discursive spaces of the home.

2.2 Psychiatry

Psychiatry, since its "birth" in the early 19th century, has had a dual task of managing the mad (either with straitjackets, asylums or drugs – or a combination of these) and of gaining and systematizing knowledge about the functions and disturbances of the mind by looking at or into the bodies and brains of the patients – or by listening to the stories they tell (primarily about childhood and sexuality). The idea that patients could actually be cured (by kindness and care, psychosurgery, talking or drugs) came later than the need to do something in a situation when, in R.D. Laing's words, "we don't know what to do. [And] no matter how liked, esteemed or loved, some people become insufferable to others. No one they know wants to live with them. They are not breaking the law, but they arouse in those around them such urgent feelings of pity, worry, fear, disgust, anger, exasperation, concern, that something has to be done." (Cited in Appignanesi 2008, 360-1). This, in short, is what psychiatry has done:

While the 19th century was most notably characterized by the establishment of psychiatric hospitals, the 20th century witnessed the proliferation of treatments, diagnoses and discourses. Psychosurgery experienced its rise and fall, the antipsychiatric movement came and went. New medications and psychothrepeutic treatments proliferated. Asylums were closed down, and psychiatric patients were thus sent home to endure and cope with their problems. The end of the century also witnessed the rise of patients' right movements committed to fighting the stigma of mental illness, and shaping new identity politics and defending the human rights of the mentally ill, which can be read as the patients' efforts to feel more at home in their wider cultural contexts.

It saw the rise and fall of psychosurgery, and the partial rise and fall of anti-psychiatry that, headed by two charismatic leaders by R.D. Laing in Britain and Franco Basaglia in Italy, called for the closing down of mental hospitals. The asylums are largely being closed down, but not for the reasons the anti-psychiatrists hoped for: the socio-cultural explanations (in anti-psychiatric view, madness was a healthy reaction to a mad world) have by no means replaced biological models of explanation, nor is society at large any less prejudiced against the mentally ill. The closing down of the asylums have been impelled by medicalization of psychiatry, proliferation of anti-psychotic drugs and, to a large extent, governmental hopes to cut down the costs of the social and health care service sector. Most remarkably, the latter half of the 20th century was marked by a rapid increase in the sales and use of psychopharmaceuticals:

> The tranquillizer Valium (diazepam) became the world's most widely prescribed medication in the 1960s; by 1970 one American woman in five was using minor tranquilizers; by 1980 American physicians were writing ten million prescriptions a year for anti-depressants alone, mostly 'tricyclics' like Imipramine. Introduced in 1987, Prozac, which raises serotonin levels and so enhances a 'feelgood' sense of security and assertiveness, was being prescribed almost ad lib for depression; within five years, eight million people had taken that 'designer' anti-depressant, said to make people feel 'better than well'. Central nervous system drugs are currently the leading class of medicines sold in the USA, accounting for a quarter of all the sales. The im-

> mense success of the anti-psychotic, anti-manic, and anti-depressant drugs introduced in the last half of the twentieth century, organic psychiatry is arguably in danger of becoming drug-driven, a case of the tail wagging the dog (Porter 2000, 207).

With respect to diagnoses, at the beginning of the 20th century there were only a dozen recognized mental illnesses. By 1952, when the first *Diagnostic and Statistical Manual of Mental Disorders* (henceforth *DSM*) was published by the American Psychiatric Association there were 192 diagnoses. The *DSM-IV-RT* today lists nearly four hundred. The *DSM* is the handbook used most often in diagnosing mental disorders in the United States and it is widely used also abroad together with the *ICD-10* (*International Classification of Diseases*) published by the World Health Organization. The new *DSM*, *DSM-5* is due to be published in 2013 – and like the publication of the previous *DSMs* it is surrounded by controversy[11]. While widely accepted among psychologists and psychiatrists, several critics have noted the coming and going of diagnoses and inconsistencies in diagnostic criteria (e.g. Porter 2000). The manual has proved controversial in its listing of certain characteristics as mental disorders. The most notorious example is the listing in the *DSM-II* of homosexuality as a mental disorder; a classification that was removed by vote of the American Psychological Association in 1973.)

The proliferation of diagnostic criteria can be understood in many ways. Depending on the perspective taken it can be seen as an evidence of an increase in the number of people falling ill (reasons ranging from diet to the stressfulness of our modern life style). It can also be interpreted as a tendency to overmedicate human thought processes, and an increasing tendency on the part of mental health experts to label individual 'quirks and foibles' as illness. Or it can indicate improved diagnostic and clinical ability on the part of the professionals. (http://encyclopedia.thefreedictionary.com/Psychiatric%20illness)

Through its dual task of managing and attempting to cure its patients, psychiatry inevitably participates in the definition of gendered normalcy. The emphasis in the scientific discussion has shifted to and fro between concerns about managing the mad and understanding and curing their ills. The organisation of the management of the mad has, to a great extent, depended on the availability of government funds. Scientific inquiry has been guided by cultural climates, socio-historical developments, demands and criticisms by the scientific community, social organizations, and government and insurance policies. Lately, psychiatric research has become increasingly dependent on the funding and promotion of the flourishing pharmaceutical industry.

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11 One of the debated issues in relation to *DSM-5* has been related to the acknowledgement of bereavement as a factor that excludes the diagnosis of major depression. In the previous editions, symptoms of major depression after bereavement have been considered a normal reaction; in the new edition bereavement as a factor that excludes diagnosis has been removed. The critics, for example, Arthur Kleinman point out that this increases the medicalization of culture and pathologizes normal reactions (The debate took place in *Lancet* 2012 and was widely published in newspapers. See, for example, *The Medscape*, February 16, 2012. http://www.medscape.com/viewarticle/758788 (March 29, 2012).

2.3 Feminist Interventions: Challenges to Psychiatry and Feminist Literary Criticism

Feminists have engaged in the critique of madness and psychiatry both through cultural critique of gender roles and their impact on and reproduction in psychiatric practices. This has involved the critique of both psychiatric practices and literary representations of mad women.

2.3.1 Feminist Challenges to Psychiatry

Since Antiquity and the theories of the wandering womb as the cause of madness in women, women and madness have been closely linked in cultural meaning and medical practice (Showalter 1987). This point has not been lost on feminist theorists, activists or psychologists and psychiatrists. In fact, it was physically felt by many a suffragette, who 'violated their natural femininity' in the late nineteenth-century Britain by demanding the right to vote (for example Porter 2005). Victorian notions of women as the weaker and frailer gender were based on notions of women's biological inferiority and were used to limit their participation in the public sphere (Showalter 2005). Given this legacy, it is thus not surprising that feminist writers and theorists have challenged psychiatry in a number of ways.

First, feminism has provided a counter-discourse and a critique of women's role in society. This criticism has worked to undermine the essentialist assumptions of natural gender roles in society which underlie the discourses of normalcy in psychology and psychiatry. Secondly, feminists have challenged psychiatric treatments and practices for example in regards to the power relations in doctor-patient relationships. In relation to women's overrepresentation as psychiatric patients (Ussher 1991; Showalter 1987) feminists have argued that this is due to restrictive gender roles and a symptom of gendered inequality rather than biology. They have also drawn attention to the cultural pathologisation of femininity by pointing out that in the Victorian era the term "hysterical" became almost interchangeable with the word "feminine" (Showalter, 1987; Ussher, 1991; Bordo, 1989). In contemporary feminist psychology, the main emphasis of the critique has been on the medicalization of women's anger and misery (Ussher 1991, 2010; LaFrance 2009). The feminist deconstruction of women's madness has focused on finding socioeconomic reasons for women's madness, especially depression (see Ussher's review 2010).

Furthermore, feminist therapists have invented new kinds of therapies, for example Feminist Radical Therapy, which radically changes the power relations in therapy, applied feminist philosophy to existing therapy techniques (Hill and Ballou 1998) and established clinics for women (Eichenbaum and Orbach 1986). Also, a number of feminists (for example Luce Irigaray 1985, Juliet Mitchell 1974) have engaged themselves in the rewriting and deconstruction of psychoanalytic and other theories.

Furthermore, as an attempt to reinterpret women's madness Hélène Cixous (1981) and Susan Bordo (1989) have suggested that women's madness can also be seen as a protest against patriarchal order. Cixous, for example, celebrates the hysteric as a champion of this rebellion – a point which has been criticised for its neglect of the pain of the individual sufferer (Chesler, 1973). Luce Irigaray (1985), on the other hand, employs a kind of hysterical enunciation as a narrative technique in a theoretical text as a deconstructive strategy, parodying sexualised assumptions with regards to femininity and speech (see Schlichter 2003 for a discussion and analysis). The French feminists' efforts to produce a critical parody-through-excess and re-interpret and re-read femininity, however, prompted angry responses from for example Baym (1984) and Toril Moi (1985) who argued that this kind of strategy only confirms sexual stereotypes and does little to actually challenge assumptions and associations of women with madness. Also, it was argued that Cixous's reading of madness as heroic protest misrepresents madness: Soshana Fellman (1990, 21-22), for example, states that depressed and terrified women are not about to seize the means of production or reproduction: quite the opposite of rebellion, madness is the impasse confronting those whom cultural conditioning has deprived of the very means of protest or self-affirmation. Far from being a form of contestation, "mental illness" is a *request for help*, a manifestation both of cultural impotence and political castration.

Cixous's point, however, offers an important angle on the study of women's madness, as it invites us to grant logic to behaviour that seems irrational. As Patricia Hill Collins points out in *Black Feminist Thought* (2000), in order to recognise resistance we need to acknowledge it as such. By reading women's madness as resistance and as a reasonable response not only to individually, but also, I would argue, culturally and socially unresolved conflicts and tensions, we can learn a great deal about their oppression, and acknowledge the complexities of the aetiologies of different madnesses. In doing this, however, what is needed is a careful intersectional analysis of the context and factors that limit and define the forms of resistance available to the oppressed, and take into account the different axes of oppression. Furthermore, although the sociocultural aetiologies of madness are complex, psychiatric practices themselves forge subjectivities that are specific to the subjects of psychiatry, and need to be analysed both as embedded in wider cultural contexts as well as specific to this institutionalised and discursive

Feminists have, however, made important interventions in psychiatry and exposed the ways in which psychiatry is biased in terms of gender (Chesler 1972, Showalter 1985, Ussher 1991, 2010). Jane Ussher (1991, 163-186) lists the following aspects of psychiatry as objects of feminist critique: women more likely to be diagnosed and treated as mad than men, women more likely to report psychological distress although boys present more psychological disorders than girls. Particular groups of women are more likely to be diagnosed as mad than others: the risk groups involve for example married women with children, the unemployed and poor, and those whose mother died in their early childhood.

(In the British context, according to Liz Bondi and Erica Burman (2001), African-Caribbean women more likely to enter inpatient system and get medical treatment than white women.) Feminists argue that women are labelled mad both when they conform to the feminine role and when they reject it. For example Dana Jack's (1991) study with depressed women points to the fact that women attempting to be "good women" put others' needs ahead of their own and silence themselves in intimate relationships. If they do not, they are regarded as unfeminine (Chesler 2005). The prototype of a healthy person, however, is a man who conforms to masculinity, and in fact in recent research it has been noted that "the absence of masculine traits, rather than presence of feminine traits is more likely to be associated with self-reported depressive symptoms and that low self-esteem may underlie both depressive symptoms and low masculinity" (Stoppard 2010, 2000), while femininity, characterized by "unassertiveness, dependency and having a pessimistic attributional style", is seen as pathological (Ussher 1991, Stoppard 2000). Ussher also points to the fact that women's anger has been interpreted as madness: women are mad, while men are bad, as a result of which, to put it crudely, women end up in asylums and men in prison. Furthermore, women live in a culture where male power is eroticized, and in therapy, power relations are reality. Family therapy has been criticized on the grounds that it most often includes blaming the mother: "the mother has been a convenient scapegoat throughout the centuries, but psychology and psychiatry have elevated mother-hating and mother-baiting to the status of scientific fact." (Ussher 1991, 184). In fact, feminist rejection of therapy has been based on the view that regardless of the form of therapy "the woman is seen as victim of the experts who look for trade in the market place of the mad. Women are indoctrinated into believing themselves mad and thus need of those who can both interpret the anger and distress within their own theoretical frameworks, and offer a 'cure' under a mystifying and controlling shroud." (Ussher 1991, 186). Indeed, in her groundbreaking *Women and Madness,* Phyllis Chesler's (1972) central claim is that one of the most important tasks of feminism and feminist psychology is to tell women that they are not mad.

While this focus on women makes it possible to analyse madness as a gendered and gendering phenomenon and also opens up the possibility of analysing and addressing the differences between women (see, for example Bondi and Burman 2001), it may implicitly construct men as a monolithic category. This can be problematic, as men as a group are just as divided by intersecting axes of, for example, race and class – and madness – as women are. The focus on the differences between men and women can, however, lead to stereotypical and vague categorizations of *both* groups, whereby it makes sense to limit the focus of a single study to women and explore the differences – and the technologies by which they are produced – between women.

2.3.2 Women's Madness and Feminist Literary Criticism

Women's madness has been widely discussed in feminist theories and especially in the field of feminist literary studies. In Western academia, the

second-wave feminist discussion around the topic has evolved from Sandra Gilbert and Susan Gubar's (1979) *Madwoman in the Attic. The Women Writer and the Nineteenth-Century Literary Imagination.* Their work set a trend whereby the image of the madwoman has been constructed as a symbol, an emblem of women's oppression (Caminero-Santangelo 1998). Anette Schlichter (2003) defines this way of interpreting the figure of the madwoman as the critical feminist discourse of madness. According to Elaine Showalter (1987, 68), Gilbert and Gubar's (1979) reading of Bertha Mason, *The Mad Woman in the Attic* in Charlotte Brontë's *Jane Eyre* (1847) in the 1970s became "a paradigmatic figure" to feminist critics, which is why I will discuss it here in some detail. Gilbert and Gubar's reading implied sympathy for – and an identification with – the madwoman that, as Showalter (1987) points out, neither Charlotte Brontë nor her protagonist seemed to share. This points to the fact that both literary production and literary criticism significantly draw on their contemporary trends in psychiatry. In Brontë's time, the mad, as in *Jane Eyre*, were viewed as inhuman, animal figures, whom madness itself stripped off their humanity. They were regularly locked up in sheds, attics, cellars, cow houses and pig sties (see, for example Shorter 1997) and regarded as animals.[12] In the 1970s, on the other hand, when Gilbert and Gubar (1979) produced their reading, the prevailing trends in psychiatry were psychoanalysis and anti-psychiatry. The most proponent advocates of this movement (for example Laing 1960, Szasz 1961) argued that mental illness was a myth, that madness was a healthy

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12 To refresh the reader's memory, I here cite a passage from *Jane Eyre* (1847/1994). To make clear my point about animalistic depiction, I have italicized on the animalistic vocabulary:

> In the deep shade, at the farther end of the room a figure ran backwards and forwards. What it was, *beast or human being, one could not, at first sight tell: it grovelled, seemingly, on all fours; it snatched and growled like some strange wild animal: but it was covered with clothing, and a quantity of dark, grizzled hair, wild as a mane*, hid its head and face.
>
> 'Good-morrow, Mrs Poole!' said Mr Rochester. 'How are you? and how is your charge to-day?'
>
> 'We're tolerable, sir, I thank you,' replied Grace, lifting the boiling mess carefully on to the hob: rather snappish, but not 'rageous.'
>
> A fierce cry seemed to give the lie to her favourable report: the *clothed hyena* rose up, and stood tall on its *hind-feet.*
>
> 'Ah! sir, she sees you!' exclaimed Grace: 'you'd better not stay.'
>
> 'Only a few moments, Grace: you must allow me a few moments.'
>
> 'Take care, then, sir! – for God's sake, take care!'
>
> The maniac *bellowed*: she parted her shaggy locks from her visage, and *gazed wildly* at her visitors. I recognized well that purple face – those bloated features. Mrs Poole advanced.
>
> 'Keep out of the way,' said Mr Rochester, thrusting her aside: she has no knife now, I suppose? and I'm on my guard.'
>
> 'One never knows what she has, sir: she is so cunning: it is not in mortal discretion to fathom her craft.'
>
> 'We had better leave her,' whispered Mason.
>
> 'Go to the devil!' was his brother-in-law's recommendation
>
> ''Ware!' cried Grace. The three gentlemen retreated simultaneously. Mr Rochester flung me behind him: the *lunatic sprang and grappled his throat viciously, and laid her teeth to his cheek***.** *(Jane Eyre 1994/1847, 291.* Emphasis added.*)*

reaction to the insanity of the world (Deleuze and Guattari 1977), and that the aetiology of madness lies in unhealthy family dynamics and social injustices (Laing 1960). With the antipsychiatrists, who themselves were rather gender-blind, the feminist critics of madness shared the view that madness was, indeed, a product of social injustice. Gilbert and Gubar's reading of Bertha Mason as a projection of the author's fear of transgressing the prevailing gender roles by engaging in the masculine activity of writing, grasping the pen, the symbolic penis, and possessing it for creative purposes, combined both the feminist and psychoanalytic discourses of the time, and produced a new paradigm for reading literature. Significantly, it also continued to present the madwoman as an Other: Bertha Mason was rendered the author's and the protagonist's projection of fear, rage and anger, and thus denied existence as an individual.

While Gilbert and Gubar's reading and Jean Rhys's fictive re-writing[13] of the mad woman in the attic provide important insights into women's madness by drawing attention to the gendered practices of literary production and the resulting anxieties in women authors and wider social and cultural contexts and conflicts that by disempowering women drive them mad they, as Marta Caminero-Santangelo (1997) argues, ignore the psychiatric contexts that, importantly, construct the subject position of the *mad* woman. From this position, while Caminero-Santangelo argues, the madwoman cannot speak. Thus, not all feminists have embraced the emblematic use of the figure of the madwoman: Nina Baym (1984), for example, criticized the approach for rendering all women mad and voiceless, Caminero-Santangelo (1997) argues that this emblematic use strips madness of the pain and suffering, voicelessness and lack of agency, which, according to the women who have suffered from mental illness, constitutes the experience. In other words, Caminero-Santangelo is critical of the symbolic use of the figure of the madwoman, for it reduces the figure to an analytic tool, a representation of an other than herself. Caminero-Santangelo (1998) points out that Gilbert and Gubar's reading of Bertha Mason, the madwoman in the attic in Jane Eyre, as Jane's double and symbol of Brontë's struggle and rage to become an author, completely ignores that Brontë's depiction of the madwoman and her treatment. Neither Brontë nor Gilbert and Gubar are critical of the treatment of the madwoman, which is in full accordance with the view of madwomen at the time. In the pre-psychiatric era, the mad were regarded as little – if anything – more than animals. (Caminero-Santangelo 1998, 3) Thus, while postcolonial critics such as Gayatri Chakrovorty Spivak (1985) have argued that Gilbert and Gubar's reading ignores the racial politics of Brontë's depiction, Caminero-Santangelo points out that such readings also ignore the psychiatric politics of Brontë's book. Thus, whereas Gilbert and Gubar read madness as symbolic and metaphorical, Caminero-Santangelo wants to bring us back to the literal experience of madness and entreats us to recognize the exist-

13 Jean Rhys's (1966) *Wide Sargasso Sea* is a fictional prequel to *Jane Eyre* that offers another, humanising reading/writing of the mad woman in the attic as it offers a social constructionist aetiology of her madness by proving her as having a history charged with racial and gendered conflict in the Caribbean, a difficult lonely childhood and betrayal by her husband (Donaldson 2002, 100).

ence of real madwomen. Gilbert and Gubar by no means deny the existence of madness, yet their reading of it as symbolic of Jane Eyre's struggle for self-definition, and Brontë's struggle for self-expression, reduces Bertha Mason, the actual madwoman in the attic, to a mere narrative convention and ignores her as the victim/embodiment of the historical (pre)psychiatric context.

We could thus argue that in relation to women's madness narratives, the politics of criticism lies in what one, as a critic, reads as subject matter and what is regarded as metaphorical or symbolical. In this study, I am interested in women as psychiatric subjects. The authors speak from the position of a psychiatric/ mad subject and by resorting to various narrative and discursive means convey the experience of madness and its treatment. Thus, in relation to the discourse of women, I want to address the issue of difference primarily as a difference between and within women. I argue that the attic that Gilbert and Gubar's read as a symbolic place in the genealogy of mad women is actually a real space, a part of the house and home where, in the prepsychiatric era, only some women got locked in. Only some women end up in asylums as in *Faces in the Water*, and only some become unable to take part in the geographical spaces of the social world due to the limits of the realities that their minds create as in *A Question of Power* and in *Prozac Diary*. This brings us to the issue of difference, which has been hotly debated in feminist theory for decades now.

2.4 Madness as Difference: Applying Braidotti's Theory of Sexual Difference

> It would be just as short-sighted to ignore illness as it has been to ignore the person with the illness. (Essock and Sederer 2009, 279)

In *Nomadic Subjects* Rosi Braidotti (1994) proposes a three-level scheme for understanding and analysing sexual difference. According to Braidotti, sexual difference can be understood and theorized, on the first level, as a difference between women and men. Second, it comprises the differences between real, embodied women. Third, as there is no unified, single subject, there are differences within each individual woman. In the following, I will present these schemes and introduce their links to the issue of women and madness.

The first level of sexual difference, Braidotti suggests that cultural ideas and ideals about Woman form one category of sexual difference. This difference is based on the idea of the opposition of the sexes, the scheme that Simone de Beauvoir (1964) developed in *The Second Sex.* In this scheme, "Woman" is a cultural construct and different from "Man" who has occupied the position of the universal subject. In relation to this universal subjectivity of "Man", "Woman" remains an Other whose representation has remained in the hands of others. According to de Beauvoir, women are under-represented, while according to Irigaray, who moves beyond the Hegelian dialectics, "Woman" is unrepresentable: lacking subjectivity and bound to the male-centered, phallocentric frame-

work, "Woman" stands for irrationality, immanence, corporeality or identification with the body and silence. In this hierarchically constructed dualism, subjectivity is reserved for male subjects and equalled with rationality, agency, consciousness, self-regulation, possibility of transcendence and denial of corporeality and embodiment (Braidotti 1994, 159). In feminism the recognition of this irreducible and irreversible difference between "Woman" and "Man" has led to attempts to create new representations and subjectivities of/for women that are grounded in the experiences of real-life women, who are embodied, differently situated in patriarchal frameworks and thus differ significantly from each other. (ibid 160). According to Braidotti "the central issue here is how to create, legitimate, and represent a multiplicity of alternative forms of feminist subjectivity without falling into relativism. The starting point is the recognition that *Woman* is a general umbrella term that brings together different kinds of women, different levels of experience and different identities." (ibid. 162, emphasis in the original).

This is the project this study engages in. The recognition of differences between women views sexual difference as a political project that calls for the creation of female feminist genealogies as acts of counter-memory, acknowledgement of the difference between the sexes and politics of location, i.e. recognition and active analysis of the situatedness and embodiment of all subjectivities and knowledge. Thus, as Braidotti states: "critical distance from the institution and representation of '*Woman'* is the starting point of feminist consciousness; the women's movement rests on a consensus that all women partake in the condition of 'the second sex' […] But this recognition of a common condition […] cannot be the final aim; women may have common situations and experiences, but they are not, in any way, *the same*." (ibid. 163). Thus, separated for example by class, race, sexuality and – as I argue here – madness and psychiatry, women do not easily collapse into any single definition of *Woman*.

In recent feminist theory the attempts to analyse differences between women have been debated in relation to the notion of intersectionality. As Ann Phoenix and Pamela Pattynama (2006, 187) point out, the idea referred to by the concept "intersectionality", that is, women's simultaneous positioning in frameworks of gender, race and class, has been employed in feminist theory long before Kimberlé Crenshaw coined the term in 1989. The term intersectionality has been widely used, and the difficulty of analysing multiple differences at the same time, has been acknowledged. Beverly Skeggs (2006, cited in Phoenix and Pattanama 2006, 188), for example, argues that social divisions have different organizing logics whereby race and class, for example cannot be treated in the same way. As Mieke Verloo (2006, 221) points out in relation to policies on equality "different inequalities are dissimilar because they are differently framed." Madness as a difference between women is framed by medical discourse as an illness that requires treatment that, depending on the psychiatric context can be anything from talk therapy to isolation and medication. Madness as a position is characterised by the requirement – by the medical establishment

and the social reality – of the subject to change. This of course renders it significantly different from, for example, race as an axis of difference between women.

The third level of difference that Braidotti proposes as a critical axis of difference concerns differences within each "Real-Life Woman." By these internal differences Braidotti refers to the fact that each individual subject is split and fractured, and yet, embodied. While identity refers to sameness, embodiment as a term comprises the multiplicity and fracturedness within the subject: "Identity is a play of multiple, fractured aspects of the self; it is relational in that it requires a bond to the 'other'; it is retrospective in that it is fixed through memories and recollections, in a genealogical process. Last, but not least, identity is made of successive identifications, that is to say unconscious internalized images that escape rational control." (1994, 166) The difference within an individual women thus acknowledges change and simultaneity: we are both conscious and unconscious of ourselves and motives – and this consciousness changes. We may simultaneously desire things that are mutually exclusive. We may identify with different things. We may be, may have been and may become mad or sane.

With regard to the analyses of women's madness Braidotti's theory of sexual difference relates to different phases and ways of reading. The feminist critical discourse of madness and the emblemic readings of the figure of the madwoman presented above, engage with the first level of sexual difference, the difference between the sexes. In this discourse, the figure of the madwoman was seen as a critical and central mode of representation, a nexus through which women's position as an other to male subjects of reason could be examined (Schlichter 2003). The first level of sexual difference poses *Woman* as an Other to *Man* as an institution and representation. In regard to the issue of women and madness this positions women on the side of irrationality[14]. This level of sexual difference is also present in analyses that engage with women's over-representation in psychiatry (for example, Showalter 1987, Ussher 1991, 2010, 2011), the accuracy of which claim has, however, been disputed by some scholars (Busfield 1994). Gilbert and Gubar's (1979) reading of the madwoman in the attic as emblemic of women's condition and symbol of women writers' anxiety is symptomatic of this type of understanding of sexual difference. The madwoman, rather than a product of her historical moment, is a cultural construct, symbolic, and without a specific history of her own. Two writers, Frame and Slater, discussed in this study, take an ironic stance in relation to this image when they allude to stereotypical images of madwoman: Frame, for example writes:

> There is an aspect of madness which is seldom mentioned in fiction because it would damage the romantic popular idea of the insane as a person whose speech appeals as immediately poetic; but it is seldom the easy Opheliana recited like the pages of a seed catalog or the outpourings of Crazy Jane who provide, in fiction, an outlet for poetic abandon. Few of the people who roamed the dayroom would have qualified as acceptable heroines, in popular taste; few were charmingly uninhibited eccentrics.

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14 This position ignores the differences between men. As has also been pointed out by, for example, Sander L. Gilman (1985), it has not been women alone who have been positioned to the side of irrationality, but also men and women of colour.

> The mass provoked mostly irritation hostility impatience. Their behaviour affronted, caused uneasiness; they wept and moaned; they quarrelled and complained. They were a nuisance and were treated as such. It was forgotten that they too possessed a prized humanity which needed care and love, that tiny poetic essence could be distilled from their overflowing squalid truth. (*Faces,* 112)

Frame's engagement with the stereotype of the madwoman is thus critical. She points to the fact that the romantic, cultural notions of madwomen hide behind them a brutal reality where real women are treated as a "nuisance" and provoke "uneasiness" and irritation. Slater, on the other hand, describes herself as a "boring madwoman" who had little of interest to say. While depressed and obsessed, she says, the only topics she could talk about were how blah she felt and how many times she had had to tap. (*PD*, 111)

Although Braidotti insists that the different understandings of sexual difference are present in every moment and do not follow each other historically, this way of understanding/analysing sexual difference is characteristic of the first analyses of women's condition. According to Braidotti, "the crisis of modernity [made] available to feminists the essence of femininity as an historical construct that need to be worked upon." (ibid.)

In respect to this second level of sexual difference, the acknowledgement of differences between women has been crucial in the writing of madwomen's genealogies. Elaine Showalter's (1987) groundbreaking history of women's madness in Britain combines the first two differences Braidotti theorizes: by establishing women's cultural association with madness and how it contributes to the notions of normalcy and treatment of women in psychiatry, and by focussing on the women who have actually been treated by psychiatry, she creates a genealogy of madwomen in Britain up until the 1980s. Showalter, however, pays little attention to race and class while Mary Wood's (1994) *The Writing on the Wall* provides more detailed readings of how gender and class intersect in 19th-century women's asylum narratives. The work of Elaine Showalter, Jane Ussher (1990, 2010) and others has been crucial to understanding how gendered notions of normalcy work within psychiatry and contribute to notions of madness. In this study, however, I am interested in women who have already become subject to madness and psychiatry, and how the experience and treatment of madness produce differences between women who are defined as healthy and women who are defined and treated as mad.

In this study I thus turn to madness as a difference between women (especially in *Faces in the Water*) and within women (especially in *A Question of Power* and *Prozac Diary*). I thus employ Braidotti's ideas in respect of sexual difference to the idea of madness as difference, and examine in particular the spatial – both discursive and geographical – technologies whereby this difference is produced. I am aware that by focussing on women's texts I retain the idea of sexual difference between men and women; however, it is not within the scope of this study to explore the mechanisms whereby this difference is produced. I analyse the ways in which psychiatric practices shape the subjectivities and identities of women who are already defined as mad and write from within madness and psychiatric practices. However, the other two levels are employed and evoked

in the narratives as well, and, especially with Head and Slater, the difference within becomes a crucial question.

Madness and its treatment as factors that produce difference within a woman relate both to their subject's perception and experience of her own condition and the positions she is placed in when perceived as healthy/sane or in need of psychiatric treatment and care. Women who are/have been psychiatric patients may not be so always – or, as is the case of Head's Elizabeth, for example, may not be only mad even when enduring symptoms of madness.

So far, feminist theory has been more concerned with issues such as class, race and ethnicity as axes of difference between women. In feminist theory in general, madness and its psychiatric treatments as constitutive to subject positions have remained somewhat surprisingly under-theorised, perhaps due to the focus on the social construction of madness and thereby the difficulty to combine social critique and – at the same time – account for individual pain. However, while critical of the different medical aetiologies, cautious of what actually counts as madness and the tendency to "medicalise women's misery" (Ussher 2010), I think, simply, that mental suffering is real. Madness may take different forms in different times and places (Hacking1998; Showalter 1997) and seek different forms of outlet and expression in different times and places. Yet, this suffering is real and disabling and thus something that feminism should consider as one of the axes of differentiation between and within women. According to Braidotti, the three layers of sexual difference are present in every moment in history and can be understood as three frameworks for analysis, and thus, to reveal the politics of subjectivity, we can ask: "What is the technology of the self at work in the expression of sexual difference?" (1994, 167) In the following, I offer a short reading of Janet Frame's *Autobiography* that points to the social and spatial mechanisms with which madness as difference can be produced.

2.4.1 Madness as Difference: The Impact of Confinement According to Janet Frame

In her *Autobiography* Janet Frame is quite explicit about the fact that confinement critically shaped her sense of belonging and relationship to the spaces and communities she had felt part of: "The six weeks I spent at Seacliff Hospital in a world I'd never known among people whose existences I never thought possible, became for me a concentrated course in the horrors of insanity and the dwelling-place of those judged insane, separating me for ever from the former acceptable realities and assurances of everyday life." (*Angel*, 69) Madness and its treatment are felt as a separation from "acceptable realities and assurances of everyday-life". This is a spatial separation that in itself creates a difference between Frame and other women. Furthermore, this dislocation causes a change in Frame's consciousness: Becoming aware of another, parallel world, and learning its ways becomes a "concentrated course in the horrors of insanity and the dwelling-place of those judged insane" shakes off the reassurances of everyday life. Confinement disrupts everyday life. It removes

Frame from both the site of her everyday life and the comfort of its routines. It creates an alternative viewpoint, a standpoint with a certain epistemology and a sense of duty: "From my first moment there I knew that I could not turn back to my usual life and forget what I saw at Seacliff. I felt as if my life were overturned by this sudden division of people into 'ordinary' people in the street, and these 'secret' people whom few had seen or talked to but whom many spoke of with derision, laughter, fear." (*Angel*, 69) The fact that Frame becomes introduced and subjected to this other parallel reality gives her a moral sense of duty and responsibility in regard to the other patients. Her will not to forget stems from learning to know her fellow patients and from developing an attachment to them. Frame describes herself as an empathetic "reader" of her fellow patients' lives and we can see an interesting syntactic acknowledgement of a partial belonging in the community of the mad in the passage where Frame describes her learning of the ways and patients of the hospital: "I grew to know and like my fellow patients. I was impressed and saddened by their – our – capacity to learn and adhere to and often relish the spoken and unspoken rules of institutional life, by the pride in the daily routine, shown by patients who had been in hospital for many years." (*Angel*, 69) The "their – our" constructions both acknowledges similarity and belonging and evades it. It draws the readers' attention to Frame's desire both to acknowledge the fact that she has been in the hospital as one of the others, yet it seeks to separate her from any easy association or identification with the other, mad, patients. Frame is both inside and outside, she develops a double consciousness, and views herself as a mediator between the two worlds.

This balancing act between authorial power and credibility as a "sane" writer and as an expert with inside knowledge about the world and the ways of the "insane" is characteristic of madness narratives and the impossibility of any straightforward or easy belonging in both worlds. Authorship, the ability to "translate" the experience of madness and confinement into a readable, shared discourse, aligns the writer to the world of the sane, yet the position of the knower, holder of the truth, can only be acquired by acknowledgement of having shared the other world with the mad as one of them. This knowledge is gained both by sharing everyday life and reality with the mad, a kind of empathy developed for them and the sharing of something of the emotional landscape, the "capacity to learn and adhere to and often relish the spoken and unspoken rules of institutional life" and to understand the pride long-term patients take in knowing the daily routines. Furthermore, Frame describes the community of the insane being separate from the world of the sane in more through ways: "There was a personal, geographical, even linguistic exclusiveness in this community of the insane who yet had no legal or personal external identity – no clothes of their own to wear, no handbags, purses, no possessions but a temporary bed to sleep in with a locker beside it, and a room to sit and stare called the dayroom." (*Angel*, 69) Frame thus points to several aspects that create and position the insane as *different* from the sane. They have their own linguistic codes; they are geographically separated from the sane, and lack the

usual material markers – or extensions – of their identity such as their own clothes and purses where personal belongings could be hidden. In these many ways, madness and its treatment, as Frame shows, creates position of difference between the mad and the rest. Moreover, the patients may only have a nickname, their proper names forgotten, and as the routines of the everyday institutional life goes on and on and on for those who stay in the hospital forever, hospital life also becomes a land of "no past, no future, only an imprisoned Now". The temporality of the hospital is one of endless repetition – which makes it easy to see why feminist writers and theorists have been keen to draw parallels between madwomen and women's life in general, for repetition is the mode of housework and everyday life in general. I will discuss this in relation to Frame's novel. Here I wish to further develop the idea of madness and its treatment as formative of a subject position, for confinement seems to have a significant impact on the (writing) subject's life also after the discharge from the hospital.

The community of the mad continues to live in Frame's memory after her discharge: "I felt a new sense of responsibility to everything and everyone because every moment I carried the memory of the people I had seen in Seacliff, and this knowing even changed the landscape and my feeling towards it." (*Angel,* 74) Confinement seems to have changed her permanently. It has given her a sense of responsibility and affects the ways in which she perceives and senses her surroundings. The landscape has changed. And it has not changed only because Frame herself created a new epistemology. The stigma of confinement, the stereotypes of the mad that continue to shape the perceptions and attitudes of those who (have) know(n) her, materialises itself in the ways in which people speak to her and about her: her brother, Bruddie, "spoke now in a new tone used now by Dad and Bruddie when they spoke to me, as if I had to be 'managed' in some way, for fear I should break or respond in an unusual way which they could not deal with.' (*Angel,* 104) She is thus constructed as "someone to be dealt with and managed". In short, she is objectified. Above, the objectification is entailed in the tone of voice Frame's brother and father use when they speak *to* her. In other situations she is rendered into a third person as people speak of her in her own presence as if she could neither understand speech nor participate in it.

As she describes her short stay with her sister and her husband and infant son between her two hospitalisations, Frame writes "my shyness and self-consciousness arising from my feeling of being nowhere, increased when my sister's friends asked, 'How is she?' 'Does she like being in Auckland?' I had become a third person, at home at Willowglen and now here in Auckland. Sometimes, as if I was my own obituary, people asked, 'What was she?' As if an archaeological find stood before them and they were applying with eyes, heart and mind, a 'carbon' test to name, date and *place* me – and if only I had a place." *(Angel*, 98) Hospitalisation seems thus to have made her homeless. As it has robbed her off a "natural right" to dwell at home, her home outside the hospital supposedly is with those who agree to "have" her. The discharge of mental pa-

tients as described in *Faces in the Water* is a question of the patients' family's willingness to "have", to welcome/accept back in their household the mad member of the family. The passage cited above shows a subject who lacks both a personality and a place with which to create a meaningful relationship – both of which, according to Riitta Granfelt (1998), are required aspects of a development of a sense of home.

This short reading of Frame's *Autobiography* thus points to the mechanisms whereby madness is produced as both a difference between the sane and the insane and a difference within: Frame partly identifies with the other patients, yet her consciousness seems to become split between the two realities. Her epistemology changes, her identifications shift and change. Madness and its treatment split and shift both spatial and internal realities of the narrator. Writing is a balancing act between these realities, and poses challenges to her credibility as an author. In the following I will move on to discuss the challenges the analysis and attempt to access or understand the experiences of madwomen through their textual representation presents for the reader.

2.5 Experience and Text

As my interest in this study is in the experiences of madwomen and my aim is to discuss these experience by engaging with literary texts, it is important to discuss the notion of experience in terms of the limits and conditions it sets for the type of knowledge that can be produced by reading autobiographical madness narratives. This issue is also related to the autobiographicality of the texts. Two of the works this study is concerned with are autobiographical novels; one is a memoir. Frame chose to write a novel which she said did not tell the truth: the experience of mental hospitals was worse than she thought anyone would have believed. The autobiographical quality of the novel, however, becomes evident in her statement in her autobiography that she has already written an account about her years in the hospital in her previously published novel (Frame 1991).

Autobiography, autobiographical novels, and memoirs have a special relation to reality and experience. Autobiographical works claim to be based on personal experience. But what, exactly, is experience? For feminist theory and meaning making 'experience' has had crucial value: feminist scholars have pointed out that the so-called neutral sciences had ignored women's experiences, and that the new feminist scholarship should instead take women's experiences as the basis of its research (Stanley and Wise 1983, Harding and Hintikka 1983). Experience has thus been resorted to in the critique of objectivity claims in science. Second-wave feminists sought for a universal, bonding experience for women, for example by founding consciousness-raising groups. One of the aims of these groups was to reveal women's experiences as structural and common, and in relation to madness, their function was to convince women that in feeling isolated and depressed, they were not mad, but victims of op-

pression (Chesler 1972/2005). The idea was that women's experiences constituted common standpoints that could function as the epistemological basis of feminist critique.

The concept of experience proved out to be problematic, however. Anu Koivunen and Marianne Liljeström (2004) have outlined the feminist critique of experience that has implications for this study as well: the feminist standpoint that the second wave sought to create crystallizes the problems embedded in the emblemic use of the figure of the madwomen in the critical discourse of women's madness. As the critics have pointed out, the female experience, as early second-wave feminism sought to conceptualize it, excluded many women, and resulted in monolithic and essentialist claims (ibid. 275). For example, Chandra Talpade Mohanty (1992) who together with Biddy Martin (1986) encouraged feminists to leave home, criticised white feminists for ignoring differences between women, and excluding women who fall outside the category of the monolithic woman, from history and agency. Thus, although Mohanty did not directly refer to the debates on women's madness, her critique has implications for feminist debates both on madness and on home, both of which, in the second wave feminism, were based on white, middle-class notions of woman. In relation to madness and home, as will be discussed in the next chapter, these universalising assumptions were related to women's confinement in the private sphere of the home, which excluded, for example, the experience of working-class and slave women who worked in the homes of white women. Thus the the assumption of women's madness resulting from confinement in the home was based on the theorization of the position of one group of women.

Second, taking oppression as a common denomination of a shared female experience seems to idealise the knowledge of oppressed groups. Their perspective is given a greater truth-value: from an oppressed woman's position, however, women would have access to both patriarchy and its margins which would grant them a kind of double-consciousness. This critique relates to the truth-value of the madwomen's self-narratives this study is concerned with: on the one hand, the authors claim to speak the truth and thus testify to the experience of madness: they are telling their stories, revealing what happened to them. However, as Donna Haraway (1991) has pointed out, the positions of the oppressed are neither naïve nor unproblematic: also their positions need critical attention and deconstruction. In short, no position is innocent or exists outside discourses permeated with power, and, in fact, both Frame and Slater are explicit about their desire to write for change and to add a new perspective to their contemporary psychiatric discourses: Frame writes from her experience within the walls of a mental asylum hoping that things could be changed (Frame 1981); and Slater in turn wishes to add a consumer's perspective, a personal lived reality of illness and cure and long-term Prozac use, to the on-going debate about Prozac (*A Penguin Reader's Guide to Prozac Diary* 1998, 5, from here on, *PRG*):

> To this dialogue *Prozac Diary* adds the voice of the consumer – myself – telling the phamacological 'cure' for an intimate, and, I hope, authentic stance. Writing about

> Prozac, as so many people have done, is really not at all the same as writing through Prozac, as I have done, and the portrait that emerges, although no more or less honest than the more distant, "objective" portraits, is a singular story with singular details that no amount of detached research could have covered." (Ibid. 5)

Slater thus claims authenticity, but, as the analysis of *Prozac Diary* will reveal, is highly conscious of the discursive limitations and discursive conflicts that telling such a tale poses to its writing. *A Question of Power*, on the other hand, draws on a wide range of discourses through which the protagonist's experience can be read and understood. The stories thus challenge and reveal experience to be both interpreted and in need of interpretation, as Joan Scott (1991, 797) points out: "experience is at once always already an interpretation *and* something that needs to be interpreted." The stories discussed in this study draw on specific discourses made available to the writers, but also employ these discourses for specific purposes that in regard to these texts relate to attempts to influence and improve the situation of women in psychiatric institutions.

The third criticism concerns the assumed causality of experience, identity and power. "Identity politics" has assumed that being woman/black/working class results in a construction of an identity based on womanhood, blackness or class. At the same time, these identities are understood as hierarchical, which that experiences also are hierarchized. Following the logic criticised here, the experience of mental illness would result in the patient understanding herself primarily as mentally ill. Politically this is what happens in patient organisations where the bonding experience is the one of the illness-experience. Psychiatric problems and illnesses are, however, shrouded by prejudice and thereby often unwanted as identity positions. Furthermore, the problems themselves and the discourses available for their interpretation are varied so that the constitution of a shared position becomes problematic. The problem then becomes one of representation: who represents the mad/mentally ill? In whose image is the sufferer embodied? Understood as entities, identities easily become monolithic stereotypes. Thus, while arguing for the recognition of madness and psychiatric treatments as formative basis of a subject position, it is important to recognize the differences and variations within this position and the discursive nature of the construction of experience itself: experience as a concept cannot be understood as an authentic expression of the I, either. As Koivunen and Liljeström (2004, 277), referring to Joan Scott (1992) point out, experience understood as the basis of identity and agency is assumed to be an immediate and given, which it is not. In the stories that I examine in this study, experience, however, does function as a ground on the basis of which both identity and agency are constructed. And thus, although the relationship is neither immediate nor given, the very building processes and the ways in which the protagonists/narrators construct their identity and employ agency are conveyed through the narratives of experiences within madness and the spaces where it is lived with and treated.

It has also been pointed out that experience as a term is vague and is taken in research as an unproblematic given which it is used to refer to that which is personal, subjective, and emotional (ibid. 277). From a poststructuralist perspec-

tive while "pure" reality lies behind language, our understanding of reality takes place in and through language. Experience is thus no more authentic or real, nor does it offer a more real or authentic perspective to discourses than other discourses: it is only accessible through discourse.

Slater is quite aware of this: in the same interview that was quoted above she, referring to her struggle to write about her own or others' experiences, points to the fact that (her autobiographical) narrative is always a result of a process where words are searched for: "Writing, whether about myself or others, demands a rigorous imaginative stretch, a reach for lyricism that conveys emotion, as opposed to covering it." (*PRG*, 5). Slater thus understands writing – and thus the discursive construction of experience – as a communicative act, and describes the search for words to convey experience as a struggle.

This is also what Tuija Saresma (2007, 18) refers to when she states that more interesting than to search for the "true nature" of experience and to argue whether language precedes experience or experience precedes language, is the fact that experience can only be communicated discursively. Understood this way, experience is produced in a discursive process, and thereby, it is understood that experience is collective, rather than individual. According to Katri Komulainen (1998, 165, cited in Saresma 2007, 18) "experience is a process where that which has already been told and that which is being told shape our understanding of who we are [my translation]". According to Jane Flax (1992, 452), "the categories and concepts by and through which we structure experience are themselves historically and culturally variable." Reading texts, listening to others, we are encountered by textual constructions of experience and these constructions are the means through which we can relate to the experience of others.

All this is to point out that I am aware of the limitations in regard to the extent to which literary texts can be used to access the realities of the mad women whose experiences the texts describe. In relation to texts like *Faces in the Water* and *A Question of Power* that can be characterized as autobiographical fiction in that they draw on – and consciously modify – the authors' experiences this may be more obvious; but it is also important to bear it in mind in relation to memoirs like *Prozac Diary*. They are all discursive versions of experience. At the same time, however, as Elaine Showalter (2010)[15] suggests, literature may be the only place where patients can have their voices heard. The history of psychiatry has largely been written from the point of view of the doctors who treat patients (Porter 2000, Hubert 2002), and literature and memoir provide a space where patients can explore and reveal their experiences. Thus, while it is important to remain critical and aware of the limitations of literary representations to convey experience, it is crucial to acknowledge the power of madness narratives to speak for patients themselves.

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15 Showalter made this point in a lecture delivered at the 1st International Health Humanities Conference at the University of Nottingham, August 7, 2010. The lecture was titled "Grand Delusions."

All that has been said above about experience bring us to three different but interlinked issues that need to be explored. These are 1) the critical importance of the discursive, literary traditions and psychiatric cultural and historical contexts that each story emerges from and that it addresses; 2) the importance of autobiographical writing as a space where the writers create new subject positions and identities for themselves and their readers and 3) the implications of these for ways of reading, for the ethics and politics of engaging with the texts.

2.6 Women Writing Madness: Literary Contexts and Historical Developments

> In the nineteenth-century literature it is the double who is mad, in the twentieth-century works…it is the protagonist, not the double, who is mad.
> - Elaine Martin "Mothers, Madness and Middle Class"

In *Mad Intertextuality: Madness in Twentieth Century Women's Writing,* Monika Kaup (1993) provides a book-length analysis of the shifts in the position of the madwoman in literary texts. According to Kaup, in the course of the 19th and 20th centuries, the position of the figure of the madwoman moved from the margins to the centre: while the 19th-century formation of the madwoman placed her in the attic, and treated her as the double of the sane Victorian female heroine (*Jane Eyre*), in early twentieth-century female modernism the madwoman was reconfigured as the protagonist. In modernism, sexuality and authorship were questioned, and the search for new autonomy was sought through the creation of new formal structures, the use of split identity, absence of origin, and unsettling the structures of passion. In the 1960s and thereafter, the madness narratives took confessional and experiential forms (Sylvia Plath's *The Bell Jar* and Jean Rhys's *Wide Sargasso Sea,* for example). The 1970s saw new developments towards "visionary madness" (*Surfacing* by Margaret Atwood and *A Question of Power*). In the narratives of visionary madness, madness was reinterpreted as a "spiritual quest." It was thus reconfigured not as a breakdown, but as a renewal[16].

The texts analysed in this study can be read as a part of the historical continuum of women's fiction on madness: they do not emerge simply from a certain psychiatric tradition but also from certain literary traditions. At the same time, they can, as they are autobiographical to a degree, be situated in the continuum of mental patient narratives. In fact, the distinction between women's autobiographical narratives and fiction is often hard to make, as many writers of fictive novels draw on personal experience and those who write autobio-

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16 I disagree with Kaup's formulation here: in my view, in *A Question of Power* – as well as in *Surfacing* – madness is constructed both as a breakdown and a renewal. Elizabeth, as the narrator claims, is very ill, and renewal is gained through immense suffering that immobilises and disables Elizabeth completely.

graphical texts have literary ambitions. Monica Kaup's periodisation[17] focuses on literary trends and clarifies the multiple and complex ways in which psychiatry and literary traditions meet in the tradition of women writing – and reading – madness. Since this study is concerned with women's writing on madness since the latter half of the twentieth century, I focus on developments from the 1960s onwards.

2.6.1 The Confessional Context of *Faces in the Water*

> I will write about the season of peril.
> - *Faces in the Water*

According to Monika Kaup (1993), the 1960s configuration of female madness saw madness from the inside. Madness was constructed as a personal tragedy that involved an analysis of the social construction of the oppressive gender system and psychiatric institutions and practices. Narratives such as *The Golden Notebook* (Lessing 1962), *Faces in the Water* (Frame 1961), *The Bell Jar* (Plath 1963) and *Wide Sargasso Sea* (Rhys 1966) framed the madness of the protagonist with analyses of psychiatric institutions and practices and the prevailing heterosexual gender system. The narratives are marked by a feminist protest against a sense of entrapment marked by aggressiveness which the writing of the 1940s and 1950s lacked. According to Kaup, before the 1960s accounts of institutionalisation were not seen as punishment for transgressing the codes of feminine behaviour, docility and affection, whereas the 1960s novels on female madness openly blamed the limited and oppressive roles offered to women in modern society for madness. This followed the 'feminine mystique' of the 1950s and reflected the wider confessional mode of the 1960s. The narrative plot follows a pattern where young women "grow down" to madness: a young woman heroine destined for disappointment is radically alienated by gender role norms from the outset (Kaup 1993, 96). (In *Faces in the Water* the protagonist's descent to madness and asylum are rather sketchy, but the gender hierarchy of the hospital is openly criticized and the protagonist's difficulties in adapting to the outside world related to her "inappropriate" femininity.)

As for psychiatric developments, the 1960s was the decade of the psychopolitics of antipsychiatry, most famously represented by R.D. Laing. In antipsychiatry, madness was seen as a social construct and asylums were regarded as prisons. Psychoses were understood as journeys towards – and revelations of – sanity superior to schizoid normalcy. Despite the fact that in antipsychiatric encounters (in the fashion of Mary Barnes's (1971) story) the patient was often a professional victim who met a therapeutic man as her saviour, antipsychiatry soon became an ally to feminism. This was due to three factors: antipsychiatry

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17 Kaup constructs a historical periodisation, another way of engaging with women's writing on madness would be, for example, to devise a generic model along the lines of treatment: asylum novels, for example, or an analysis of the ways in which the issue of incarceration is dealt with, would also offer new insights to the discussion of women's psychiatrically forged identities and their historical developments.

emphasized the importance of empathy towards patients, worked relentlessly to render the inner world of the schizophrenics intelligible and politicized madness uncompromisingly. Regarding psychosis as a healthy reaction to an insane world is a way of making visible the social structures that underlie personal suffering. Feminist readers and writers link these to oppressive gender structures, but instead of drowning or burning themselves as their nineteenth-century counterparts (Higonnet 1986), they turn to rational analysis of social reality:

> the interior and its walls are no longer "a secret", a steeped in darkness and eliciting, free-floating anxiety. Instead, the walls of the psychic cell are being illuminated in (self-)analysis, and thus the "bell jars" of disorder are again lifted, opened into the view onto the larger social structures underlying personal suffering. Not romance, "escapist fiction", but factual escape from the various enclosures – family, psychiatric institutions, marriage, the roles of dutiful daughter, housewife or patient – marks this intellectual sensibility. (Kaup 1993, 119).

Kaup (1993, 118) sees this urge to analyse and break (out of) social, exterior and introjected prisons as a counter-reaction to the Ophelia syndrome, the depiction of female madness as a malady caused by frustrated love, to which Frame also makes explicit reference. But while, according to Kaup (ibid. 106), female madness remains inextricably mingled with love melancholy, the 1960s' "mad" narrator engages with this Ophelian humiliation with a rational analysis. The narrative voice is thus characterised by clarity and "common sense" (ibid. 118-9), and the aetiology of women's madness is traced to this growing up surrounded by grotesque archetypes of femininity and mad housewives (ibid. 124). Also, the characteristic ending involves cure and return to reality, and thus enables a retrospective narrative.

2.6.2 *A Question of Power* and the Visionary Madness of the 1970s

In contrast to the rationality of the 1960s critique of the psychiatric and social forces that drive women mad, the 1970s introduced a new approach to madness. In novels such as Margaret Atwood's *Surfacing* (1972), Bessie Head's *A Question of Power* (1974), Marge Piercy's *Woman on the Edge of Time* (1976) and Doris Lessing's *The Golden Notebook* (1962) and *The Four-Gated City* (1969) madness was now seen as liberation or spiritual quest. This re-interpretation of madness drew on Laingian antipsychiatry, second-wave feminist interest in spirituality, and the French feminists rewriting of femininity and hysteria (Kaup 1993, 127). Madness was no longer seen as destructive, but visionary or an "experimentation with altered states of consciousness to discover a potential power beneath madness." Madness was effectively dissociated from its medical label as illness and valorisation of its capacities for insight, knowledge and revelation. Thus, the definitions of madness were no longer limited to a "down" phase which is essentially destructive and must be overcome in order to return to a patched-up, socially functional identity. Rather, madness usurps the status of norm, displacing existing standards of social and individual "coherences." In

short: "what was involuntary breakdown in the sixties now becomes a willed project towards breakthrough." (Kaup 1993, 126-7). One could thus read this shift of emphasis from the rationality of the wrongly confined and misunderstood madwoman to the creative potential of madness as a shift from liberal feminist politics and its emphasis on the structural violence facing women to a politics of difference: whereas the 1960s' critique emphasised the underlying rationality of the madwoman, the 1970s re-readings of madness and hysteria positioned them as alternative forms of knowledge. The rationality of the mad female subject lay in the fact that for example in *The Four-Gated City*, the protagonist can be viewed as a self-determining heroine for whom madness is a rite of passage and a gateway to renewal (Kaup 1993, 127). Aware of the legitimate and important charges of romanticizing victimhood and drawing power from the powerless levelled at the Laingian psychiatry of the 1960s, development of feminist spirituality and French feminist theoretical innovations of the 1970s, Kaup maintains that they were subversive in their capacity for renaming, re-visioning and revalorizing (ibid. 127). She also cautions that they must be understood in their historical context: by the 1970s much had been said about equal rights and access to social and symbolic institutions, but little had been done to valorize the feminine or to explore issues such as motherhood, woman and the nature of the irrational desires to regress to "primary narcissism and pre-cultural wholeness" (ibid. 128). It is also important to note that whereas the madwoman of the 1960s was the victim or object of psychiatric violence, the madwoman of the 1970s is the subject of her own madness:

> Whereas in the sixties the psychiatric setting has a crucial function in the career of the madwoman, typically as another place of oppression (*Faces in The Water, Der Fall Franza*) rather than a harbor for cure (*I Never Promised You a Rose Garden* by Hannah Greenberg) – or both, of equally grave consequences for the heroines fate (Sylvia Plath's *The Bell Jar*) – , the hospitals, doctors, and the therapies lose their significance in the visionary quest." Heroines are still hospitalized, but "the exterior and the interior worlds are kept strictly separate: doctors can no longer influence the inner events, let alone enter the patients' hallucinatory existence. […] The madwoman alone occupies the liminal position between reality and fantasy, between the other-defined roles of patient, mother, daughter, lover etc. and the self-defined roles of seer and prophet. (Ibid. 136)

The protagonists are thus re-written as ex-victims – or write themselves as such. The madness of Head's Elizabeth can hardly be read as voluntary of self-inflicted, yet, at the end of the novel and as a narrator, she certainly positions herself as a seer and prophet and the narrative author of two distinct realities that feed into each other. [18]

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18 The 1980s seems to present a strange gap in the women's writing of madness. While the earlier post-war decades demonstrated an appearance of a literature characterized by critique of the asylum combined with a critique of women's social position in the 1960s, and a movement towards notions of visionary madness in the 1970s, the 1980s appear as a gap not only in Rebecca Shannonhouse's (2003) anthology of women's writing on madness, *Out of Her Mind*, but also on my bookshelf where I keep my books on women's literature on madness. Why? Illness, mental or not, or notions of it,

2.6.3 The 1990s and the Turn of the Century: Coming Out Stories and the Mixed Medical Model

Since the publication of Kaup's work in 1993 two new trends have emerged: the critique of the asylum attracted new interest with Kate Millett's (1990) *The Looney-Bin Trip* and Susanna Kaysen's (1995) *Girl Interrupted*, but perhaps even more importantly, the turn-of-the-century, late twentieth and early twenty-first centuries, have seen the emergence of yet another configuration of the madwoman. In this "mixed medical model" the diagnoses themselves become self-acclaimed identity positions. These narratives (for example Key Redfield Jamison's (1995) *An Unquiet Mind,* Lizzy Simon's (2002) *Detour. My Bipolar Trip in 4-D,* and Lauren Slater's (1999) *Prozac Diary*) are based on the acceptance of madness as illness. Madness is reconfigured as a medical condition, a speaking position with a biochemical basis. Madness is understood as a condition that requires medication, but is lived through and managed in a complex web of cultural and social discourses, practices and associations. These narratives often take the form of a memoir or autobiography

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do not, of course, respect any artificial time-related historical categorizations and the 1980s did not develop its own notions of madness simply because every decade ought to have one. But still this seeming gap deserves another look. In my bookshelf this decade is represented by three books: Susan Sheehan's 1983) *Is There No Place on Earth for Me?* Sheehan is a journalist, who followed a young, intelligent (as the back cover of my book states) schizophrenic girl, "Sylvia Frumkin" in and out of hospitals for a year. In this book, it is the journalist who enables the mental patient's "voice" to appear to the public. Next, there is the second volume of Janet Frame's (1984) autobiography, *An Angel at My Table*, which basically skips her years in the hospital, and simply points the interested reader to her earlier novel, *Faces in the Water.* Third, I find Toni Morrison's (1987) *Beloved,* a novel of infanticide, a haunted house in almost postslavery United States and the fates of the slaves of "Sweet Home". In addition, Johnston's *Paper Daughter* was published in 1985. Confined due to her homosexuality and "schizophrenia" in the 1960s, she writes critically of mental hospitals in the United States. (Hubert 2002, 101). Toni Cade Bambara (1981) *The Salt Eaters*, Paula Gunn Allen (1983) *The Woman Who Owned the Shadows* and Gloria Naylor's (1985) *Linden Hills* also appeared. As this study, however, is not a historical study that aims to cover changes in literary history, but attempts to provide a careful close reading of a few, selected works, my aim here is not to write that literary history. Some idea of what happened in the 1980s, however, should prepare for the rather dramatic shift in women's madness narratives by the 1990s and after.

Looking at the bibliography of Kaup's (1993) *Mad Intertextuality* the 1980s appear as a time of re-prints of earlier works and publication of translations. It appears to be a time of rediscovery of the madwomen's past – and a time of the rejection of madwoman as an emblem of women's oppression (Baym 1984). In feminism, the 1980s presented a paradigmatic turning point: lesbian women, women of colour, working class women were all raising their voices to point to the differences between women, and academic feminism experienced a kind of theoretical turn where scholarship and concepts strived to account for these differences. "Subjectivity" and "identity" were vehemently explored, and madwoman as an emblem of the oppression of Women subsided as an emblematic figure. Interestingly, after her analysis of the 1970s, Kaup (1993) also turns to the synchronic rather than diachronic approach. She begins to explore questions of autobiography, race and colour, and the significance of place in mad women's narratives.

At the turn-of the millennium there thus seems to be a significant increase in publishing explicitly autobiographical, diagnosis-based stories[19]. Rather than turning to fiction, women authors seem to choose the genre of memoir and autobiography more often than before. The reasons for this can be speculated upon: the general increase in the interest in confessional autobiographical writing may be of significance, but something has also happened to the stigmatization of madness. Since the Second World War, the increase in the numbers of treatments and treated patients, together with both the emergence of critical discourses in regards to psychiatry, the availability of new, effective drugs and the growing patients' movement can be seen as contributing factors. For there seem to be two generations of women who turn to writing at this point: an older generation of women who were incarcerated in the 1960s and thirty years later, "came out" as mental patients and publicly discuss their experiences include such writers as Kay Redfield Jamison's (*An Unquiet Mind. Memoirs of Moods and Madness* 1995), Susanna Kaysen (*Girl Interrupted* 1995), Shulamith Firestone (*Airless Spaces* 1998) and Kate Millett (*The Loony-Bin Trip* 1990). Kaysen and Millett both write critical asylum stories that question the diagnostics and treatment they received. Jamison, who is also a psychiatrist, discusses her manic-depressive illness. These stories are motivated by an attempt to re-negotiate the past as part of the present self, and, in Kaysen's and especially in Millett's case, to overcome the traumatic experience of involuntary medical treatment and incarceration. Furthermore, Jamison and Millett both claim to write on behalf of other patients, but while Millett seeks to "save" them from psychiatric violence, Jamison calls for patients to accept medical treatment.

The other, younger generation whose writing could be characterized as a "mixed medical model" includes writers such as Lizzy Simon (*Detour. My Bipolar Trip in 4-D* 2002), Elizabeth Wurtzel (*Prozac Nation* 1994), Persimmon Blackbridge (*Prozac Highw@y* 1997), and Lauren Slater[20]. This is the generation of mental patients whose agency has been (at least partly) restored by the availability of drugs such as Prozac. In their writing, psychiatric discourses and psychophramaceutical treatments become an essential "ingredient" of autobio-

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19 This judgement is based on my own reading and research on the turn-of-the-millennium literature, but also Chesler in her revised and updated edition of *Women and Madness* writes about the 1990s: "In an allegedly post-feminist era, young women began writing accounts of their hospitalizations and their descents into 'madness.' The literature almost qualifies as a new genre." (2005, 5). Chesler lists Jamison (1995), Millett (1990), Kaysen (1995) together with Firestone's (1998) *Airless Spaces* but also points to a new generation of women born after 1970 who write on schizophrenia, anxiety and depression (for example Mari Nan-Ama Danquah's (1999)*Willow Weep for Me. A Black Woman's Journey through Depression;* Carol Hebald's (2001) *The Heart Too Long Suppressed;* Ruth Kline's (2003) *It Coulda Been Worse. Surviving a Lifetime of Abuse and Mental Illness* and Julie Gregory's *Sickened. The Memoir of a Munchausen by Proxy Childhood*). Chesler also recalls literature on suicide, alcoholism, drug addiction and self-mutilation (Marilee Strong's (1998) *A Bright Red Scream. Self-Mutilation and the Language of Pain* and Carolyn Kettwell's (2000) *Skin Game. A Memoir*) and points to a new genre of "accounts of postfeminist eating disorders." (Chesler 2005, 5-6).

20 It is worth noting that all these authors mentioned here are white Americans. In other cultures and ethnic groups, psychiatric conditions are often perceived differently, see, for example Ezeobele *et al.* (2010).

graphical writing on madness. Madness is named through medical diagnoses and claimed as part of one's identity. Madness that can be treated is no longer experienced as something setting the patients physically apart from others, though prejudice still prevails. These writers set out to de-stigmatize mental illnesses that they themselves have been diagnosed with, and, considering the time gap that separates Jamison, Millett and Kaysen's experience of psychiatric treatments and the time of their writing about it, they write about their experiences relatively shortly after their diagnoses and treatments.

This points to the medicalization of culture[21]: medical treatments, "wonder drugs" like Prozac, are not only prescribed to millions of people, they also make national headlines, and are discussed in talk shows and best-sellers, as Wurtzel (1995, 334-5) points out in her epilogue. In the advertising (or, education) campaigns launched by pharmaceutical companies, medical conditions and their cures are turned into the "cultural stuff with which people make sense of themselves" (Steedman 1986, 103). The wide-spread use of pharmaceuticals and their prominent cultural presence may contribute to de-stigmatization. However, at the same time, the very fact that mental health problems and their cures are openly discussed, seems to turn mental problems into something so commonplace that individual suffering is turned into jokes, as Wurtzel writes in the following:

> But all this coverage is not just about Prozac. It's about mainstreaming of mental illness and depression in particular. It is about the way a state of mind once considered tragic has become completely commonplace, even worthy of comedy. It seemed that suddenly, some time in 1990, I ceased to be this freakish depressed person who had scared the hell out of people for most of my life with my mood swings and tantrums and crying spells, and instead became downright trendy. This private world of loony bins and weird that I had always felt I occupied and hid in had suddenly been turned inside out so it seemed like this was one big Prozac Nation, one big mess of malaise. (Wurtzel 1994, 335-6)

It is this balance between understanding and remaining respectful of individual suffering ,and understanding the cultural contexts and constructedness that seems to be challenging for cultural histories of madness and critics of psychiatry (Ussher 1991). If the modern medical treatments, as Slater argues, ignore the social and cultural contexts in which patients experience their distress, the critics of psychiatry and cultural historians of madness often seem disrespectful of the pain of the people they are writing about. This difficulty in achieving a balance seems striking in the lack of feminist engagement with women's madness narratives where the writers do not reject or challenge psychiatric treatments. Susan Hubert (2002, 26-27), for example, reads women's writing where they accept and even celebrate psychiatrists' efforts to help them as "testifying against themselves." Hirschbein (2004) has also noted the lack of feminist interest in the history of women psychiatrists in the US context. However, there is a whole genre of writing where psychiatric treatment has

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21 See also, for example, Moynihan and Castells (2005) and Tone and Watkins (2007) for the discussion.

actually helped women to (re)gain agency and a position in society. Slater's *Prozac Diary*, with all the challenges it poses to ideas concerning illness and health, belongs to this genre. Psychiatric treatments can help, and have helped, women gain agency, voice, money and a room of their own, the very basic goals feminism first set for *all women.* Women who are both practitioners and patients, like Slater and Jamison, form one group of these women. What is common to them is that they have avoided involuntary treatment and incarceration, or at least the most intrusive forms of treatments such as constraint and forced medication.

Traditionally, the power relations in psychiatry, or the gender roles prevailing in doctor-patient relationships, have been strikingly patriarchal (Showalter 1987, Ussher 1991), and the treatments have promoted rather traditional gender roles. Thus the notions of normalcy have been gender-bias that reinforced rather than helped challenge the cultural pathologising of femininity and restrictive gender roles. As in the feminist discourse on madness the reasons for madness have been almost uniformly located in the social/cultural environments where women grow up and live, it has been difficult to acknowledge madness *also* as an illness that could – and perhaps should – also be treated medically.

2.7 The Role of Autobiographical Writing on Madness by Women: Breaking Silences?

In relation to madness and madwomen, a great deal of attention has been paid to the issues of language, voice, and the narratability of madness (e.g. Foucault 1961, 2009, Stone 2004, Caminero-Santangelo 1998). Many authors and autopathographers[22] of madness have pointed to the lack of words to describe the experience: Virginia Woolf in "On Being Ill" (1926) laments the lack of words to describe illness, mere flu, not to mention more severe illnesses. In *Lying*, an autobiographical account of madness Lauren Slater (2000) states that only through a metaphor of epilepsy has she finally been able to verbalise the "subtleties and horrors and gaps in [her] past for which [she has] never been able to find words". Madness thus seems to escape words, and as a matter of fact it has been defined by its very opposition to coherent, understandable, communicative language (Foucault 1962).

In *Madness and Civilization,* Michel Foucault (1961, 2009) set out to map the silent history of madness. *Madness and Civilization* traces back in history the processes and discourses which underlie the contemporary discourses on madness. Foucault's main goal, however, was not to write a history of psychiatry, but to unravel the silence of the mad. According to Foucault, the Enlightenment Era, when madness was pathologized as a mental illness and became a counter pole

22 Autopathography refers to an autobiographical story of illness (Stone 2004).

to reason, ruptured the dialogue between the mad and the sane. Towards the end of the 18th century this destroyed the possibility of communication between reason and unreason, and was part of the process whereby madness was isolated, othered and objectified in order to be analysed, categorised, tamed and cured. According to Foucault, the language of psychiatry is a monologue of reason about madness, sanity discussing insanity from a safe distance. In a sense, reason silenced madness, isolated and separated from its realms any incomplete, faltering utterances that did not follow the rules of grammar defined by the discourse of reason. The creation of reason thus destroyed communication between the established, hegemonic, and alternative knowledges. Foucault's enterprise was thus to write a book on the mad rather than on those who treated them. It is, however, impossible to write such book, for the language of madness has been suppressed and silenced. Hence, he considered it necessary to study the constant dialogue between reason and unreason, make talk that which yet has neither a language nor the words to speak for itself. In order to do this, Foucault found it necessary to distance himself from the concepts of modern psychiatry, as, in his view, medicine was just one of the historical forms through which reason had established itself in relation to folly.

Foucault's method could thus be called an archaeology of silence, and his relevance to feminist work is enormous: one of the major feminist projects has been to discover women's voices and make their experience matter in societies at large, in science, politics, history, literature, and any other field of human activity. To speak the unspeakable, to name problems that have no name (Friedan 1963) has been a major concern of the feminist movements, and in literary and cultural studies especially the enterprise of discovering the voice of the madwoman has been of major relevance. (The question, however, remains: whether it speaks for all women – or whether it speaks at all.)

Foucault thus argued that in the history of madness it has been the voice of the mad that has been suppressed; however, the experience of madness can also be characterised both by lack of language or a failure of language to make meaning (Kristeva 1989), and as excess of language, as in schizophrenia where language can, so to speak, take over the user's intentions and "possess the speaker" (Stone 2004). In both cases, what is lost is authority over and in language. In *Black Sun. Depression and Melancholia*, Julia Kristeva (1989), a French psychoanalyst and linguist, for example, characterizes the experience of depression as a state where language loses its power to signify, and words lose their meaning. Brendan Stone (2004), on the other hand, discusses madness as a state that escapes narrative form. Summarizing the debate on madness and language between Jacques Derrida and Foucault, he points out that both philosophers agree that "the essence of madness is its radical 'unsayability'" (Stone 2004, 19; Derrida 1978, Foucault 2009). In this respect, I think that Marta Caminero-Santangelo's (1998) assertion that "madwoman can't speak" is a valid and crucial point. Also in the stories examined in this study, the possibility and impossibility to engage in meaning making and communication prove important in assessing the protagonists' health. Performatives of health, the means with

which we convince each other and ourselves of our sanity, are often linguistic in nature.

In clinical practice, patients' struggle for words to describe madness meets the attempt by psychiatry to name mad conditions through diagnoses. As Potter (2005, 115) puts it, "the psychiatric diagnosis is an effort to stabilize, where reason and order are imposed by the boundaries that mark them off from chaos and madness. Différance is the space in between the madness and reason— or the spilling over from one to another. Leakiness leads the modern psychiatrist to impose reasoned order more firmly; hence the use of electroshock therapy, physical restraints, and drug treatments."

This attempt of psychiatry to diagnose has been criticised for its reductive quality: by naming mad conditions, and treating them accordingly, the critics say, psychiatry violently labels patients (and people who are simply slightly deviant) and pathologizes suffering subjects (e.g. Laing 1960). Furthermore, psychiatry uses these labels to subject patients to the most violent of treatments legitimised by their claims to cure the patient.

Patients' struggle to speak the unspeakable through metaphors stems from their experience that while psychiatric practices of naming and treating madness manage to map out epidemiological diseases, they fail to acknowledge the lived experience of illness (O'Donnell 2005).[23] However, as Kerry Davies (2004) has pointed out, in the course of the twentieth century, psychiatric patients have written a great deal about their experiences. Davies presents three "acceptable narratives or narrative frames" within which patients can realize their stories: stories of loss, tales of survival and self-discovery and narratives of the self as patient (ibid. 267). She points to a historical shift: towards the end of twentieth century patients are more willing to talk about their experiences, medication and side-effects. She also points to the fact that patients draw heavily on the public representations and imagery, popular films and writings about madness in shaping of their experiences into narratives.

The considerable increase in autopathographies since the 1990s points both to the fact that it has become more acceptable to speak about mental health problems and that to understand madness, we must look beyond diagnoses, the names of conditions, to the stories by patients. As Hannah Arendt (1957, 181) suggests, we must turn our gaze from the question *what* one is to *who* s/he is, which can only be traced in the (life) story of that person, a story where "he himself is the hero." The self evolves as a narrative told by someone to someone

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23 O'Donnell (2005) distinguishes disease from illness. According to him, disease can be defined, its causes can be sought, and its organisms or mechanisms of defect can be identified. Illness, on the other hand, is an individual event: "the possession of one person whose physical condition and emotional state can determine the way the disease affects that individual's life, can even determine the nature, severity or pattern of symptoms" (45). Illness is thus a disease in its particular environment, within a particular person who has a life-story and coping mechanisms, and social, economic and cultural landscapes of his/her own. To O'Donnell, "Science, medicine, psychiatry generalise and abstract. Literature shows what it means to be an individual, only literature can capture human experience in all its particularity and through that particularity grasp something of wider - if not universal - significance" (46).

about someone (see Cavarero 2000[24]). In this study, I focus on how who one is is revealed through the description of homes. It is also important to note that while autopathographies or autobiographical texts on madness involve the construction of an 'I', a speaking subject, they are also addressed to particular audiences in particular psychiatric and cultural contexts.

2.7.1 Autobiographical Writing on Madness and Subject Formation

> Literature tends to present the world in terms of social patterns – in the case of madness there is little challenge in choosing a purely medical model. (Kaup 1993, 16)
>
> The link between madness and creativity is as old as western literature. For the Greeks, poetry was a healing art: the Greek god Apollo was the patron of both poetry and medicine. Poetry was seen as possessing the power to heal, not only its audience, but the poet himself. (Saunders 2005, 67)
>
> autobiographical writing has played and continues to play a role in emancipatory politics. Autobiographical practices become occasions for re-staging subjectivity, and autobiographical strategies become occasions for the staging of resistance. (Smith 1993, 156-7)

In writing about madness, women have frequently resorted to autobiographical writing. They often have stated their reasons for doing so, and more often then not, these reasons are related to their desire to transform medical practice by providing a patient's view on treatments that are experienced as harmful to their subjects. In the USA, for example, the rise of the asylum in the nineteenth century led to the development of the genre of ex-patients who challenged the practices of psychiatric hospital through autobiographical writing (Hubert 2002, Reiss 2008, Wood 1994). These writers refuted their claimed madness and argued that they had been wrongfully incarcerated. More often than not they argued for asylum reform, but, according to Reiss (2008), the first wave of American protest writers did not call for the abolishment of the asylums but "accept the central tenets of the moral treatment movement: that mental illness was a disease that should be cured by doctors; that treating patients in an enclosed environment would both protect them from perverting influences and keep society from the threat they posed; and that most of the patients were indeed insane." (2008, 170). The writers, however, most often claimed to be wrongfully confined: According to Benjamin Reiss (2008, 169), for example, in the United States, the rise of the asylum movement in the nineteenth century coincided with "the rise of a new genre of captivity narrative: that of the patient wrongfully deemed insane who, upon release from an asylum, bravely exposes the institution that deprived him or her of the rights of an American Citizen." He further points out that "nearly every patient who published a memoir

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24 In *Relating Narratives. Storytelling and Selfhood* Adriana Cavarero (2000) develops a theory of the "narratable self". For her, every "unique existent" which she differentiates from the "subject" and "individual" is a narrative response to the question *who* one is. The narratable self is constitutively relational: it exists and comes into being in relation to others.

protested that his or her incarceration in an asylum was a matter of disciplining deviant political and/or religious views." (Reiss 2008, 169) The most popular patient narratives were those by women whose writing combined their entrapment in psychiatric institution with their oppressed position as wives under the patriarchal power of their husbands outside the asylum[25] (see Wood 1994 for further discussion of women's asylum narratives).

In *Questions of Power* Susan J. Hubert (2002) identifies an interesting development in women's writing on madness in the nineteenth and early twentieth centuries. According to her, the nineteenth-century writers (Elizabeth Packard, Ada Metcalf, Lydia Smith, Clarissa Lathrop, Anna Agnew and Margaret Starr) argued against the psychiatric treatment at the time, and refuted both the diagnoses and the treatments they received. They also link their forceful and wrongful confinement to their vulnerable position in society as married women. Packard and Smith were committed by their husbands for the convenience of their husbands, and independent women such as Metcalf, Lathrop and Starr were committed as they did not have a powerful male to protect them from incarceration. (ibid. 59). These nineteenth-century writers thus wrote against the doctors and the medical establishment. In the twentieth century, however, Hubert notes, women's madness narratives often supported the psychiatric establishment, and the writers came to accept and adopt the doctors' view of their condition. Importantly, this adoption of the doctors' view was understood as recovery (ibid. 67-8). While the nineteenth-century writers argued for asylum reform and refuted the view of themselves as mad they tended to view the other inmates as mad. Now, in the twentieth century, the writers began to view themselves as mad, and were often less concerned with asylum reform (ibid. 71). "Instead of focusing on the rights of women and mental patients, these accounts described the author's 'struggle with mental illness,' *often using the language and concepts of specific disease models and then proclaiming the benefits of particular therapies*." (ibid. 71, emphasis added). "The prison was no longer the asylum but the diseased mind of the mentally ill person" (ibid 71)[26]. The writers felt cured by their doc-

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25 The most prominent of these protest writers was Elisabeth Packard (1875) who compared married women to slaves and husbands to the superintendents of the asylums (Reiss 2008, 173-5). In Packard's time, in many States in the USA, husbands could commit their wives to a hospital without having to show evidence of the wives' insanity, as was required for other patients (ibid. 175). Packard's public struggles eventually led to the introduction of the so-called Packard laws that limited the superintendent's power to admit and detain patients (ibid. 173).

26 Against this background it is interesting to see that towards the end of the twentieth century we can identify a similar development: while Janet Frame's (1961) *Faces in the Water* criticizes the asylum, she acknowledges the existence of madness. She points to the biased gender roles and their manifestations in the hospital, but does not explicitly point to them as causing madness. But by the 1990s we find a new emerging trend where mostly young women writers adopt medical diagnoses as the basis of their writing. Instead of the psychoanalytic and psychodynamic theories, treatments and concepts these late twentieth-century writers adopt the new biochemical theories and treatments. The result, however, is the same as that identified by Hubert: the problem, whether located in the mind or the body of the patient/writer, is understood as a problem of the individual. The prison is the disease. And patients write together with their therapists (Duke and Hochman 1993, Schiller and Bennett 1996, for exam-

tors and their narratives were often introduced by their doctors. Works like Hannah Green's (1964) *I Never Promised You A Rosegarden* and Lucy Freeman's (1951) *Fight Against Fears* reflect the new concepts and theories of psychodynamic and psychoanalytic approaches respectively (ibid. 71-73). Towards the end of the twentieth century, however, women writers began to "challenge psychiatric practice and even the very notion of mental illness" again (ibid. 26-7.)

Women's madness narratives thus reflected the new trends in psychiatric practice. But autobiographical writing is also a space where the writers can negotiate their own subjectivities and identities. As Jill Johnston writes, while "in the traditional autobiography, the male form, the life is lived first, then written" women's autobiography can be seen as a space where the self is invented as a subject: "life and self-creation are synonymous," she writes, and women write "the life we are making it up – not the facts, oh we cherish the facts, but the ways of seeing and organizing them – and this is the act of self-recognition." (Johnston 1997, 344).[27] As Susan Hubert points out: "madness narratives allow women to describe and interpret their own experiences." Writing autobiographical texts is a form of self-invention. However, writing autobiographical texts on madness is also a way of engaging and challenging the medical and psychiatric establishment. It is a way to inform or educate the public. And autobiographical texts by mental patients "have come to be seen as important sources for the history of psychiatry [...and ...] feminist scholars have turned to autobiography for the evidence of gender bias in psychiatric practice and cultural attitudes towards women" (Hubert 2002, 15). The social history of psychiatry engages with what Roy Porter (1985, 181) has called the "sufferer's history of medicine". It thus seeks to transform the practice of writing psychiatric history as a story of the development of what doctors know and do (Porter 1988). By reading patient narratives as testimonies, the social history of psychiatry adds a missing part, the patient's view, to the history of psychiatry (Geller and Harris 1994). In this study, the emphasis is on the ways in which psychiatric treatments, discourses and practices affect the women protagonists' lives and practices of living that take place both within and outside psychiatric institutions.

Feminist writers' long engagement in the exploration of both in fiction and autobiography can be seen as "providing, through material images, a point of view which allows new ways of interrogating social reality" (Anderson 2006, 130). For Elspeth Probyn, "the self can be both an 'object of inquiry' and a means of understanding 'where and how it is lodged within the social formation" (Anderson 2006, 130). Furthermore, Probyn's understanding of the subject "as a speaking position which both arises from and comments on the social does not mean that she simply equates the discursive and material locations. There is no 'proper' place to speak from and no summative speaking of the self, only endless attempts to map the conjuncture of discourse and materi-

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ple).Yet, in the late twentieth century, this new emerging trend seems to co-emerge with another genre, which is again, the critique of the asylum.

27 Johnston is here writing about lesbian autobiographies, but as Susan Hubert (2002, 104) notes, what she says applies equally to silenced and disregarded women mental patients.

ality that the subject makes possible." For Probyn (1996), "belonging" is not a static concept, but movement between different, possibly overlapping sites. In this study, belonging is regarded as an aspect of home that relates both to material spaces and their discursively constructed immaterial meanings.

As Tuija Saresma (2005, 8/15) points out, the "autobiographical subject is never 'individual' in the sense of isolation or autonomy, but is always socially constructed in a particular situation, *for* someone. Writing autobiography is always a self-reflexive and dialogic process where the story told is addressed to others." Furthermore, the writing of an autobiography is affected by the significant others of the writer such as partners and lovers (Miller 1996, 123). In the case of Frame, Head and Slater, for example, psychiatric professionals and institutions can be included among those significant others. The autobiographical 'I' is thus a layered construction affected by different communities. These relations are also hierarchical, and the relationship between doctors and patients (as well as with other members of the staff and relatives) are embedded in power. The writing of an account of the experiences within psychiatry can be seen as a means of "talking back" to psychiatry, and at least in *Faces in the Water*, it is constructed as such: when the protagonist, Istina, is finally leaving the hospital, she gets told by a nurse that she should forget about all that she has seen within the walls of the hospital. The narrator replies: "And by what I have written in this document you will see, won't you, that I have obeyed her?" (*Faces,* 254)[28] A fictive account can thus be seen as a document and an act of talking back to oppressive structures. In the above statement, the narrator is addressing the reader, but also indirectly talking back to the medical establishment that had nearly lobotomized her. Frame's text thus not only draws on multiple discourses that shaped her and her protagonist's experiences, but addresses multiple audiences.

Moreover, the autobiographical subject, as Sidonie Smith and Julia Watson (1998) point out, consists of four layers: the real, historical I, whose actions and person are referred to in the text; the narrator who tells the story; the narrated I or the object I that is the textual construction of the historical; and the ideological I that refers to wider social and cultural context than the text. This all has implications for the kind of knowledge that we can gain about the experiences of the mad protagonists in the texts that are the subject of this study: the protagonists in *Faces in the Water* and *A Question of Power* are fictionalized characters and by writing novels the authors refrain from the autobiographical pact (Lejeune 1989) that confirms the identity of the author to be the same as that of

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28 Frame also wrote about her relation with her doctor at the Maudsley hospital, R.H. Cawley, to whom many of her novels are dedicated: "you see, I study him just as much as he is studying me." (cited in King 2001, 206). With Cawley, Frame held twice-weekly conversations that restored her personality and belief in the value of her creative work. She described him as a "friend-priest-husband-father." This relation exemplifies Appignanesi's claim that regardless of the method, the most important healing component of a doctor-patient relation is a human one: "The mind doctors may indeed be helping women. Then, too, the simple presence of an interested 'other', whether an interlocutor, an attentive friend or spouse, has been shown to have far-reaching effects on our immune and nervous system as well as on our emotions and minds." (2008, 483)

the narrator who, again, is the same as the protagonist. Both Frame's Istina and Head's Elizabeth are fictional creations, not referential to Frame and Head as historical figures. This, however, does not mean that their narratives would not carry experiential or even historical truth about the writers' experiences. In fact, the very act of disassociating the protagonists from themselves may provide the authors with more freedom to explore the different aspects of their experiences without having to account for the possible affects of their texts to the significant others (families and friends, for example) or take on board the stigma of madness themselves. Moreover, the acknowledgement of the different layers of the autobiographical 'I' points to the fact that the writers' construction of the experiences of madness and its treatment draws on the discursive resources available to them at the time of writing.

The stories are also shaped by the practices of hearing, listening to the voices of others, the expectations of the potential audiences and what they understand as a story that can be heard – and told. As Kerry Davies (2004) points out, patient narratives are always also shaped by the discourses they draw on and seek to participate in, and the narrative forms that the voices employ vary culturally and historically: each era has its own acceptable narratives – and readers or listeners have their own agendas for listening. Feminist readings, as was discussed above have paid specific attention to the role of gender in the construction and production of madness in psychiatric contexts. More recently, medical humanities has emerged as an academic field within medicine that seeks – by engaging with literature and patient narratives – to rediscover the humanity of the patients that the increasing specialization and biomedical discourses fragment into their body parts.

2.8 Ways of Reading: Medical Humanities

While women have engaged in the rebellion against and also the reform of psychiatric practices by writing about their experiences within for centuries, the psychiatrists who create these practices have expressed interest in the stories to various degrees. According to Elaine Showalter[29], literature is the only place where patients can have their voices heard. Yet, psychiatrists who treat the patients continue to be divided on the subject of whether they actually should or should not read (fictionalized) madness narratives. Allan Beveridge (2003) gives an extensive summary on the arguments of both sides of this debate: the critics of the usefulness of reading literature argue that fiction cannot substitute "real-life" clinical practice, that literature is a distraction from clinical practice and that diagnostic readings of fiction ignore the aesthetics of literature. Furthermore, as the literary critic Harold Bloom (2000) argues, reading does not necessarily render readers better or more sympathetic carers. Literature is also

[29] A lecture on "Grand Delusions" in the 1st International Health Humanities Conference "Madness and Literature" in Nottingham August 7, 2010

dismissed as "folk-psychology". And the clinicians over-burdened by the number of patients may claim to lack the time for reading. (For more extensive discussion, see also Jacobsen et al 2004; Beveridge 2003; Hampshire and Avery 2001; Oyebode 2003 and 2004)

A medical humanities[30] (Oyebode 2009) are favourable to reading and using literature to enhance medical practice; literature is viewed as a valuable means of education. It is suggested, for example, the "'real world' experience is sometimes only available through a textual medium, particularly with rarer and more inexplicable experiences" (Baker et all 2008). Indeed, the novel may be "the richest record we have of human consciousness" (Lodge 2003). It is also suggested that "literature can provide a sense of being with a person's experiences rather than objectifying individuals into a set of criteria; that it can aid in the development of empathic and ethical skills [and that] literature provides an enjoyable and interesting way to learn about the experience of disorders as opposed to the diagnostics of them." (Baker et al. 2008) Implicit in this stance is that "there is something about the scientific stance that detaches the medical practitioner from the subjective experience of the patients and, […] the arts or the humanities can facilitate the re-engagement of the practitioner from the subjective world of the patient." (Oyebode 2009, vii) Fiction may thus educate "medicine men" – in case they pick up the books and engage themselves in discovering women's centuries long tradition of using words and narrative to interrogate how psychiatry treats its patients[31]. In fact, all three authors have stated that the reason why they have published their work has to do with change; Lauren Slater, for example, explicitly wishes to change the "medicine men". She writes:

> Perhaps in every good medical encounter each party must try to save the other [...] Perhaps we should instruct our patients, especially psychiatric patients, to visualize not only the transformation of their illness but the transformation of their doctors as well. Maybe out of such visualizations – insistent, intense, articulated – we will help to midwife our medicine men (*PD* 12-3).

Bessie Head's novel speaks strongly against the separation of the mentally ill from their communities, and can be read as a kind of testimony against incarceration. And finally, Janet Frame, in a private letter published in her biography, expresses the wish that her book, first intended as an attempt "to get rid of painful memories – or at least to come face to face with them" might,

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30 The rising field of medical humanities comprises medical ethics, medical sociology, social history of medicine and "the application of literature and the arts in general to medicine." (Oyebode 2009, vii)

31 In *Questions of Power. The Politics of Women's Madness Narratives* Susan J. Hubert (2002, 26-7) describes women's engagement with psychiatry through madness narratives. Her analysis shows that in the "nineteenth century, women used life writing as a way of rebelling against the medical establishment and advocating for asylum reform" while in the twentieth century women "tended to 'testify against themselves' by seeing mental illness as a 'prison' and psychiatrists as potential liberators". Towards the end of the twentieth century, however, women writers began to "challenge psychiatric practice and even the very notion of mental illness."

when published, change public perceptions of mental patients. Frame wondered,

> if a few revelations […] would help to get [hospitals] improved and perhaps help to change the public attitude to mental illness. […] Old buildings can be pulled down and new ones put up almos t over night but it is harder to deal with the invisible structures, the medieval castles of suspicion and fear […] I do have a sense of responsibility in this matter for – who knows – I might have been still wandering around the Ward Two and being told that there was no hope for me for the rest of my life. (King 2000, 207)

Frame thus explicitly wishes to change the treatment of mental patients. Importantly, though, she also refers to two other aspects of writing: her wish to get "rid of painful memories" refers to writing as a liberatory, personal, even therapeutic practice that has to do with subject formation and identity construction; and the need to educate the wider public. Furthermore, her writing is driven by a need to change psychiatric practices themselves. Therefore, it is important that psychiatrists read patient narratives. Just as important, however, is to pay attention to *how* the texts are read.

Medical humanities' admirable aim is to "humanize" medical professionals and practices. Charlotte Baker et al. (2008, 22-23), for example, argue that clinicians should read in order to enhance their understanding and empathy in regard to their patients. Taking Borderline Personality Disorder (BPD) as their case in point, the authors argue that the literary representations of self-harm and BPD offer "alternatives to the sometimes overly simplistic process of formulating self injury as a symptom of an underlying disorder. In storytelling, acts of deliberate self harm (DSH) by contrast contain a complex network of meanings and functions." They thus point to the fact that what diagnostically may read as a symptom, may, in the wider context of the patient's life, have other meanings and functions. Baker et al. further suggest that literature offers a "relatively safe medium" for clinicians to learn to understand the network of individual reasons and meanings of self harm, and thus gain a more humane view of a group of patients that is often perceived as distressing and challenging by the people who treat them (ibid. 22). Analysing the network of individual meanings helps to understand that self harm is not necessarily a *symptom* of any underlying disorder, and it may well restore empathy in the patient-doctor relationship:

> Storytelling can help us to begin to put ourselves in the other person's shoes, to counteract the alienating effect of DSH and to challenge the animosity of clinicians who may be intolerant of the expressive use of the body. The study of literary representations depathologises DSH and BPD through examining the phenomenology behind DSH and the collection of otherwise baffling and frightening behaviour associated with BPD. (Baker et al. 2007, 23)

While I agree with the authors that literature can be a valuable means to enhance the professional's understanding of individuals in distress and that literary representations of people who self harm may help to depathologise the

patients' conditions, I have some concerns in regards to such approaches. As I have noted above, towards the end of the 20th century it became almost impossible to discern disruptive behaviours from their medical diagnoses. In fact, since the 1990s more and more autobiographies have become autopathographies where illness or a diagnosis is the starting point of the narration and the primary basis of identity. Such narratives, as Susanne Kaysen's *Girl, Interrupted,* also discussed by Baker et al. (2007), seek to challenge the diagnosis and cast critical light on it, but they remain within the discursive bounds of pathologising diagnostics. Literary challenges to psychiatry that take diagnoses and treatments as their starting point inevitably participate in the discourses they seek to challenge. A literary challenge to Borderline Personality Disorder may increase understanding of the disorder yet, taking the diagnosis as a starting point, the narrative/narrator remains *already* pathologised. (For further discussion on the centralization of diagnoses in women's narratives on madness, see Jäntti 2006)

In this study, I am not concerned with the diagnoses of the authors or the protagonists unless the authors highlight the issue themselves. Slater does this, but rather fleetingly, and in fact, in *Faces in the Water* and *A Question of Power* Frame and Head make no reference to diagnoses. Frame's *Autobiography*, on the other hand, discusses the issue of diagnosis in reference to *Faces in the Water*. However, as Oyebode (2009, viii) writes "psychiatric disorders are disorders of persons. The symptoms and signs are played out in the lives of real people and it is impossible to separate out the locale of the condition as distinct from the person." By analysing the various meanings of home in the texts I wish to turn the focus away from the medicine men and their education to the lived, textually constructed realities of the madwomen. For despite being subjects of psychiatry, the protagonists and writers remain, primarily, gendered human subjects continuing their lives as inhabitants and members of the wider community, and through their writing they also address this wider community.

However, as bell hooks (1990, 146) points out, people who struggle to come to voice often speak from positions of oppression and narrate stories that are not only difficult to tell, but also difficult to hear. hooks calls the voice of the oppressed "broken" and associates the brokenness with pain. She writes: "when you hear a broken voice you also hear the pain contained within the brokenness – a speech of suffering; often it's that sound nobody wants to hear." Also Arthur W. Frank (1995, 25) makes this point about illness narratives: "One of our most difficult duties as human beings is to listen to the voices of those who suffer. The voices of the ill are easy to ignore, because these voices are often faltering in tone and mixed in message." This painfulness of listening to broken voices was one factor that contributed to my choice of home as the nexus of my analysis: despite the negative aspects associated with madness and homes, home also seemed to represent within the chaos of madness and suffering something that the women hold on to. The positive meanings of home include safety and warmth and it was the search for these positive values and spaces that seemed to enable them to endure the suffering.

Furthermore, in an attempt to listen to the silent or silenced aspects of the madwomen's experiences I turned my gaze to their movements and bodies, and their spatial relations. I do not deny the existence of pre-lingual or non-lingual realities, and willingly concede that dealing with my texts of choice, my only access to the experience of the mad protagonists is through language. Discourse, as was discussed above, shapes our understanding of experience; however, while Sidonie Smith (1990, 4) may go as far as to state that textuality "murders" experience by fixing it in discourse, I believe that textual narrative can also point the reader's attention to that which is experienced as non-verbal – movement and silences, for example. Thus, language and literature, fiction that works through metaphors, can also lead us, as readers, to language that operates beyond definition. Thereby, in attempting to convey the meaning of home in the narratives by Frame, Head and Slater, I also follow the corporeal movement of the protagonists in time and space, and their constructions of their bodies and minds as spaces. All the authors, in order to convey (their) experience of madness and its treatment resort to the description of the ways in which their mad subjects move (and do not move), interact and withdraw in spaces that either provide or fail to provide for example, safety and privacy. They also point to their silences and the stillness of bodies, movement and minds. Limiting the analysis to language and discourse that "speaks" madness would thus fail to take into account other means through which we as corporeal, bodily subjects engage with the world. The relationality of ourselves as subjects, the relations through which we materialise ourselves are spatial, temporal, corporeal and affective, as well as linguistic and discursive. An analysis that also takes into account the subject's movement and being in a place, and incorporates the subject's relations to objects and environments as well as communities and discourses in the reading, can provide a richer account of the subject's engagement and disengagement with her surroundings. Madness, as many others have pointed out, can be conceptualized and experienced as a loss of authority over language. In this study, I argue, it is experienced also as a loss of authority over space. By examining the textual construction of spatial and temporal modes of being, I thus hope to reach further than by focussing merely on discourse. And in order to convey also something of the experiential, I find that a phenomenological reading (rather than a merely (post)structuralist one) can better account for the multiplicity of the relational, emotional, social, corporeal, material and cognisant subjects and agents in the narrative.

PART TWO

"Dwelling as the Human Mode of Being"[32]

[32] Heidegger develops this idea in *Being and Time* (1927), especially in "Building Dwelling Thinking". Here, I take his idea as a starting point and the ways in which both dwelling and humanity are conditioned by gender, madness and psychiatric treatment.

3 BRINGING MADNESS HOME

One of the many meanings of home, as in the expression *to bring something home*, is to make something understandable. In popular representations and media, madness and mental illness remain shrouded in mystery and prejudice, and medical jargon moulds them into sets of symptoms to be removed. Nevertheless, mad and psychiatric conditions are something the sufferers live their daily lives with. They shape the sufferers' sense of space and belonging. And to understand madness is to understand these processes that are mundane and existential at the same time. My reading of the meanings of madness and home in women's writings on madness seeks to account for the experiences by paying attention to the effects of experiences of madness or mental turmoil and its treatment on the spaces of belonging and the course of everyday life. I will analyze the imagined and inhabited homes of the mad women protagonists in the texts. Homes gain different meanings in different cultural, historical and psychiatric contexts, and at different points in narration. In all three narratives, home functions as a frame within which the subject is realised. All subjects are affective and relational, oriented in and to time and space, narrated through words and silences, and construed through discursive frameworks and gaps in them. By turning my gaze to the contextual construction of the meanings of the word home, I hope, at the same time, to say/tell something of significance about being mad – or, more precisely, about being a madwoman in confinement in mid-twentieth-century New Zealand, about living through delusions as a migrant in a village called Motabeng and about recovering health in late twentieth-century Boston, and about the ways in which these experiences can be told about.

My method thus comprises a thematic analysis concerning the notion of home; this process could also be called charting the semantic field of the word *home*. It is not, however, my aim simply to list these meanings, but to analyze and understand the ways in which these different aspects of the word home could be used to convey experiences of madness and its treatment in ways that render them understandable and that are not othering or alienating, and situate the experiences in the social and material contexts of the sufferers' lives. I hope

that my attempt to bring madness home will create a kind of vocabulary or discourse where madness and experiences of its treatment can be seen as inherently (gendered) human experiences.

I would also describe my method of reading as one of thinking *with* stories that David B. Morris (2001, 55) has described as a "process in which we as thinkers do not so much work on narrative as much as take the radical step back [...] of allowing narrative work on us." Thinking with stories is a way of reading or listening where stories are not reduced to their contents and an analysis of that content but regarded as already complete and thus "materials to model theorizing" (Frank 1995, 22-23).[33] It is recognized that stories are shaped by cultural conventions and editorial processes, but they are regarded, nevertheless, as true: "the truth of the stories is not only *what* was experienced, but equally what *becomes* experience in the telling and its reception." By grounding my readings of madness and its treatment in the narratives in the notions of home, I seek for ways to understand the experience of madness in terms of its effects on the gendered acts of living and inhabiting a place.

3.1 Figuring Homes: The Many Meanings of the Word

> It all depends on what you mean by home.
> - Robert Frost, "The Death of the Hired Man"

Notions of home, like notions of madness, are historically and culturally variable (Saarikangas 2006). In this study, home is understood as a means to convey the experience of madness and its treatment. Here, I will briefly discuss the meanings of home that have surfaced in this and earlier studies on home and that are most central to the analysis that follows.

In the English language *home* refers to a wide range of things. It may refer to a physical space, a 'house', but, unlike, for example, the Italian *casa*, 'house' by no means exhausts the meaning of *home*. Depending on the context, in English, *home* can refer to a house, country (as in 'home secretary') or continent. Home has an emotional aspect to it: it connotes belonging, attachment, and these emotional aspects turn home into an ideal, one that, in turn, create expectations, or even norms, to what home should entail.

In the *Oxford Dictionary of the English Language (OED),* the definitions of 'home' and other words derived from it cover six pages in small print. Most of the definitions are linked to house, housing, habiting, aboding, and thus tied to place. Not simply a noun, *home* has other, adverbial and grammatical functions: the fact that there is no need for an article in the expression *to go 'home'* reveals that home expresses direction, towardness in itself. *Home* also refers to origin or a place of departure. *The OED* points out that 'home' also refers to a 'grave'.

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[33] Frank in fact borrows the term from Julia Cruickshank, now a Professor Emerita of The University of British Columbia whose anthropological research has focused on oral stories and knowledge of native peoples.

Long home or *last home* is the place where, in Western culture, the bodies of the dead reside. Expressions such as *to feel at home* refer to certain ease in being, *wellbeing* that can be understood as oppositional to madness. In British politics one is faced with a *home secretary*, the minister of domestic affairs. In this context, *home* takes a whole country as a referent, and defines a state as its referent. Thus, in addition to a place of habiting, dwelling, *home* refers to a community, an area and people, where one lives or used to live. Home is thus revealed to be a scalar term (Blunt and Dowling 2006) that, depending on the context covers different ranges of geographical space. As in Finnish and English, home is also *a nursing home, an old people's home*, a residence. In expressions like *he hit the nail home* and *hit home,* home refers to certain thoroughness, reaching the end or goal. *Bring something home to someone* or *come home to someone*, refers to understanding, realization. In this sense, being at home would be about understanding, seeing clearly, realizing the truth about something.

Home away from home, on the other hand, refers to the emotional quality of home. It reveals the emotional attachment to home – or what the *OED* refers to as "appropriate feelings related to *living with or being from some place*". This last point brings to the fore the *emotional* aspects of belonging and being part of something wider than the individual alone. Home is thus a relation rather than a place (of origin or inhabiting) in space and time. *Home sickness* refers to emotional suffering related to being away from home, and entails *nostalgia,* a yearning to be where one once was.

A Feminist Dictionary draws attention to the fact that while, for men, home may have been a site of recreation, happy childhood and rest, for women it has been a site of unpaid work. Feminist scholars have pointed to the lack of male scientists' and researchers' attention to this imbalance: "Women clean, prepare food, mend clothes, and generally put things in order for their husbands and children, for whom the home is more normally regarded as a place of rest and respite from work." (Linda McDowell 1983, 142-3 cited in Kramarae and Treichler 1985). For women, home has traditionally been a workplace, while for men it has provided rest. In feminist debates home has thus been understood as a key site of patriarchal oppression that at times drives women mad (de Beauvoir 1945). In feminist debates, it has also been labelled as a site of intellectual sloth (Braidotti 1994, Ahmed 2002, Honig 1994), which clearly continues the de Beauvoirian association of the traditional women's sphere with lack of intellectual activity.

3.2 Feminist Critique of Home

While male philosophers have discussed home as our first universe (Bachelard 1969) and dwelling as a human mode of being (Heidegger 1962/1995), feminist scholars have pointed to the fact that dwelling is a gendered mode of being, and the home a gendered and gendering site of being. As Linda MacDowell (2003) has argued, place in general, and home in particular, and gender play into each

other: physical and geographical places position women and men differently, and have historically become gendered differently. Home carries connotations of gender both in regards to building and inhabiting, and division of labour. In feminist analyses, the dichotomy between home and the outside world, the private sphere of home and the public sphere of work has been a crucial, but problematic, distinction.[34]

This public-private distinction has been crucial for feminist theorizations of sexual/gender difference. Famously, according to Simone de Beauvoir (1964), one is not born a woman, but becomes one. This becoming a woman she situates in the domestic sphere where women – in the bourgeois context of the society of which she herself is writing (Saarikangas 2006) – are confined to perform domestic duties. According to de Beauvoir (1964, 562-591), the repetitive nature of these domestic duties bound women to immanence, a state of being where their whole thinking is defined by reproduction. While men participate in public action that aims to transform the world, women's role is to conserve and reproduce. Thus, while men actively seek to transcend their current state of being, women's role is to preserve and secure the stability of the home. Taking care of children, cleaning, cooking, washing, nurturing are all actions that are traditionally women's tasks. They are all repetitive and, according to de Beauvoir, dulling. In fact, in de Beauvoir's thinking, the dulling nature of these duties affects women's thinking so that it is seldom innovative or even very clear. Furthermore, women's subordinate position, their dependence on men, husbands and fathers, renders their position powerless and dependant on the actions of men. In de Beauvoir's thinking, it is thus the confinement of women in the domestic sphere that ties them to immanence and child-like behaviours that rather than change the existing order preserve it. de Beauvoir writes:

> But as she, also, is an existent having transcendence, she can give value to that domain where she is confined only by transfiguring it: she lends it a transcendent dimension. Man lives in a consistent universe that is a reality conceivable in thought. Woman is at grips with a magical reality that defies thought, and she escapes from it through thoughts without real content. Instead of taking up her existence, she contemplates in the clouds the pure Idea of her destiny; instead of acting, she gets up her own image in the realm of imagination: that is, instead of reasoning, she dreams. Hence the fact that while being 'physical,' she is also artificial, and while being earthy, she makes herself ethereal. Her life is passed in washing pots and pans, and it is a glittering novel; man's vassal, she thinks she is his idol; carnally humiliated, she is all for Love. (1964, 582)

For de Beauvoir, then, woman's existence is defined by confinement at home, earthly tasks and dependence on men. This results in vague, unreasonable thinking, dreaming and romantic ideas about love that obscure and legitimise her actual humiliation and subordination. de Beauvoir's views on home as a women's realm of subordination and domestic duties as immanent dominated the feminist ideas about home for a long time. But in fact, de Beauvoir's view reflected a wider cultural prejudice against home, views that reflected modern-

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34 This division ignores the role of domestic workers who work in other people's/women's homes (see for example Romero 2002).

ist ideals of movement and change (Saarikangas 2006, 226) and that the cultural geographers Alison Blunt and Robyn Dowling (2006, 17) have outlined as follows:

TABLE 1 Gendered dichotomies related to home (Blunt and Dowling 2006, 17)

Home	Work
Feminine	Masculine
Private	Public
Domestic	Civic
Emotions	Rationality
Reproduction	Production
Tradition	Modernity
Local	Global
Stasis	Change

In this chart, as in de Beauvoir's thinking, home is revealed to be culturally associated with femininity, privacy, and domesticity. In opposition to the public sphere of work, it is associated with emotions as opposed to rationality. Stasis, tradition and reproduction all point to sticking to the past, maintaining the status quo rather than changing things. Furthermore, home is local, with no global impact.

Recent work in a number of academic fields ranging from human geography to postcolonial studies and sociology have challenged this view, but until the mid1980s and early 1990s, it also dominated feminist thinking about home. Indeed, in feminist discourse home became almost synonymous with uncritical thinking, or even lack of thinking. It became a dangerous place. And as feminism itself became more widespread and influential, critics such as Teresa de Lauretis (1990), Biddy Martin and Chandra Talpade Mohanty (1986) and Bonnie Honig (1994) called for critical attention to ways in which, they argue, feminism itself was becoming a home: they pointed out that there is a tendency in feminism to seek similarities between women and that this emphasis on sameness is necessarily exclusive. They pointed out that the discourse of feminism as a home is based on ethnocentric assumptions about women and thus biased. They argue that instead of seeking the comfort of assumed similarity and sameness feminists should "leave home" and search for alliances that are not based on ideas of similarity and mutual understanding. The construction of feminism-as-a-home is based on assumptions about home as based on exclusion, intellectual laziness and inability to engage with women from different cultural, racial, ethnic and/or class backgrounds. Addressing feminism as a metaphorical home,

they cautioned that home is a dangerous illusion. This argument for the recognition of difference is important in regard to my point about madness and its treatment as a basis of difference between women. It does not, however, help to deconstruct the notion of home as it remains caught up in the modernist prejudice against home. In this study, home is instead turned into a tool for interrogating the difference between and within women, which is why we must turn to the notion of home itself, and ask – as I will do throughout the following analytic chapters: what is home?

First of all: home is a historical construct. Kirsi Saarikangas (2006, 226-7) provides an important critique in regard to the de Beauvoirian thinking and demands for the deconstruction of the self-evidence of the union between the woman and the home. She points out that these projects have been ahistorical, not connected to the historical time and the cultural context they are set in. In *The Second Sex*, de Beauvoir drew on conceptions of home that were historical and shaped by the 19th century bourgeois ideas about home and women's role in the home: the understanding of women's role as wives and mothers and men's role in the public sphere (leaving and returning to the home) were based on 19th century bourgeois ideologies and practices of home and marriage, and so ignored the differences based on race and class, for example. In this ideology woman is the Other, a basis for the individuation of the husband and children. Furthermore, de Beauvoir's preference for transcendence can, according to Saarikangas, be read as part of the modernist preference for futurity and change. These conceptions of home were thus largely historical and based on bourgeois notions of home and gender (Saarikangas 2006, 227).

It was this bourgeois ideology about home in 19th-century Europe form which the idea emerged that home is something separate from the outside world – an intimate shelter and resting place – especially for men, who worked outside the home. And attempts to make the home as peaceful and stable as possible and establish it as an opposite, binary force to the rapidly changing outside world was developed. Home became defined as a space of reproduction, recreation and retreat, an inner space opposed to the outside world. This was also the period when the idea that the home is a continuation of one's identity emerged. Only then it was thought that at home you ought to be able to be yourself, and that the home should reflect the inhabitants personality. However, as Saarikangas points out, despite the privatization of the home, it continued to be a space for interaction and for hosting guests: by presenting their home the bourgeoisie also presented their social acceptability. In the 20th century privatisation continued, and the home became even more strictly defined as a private sphere of family-life and privacy (Saarikangas 2006, 227-8).

As we have seen above this social and spatial practice of the private homespace as opposed to public workplaces had a notable impact on (feminist) philosophical thinking theorizing about sexual difference. The French psychoanalyst and philosopher Luce Irigaray (1993) argues that in Western culture, women, as mothers, have themselves been understood as homes for men: the first home is the womb, and according to Irigaray, men, by building houses for

women where they contain women, seek to rebuilt this first home in social reality. In Irigaray's thinking women, by being placed in the private sphere of the home, acting as homes for others, become homeless themselves. Women's role as homemakers thus renders them homes themselves. The following analytic chapters point to the ways in which madwomen become "uninhabitable" and how their position as mad and psychiatric subjects positions them in relation to "traditional" gendering of homespaces. Thus, rather than to impose, for example, the private – public distinction onto the texts, I will examine the ways in which such boundaries are constructed, crossed and challenged in the local psychiatric contexts of the narratives at hand.

With regard to the issue of women and madness the fact that in the feminist debates on madness the notions of home have relied on their bourgeois construction has had at least two further implications: first, that it is the middle-class women who go mad, and second, that home has no other significance in the subject construction and reconfiguration of identity of madwomen than the function of driving them mad. This is why, for example, Huma Ibrahim (1996) has objected to reading or regarding Head's *A Question of Power* within this tradition. According to Ibrahim, the paradigms of reading women's madness narratives set primarily by Western feminists fail to account for the specificities of race and class construction in the context of Southern Africa or other (post)colonial locations. I agree that the mere addition of narratives like *A Question of Power* to the Western-dominated critical discourse of women's madness can lead to such violations. Yet, I argue that it is precisely because of such differences that a comparative reading that seeks to map out and expand the notions of home, madness and gender is a valid project. Furthermore, I wish to point out that although the context within which Elizabeth seeks new belongings and possibilities of constructing and conceiving her subjectivity are highly specific to the racial political situation of Southern Africa, issues such as her single motherhood and struggle to write and re-inscribe new femininities and identity are not specific to her (post)colonial context even if they are shaped by it. As my project is to expand the horizons and map out the multiplicity of meanings women ascribe to (their) homes in the midst of mental turmoil, I could not have hoped to find a better nor more challenging companion than Head's novel that speaks both from within and outside of madness and multiple, conflicting, material and spiritual homes. Writers like Head are exactly what we need to explore and explode any singlehanded (-or minded!) notions of madness and home.

3.3 Feminist Defence of Home

In the 1990s, a shift in feminist thinking about home occurred. bell hooks's defence of home was published in 1990, and a few years later Kirsi Saarikangas writes: "Home is a woman's realm, in which she herself is a subject." (1993, 370) Iris Marion Young's "House and Home" was published in 1997. The feminist

defences of home and the theorizations of home as a gendered space of subject construction are the ones that have helped me understand and analyze the experiences of madness in these three women's madness narratives. In "The Homeplace," bell hooks's (1990) discusses the experience of black Americans; she theorizes and historicizes home as a place of active and conscious reconstruction for subjects who are oppressed in the outside world. She describes Black women's homes as sites of resistance where "all black people could strive to be subjects, not objects, where we could be affirmed in our minds and in our hearts despite poverty, hardship, and deprivation, where we could restore to ourselves the dignity denied us outside in the public world" (1990, 42). This restoration of subjectivities is a conscious, political effort that takes place in the "private" sphere of the home making it into a constructive, political space.[i] hooks thus importantly historicizes and contextualises the notion of home and shows that "as long as there is a minimal freedom of homeplace, there is a place to assemble apart from the privileged and talk of organizing; there is a place to preserve the specific culture of the oppressed people. The personal sense of identity supported in the site and things of the homeplace thus enables political agency." (Young 1997, 160 referring to hooks 1990)

Iris Marion Young, on the other hand, while accepting many of the dangers pointed out by the feminist critique of home, explores the possibility to "retain the idea of home as supporting individual subjectivity of the person, where the subject is understood as fluid, partial, shifting, and in relations of reciprocal support with others" (Young 1997, 141). According to Young (ibid. 159), "home carries a core positive meaning as the material anchor for the sense of agency and a shifting and fluid identity." While she appreciates the feminist criticisms of the home as nostalgia for unity which is necessarily based on exclusion, Young (ibid. 161) argues that the positive idea of home carries within itself at least four normative values that should be thought of as minimally accessible to all people: safety, individuation, privacy and preservation. As Young's discussion of the values of home has been crucial for my developing an understanding of the homes of the madwomen in the works at hand and they penetrate the following analytic chapters, I will consider them here in some detail. This does not mean that the understanding of home will be limited to these notions, but they will serve as a valuable starting point for the analysis.

Safety is something that seems integral to the notion of home. It is related to the normative aspect of the concept: home is a place that is supposed to provide shelter and refuge from the world outside. By revealing the violence that is, world-wide, inflicted on women within the domestic sphere, feminist scholarship has shown that for women, safety at home is not a self-evident reality or even a right: cultural assumptions about the acceptability of wife-beating and the lack of legislation preventing violence against women have been a great concern to feminist scholars. In her defence of home Young (1997, 162), however, argues that instead of abandoning the notion of home due to the trouble it entails, "we should be ashamed of a world in which safety at home is a privilege." According to Young, safety is integral to the notion of home, and in the

following analytic chapters, I will examine safety as one aspect that contributes to the home-likeness of the spaces the mad protagonists inhabit.

Individuation refers to the fact that we become individuals in relation to certain places: "However minimal, home is an extension of the person's body, the space that he or she takes up, and performs the basic activities of life – eating, sleeping, bathing, making love." (ibid. 163) Individuation thus takes place through the daily acts of inhabiting a certain place; it is a location where we eat, sleep, clean ourselves and make love. Home is thus a site of everyday-life, and performing these basic activities, in all their cultural variations, structure this everyday-life. Home, however, is not just any place where we perform these tasks; it is a place that, in Young's terms, is also a material mirror of who we are. *Home* as a site of performing the daily tasks of living, is related to a deeper sense of belonging and ownership over a place: "People's existences entail having some space of their own in which they array around them the things that belong to them, that reflect their particular identity back to them in a material mirror. Thus basic to the idea of home is a certain meaning of ownership, not as private property in exchangeable goods, but in the sense of meaningful use and reuse for life" (ibid. 163). The effects of madness and its treatment, the shifts in the dwelling subject's sense of and location in space, on ownership and home as a site of everyday living will be discussed in the following analytic chapters.

Privacy: Young makes an important distinction between privacy and the private sphere. For Young, privacy refers to the autonomy and control of a person "to allow or not allow access to her person, information about her, and the things that are meaningfully attached to her person" (ibid. 162). The "private sphere," on the other hand, "confines some person to a certain realm of activity and excludes them from others" (ibid. 162). Privacy is thus linked to autonomy. It is a right of a person to guard secrets whereas the private sphere defines the social and physical limits of one's behaviour and social roles. If privacy is claimed as a universal right of the individual, the private sphere – in the sense of traditional normative gender roles and practices – collapses, according to Young. As we will see in the following chapters, madness and psychiatric practices involve a number of intrusions of sufferer's privacy – be it the corporeal space of the body, her belongings or mind.

The fourth positive value of home is *preservation*. For Young "Home is the site of the construction and reconstruction of one's self" (ibid. 163). Crucial to this process is the safeguarding of the meaningful things in which one sees the stories of oneself embodied, and rituals of remembrance that reiterate these stories" (ibid. 163). According to Young, remembrance should thus not be confused with the nostalgic longing for impossible security and comfort based on the exclusion of others in order to secure the fantasy of a unified self or identity. Rather, we should keep in mind that "the idea of home and the practices of home making support personal and collective identity in a more fluid and material sense, and that recognizing this value entails also recognizing the creative value to the often unnoticed work that so many women do." (ibid. 164) Young thus defends housework as *also* creative and as a site of reconstructing subjec-

tivity. In the following chapters, I will look at the functions of housework in the stories, and ask what the protagonists do when they do housework, what meanings they assign to domestic tasks in the context of madness and its treatment.

For Young, preservation consists of the activities that de Beauvoir (1964) calls immanent. For Young, domestic chores entail remembrance, which, as opposed to nostalgia, is a form of grounding the subject in the history of the material reality of the dwelling and everyday life: "where nostalgia is constructed as a longing flight from the ambiguities and disappointments of everyday life, remembrance faces the open negativity of the future by knitting a steady confidence in who one is from the pains and joys of the past retained in the things among which one dwells. Nostalgic longing is always for an elsewhere. Remembrance is the affirmation of what brought us here" (Young 1997, 154). According to Young home is thus a positive material anchor for a "shifting and fluid identity" and an important site of agency. It binds together the personal and the political; it is a site that makes the political possible. Also for bell hooks (1990, 147) a remembering of the past that is not nostalgic is a form of "politization of memory […] remembering that serves to illuminate and transform the present." In the following analytic chapters, I will examine the ways in which madness and psychiatric treatments enable and hinder the politization of memory and the grounding of identity in the materiality of home and personal belongings.

Drawing on hooks (1990) Young argues that for the oppressed, home is a universal value, elemental to the construction of an identity as a positive basis for resistance and agency. hooks emphasizes the "positive value of a homeplace as the place of preservation of the history and culture of a people, in the colonizing forces of the larger society" (Young 1997, 160). Preservation and remembrance can also include things that stand for painful and unjust political histories, and thus their meaning anchors identity to events and memories that should be avoided in the future, that should never happen again. (Young 1997, 155) The madness narratives that will be discussed in the following chapters can themselves be understood as such discursive homes.

3.4 Space, Time, Relation

In addition to the aspects of home presented above, home will be discussed and theorized as a spatializing and temporalizing discourse: home is a spatial term and space that, as Doreen Massey (2005) argues, is intrinsically connected with time.

3.4.1 Space

As a spatial term, home is linked both to space and place. While space may be characterized by the fluidity of boundaries and described as "malleable, a fabric of continually shifting sites and boundaries", place refers to a more clearly de-

fined, "organic and stable" fraction of space (Kirby, 1996, 19). What seems to make a place a home is an emotional attachment to a place/space. I understand both place and space as rather fluid terms that draw their meanings from their contexts. While I tend to use the term space to refer to more abstract and immaterial spaces and place when referring to geographical, architectural and material places, I also use the terms quite interchangeably. As Doreen Massey (2005) points out, space also consists of material and geographical dimensions. Understood as a space of belonging home attaches the subject to different scales of space ranging from small objects to vast geographical areas like countries and continents (Blunt and Dowling 2006). According to Kathleen M. Kirby (1996) space consists at least of topographic, geopolitical, discursive, psychological and social dimensions. Space positions or locates the speaker in certain material, cultural and geopolitical circumstances. Furthermore, spatial metaphors are employed to speak about psychological and bodily dimensions/aspects of the subject: Freud's construction of the psyche as consisting of ego, super-ego and subconscious, for example, is clearly spatial, while Lacan also locates the processes of subject formation spatially in his theory of the mirror-stage. In fact, in psychoanalytically inspired works home is understood as an inner space or state of certain integrity and well-being. Winnicott, for example (Granfelt 1998) places the home inside a person: *inner home* is a psychological state where the subject is so absorbed in a (pleasant) activity that she ceases to think about herself. In everyday language we describe emotions as deep, or describe a person as superficial. The skin forms the surface of the body, and the cultural, gendered and ethnic, connotations of embodiment locate the subjects in the discursive networks of power. Moreover, as Kathleen M. Kirby (1996) powerfully demonstrates, the notions of subjects and subjectivity are rich with spatial metaphors, and, in fact, the understanding of personality is spatial. Kirby thus points out that the spatiality of the construction of the subject involves inner spaces of the body and mind as well as outer – topological, architectural and geographical spaces in which or in relation to which subjectivity is constructed. In these relations, surfaces and boundaries are important, if fluid, shifting and negotiable.

Postcolonial studies provide valuable insights into the construction of home as multiple locations, for in postcolonial and migrant literature home becomes a complex notion referring both to place(s) of origin(s) and to the lived realities of the (current) place of residence (Brah 1997). These perspectives have proven to be important to my analysis of both Frame's *Faces in the Water* where the protagonist is "exiled" from the world of the sane to the country of the lost for a period the narrator calls the "season of peril", and Head's *A Question of Power,* where the protagonist's "journey to hell", her breakdown, coincides with her efforts to settle in a new country and community. Postcolonial notions of home comprise movement, multiple homes, and nation as a home. Avtar Brah (1996) defines home in the situation of the diaspora through its dual meaning: home, in this context, refers both to "the lived experience of locality" and a "mythic place of origin and desire in the diasporic imagination." This mythic

place of origin is a place of no return, for even if it is possible to visit the geographical territory that is seen as the place of origin, the place itself changes through time. In postcolonial and migrant literatures, home as a sense of belonging is anchored to cultures, ethnicities, languages and nations as imagined communities (Anderson 1989).

Home can thus be simultaneously in multiple places. Furthermore, there is the home(s) of one's origin in the past, there is the present location where one strives to make a home from what is available, and there is a home of the future, the one you dream of. Each of these homes can be incomplete in themselves: each may consist of contradictions; they may include unresolved problems and conflicts and include pain and suffering as well as happiness. The home one dreams of may carry within itself elements of the past. Spaces are thus also temporal and relational. For Massey (2005, 2008) space time and space are so closely interlinked that space can only be understood in relation to time. Like geographical places, Massey argues, all space is historically grounded. Massey (2008, 149) thus defines each homeplace as a product of ever-changing geographies of past and present social relations. And as a homeplace is closely connected to the identity of the dwelling subject, we can read the subject as a "product" of these "ever changing geographies of social relations".

3.4.2 Time

Home thus ties us to historical time(s) and place(s) through "temporalising and spatialising discourses" (Boyarin 1994, cited in Ponzanesi 2004). Moreover, the temporality of home comprises both historical time and the modality of the everyday, for home is constructed through continuity and repetition (Rajanti 1999, 42-9) Iris Marion Young suggests that a "main dimension for understanding home is time and history" (1997, 152) and locates presence in the material objects of the homespace, where they remind the dweller of past times: history in the home lies in pictures and stories, representations of ancestors. The history of a home lies in the markers of memories in objects and furniture that have a history in the home: they may be marked by scratches and other marks that provoke memories of past events. The time of purchase or the events that led to the possession of a certain object may form an important part of family history.

But temporality has other meanings than anchoring the dwellers in historical time. Most importantly, home is the site of everyday life (Felski 2000). In recent feminist cultural studies everyday life has become an object of increasing interest as scholars search for alternative histories and sites of resistance and politics. According to Rita Felski (2000), everyday life as a concept is ambiguous (seeming to escape definitions), secular (oppositional to transcendence) and democratic (everyone has an everyday life). Philosophers such as Lukács and Heidegger have – much like de Beauvoir – understood the everyday as having a nonintellectual relationship to the world. Recently researchers have investigated it as a site of alternative histories and authentic experiences. Everyday life has been distinguished from art and the aesthetic: art is that which is removed from everyday use, isolated from pragmatic needs. The everyday seems to be

everywhere, all the time, and is thus, through its repetitive nature, distinguished from the exceptional and heroic (ibid. 79-80).

Everyday life consists of the following levels: time, space, and modality. "The temporality of the everyday […] is that of repetition, the spatial ordering of the everyday is anchored in the sense of home, and the characteristic mode of experiencing the everyday is that of habit." (ibid. 81) While repetition has been associated with dullness, Felski (ibid. 84) argues that routines and the sense of continuity that they bring about are not only crucial to early childhood development but "remain important in adult life. Repetition is one of the ways we organize the world, make sense of our environment, and stave off the threat of chaos. It is a key factor in the gradual formation of identity as a social and intersubjective process. Quite simply, *we become who we are through acts of repetition*" (emphasis added). For Felski, repetition is thus closely connected to the question of mental health, rationality and identity. She also argues that Lefebre et al. falsely assume that new is better by associating stability, preservation and routine simply with subjection to either capitalist or bodily forces. For Felski, in today's world, much of the change is imposed on people, who resist this pressure by holding on to their routines, safeguard their threatened way of life. "Repetition can signal resistance as well as enslavement." (ibid. 84) These points about everyday life and the role of domestic chores, usually understood both as women's work and dulling by nature (de Beauvoir 1964), also play a role in the madness narratives by Frame, Head and Slater, and like home, they have different meanings and functions in the texts. Domestic chores and everyday life are thus important to my analysis and their meanings are contextual.

Felski further argues that the "temporality of everyday life is internally complex; it combines repetition and linearity, recurrence with forward movement." (2000, 85) Continuity and repetition are thus the temporalities of home. Home and the everyday life it entails are thus both temporal and spatial. Felski points out that the spatiality of the everyday is, however, not confined in the space of the home but consists of a combination of spaces such as the home, workplace, the grocery store or supermarket and movements between them by different means. Furthermore, technical equipment connect us with different (real or imagined) spaces. All this helps to reveal the fact that both home and the everyday life it entails are multi-layered and complicated. Home that on the one hand anchors the dwellers in time and place is, in fact, itself a product of multiple relations, processes, movements and layers. What holds it together, are acts of repetition and "ritualized activity known as habit [that] constitutes a fundamental element of being-in-the-world whose social meanings may be complex and varied." Habit thus "constitutes an essential part of our embeddedness in everyday life and our existence in everyday life." (Felski 2000, 91) In the stories examined in this study, madness and its treatment break and recreate the protagonists' habits by changing their location in geographical and social space, and forcing them to new rhythms and routines.

Avtar Brah's (1997) conceptualization of home as a lived reality and an object of nostalgia separate the locality of experience from nostalgia for the imag-

ined and historical communities of belonging. This type of temporality in connection to space refers to the succession of homes in the course of life: home is not only where we stay at a given moment, but also places where we have been living and where we (have) belong(ed) in the past (Pearce 2002, 279). The places of the past can be real and imagined, historical constructs where we may have been living personally, or that count as an origin of a wider community of our families or cultural/ethnic groups. Home can also be an imagined, desired future that gives direction to our lives. The tension between the lived reality and imaginary past/present/future homes also points to the normative aspects of the term "home", for not every place counts as a home: the idea(l) of home carries with it strong normative connotations and expectations of meaningful attachments, safety, nurture and care. A home, like health, is a norm against which abnormalities, homelessness and illness are measured.

3.4.3 Relation

In this study, home is understood as the dwelling subject's affective relation to a particular space or spaces. This relation is affected both by the changes in the dwelling subject and the changes in the space of dwelling. Spatially constructed, madness consists of multiple blurrings and transgressions of boundaries – both between physical spaces and between physical and mental realms. Avtar Brah's (1997) definition of home as a "lived experience of locality", as Ahmed (200 89) rephrases it, points to the fact that the processes of integration, settling, beginning to inhabit a place means that a place "leaks into the subject's being": "The immersion of a self in a locality is not simply about inhabiting an already constituted space (from which one could depart and remain the same). Rather, the locality intrudes into the senses: it defines what one smells, hears, touches, feels, remembers. The lived experience of being-at-home hence involves enveloping subjects in a space which is not simply outside them: being-at-home suggests that the subject and space leak into one another, *inhabit each other*." (Ahmed 2000, 89)

Space, is thus constructed as relational: space is not simply something surrounding the subject, a geographical location, but the relation between the subject and the space she inhabits and senses, and a change in either the subject or the space she inhabits changes the experience, feel and relation between the subject and the space. As Doreen Massey (2005, 9) puts it: space is a product of interrelations, "constituted through interactions, from the immensity of the global to the intimately tiny." It is thus "the sphere of the possibility of the existence of multiplicity in the sense of contemporaneous plurality […] as the sphere of coexisting heterogeneity" and "always under construction" – there is no fixed place, but a process of becomings – of both the subject and the space where it is located. Space is thus a simultaneous presence of multiple locations, a social space and a relation between the subject and the space she is in.

3.4.4 Multiple and Permeable Space – and a Material Anchor

In *Homes in Transformation* Hanna Johansson and Kirsi Saarikangas (2009) discuss home as a permeable space that is created and transformed in and through various human practices and actions. Home, in this view, is open to multiple meanings and transformations of meaning, and it this understanding of home as a multi-layered, open-ended process that I embrace in this study. Home is a cultural, historical construct that embodies a number of meanings rather than closes in on any single definition. The meanings of home are thus not fixed, but contextual, and depending on the context within which home is narrated, lived in, lost or found, the meanings of home change. The functions of home change. And, thus, home like madness, becomes a historical and cultural variable that – at the same time as it anchors the dwelling subject in time and place – helps to pose questions and opens up a fascinating space for the exploration of gendered human experiences. In the following analytic chapters, home is thus employed as a concept and tool to open, question and explore the meaning of madness and its treatment in three cultural and psychiatric contexts.

In this study home is thus understood as a subject's affective relation to material and immaterial, social and ideological spaces. This relation is inevitably transformed by changes in both the subject and the spaces she inhabits. By examining the conceptions of home in these fictionalized accounts narrated from the subject positions of madwomen, I want to draw attention to the ways in which madness and its treatments shape the subjects' perception and location in regard to the spaces they inhabit.

In my analysis I will be paying particular attention to the use of *spatial metaphors and home as a symbol of the self as a narrative means* whereby the authors describe the affects of madness and its treatment – as well as recovery. I will also be looking at the effects of madness and its treatment on the ways in which the protagonists inhabit material spaces. This involves both the examination of the material places and spaces they inhabit, their movement and stillness in space, their use of space, so to say, and their agency in everyday life. It also involves a discussion of the social interactions of the mad protagonists and an analysis of the ways in which madness and its treatment affect these interactions. Moreover, I will look into the more abstract spaces of belonging, spaces that can potentially create a feeling of being at home. Here, my focus will be on language and literature as spaces of belonging.

Yet, despite all this fluidity, home is also considered as actual dwellings, houses, apartments and architectural structures. Homes and houses, as Laura Huttunen (2009, 217) puts it: "are overlapping but not synonymous concepts. Homes are more than houses, and houses are more than homes. Houses have to be transformed into homes by specific practices. To be at home in a certain place is an intimate bodily practice through which a specific relationship to that place is created. Houses are also more than homes. They are material and architectonic structures, in a sociological and anthropological sense they are *loci* of

material and social reproduction." The homes and houses of the madwomen are considered as reflections and materializations of their identities.

According to Rita Felski (2000, 88) "home includes any often-visited place that is the object of cathexis, that in its very familiarity becomes a symbolic extension and confirmation of the self." The close connection between home and a woman's identity can have both negative and positive consequences. As an object of authorities' gaze and scrutiny, for example home visits by social workers can lead to excessive interpretation of the dwelling woman/mother's ability to mother her children (Jönsson 2005, Young 1997)[35], and the condition of the home has also been used to assess the dwelling woman/mother's sanity Chesler (2005). Thus home that demarcates the boundaries between private and public is actually, as Laura Huttunen (2009, 218) points out "produced in the intersection of the private and the public, of the personal and the political." As Kathleen M Kirby points out, home connects us with a vast interlocking system of cultural and political initiatives: home is the target for any number of state apparatuses concerning economics, reproduction, political representation, and the like. (Kirby 1996, 27) The feminist writers who defend the political potential of home, also, however, value this connection as positive and point to women's agency and the positive effects of the work they do within the domestic sphere. Home functions as a reflection of identity: on the one hand the place takes on aspects of identity of the dweller, on the other, the dweller strengthens her identity by transforming the place to suit her tastes, to reflect her personality. In the following, how this is done will be examined.

3.4.5 Madness, Psychiatry and Home

Different psychiatric eras and discourses have viewed also the relation between madness and home differently, and taken different approaches on the best spatial positioning of a patient in attempts to cure them. Consequently, one way to approach the history of madness and its treatment is to look at how the treatment and experience of mental illness positions mad female subjects in relation to home. The invention of the asylum marked the beginning of the phase where patients began to be removed from their homes to private and public institutions dedicated to the care of people about whom others did not know what to do. In *Madness and Civilization,* Michel Foucault (1961) argued that a shift in the treatment of the mad took place in Europe due to an ideological shift in the understanding of madness in the course of the 17th and 18th centuries. According to Foucault, during the Enlightenment that so praised reason, madness came to be understood as lack of reason, in opposition to it. Consequently, the madman replaced the leper as the social outcast and subhuman scapegoat, and, consequently, as the inmate in the hospitals left empty due to the disappearance of leprosy in the course of the 14th and 15th centuries. The Great Confinement, ac-

35 Jönsson (2005) studied social services home visits in post-war Sweden and Young (1997) writes of her own childhood experiences of being taken into custody partly due to the fact that her mother "failed" to keep order in the house.

cording to Foucault, appeared simultaneously and as part of the central governments' efforts to gain administrative hold of the citizens[36]. Foucault's theory has been criticized, but the rapid increase in the number of asylums in Western countries throughout the 19th century shows that the idea that the mad should be removed from their actual locations of living and placed in institutions was a widely accepted ideology and psychiatric practice.

Edward Shorter (1997, 46-8) links the rapid increase in the inmates in asylums to changes in family ideology. During the nineteenth century the number of asylums multiplied and they became overcrowded with patients. In fact, the asylums had long ceased to have any attempt of remedial therapies and had again turned into storage places for the mad. The arguments purporting to explain this increase Shorter divides into three groups. Consider the arguments promoting a social explanation, for example the locking up of unwanted deviants. One group of scholars supporting this argument, the anti-psychiatrists, refutes the idea of mental illness, while another believes that madness exists. The third group believes in the development of new illnesses. Shorter sides with the third group, but also asks why it was in the nineteenth century that families, who so far had been responsible of the care for the mad, ceased to be able to put up with their mad members. He detects the reason in the changing family ideology: whereas up until the beginning of the eighteenth century the family was considered to be an economic unit based rather on property than sentiment, towards the end of the century the idea changed. The family was now seen as an emotional unit that celebrated its unity and gathered together for meals. The mad members of the family disrupted the ideal of togetherness. According to Shorter the statistics also show that "the greater the disruption, the more rapidly did the family disembarrass itself of ill relatives". The availability of asylums for the wealthy Viennese families who form the core statistics of Shorter's argument did not change during the eighteenth century. What did change was the families' ability to tolerate their mad members. (ibid. 51)

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36 Recent research (Porter 1990, 2002, Shorter 1997 etc.) has criticized Foucault's theory: for example, according to Roy Porter (1990; 2002, 98) Foucault ignored national and regional differences, and exaggerated the role of the government. He draws attention to the fact that in England, for example, the beginnings of confinement and institutionalization of the mad in the asylums is found in the establishment of private boarding houses where the negotiation of the terms and conditions of the keep were a matter negotiated between the family members of the mad border and the owner of the place. Porter thus challenges the theory of Great Confinement as relying too much on the idea of central policy and regarding the rise of institutional psychiatry as crudely functional and conspiratorial terms, as a new witch-hunt or a tool of social control designed to smooth the running of emergent industrial society. In fact, government supervision and regulation took place much later.

Edward Shorter (1997) has also criticized Foucault's theory of the great confinement. Shorter sets out to show that the numbers of lunatics in asylums were so low that to talk about mass-confinement is an exaggeration. According to him, it was a question of a few thousand, even in France, Foucault's question in point, and Shorter refutes the theory of great confinement as part of the centralization of government. According to him, private asylums existed before public asylums were erected, and their coming into being was related to the rich wanting someone else to take on the burden of care of family member.

The overcrowding of the hospitals led to the rise of protest movements: patients rebelled and the antipsychiatric movement questioned the existence of mental illness. Then, biomedicine developed new drugs. With the shortages in government funding for mental hospitals, the 20th century witnessed the closing down of asylums and the preference for out-patient clinics. Ideally, it was now thought, patients would be taken care of at home.

Both practices – confinement and out-patient clinics – are thus based on assumptions about madness and the patients' "homeworld". Yet they take opposite stances in respect to where the patients' madness is best treated and cared for.

3.4.6 Some Theoretical Underpinnings, Methodological Concerns

In this study, madness and home are understood both as effects of structures and as lived realities. In accordance with the structuralist/poststructuralist view of the subject that views the bodily subject as an effect of structures (Saresma 2007), madness as psychiatry are understood as forces that produce mad/psychiatric subjects. On the other hand, as in phenomenology, mad women are also viewed in terms of the embodiment of the subject, with the focus on the body and bodily experiences as lived realities, and on the ways in which the subject lives, experiences and interacts in and through the body. As Marja-Liisa Honkasalo (2004), a Finnish scholar of cultural studies and medicine argues, combining these two rather different approaches reveals important and fruitful tensions. Madness/illness can only be understood within the structures that regulate it and by listening to the bodies in pain. In this study, I attempt to take into account both the structures and lived experiences into account as they unfold in the texts of interest.

Madness and the various psychiatric practices and discourses that seek to manage and understand people who are considered to suffer from mental disorders regulate the lives of their subjects. Psychiatric treatments also involve shifts in patients' physical positions. From this perspective the patients are clearly constructed as effects of the structures that regulate their lives, which is why I talk about subjects – and in relation to home and inhabiting, of dwelling subjects. This is a poststructuralist understanding of the subject, which most notably draws on Foucault's conceptualization of discourse as institutional practices which construct the very objects of these practices (Foucault 1977). In phenomenology, on the other hand, attention is paid to the body, the embodiment of the subject, who is also a living, feeling, experiencing, and bodily being. Phenomenology draws attention to the fact that all human observations are, in one way or another, obtained through the body. All knowledge is thus embodied. The body is not merely an object but as a means of acquiring knowledge and relating to the world. This line of research draws heavily on Merleau-Ponty's (1945/1970) phenomenology of perception. In relation to the textual constructions of the experiences of psychiatric patients both the structures and practices that position patients in time and place and the ways of experiencing space are important factors. In order to understand and analyze the madness

narratives at hand, to grasp the meanings of home, I will seek to combine the two approaches. A merely phenomenological approach and a strict focus on the narrator's perceptions and movements in a particular space would result in an individualistic and singular reading; it is only through contextualization, acknowledgement of the wider context of culturally and historically varying psychiatric practices and discourses that an understanding of the constructedness and/or cultural specificity of these experiences/texts can be developed. Yet, a merely discursive reading would not acknowledge the level of affects and emotions, the embodiment of experience conveyed through these narratives. For although it is important to note that Foucault and the plethora of subsequent research and theory view discursive power both as oppressive and as empowering. Foucault's *subject* is not merely an object of discursive effects, but one who participates in the very construction of the discourses that regulate him/her. From the point of view of the oppressed, this is both empowering and problematic: to claim, for example, that a psychotic patient in a quiet room of a closed ward possesses discursive power and agency can lead to a discourse of blaming the victim. On the other hand, not to recognize that s/he, too, participates in the construction of her own patienthood and confinement, would be to deny her agency, render her a complete victim, and would thereby mark a failure, almost, to acknowledge her humanity, or at least a possibility of change. It would also mark a failure to recognize the possibility that her madness could (as Cixous (1975), Ussher (1990) and a few other feminists would have it) embody an expression of rage and anger that results from her oppression.

Marja-Liisa Honkasalo (2006, 2008) has sought to conceptualize this kind of minimal agency that does not involve great social effort but aims to secure a suffering subject's hold of the world. While agency in social sciences is habitually linked to social action and transformation, Honkasalo's conceptualisation addresses suffering and endurance as forms of agency. She thus challenges the notions of activity and passivity, and seeks to rescue the agency of long-term patients and people who suffer from (inexplicable) pains and illnesses. Honkasalo's minimal agency is crucial to my understanding of madness and the position of the madwomen in these texts.

Interestingly, Honkasalo has developed the notion of minimal (*pieni, small*, in Finnish) agency together with Eeva Jokinen whose sociological research has focused of everyday acts of living. While Honkasalo (2004) has preferred 'minimal agency' as a translation, Jokinen (2005) speaks of 'everyday agency.' My reading of women's madness narratives combines the two and grounds mental suffering in the materiality of the protagonists' everyday life. While phenomenological studies of illness usually seek to understand the meanings the patients themselves give to the suffering they endure, my reading seeks to account also for the ways in which madness and treatment shape the bodily and material realities and movements of the mad subjects.

Minimal agency is thus linked to the actions of the mad protagonists and their fellow sufferers in the texts. As published writers, the authors, of course, challenge psychiatry and cultural notions in regard to madness in that by the

very act of writing they are practising social agency. The ethics of my reading of the texts is grounded in the attempt to account both for the protagonists' position as victims – and recognition of their agency.

4 "DOCTOR, DOCTOR, WHEN CAN I GO HOME?" THE DESIRE FOR AND THE NECESSITY OF HOME IN THE CONTEXT OF CONFINEMENT: JANET FRAME'S *FACES IN THE WATER*

This chapter explores the meanings of home in the context of long-term confinement in Janet Frame's now classic novel *Faces in the Water* (1961), a fictionalised documentary[37] based on her experiences of eight years of confinement in two mental institutions of New Zealand in the 1940s and 1950s due to a misdiagnosis of schizophrenia. *Faces in the Water* is not an examination of the reasons that lead to madness. Instead, it concentrates on the madnesses that take place and are produced in the practices of the two hospitals the protagonist is placed in. The novel thus focuses on the experience of confinement, and its spatial, social, emotional and physical effects on the patient. In the psychiatric context of this novel, confinement is the primary treatment for patients. Other treatments include electroshock therapy (EST) – and to a much less degree, insulin treatment. The treatments affect the patient's sense of and relation to space and communities within and outside the hospital. What I am interested in is how the madness and treatments portrayed the book shape the protagonist's and other patients' notions of home: What, in the context of confinement, constitutes home? What counts as a home? How are these meanings produced in the text,

37 At the beginning of *Faces in the Water* Frame states that "although this book is written in documentary form it is a work of fiction. None of the characters, including Estina (sic.) Mavet, portrays a living person." (6, my pagination). In her autobiographies (1984, 1985) she has also emphasised that the portrayal of the patients and the hospitals are based on observations she made during her eight years of confinement due to a misdiagnosis of schizophrenia, with the following reservations: "I began to write a story of my experiences in hospitals in New Zealand, recording faithfully every happening and the patients and the staff I had known, but borrowing from what I had observed among the patients to build a more credible 'mad' central character, Istina Mavet, the narrator. Also planning a subdued rather than a sensational record, I omitted much, aiming more for credibility than a challenge to me by those who might disbelieve my record." (*Envoy from the Mirror City* 1985, 118-9)

and what can they tell us about the experience of madness and its treatment in relation to the protagonist's sense of self and belonging?

In – or as a – relation to home, the most obvious conceptualisation of this experience would be to define confinement as being away from home. As a spatial practice, confinement seems to draw a clear boundary between the closed-in world of the psychiatric hospital, and the world outside. At the first sight, confinement might appear as a condition of being away from home, as a patients' removal from home, but in *Faces in the Water* this clear distinction is challenged in multiple ways. First of all, people, discourses and practices alike regularly cross the borders between the two distinct worlds. Second, the liminal[38] space of the asylum cannot simply be defined as a non-home and a site of homelessness, or a temporary absence from home. The dichotomy between home in the world outside and the institutional world of the hospital is, however, an important spatial and temporal axis in the patients' conception of themselves, and 'home' gains several meanings throughout the novel. It gains temporal meanings relating to the patients' past and future as homes they once inhabited and homes they wish – or are expected – to return to. Depending on the length of the patients' confinement, the relation and the conceptualisations of home change. For some, the hospital becomes their only home. In the course of this narrative, it becomes evident that the very notion of home fragments, and home-like elements are found both within the hospital and in the world outside.

In the following analysis I will first look at the gradual "Becoming Homeless" of the protagonist, Istina in the world outside the hospital. Madness is here described as the protagonist's feeling of alienation from the values of the world she is living in, and this alienation is described through spatial metaphors. The actual confinement as "Being away from Home" is then discussed as a metaphorical state of exile. "The World of the Mad" that Istina enters through her confinement is then explored and deconstructed as a space where the "Wards at the Hospital" are hierarchically positioned in relation to each other and in relation to the human habitat in the outside world. The interior design and architecture of the asylum reflects the historically shifting psychiatric discourses in regard to the patients' humanity, and the hierarchical "un/homelikeness" of the wards reflect the doctors assessment of the patients' state. It is then shown in "Home in the Handbag" that in this institutional world of the mad the patients who, to a large degree, are denied access to private spaces, create for themselves minimal homespaces that can be understood as material extensions of (what is left of) their identity. The next section, "The World Outside: Nostalgia, Yearning and the Deception of Memory" explores the patients' relation to the World outside. The discourse of "Going Home" is explored as both an expression of the patients' nostalgia for the world outside and a discursive practice of the institutional world in which the patients are

38 Liminality here refers to a boundary or a threshold, a place that is transitional, and not meant to provide a permanent position. Hospitals whose aim is to cure and then send away the patients are liminal spaces. As we will see later, the fact that cure does not necessarily occur and that not all patients can leave the hospital as there is no one who would "have them" does indeed problematise the liminality of hospitals.

required to participate in order to prove their belonging to the "Home World" of the healthy. "Settling in and at Home at the Hospital" discusses the asylum as a liminal space where settling is required but making home denied: here, settling is associated with compliance to the rules of the hospital, which indicates sanity and health, whereas making a home in the hospital reads as a sign of chronic insanity. Next, the discussion moves to the families of the madwomen: the families they are removed from and the "families" in the hospital where the prevailing gender hierarchies reflect a kind of patriarchal family structure in which the patients play a role of the child. "Homes outside the Hospital" and the actual return home are discussed as affected by the patient's hospitalisation and her changed status in her community. In "Personality as a Home" the connection between home and identity is challenged by the objective of psychiatric treatments to change the personality of the patient. Thus, while identification with a space and the construction of a home space is formed in the relation between the dweller and the dwelling, and can be understood as a process where the dweller invests her/his personality in space (Granfelt 1998), in a situation where that very personality is regarded as "unsuitable", this process is hindered. And finally, in "At Home in Literature – Or, Literature as a Space of Belonging" I discuss literature as a space of belonging. I address Istina's attempts and possibilities to engage with literature as a psychiatric patient and discuss the possibility of reading *Faces in the Water* as a literary home for her and other patients' experiences.

But let us now enter the space of the narrative and Istina's drifting away from the "Home World".

4.1 Before Confinement: Becoming Homeless

The events that lead to the confinement of the narrator/protagonist, Istina Mavet, are described somewhat sketchily. As readers, we get to know little of the protagonist's life (family, friends, and the events and the conditions that let to her confinement) outside the hospital. The novel is thus not a psychological explanation of the reasons that lead to madness, but an examination of the bodily, lived experience of the results of confinement and institutional(ised) practices in a certain time and place in the history of psychiatry. It can thus be read as an examination of the spatial separation of the mad from the sane.

Before Istina is confined she is a lonely teacher, who sits in her room all night cutting out stars from sheets of gold paper "till the room was papered with stars, furnished as a private night" (*Faces,* 11). Not knowing what to do with her sanitary napkins Istina hides them in drawers, whereby "everywhere was the stench of dried blood, of stale food thrown from the shelves of an internal house that was without tenants or furniture or hope of future lease" (*Faces,* 12). This reference to her body as a house without tenants and furniture introduces an important issue in regard to the analysis to follow: the construction of Istina's body and personality here as a house or a home.

Istina's going mad is described as a gap opening in the ice floe between her and other people: "I was put in hospital because a great gap opened in the ice floe between myself and the other people whom I watched, with their world, drifting away through a violet-colored sea where hammer-head sharks in tropical ease swam side by side with the seals and the polar bears." (*Faces,* 10) Thus, already before her confinement, she feels alienated from the values and ways of the world she is still part of. In the almost dream-like passage describing Istina's state before her confinement, the narrator describes herself wandering in the city where she lives, following tramlines and sitting in the cemetery. Madness is thus described as a particular relation to a place and a particular feeling of space: "the shop windows were speaking to me, and the rain, too" (*Faces,* 11) and as falling away from the values of what she calls "civilization". The determining factor of this civilization here seems to be the "allegiance to safety" which the narrator trades for "the glass beads of fantasy" (*Faces*, 11). "I was not yet civilized", she states. She refuses to accept the yearning for safety that seems to bind other people together – and what Iris Marion Young (1997) names as one of the four positive values of home[39]. According to Istina, safety as a value belongs to others, to civilization – a value system she does not share. Thus, if safety is a component of home and a value she does not share, or believe in. Istina's drifting into madness can thus be seen as a state of becoming homeless. According to Istina, safety is an illusion that merely functions to hold "civilization" together. What is real for others (control over time and place) is not real for her, and this gap in their respective belief systems is the widening gap between her ice-floe and the disappearing crowds of people waving their handkerchiefs. The separation of the mad and the sane is thus described as both spatial and ideological. Like the sanitary napkins that Istina hides in drawers, not knowing what to do with them, "civilization" seeks to hide her in the asylum. As a madwoman – or, as a young woman aspiring to become an author in a colonial society where women have no space in the body of the emerging national literature – she presents a threat to the cultural order. Venla Oikkonen (2004) has read the fact that Istina hides the sanitary pads in the drawers as "unadjustable femininity": she argues that madness in *Faces in the Water* is represented by untameable female bodies. The stench of blood that fills Istina's room is a sign of this. We can, however, further note that the stench of blood that Istina seeks to hide suffocates her, as the dweller in her rented room, the most. Istina's femininity is of a kind that is not easily accommodated into the existing values of society; it also seems incompatible with her aspiration as a writer. Menstrual blood also suggests the possibility of motherhood – the relation to which is complicated by her confinement, as we will see later.

While she just wishes to be left alone, the doctors surround her with their "merchandise of peril":

> I was alone on the ice. A blizzard came and I grew numb and wanted to lie down and sleep and I would have done so had not the strangers arrived with scissors and cloth bags filled with lice and red-labeled bottles of poison, and other dangers which

[39] According to Young, the four positive values of home are safety, privacy, individuation and preservation (see chapter 3).

> I had not realized before – mirrors, cloaks corridors, furniture, square inches, bolted lengths of silence – plain and patterned, free samples of voices (*Faces,* 10).

Madness is described as stillness and freezing: water turns into ice, the body turns numb. The narrator wishes to rest, but the strangers, doctors arrive with their "bolted lengths of silence", bottles of poison and scissors. Their silence is threatening and this threat is emphasised by the sharpness of the scissors, the assumed presence of poison and lice. "And the strangers, without speaking, put up circular calico tents and camped with me, surrounding me with their merchandise of peril." (*Faces*, 10). This merchandise of peril is psychiatry, which in *Faces in the Water* is viewed as punishment rather than cure:

> There was obviously a crime which was unknown to me, which I had not included in my list because I could not track it with the swinging spotlight of my mind to the dark hinterland of unconsciousness. I knew that I would have to be careful. I would have to wear gloves, to leave no trace when I burgled the crammed house of feeling and took for my use exuberance depression suspicion terror" (*Faces*, 16).

Again, Istina's personality is constructed as a house, a space where the light of her mind tries to penetrate the darkness of unconsciousness. She is herself a burglar, an intruder in her own personality, which houses (hidden) feelings. In the hospital "good conduct" is appreciated and expected above all. Paradoxically, it is a setting that provokes fear in people inhabiting the outside world and in the patients who fear the treatments, but any expression of this fear can lead to further treatment that is experienced as punishment by the patients. Istina becomes "a crammed house of feeling," a façade that hides her emotions and can only access her interior as a burglar.

All the above draws our attention to the construction of Istina's personality and body as spaces. Madness and psychiatry are shown as alteration in the subject's relation to the space. Later in the novel, and below in this study, these spatial constructions will be developed further by adding to the analysis the dimensions of emotions, identity, cultural values, atmosphere, inhabitants and their relations that, according to Kirsi Saarikangas (2006, 222), belong to the notion of home. This concept of home relates to home as a lived space, for home becomes home only through repetition and repeated use of space (Rajanti 1999, Saarikangas 2006). And psychiatry, with its practice of confinement, first and foremost, changes the location of living.

4.2 Away from Home? Confinement as Exile

> Loony, loony down the line,
> mind your business and I'll mind mine!
> - *Faces*, 13

The spatial removal of the mad from her community likens the condition of confinement to exile. The walls of the asylum create a solid boundary between

the world of the mad (inside) and the world of the sane (the outside). This boundary between world outside and the world inside the institution is crucial also to the experience of madness and its treatment in *Faces in the Water* of the patients who have been removed from their homes to be treated in the asylum. Like exile and migration, confinement changes one's spatial relations, and thereby alters the physical, psychological and social relation to one's places of origin and residence, the spaces that constitute one's home. Also, the word asylum brings together forced migration and madness: refugees seek asylum, the mad have historically been confined in one to secure the community. The word *asylum*, according to the *OED*, has the following meanings: 1. a sanctuary or inviolable place of refuge and protection for criminals from which they cannot be forcibly removed without sacrilege. 2. a secure place of refuge, shelter, or retreat. 3. an inviolable shelter; refuge, protection. 4. a benevolent institution affording shelter and support to some class of the afflicted, the unfortunate, or destitute; e.g. a 'lunatic asylum,' to which the term is sometimes popularly restricted.

These definitions stress the facts that asylum, like home, ought to provide security and shelter, protection and support. An asylum is described as an inviolable place that provides shelter for those mistreated in the world outside. This is the meaning of *asylum* in today's context, for example when it is used to refer to refugees seeking asylum. In *Faces in the Water*, the asylum is, however, constructed as a place that threatens the patients' sense of safety and self. Foucault (1965) links both the invention of asylums[40] and the development of psychiatry to the need to protect the surrounding community from the mad. Foucault's theory thus foregrounds the need to separate the mad and the fools from the sane, and shows how the mad became constructed as a threat *to* the surrounding community. [41] Confinement is thus a matter of safety, based on the need to secure either the sane from the mad (Foucault 1965), or the mad from the sane (*OED*). *Faces in the Water* examines the boundary between the world of the sane where the inmates once had their homes and the world of the mad that they now inhabit as psychiatric patients both as a physical a physical boundary marked by walls and fences and an emotional boundary marked by fear. And although these boundaries are permeable, and encounters between the sane and the mad take place both inside and outside the concrete, physical and psychological boundaries of the asylum, this dichotomy between the inside and the

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40 According to Foucault the confinement of the mad took place as the disappearance of leprosy from Europe in the middle ages left empty the hospitals that then were filled with 'beggars and fools'. More recent studies (for example Porter (2002) and Shorter (1997) have rightly criticized Foucault's theory of the Great Confinement for simplifying a complex matter, but this suffices for the purpose of argumentation here.

41 However, refugees also face violence and racism in the place where they seek asylum from the violence of their country/state of origin. Both make people vulnerable: the political asylum seeker has lost the rights of a citizen, thus full adulthood, and the madwoman is stripped of her civil rights as well. As Frame points out, in the 1940s and 1950s when she was confined, there was no voluntary admission to mental hospitals, and being "legally insane" under the Mental Defectives' Act, 1928, all the inmates of the hospital and the patients on probation, were unable to vote, to sign papers or travel abroad. (*Faces,* 43).

outside creates an important annex also in relation to the meanings of home constituted in *Faces.*

Asylum is thus a concrete physical space where the patients have been exiled from their former homes, but also insanity, as Susan Sontag (1977) has suggested, can be – and has been – seen as a kind of exile. The women's fiction of the 1970s saw madness as a psychic journey (Kaup 1993). According to Sontag (1977), it is no coincidence that "the most common metaphor for an extreme psychological experience viewed positively – whether produced by drugs or by becoming psychotic – is a trip" (Sontag 1977/1990, 36.) Madness was thus constructed as a kind of leaving of home, a trip. Andrea Nicki (2001, 85) objects to this conceptualization of madness as exile or journey (see also Millett (1990); Chesler (1972); Kristeva (1992)) arguing that they romanticize madness, "preserve its morbidly romantic mystic"[42] and associate it with a voluntary escape. According to Nicki, spatial metaphors such as a trip indicate a voluntarism that is absent from actual experience of madness. In relation to the narratives that explore the experience of madness and confinement, however, space and the ways in which madness and its treatment alter the mad subjects' sense of and position in space are regularly used as narrative means to convey the experience. In *Faces in the Water* madness is by no means constructed as a voluntary trip, but spatial metaphors are frequently employed. Furthermore, in the concrete physical reality of the hospital, the patients' position and placement in the wards is used to indicate their position in the continuum of madness and sanity. According to Michel de Certeau (1984, 115) "every story is a travel story, a spatial practice", and *Faces in the Water* can very well be read as a story of Istina's involuntary journey through the spaces of madness regulated by the psychiatric practices of her time. As subjects, we are embedded in spatial relations and practices, and by accounting for these, it is possible to describe "instantaneous configuration of positions" (ibid. 117). By limiting the spatial reading of the novel to the notions of home limits the reading to those spaces that appear significant with regard to the protagonist's identity.

Home is an emotionally charged concept (Saarikangas 2006 and 2009) that cannot be pinned down to any single definition. Rather, it is open to multiple definitions, processes, movements and practices. With regard to the experience of confinement I have found the most useful formulations of home in postcolonial literature and theory. In postcolonial theories of home, homes are found in multiple locations that entail a multiplicity of meanings (Ahmed 2000, Brah 1996, George 1999). Questions of settling, departure and return, longing and belonging, and the partiality of homes are central to migration and exile. They are also crucial to understanding the experience of confinement.

For example, in analysing diasporic subjectivities and migrant identities, Avtar Brah (1996) makes a crucial distinction. She points out that in the context of migration home has the dual meaning of "the lived experience of locality" and a "mythic place of origin and desire in the diasporic imagination. The first refers to the everyday surroundings with certain smells and sounds, the every-

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42 Sontag (1990) points out that romantic initially meant 'interesting'.

day experience of the space of living, while the latter refers to the (lost) country of origin, a place of no return. For even if it is possible to visit the geographical territory that is seen as the place of 'origin'", spaces and people change, and migrants cannot return to a place as it was in the past. Furthermore, Brah asks: "When does a location *become* home? What is the difference between 'feeling at home' and staking claim to a place as one's own? It is quite possible to feel at home in a place and, yet, the experience of social exclusions may inhibit public proclamations of the place as home (Brah 1996; Cohen 1992; Bhavnani 1991; Tizzard and Phoenix 1993)." This juxtaposition between "feeling at home" and at the same time not being able to claim the place as home provides a valuable axis for an analysis of the experience of confinement. In the hospital, patients are not supposed to feel at home i.e. become emotionally attached to their location. However, they are expected to settle and thereby *act* as if they were at home – in a very restricted manner or sense of the word home. In other words, they are expected to behave as if they were in full accordance with the rules and rhythms of the hospital.

In *Faces in the Water* the discourse of going home in which the patients are required to participate, places their home outside the hospital. This "World" outside the hospital, however, fails to provide them with a home. Patients are excluded from their homes, rendered homelessness, because their presence prevents the others who share the home with them from feeling at home[43]. According to the narrator, Istina's second confinement, for example, results from her inability to cope with the newly-founded family of her sister, with whom she has been placed after her first confinement. In both locations, inside and outside the hospital, the patients are prevented from proclamations of the place as home. The hospital environment also prevents them from feeling at home, for feeling at home in the hospital would prove their insanity. The hospital is thus a liminal space where the patients are forced to conduct the acts of everyday-life in order to become expelled.

The theorisations of exile as a human condition has received similar criticism as the use of madness as a symbol of women's condition: In *Strange Encounters* where she discusses the figure of the stranger in relation to homespaces, Sara Ahmed (2000) defines the metaphorical, universalising uses of "exile" and "migrant" as symbolic of the human condition as humanist violence. In statements such as "we are all migrants" the metaphoric use of the term migrant erases the differences between actual migrant experiences: the specificities of, for example, forced migrations and voluntary nomadism are discarded, and the actual, and possibly violent, histories and contexts of these are ignored. Ahmed's criticism thus resonates with Marta Caminero-Santangelo's (1997) criticism of the metaphoric use of women's madness in feminism. While Ahmed calls for the recognition of actual political and cultural contexts within which

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43 Edward Shorter (1997) in his *History of Psychiatry* links the establishment and rise of the asylum in the nineteenth century to the rise of the bourgeois ideology which defined family as an emotional, rather than merely economic unit. In the context of this new ideology, it became more important – and ideologically easier – than before to expel family members that disturbed or shook the balance of the family unit.

people migrate, Caminero-Santangelo calls for the acknowledgement of the actual experiences of madness and psychiatric disacourses and practices that shape the madwomen's experiences. I this chapter I seek to use the term "exile" advisedly, and rather than to claim that madness *is like* exile, seek tools from postcolonial theorizations of dislocation and the processes involved to understand madness and confinement as spatial processes that involve a shift in culture within a national culture. Thus, although we need to be careful with drawing parallels between different types of experiences, I think it is fruitful to borrow analytic tools, concepts and theories, across different disciplines, if they can be employed to further understanding about gendered/classed/raced etc. human experiences. In *Faces in the Water* and its psychiatric context the spatial practices involved are the actual removal of the mad into an asylum, a world of their own, and psychiatry as a colonizing discursive practice that attempts to change the patient's person and perception of the world. Frame's narrative thus operates in the context of concrete geographical dislocation and spatial metaphors to describe the experience of madwomen in the asylum. She describes psychiatric treatments as colonizing processes where the doctors camp on the patient's spatially constructed person, and hence postcolonial theory seems to provide useful terminology to discuss it.[44]

In the following, I will discuss the protagonist's eight-year journey through the wards of two mental asylums in terms of the "lived experience of locality" (Brah 1996) of the wards, for it is the atmosphere and home-likeness (the daily life, routines, and interior designs) of the wards that create the temporal, symbolical and spatial distances from home. The focus of my reading is thus on the gendered subject's relation to spaces of belonging, and the meanings of home. Judith Dell Panny (1992) has analysed the protagonist's journey into through the wards of the hospital as an allegorical decent to hell and back, but it is precisely these allegorical readings, this understanding of madness as symbolic of either women or humans in general, that I wish to resist. The following analysis of madwomen's/female patients' homes in and outside the hospital points to the difference between women who are declared sane, and those understood to be mad. Psychiatry – psychiatric conditions, discourses and spatial and temporal practices – work to produce differences between and within women, and thus, as Marta Caminero-Santangelo (1998) has argued before, undermine the basis of emblemic readings of the madwomen's position. In *Fac-*

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44 Although I don't believe fiction should be read through the author's biography, it was a fact that Frame's confinement was followed by her voluntary migration to Britain and Ibiza (1985) that made me think of the issue of madness and migration. In her autobiography, her experiences in mental asylums, the trauma of her confinement is given as a central reason as to why she should travel abroad to "widen her experience" (Frame 1991). In Frame's biography, migrancy continues the homelessness that started already with her confinement. Clare Bazin (2003) has analysed her homelessness in terms of her alienation during her years abroad, I will focus on the formations of home through the fictionalised narrative of confinement. In *Faces in the Water* home is one of the central images that organise the narrative. And it was this continuation or analogy that led me to think of madness as a kind of homelessness and Frame's life story that made me think of madness and confinement through the concept of home.

es in the Water, the difference between women is created and maintained by removing the madwomen into a world of their own. In this world of the mad into which we will now move into, the degree to which the wards physically resemble homespaces in the outside world, reflects the staff's view of the degree of the patients' madness.

4.3 The World of the Mad

In *Asylums*, a sociological study of mental asylums that he characterizes as total institutions, Erving Goffman (1961, 23-4) distinguishes life in a total institution from that *outside* by calling them "the inmate or institutional world" and "home world" respectively. Total institutions are places designed to contain individuals who are considered unable to look after themselves or who are considered to be dangerous to themselves or others, or who require specific educational or corrective means. A total institution can be an orphanage, prison, boarding school, concentration camp, mental asylum or a monastery. What is common and characteristics to them is that they are physically isolated from the outside world: the inmates have little or no contact with the people who live outside the institution. The staff and the inmates are strictly and hierarchically separated from one another; work, sleep and spare-time activities all take place in the same location together with other inmates; there is no family life; daily life follows strict schedules and is guided by numerous and detailed rules and restrictions the breaking of which is punished. Total institutions thus negate a number of points that (ideally or actually) characterize life in the "home world." According to Goffman, total institutions "create and sustain a particular kind of tension between the home world and the institutional world and use this persistent tension as strategic leverage in the management of men (ibid. 23-4)".

This chapter explores the multiple ways in which the patients are "managed" within the hospital. It also shows that while confinement means that the patients are removed from the "Home World" into the institutional world, also this institutional world contains within it home-like elements some of which are used to regulate the patients – and others that the patients create for themselves. First, the patients are kept in different wards that are hierarchically organized. The hierarchy of the wards is also reflected in their interior design: the patients who are considered the least insane are kept in wards that most resemble homes in the outside world. The World of the Mad is thus not a singular universe but a space within which the patients are placed in different positions in regard to home, according to the staff's assessment of their insanity and humanity. Moreover, the two hospitals Istina is placed in differ from one another in some aspects concerning the management and care of the patients. Hence I will first introduce the wards where Istina is kept in order to discuss this point. Second, within the hospital the patients search for minimal private space in a context that strips them of most markers of their identity. Homes in the hospital are created in most the peculiar spaces.

4.3.1 Wards in the Hospital

Cliffhaven
Ward Four: Admission Ward
Ward Two: Chronic Ward

At the two hospitals where Istina is confined she goes through several wards. At Cliffhaven, the first hospital in the South where she stays both at the beginning and at the end of her eight-year confinement, she stays in two wards: Ward Four, the admission ward, and Ward Two, the chronic ward. The two wards she stays in are described in detail. The admission Ward, Ward Four, is a place where the patients are allowed to wear their own clothes. They have their own possessions, daily routines and they converse and communicate and talk about the future "as if it was something tangible and within their reach" (*Faces*, 222). The patients' possessions and the fact that they are allowed to wear their own clothes and speak of the outside world as the world in which they belong, marks the fact that they are regarded as inhabitants of the "Home World" also by the psychiatric staff. The patients also clearly distinguish themselves from the patients in the other wards. Placed in Ward Four, Istina, too, looks upon the patients of the chronic ward with pity and a certain unease about their apparent humanity – and lack of it:

> And occasionally we glimpsed at these same people in their dark blue striped smocks their skin sun stained and wrinkled being driven, flanked by nurses, from the dayroom of their ward to the park where they would spend the rest of the day. And then they looked, sad to say, like people; we could not deny their relationship to us; but they moved their heads, bowed, their bodies half crouching, as if they faced a driving blizzard, as if they pushed on to kind of One Ton Camp of the soul, with no hope of getting there. (*Faces*, 44)

Ward Two is the chronic ward. The patients have, indeed, little hope of getting anywhere. In this ward nobody is surprised if you choose not to answer questions. They seem to have abandoned any regard for the notions of moderate behaviour and the decencies of everyday life in the world outside. In the hospital church they, when allowed to attend the sermon, sing fervently and "in their curious assortment of Ward hats behaved like children bobbing up and down and interrupting the sermon with well-placed remarks. " (*Faces,* 45) In Ward Two the patients undergo lobotomy, and suffer from unexpected, sudden outbursts of rage and despair. They have fits and convulsions, and some of them have developed rather carnevalesque characters. This is the real institutional world, a place where the patients have lost most markers of their identity both as the result of madness and its treatment. The patients seem placed outside language and outside the rules that regulate communication in the outside world. Furthermore, their existence is one of a continuous present; as chronic patients the future seems to have been cut off from their lives.

Thus, the two wards that from the outside seem to belong to the same world of the mad, are, in fact, worlds apart. The patients of Ward Seven identify

primarily with the World outside and regard the patients of Ward Two with pity and horror, as if they feared contamination.

Treecroft
Ward Seven: Admission Ward
Ward Four-Five-and-One:
Lawn Lodge: Refractory Ward

In Treecroft in the North of New Zealand Istina is kept in three wards. Ward Seven, the admission ward, seems like a hotel to Istina, and the patients seem to have nothing wrong with them. The interior designs are full of pastel shades and people converse peacefully both with each other and with their frequent visitors. In this ward there is, indeed, a strong "pretence that Treecroft was a hotel, not a *mental hospital*, and anyway the words mental hospital were now frowned upon; the proper designation was now *psychiatric unit*" (*Faces*, 72). This discursive shift from mental hospitals to psychiatric units points to the shift in psychiatric thinking: the medicalization of psychiatry and the attempts to integrate into regular health care, which was also an attempt to destigmatize mental illness. The hotel-likeness also emphasizes the belief in psychiatry's power to cure its patients and to send them back into the "Home World". Ward Seven is thus the façade and the most self-evidently liminal space of the hospital. The visitors, of whom there are many, comment that the patients "seemed to have nothing wrong with them [and that the patients are] lucky to be here, with everybody so good. It looks to me like an expensive hotel. I think I'll have a nervous breakdown myself sometime. I'm only joking of course. I know what you've been through." (*Faces*, 73-4)

The patients like to tell those nearest to them what they have been through and be reassured that they would soon be able to go home. And as they go, they promise to "spread the news that mental hospitals were certainly not what people seemed to think, that the letters full of shocking details that appeared in the newspapers were the work of cranks and liars" (*Faces*, 74).

The atmosphere in the admission ward is thus peaceful and quiet. Or, mostly so. One day a quarrel breaks in the bathroom, and one of the women, a middle-aged patient becomes embarrassed about being found naked in the bathroom. She insults the nurse, and is sent to "another ward." And some time later, Istina finds out, she is dead. Underneath the outward peacefulness and home-likeness of the Ward there seems to be something menacing. Throughout her stay in this admission ward Istina has a feeling of an approaching doomsday. The reader is left to wonder weather this feeling is part of Istina's madness, or a reflection of her fears that result from the experiences of psychiatric violence in the previous hospital[45]. Amongst the bright colours, meals cooked in

[45] In *The Writing on the Wall* Mary Elene Wood (1994) points to similar dilemma in reading Clarissa Lathrop's asylum autobiography: Lathrop's confinement was due to her assumed paranoia (she feared that she was being poisoned), but in the cultural context of her writing there were forces that enable reading her paranoia as a reflection of social paranoia: the late nineteenth-century U.S. was driven by racial fears concerning immigrants, contamination and heredity. In the context of the asylum these

the ward and consumed at tables of four, she feels the foul smell of the other wards creeping into the brightness of this civilised ward, where people talk about their families and their symptoms. However, the protagonist feels "increasingly like a guest who is given every hospitality in a country mansion yet who finds in unexpected moments a trace of a mysterious presence; sliding panels; secret tappings; and at last surprises the host and hostess in clandestine conversations and plottings with mention of poison, torture, death" (*Faces*, 75).[46] Here the atmosphere of an approaching doomsday is, as a narrative technique, reminiscent of the gothic novels and their haunted homes. The narrative could well be read as a vivid description of the protagonist's deteriorating mental state – until one remembers that in the hospitals Istina is confined in, non-cooperative patients are regularly and legitimately treated with electroshock treatment that erases the patients' memory, and thereby poses a real, tangible threat to their sense of security and self. Here, gothic horror is thus used to describe the protagonist's real experience and grounded fear; in *Faces in the Water* the asylum is constantly described as a reality that runs parallel to the reality of the World outside and in some wards resembles it. In most, however, none of the rules that regulate human contact and conduct in the World outside apply to the patients.

The narrator describes the contrast between the wards Seven, where she stays, and Four-Five-and-One where EST is given. In many respects Ward Seven thus resembles a home: there are carpets on the floor and people speak of their families. The patients in the other ward are not seen, but Istina can feel their presence. The horrors, the sense of losing oneself and of her memory being erased are experiences that in Ward Seven to which she returns with almost hysterical joy seem unreal. It is the juxtaposition of the wards, the incompatibility of their two distinct worlds that create Istina's sense of unreality and paralyse her with fear. And while the medical professional may have other reasons, Istina is convinced that it is the impact of this growing, paralysing fear that leads to her being moved to another ward, Ward Four-Five-and-One.

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women who considered themselves sane and argued for their sanity and asylum reform after their release, were subjected to laws and treatments hard to imagine in the world outside the asylum. Thus thee hospital, with its treatments that intrude deep into the patient's sense of safety and self act out the paranoid fears of the patients, and thus intensify the symptoms they claim to cure.

46 This relates closely to Helena Michie's (1996) "Confinements: The Domestic in the Discourse of Upper-Middle-Class Pregnancy" where she discusses the making of hospitals into (pseudo-)home-like birthing places to increase their appeal in the competitive market of birth-giving. To lure well-paying (upper middle-class) women to give birth in hospital rather than home, many hospitals have transformed their delivery rooms into home-like environments with all the modern technology hidden in cupboards. Michie compares her experience of visiting one such room to a gothic novel and Paul Morrison's reading of *Northanger Abbey* where gothic horror is brought into the domestic sphere through a laundry list on which the protagonist projects her fear - only to find in the light of the day that what she was so terrified of was a laundry list. Istina, however, does not wake up to discover that she's only been dreaming: her journey leads to a nightmare into the wards where people are reduced to mere nicknames, with no personal history, or the respect that comes from titles. (*Faces*, 167)

All this points to the fact that just as there is no singular "Home World" for the patients outside the hospital, there is no singular "Institutional World" either. Also in terms of their architecture, and the behaviour of the patients and the staff, the wards are home-like to various degrees. While the admission wards resemble the homespaces of the outside world, in Istina's description they only work to hide the dehumanizing reality of the real institutional world behind the scenes. In this world, the patients are discursively and physically violated by psychiatry that claims to cure them – but which, from the patients' perspective erases their identity and personality. (The means with which this is done, will be presented in more detail later.) The Gothic atmosphere and the sense of doom that Istina feels creeping into the admission ward refers to the all-pervasive threat that psychiatry, in Frame's description, poses to its patients' sense of safety and identity. This threat is the electroshock therapy.

4.3.2 Home in the Handbag

Ward Four-Five-and-One is the ward where electroshock treatment is given. When she is taken there to stay, the very first sight Istina describes is one of a midget woman sewing:

> I knew from the intricacy of the pattern and the care with which it was being followed, that this woman had been in hospital for a long time. I had seen it before, at Cliffhaven, this needling of their whole life into a peace of fancywork – a dressing-table cover, caddy tablecloth; with no hope of ever seeing it in their own home, on their own furniture. (*Faces*, 82-3)

In the hospital setting making handicrafts and knitting are acceptable forms of creativity. Knitting is a pastime; it is also creative. The intricacy of the pattern indicates that the midget woman is skilled in her craft. The narrator, however, seems to suggest that the enthusiasm with which the midget woman throws herself to needling is to deny the fact that she is never going to leave the hospital and enjoy the privilege of actually owning her work. The needling can then be read as a form of escapism. The intensity of her work indicates that for this woman, there no longer is a World Outside. The object she is making will not grow into a continuation of her identity; she does not have a home to make and decorate with objects of her own making. The asylum has become her home, although it fails to fulfil many of the minimal requirements or positive values of home outlined in Young's "House and Home" (1997): safety, individuation, privacy and preservation. For Young, home is a material continuation of the dwellers' identity: a home provides security and surrounds the dweller by objects that not only support his/her everyday activities but also tie the dweller in time and place, to that which brought him/her to this moment. This history is retold and remembered through the preservation of the objects found in the home, and as these objects can be seen as the continuation of the dweller's identity, taking care of them is also a way of preserving one's identity. Home is also a space where the dweller becomes an individual: "People's existence entails having some space of their own in which they array around them the things

that belong to them, that reflect their particular identity back to them. Thus basic to the idea of home is a certain meaning of ownership, not as private property in exchangeable goods, but in the sense of meaningful use and reuse for life." (Young 1997, 163)

The sewing woman in *Faces in the Water*, however, cannot claim ownership over the very thing she is making. Her privacy at the ward is limited to the extreme (as we shall see later) and so are her possibilities to individuation, safety and preservation. Her personal history is not present in the objects found at the wards and with no prospect of release, her future denies the possibility of her transcendence. Tied down to the immanence of her existence she, thus, despite the enthusiasm she seems to take in her work, looks away from her work as if she did not care:

> Occasionally the midget woman gave a cluck of excitement when she concluded a rose or perfected a spray of leaves, and she held her embroidery at arm's length to get the general effect. Once I surprised her doing nothing, her work fallen as if she really did not care or were persuading herself not to care, her eyes staring with a grim expression and a frown of her face. (*Faces*, 84)

For a moment the pointlessness of it all seems to invade the mind of the sewing woman. The kind of forced enthusiasm that she demonstrates in relation to her sewing and the underlying awareness of the meaninglessness of her work characterizes the atmosphere of the ward, which in Ward Four-Five-and-One is one of constant expectation and enthusiasm about something that soon might happen – but never does. The patients embody the effects of long-term institutionalisation:

> their conversation was that of a people who had had an unaltered way of life for many years and who expected, indeed desired, that it should continue. I heard no one, as in Ward Seven, talking of their families or their nervous breakdown and its symptoms; it was obvious that eccentricity was either not realized or else accepted, as the way of life in the ward, and certainly not discussed. (*Faces*, 85)

In this ward there is a feeling of urgency and efficiency in everything. Tables are set in a rush, and knives are gathered, cleaned, counted and locked away efficiently after dinner. The patients are constantly busy – and getting nowhere. The "smell" that Istina sensed while still in the admission ward that frightened her, gains an explanation: it is the suffocating "smell of imprisonment", a "ward smell" that is emitted from the imminence of the patients' lives. In the Ward Four-Five-and-One Istina is faced with patients who have no desire to leave, to alter their lives, and who seem to have forgotten about the World, and no recollection of the past. Instead, each patient carries a bag in which she has her treasures: "a magazine, knitting patterns, wool, needles, perhaps something to eat or a squashed chocolate at the bottom, or something picked up, that others might consider a trifle, but which she valued enough to keep and be unwilling, even roused to anger, if asked to discard" (*Faces*, 83).

This bag becomes a continuation of identity for each patient. It is the one thing in the ward over which they can claim ownership. And when a patient

suffers a fit, the first thing she reaches out for is her bag "confusedly exploring to see that nothing had been interfered with or stolen" (*Faces*, 86).

Riitta Granfelt (1998) has pointed out that the internal homelessness of people who spend all of their lives, or most of it, or years and decades in institutions consists of intense anxiety, unbearably difficult emotions and an experience of life having lost its meaning. Whether these people find themselves in shelters, prisons, hospitals, old-peoples' homes, orphanages, or nursing homes, for them as for anyone "human dignity requires the possession of a minimal private sphere. A room of one's own is to many of those who live in institutions a dream that never comes true; a realistic goal is a drawer or a locker in a room accommodating several people" (Granfelt 1998, 175, my translation). Granfelt thus points out that people living in institutions have to make their homes in the public sphere where it becomes important to maintain and create at least a minimal sphere of privacy. For the patients in Ward Four-Five-and-One their bags are their most private possessions. And at bedtime, in the big dormitories, many of the patients rummage their lockers, arranging things, or stand by their beds "as if affirming their claim to it" (*Faces*, 85) For the patients have claim or ownership over very little in their lives: they are moved about the wards according to the clock, and a gong announces the time and indicates where they should find themselves: "Dayroom. No one in the corridor before bedtime" (*Faces*, 85). As Julkunen (1995, 23) has noted, privacy is a privilege of the well-off while the privacy of the poor, the homeless and the disabled has not been respected. In regard to life in an institution such as an asylum, Granfelt makes an important distinction between private privacy and public privacy: public privacy refers to the fact that people who live in institutions have to carry out daily practices that are usually carried out in the privacy of the home in the (semi-)public space of the wards. The areas of private privacy, of that which is beyond anyone else's access, are very limited: they can consist of a locked drawer or an inner space, a secret, some sphere of life to which the staff or the other inmates do not have access. For the patients of Ward Four-Five-and-One the lockers that "stood beside each bed [and] were the sole repository of anything that belonged to us yet was vulnerably apart from us, and it almost seemed as if we left fragments of ourselves inside our lockers" (*Faces*, 134). But the patients are locked away from the dormitories during the daytime and have to leave their lockers unguarded. And as the nurses have the authority to check the lockers, even the sphere of private privacy is far from safe in the institutional setting.

Furthermore, the nurses and doctors have the power to move the patients away from their lockers. They can be moved away from their beds, and they are regularly moved to other wards. As Istina is not getting "fit and well", but panics in the treatment room she is moved to the lowest of the wards, Lawn Lodge, where her privacy is reduced to minimal. At Lawn Lodge Istina, through her possession of a cretonne bag, becomes one of the patients. Whereas in the previous wards she felt alienated and apart, her final move to the refractory ward seems to mean that she is there for life: "Once here you never get out" (*Faces*,

90). So, now the asylum becomes Istina's home, too, and her privacy, the continuation of her identity is reduced to the minimal token of a cretonne bag given to her by her aunt. And whereas before, she had felt like a stranger among the patients who clung to their bags, she now takes pride in her cretonne bag with roses and a drawstring. This bag becomes her final

> entry paper into the land of the lost people. I was no longer looking from the outside on the people of Four-Five-and-One [the ward where she was held previously] and their frightening care for their slight store of possessions; I was now an established citizen with little hope of returning across the frontier: I was in the crazy world, separated by more than locked doors and barred windows from the people who called themselves sane.
>
> I had a pink cretonne bag to put my treasures in. (*Faces*, 105)

The possession of the cretonne bag thus seals Istina's separation from the world of the sane. As the container of her "slight store of possessions", the little treasures she can still call her own, it becomes her home. In an environment that she cannot claim as her home, she settles for a token that represents a home. Also Goffman has noted the use of talisman-like tokens by the patients in mental asylums. He interprets them as "symbolic devices for separating themselves from the position they are supposed to be in" (1961, 268). In the above passage, Istina's handbag both ties her to her environment (as the very fact that she is attached to her handbag is a sign of belonging to the crazy world) and, if we are to follow Goffman's argument, separates her from her environment. In other words, it gives her an identity and a means of identifying herself. In this way, the cretonne bag both marks her mad, and gives her release from the madness that surrounds her.

The smallness of the patients' "homes" indicates their insanity and position in the hierarchy of the wards. Another marker of this institutional hierarchy is the patients' clothes. In the admission ward, Ward Seven, the patients wear their own clothes. In Ward Four-Five-and-One, the patients' clothes are given away for the night in a bundle. In Lawn Lodge, the chronic ward, patients wear strait jackets and ward clothes. The narrator explains that many of the chronic patients' relatives do not have money "or did not realize that mental patients wear clothes other than pants which arrived […] in festive parcels at Christmas time and on birthdays" (*Faces*, 185).

The wards described in the novel are further hierarchised through their physical resemblance to Western homes and households, although there is some variation between the hospitals: in Treecroft the most colourful, cheerful interior design is part of the façade of the hospital and it is also found in Ward Seven; in Cliffhaven "the brightest ward was Ward Two – that is, in terms of purely chromatic dispersion!" (*Faces*, 137) This attention to colours (soothing pastels) and decorations is part of the "new attitude" towards patients, introduced to the hospital by the youthful Dr. Howell who "tried to spread the interesting news that mental patients were people and therefore might like occasionally to engage in the activities of people". (*Faces,* 29) But to Istina who is surrounded by the misery of the hospital, seized by desperation and hopeless-

ness and uncertainty of the future, these decorations only emphasize the lack of human compassion, and provide a painfully week substitute for true release:

> Above the green […] we could see the new ward for chronic women patients; its buildings were painted a bright yellow, supposed to give feeling of happiness yet seeming to bring only further depression to those who had outlived the severity of their illness and the interest of their relatives and were now to spend their lives in a home where tranquillity, by prescription, was put in the pastel-shaded walls, and happiness painted on the roof, as a sad and reminding second best to the redecoration that could not be made in human minds and hearts. (*Faces*, 249)

The narrator thus acknowledges the assumed relation between the décor of the wards with the moods and atmosphere of the tenants. But this is done only to point out the contrast between them. According to the narrator, the bright interior designs that are supposed to cheer up the patients only emphasise their sadness and depression. The tranquillity of the colours fails to soothe the patients who yearn for emotional gentleness and warmth in people rather than soft shades of pastel – that, no doubt, have been chosen for their "therapeutic affect".

In addition to the physical resemblance of a home, the home-likeness of the wards is also created according to the level the patients take part in domestic duties and the level of privacy they are granted at the hospital: in the "best" wards they may have their own rooms, in the lowest, they lack toilet doors and even underpants. The patients' status is symbolised by their right to wear their own clothes and the number of their possessions, their having their own belongings, and the size and importance of these belongings. The lower the patients move in the hierarchy of the wards, the more the space over which they can claim ownership shrinks. But still, there is always something, the cretonne bag, or in the end, a minimal token of grass or a chocolate wrapper, that the patients insist on calling their own. According to Frame, through the body language of their fingers clenching this token, they seek to convey a message:

> You can have the blue striped dress, and the flannelette pants, bunchy, reaching to the knee, and the gray woolen ward stockings, and the v-necked striped garment known in official records as *chemise,* but these you cannot have – the stalk of grass which I picked for myself in the park, the piece of silver paper from somebody's chocolate, the ball of hair that I found on the floor of the bathroom; my treasures that give meaning to my long day of sitting crouched, hands over my knees, staring from the yellowed patch of park grass to the sun in the sky, Lord Landless in the King's White Hall. (*Faces*, 245)

In the context of the asylum, the smallness – in size and economic value – of the possessions the patients hang on to indicates the level of their insanity. Importantly, however, Frame's narrator reads this gesture of the patient holding on to a stalk of grass as something that confirms her humanity. While her understanding of the meaning of the cretonne bag was that it sealed the patients' belonging to the world of the sane, she later changes her perception and reads it, not as a symptom of illness, but as a gesture of belonging to humanity. It can thus be understood as a gesture of minimal agency which, as Marja-Liisa

Honkasalo (2006, 57) writes, has enormous aims: to secure one's hold on the world, to transcend the present time and history. In Frame's text the defining feature of the patients in asylums seems to be the need, a human need, to hold on to something, some external, immaterial or material object or symbol that one can own or inhabit. The handbag is not merely a practical item in which the patients can carry around their belongings, but a minimal home, a private space that they claim as their own.

In the context of the hierarchy of the hospital, the gesture, however, also indicates the patients' distance to the "World outside", the mythical place from which the patients have been excluded in the first place. In the lowest wards where these patients holding on to minimal tokens are found, the patients are regularly treated as animals. The tokens substitute for real families and homes. The narrator asks:

> Who are we, have we changed when we no longer claim as our treasure the stalk of grass in our hand or the chocolate paper but choose the human beings that we hope to hold tight in our heart? Are we sane then? (*Faces*, 247)

4.4 The World as a Home. Nostalgia, Yearning and the Deception of Memory

The patients in the hospital are expected to want to go home. Home is the space where they are allowed to go, when pronounced healthy enough to leave the hospital, and it is thus the sphere of health just as the hospital is the sphere of illness. The patients feel that they are required to participate in the discourse of going home and enquire about the possibility of doing so – even if they do not necessarily have a home, a specific place to go to. In the patients' imagination the actual home as an object of the patients' desire is replaced by a vague notion of the "World". Written with a capital letter, it seems to acquire characteristics of a specific place. The World is the patients' imaginary home. In the patients' imagination, the World outside is primarily a negation of the life in the wards.

> We stood at the gate, considering the marvel of the World where people, such is the deception of memory, did as they pleased, owned furniture, dressing tables with doilies on them and wardrobes with mirrors; and doors they could open and shut and open as many times as they chose; and no name tapes sewn inside the neck of their clothes; and handbags to carry, with nail files and make-up; and no one to watch while they were eating and to collect and count the knives afterwards and say in a frightening voice, "Rise, Ladies." (*Faces*, 52)

"The World outside" is a concept and discourse that organises the patients' lives temporally and physically, but it is also something that in the asylum gains meanings that are specific to the patients. It is a place from which the patients are separated by concrete walls and locks – as well as by treatment and supervision. It is also a (distant) memory, likely distorted by nostalgia. It is visible, at least partly visible, or at least remembered, by the glimpses the patients

have of the surrounding nature and the village nearby, which the patients see on a supervised walk. It is thus also spatially integrated into the patients' daily life and weekly schedules at the hospital.

Frame's narrator is conscious of the "deception of memory" and the fact that in the patients' memories, the World is constructed as a negation of the institutional practices of the hospital. The world outside is strongly associated with freedom and choice. It involves freedom of movement, control over one's own space and privacy. It means choice over one's own clothing – and caring for your clothes yourself. It is associated with ownership and the absence of fear and surveillance. In the World the patients cease to be patients – and thus potentially violent. And they themselves are not under the threat of violence by the treatment or other patients. The World outside also liberates them from the gaze of psychiatry, and constant supervision. In the patients' memories, the World is a place where autonomy – control over their time, space and belongings – is a part of everyone's life. The narrator's consciousness of the deception of memory brings her conception of home close to Avtar Brah's (1996, 192) definition of home as "a mythic place of origin and desire in the diasporic imagination. In this sense it is a place of no return, even if it is possible to visit the geographical territory that is seen as the place of 'origin'". The world outside has excluded the patients. Nevertheless, the World outside is where the home is. This home is the place of origin or point of departure as well as the patients' destination. Home, the discourse of going home provides the patients with a futurity that is absent from the daily practices and routines of the hospital. As Frame puts it, in the hospital the temporality of the experience of confinement is one of "no past present future" (*Faces*, 37): the deadening routines, days regulated by rounds, treatment, fear of treatment, the patients being locked in and out of spaces, are described as a stopping of the clocks in the cell of a prisoner who waits for the execution of his death sentence (*Faces*, 31). This stopping of the clocks does not, however, stop time from flowing, but it is only in the World outside that the patients would be able to feel its flow.

The patients' relationship to the World outside is thus a nostalgic one. Nostalgia as a concept interestingly brings together illness and home, for whereas the term nostalgia today primarily refers to a time in the past, a temporal loss, and is regarded as psychological suffering, it originally referred to a physical illness caused by the suffering subject's separation from home. The historical development of the meanings of nostalgia, the shifting emphasis between temporality and spatiality, and interconnection between home and sickness, provide interesting insights into how nostalgia is understood in the psychiatric context of *Faces in the Water*.

Home and illness are linked in the term 'homesickness'[47], which in the 17th century became to refer to a mortal disease, nostalgia, that derives its meaning

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47 The term homesickness was most probably first used in Switzerland in 1569 by Ludwig Pfyffer, a statesman, who announced the death of a man to have been caused by "Heimwe", home sickness. A hundred years later, in 1688 a young Swiss doctor, Johannes Hower, published his PhD Thesis *Dissertatio Medica de Nostalgia oder Heimwe.*

from the Greek 'nostos' (return to home, home-coming) and 'algos' (pain). In this sense, nostalgia is associated with the loss of the subject's connection to a place that is considered so elemental to his/her well-being that it causes his/her death. It was as though that the illness was caused by reluctance to adopt the habits and manners of alien cultures and by an immense fear of dying abroad. The symptoms included deep and continuous sadness, fears, sleeplessness, and lack of appetite, over-excited heartbeat, continuous sighing, and recurring fever. At their worst, the symptoms led to death. (Sallinen 2004, 81). Nostalgia thus referred to a serious illness caused by separation from a place significant to the subject, and not simply to a longing or a wish to return. It was thought that the only cure, however, was to return.

The conception of homesickness as an illness was revived in the 18th century when Carl von Linné began to compare it with other mortal illnesses such as erotomania (then considered as pain caused by separation from a beloved person), and Rousseau linked it to childhood memories, and idealisation of past times. Towards the end of the 18th century, emotions were increasingly linked to nostalgia, and it ceased to be considered simply physiological. Nostalgia was linked to mental illness. Next, forensic sciences and philosophers began to link it with suicidal behaviour and crime. By the 20th century nostalgia had ceased to be considered a physical illness, and it was defined as a human connection to one or more geographical places and the people inhabiting those particular places. "Home-count(r)y" is considered important to the construction of identity, and until quite recently, the 1960s, this relation of belonging was assumed to be rather straightforward and self-evident. (ibid. 83-85)

In the psychiatric context of *Faces in the Water,* the link between the patient and the place of her origin was also seen as a rather straightforward and self-evident. The yearning for home, or nostalgia, was considered to be a natural element of health/sanity, with no actual consideration for what this home in the World outside would be. But while in the 17th century it was thought that the only way to cure nostalgia was to return, in *Faces in the Water,* psychiatry takes nostalgia as a sign of health, and before a patient can return home, s/he is expected recover from what in the 17th century was considered to be symptoms of nostalgia: sadness, lack of appetite and reluctance to adopt the habits and manners of an alien culture. In *Faces in the Water,* nostalgia and settling in are expected to take place at the same time. Istina describes herself as dreaming "dutifully" "the abiding dream of most mental patients – The World, Outside, Freedom" (*Faces,* 38). At the same time as she learns the "routine" of the hospital:

> You learned in earnest dedication to "fit in"; you learned not to cry in company but to smile and pronounce yourself pleased, to ask from time to time if you could go home, as proof that you were getting better and therefore in no need of being smuggled in the night to Ward Two. You learned chores, to make your bed with the government motto facing the correct way and the counterpane neatly angled" (*Faces*, 40)

This thesis is considered the first scientific attempt to clarify the symptoms and reasons of this mortal disease of homesickness. (Sallinen 2004, 81)

Together with settling in, nostalgia, as described above, is a required manifestation of health. It is normative and motivated by fear rather than genuine desire. It is part of the patients' performance. Elsewhere Frame, however, also describes the patients' yearning to be(come) part of the outside world as a source of pain that is so devastating it is associated with death: Frame describes Istina's sentiments about confinement as those of a prisoner waiting for a death sentence, as the moment where all the clocks have been stopped (*Faces*, 31). Nostalgia thus also has temporal meanings, for it is linked to the longing for the (lost) past, and this longing is experienced as the stopping of time in the place where one finds him/herself. So while historically, the meaning of the word nostalgia has shifted from spatial to temporal (Sallinen 2004, Johanisson 2001), in *Faces in the Water*, the temporal and spatial meanings are closely linked in the patients' experience. This simultaneity of the spatial and temporal aspects of nostalgia in the patients' experience resonate with Iris Marion Young's (1997) discussion on nostalgia's relation to remembrance: Young distinguishes nostalgia from remembrance, which she describes as the dimension of cultivating a sense of continuity in the daily acts of living in the material context of home:

> where nostalgia is constructed as a longing flight from the ambiguities and disappointments of everyday life, remembrance faces the open negativity of the future by knitting a steady confidence in who one is from the pains and joys of the past retained in the things among which one dwells. Nostalgic longing is always for an elsewhere. Remembrance is the affirmation of what brought us here (Young 1997, 154).

As we have seen above, the institutional world effectively prevents patients from grounding their identity in the materiality of the space where they conduct their acts of everyday living. It negates the construction of homespaces, and thus seems to force them into a nostalgic relation with the world outside. Nostalgia is thus a product of the institutional practices that effectively prevent the patients' sense of home and thus erases the political potential of their experience. For, as bell hooks (1990, 147) points out, for the oppressed, homespaces are the spaces that enable the reconstruction of subjectivity in a world that seeks to objectify them. hooks speaks of the "politicization of memory [as] remembering that serves to illuminate and transform the present." The remembering that according to hooks and Young has political potential is not nostalgic, not for elsewhere. It is remembrance: the presence of the past in the present moment. And by preventing the patients from creating spaces within the hospital where the past could be materially present in their everyday life, it prevents their construction of homes. Home, for Young, is a place where the history of the dweller is present in the things with which (s)he has surrounded herself, and these things support his/her identity. But in the context of the hospital, the patients are prevented from claiming the space they inhabit as their home. Thus, their longing, inevitably, is for an elsewhere. In this context, the "Home World" outside the hospital becomes a mythic place of origin (Brah1996). For many, it is also a place of no return. In light of hooks's and Young's discussion, the nostalgia that the patients feel for the "World" in the psychiatric context of *Faces in the*

Water can be understood as a healthy reaction to confinement, and the loss of home.

With respect to the object of nostalgia, temporal proximity to the place of origin is also significant: the admission Wards are places where the patients still primarily relate to the World outside. They talk about their symptoms as abnormalities and discuss their families and future "as if it were something tangible and within reach." (*Faces*, 222) The longer the patients stay in the hospital, the more abstract the notions of "home" become, and eventually, actual homes are replaced by the notion of the World. But no matter how long the patients have stayed in the hospital or what the prospects of their ever getting out are, the World outside is their goal, the object of their desire, and thus something to be entertained and kept alive. For

> an open ward, was being built up on the hill, with a wonderful view of the sea, and it was going to be the most modern ward in the hospital. But none of the patients wanted to go there, and they pleaded to be allowed to stay and sleep and eat where they had slept and eaten for twenty or thirty or forty years and not be labelled, as the new ward was rumored to be, "Chronic." "That means we'll never get out," they said, no matter how long they had been in hospital they still had the prerogative of secret fantastic hopes, and the labelling of them as "chronic," even when they realized they *were* chronic, seemed to exclude all the hope and all the daydreams that began, "When I get out of here…" "Some day, when I get out in the world…" (*Faces,* 133-4)

The real world, the world outside is thus a necessary dream, a vague notion of some place of origin where the patients desire to go to, but which for many, owing to the years they have spent in the hospital, becomes an abstraction, like a spot on a map marking a whole town, disregarding its complex reality that has failed to accommodate their specific lives in the past – and is likely to do so also in the future. A world to which they have become strangers and need to be exiled.

This strangerness, not-belonging or homelessness created by her long institutionalisation is manifested in Istina's escape from the hospital: one day she wanders off the hospital grounds, out into the World. However, when she runs away from the hospital and ends up at the railway station she cannot think of any place to go to, and phones the hospital. She is picked up by Sister Bridge. On their way back to the hospital Sister Bridge points out the house where she lives. This tiny gesture points to the enormous difference between Sister Bridge, the sane woman nurse, and Istina, the madwoman patient. While Istina has no other place to go to than the hospital, Sister Bridge has a concrete place, a real home out in the World. The psychiatric hospital that they are returning to provides one of them with employment and income, and a daily possibility to return home after her duty is over. Istina, on the other hand, whose existence is defined by her desire to go home and leave the hospital, lacks the power, agency, right and money to do so – as much as she lacks a place of her own in the World.

4.4.1 Going Home – Desire and a Required Discourse

The patients' desire to go home and leave the hospital is not, however, merely an innate dream that they entertain within themselves. In the hospital setting it becomes a necessary discourse in which the patients are required to participate, for the patients' willingness to go home is a measure of their sanity. Disregarding the perhaps violent environment they come from, it is expected that patients want to return to their homes in the world outside. Thus, in order not to be moved down in the hierarchy of the hospital the patients need to express their willingness to go home – or at least keep up the pretence: "At times I murmured the token phrase to the doctor, "When can I go home?" knowing that home was the place where I least desired to be. There they would watch me for signs of abnormality, like ferrets around a rabbit burrow" (*Faces*, 39). For the patients then, home in this respect becomes "the impossibility and necessity of the subject's future (one never gets there and is always getting there), rather than the past that binds the subject to a given place" (Ahmed 2000, 78). For the patients in the hospital, the notion of home in the World outside provides the temporal dimension of futurity. The dulling rhythms of the hospital ("Sausage Day, Apple Pie Day, Visiting Day, Operation Day. Every Day." (*Faces,* 115)) do not offer any prospect of a future, whereby the patients' notion of the future is linked to release and the World outside. For the doctors, the patients' desire to go home is an indication of their willingness to get well, and thus, a sign of health.

The actual return to the communities in the "Home World" is far from simple, however, for hospitalisation transforms the patients into strangers in their original communities. Psychiatric patients carry a stigma that Erving Goffman has also called a spoiled identity and "the situation of the individual who is disqualified from full social acceptance" (1963/1990, 9). Irrespectively of a possible cure, simply the fact of having been confined labels patients in the eyes of their communities of origin. The dichotomy between home and away, home and the hospital, is thus reiterated in the patients' experience as they try to adapt to the world outside. Psychiatric treatment, their physical absence from their communities, has transformed them into strangers in their own community, and as Sara Ahmed (2002, 88) points out, the dichotomic construction of home and away defines home as a site of familiarity that purges the stranger out of the home environment. But patients do return to their communities, and as Ahmed argues, there is always movement within the home, and the dichotomy of home and away is constantly being challenged: the homespace encompasses encounters between those who stay, those who arrive and those who leave. In this sense home is a meeting place, and Ahmed argues that "the home does not secure identity by expelling strangers, but requires those strangers to establish relations of proximity and distance within the home, not just between home and away. […] There is already strangeness and movement within the home itself (ibid. 88)." The accommodation of strangers at home is a dialogic process that leaves none of those involved in the coming and going and staying

intact. For the one who returns, however, the process of coming home consists of restoring her memory, where the collective memory restores – if not replaces – the individual memory (ibid. 77). In other words, by sharing memories – or a narrative of the past, a stranger who arrives home is restored as a member of the community.

Throughout her 'career' as a patient Istina moves between the homes inhabited by her family (parents and sister) and the hospitals (the "not-home-places-of-residence") where, however, she spends nearly ten years. Both sites are places where she stays, leaves and returns. And as her memory fails – both through absence and the added effect of electroshock treatment – Istina's memory has to be restored in both places. At home it is her sister who helps her remember:

> I could not remember people and if I met them in the street and they spoke to me as if they had been friends I learned to talk to them without knowing who they were.
>
> "Who was that?" I would say afterwards to my sister who accompanied me on these outings. And we would laugh, making fun of my memory, and we would talk together of my "country mansion" and wonder what had caused me to forget so much. In the attempted sharing of childhood reminiscences I experienced not a surge of recollected incidents and delights, but a vast invasion of loneliness. (*Faces,* 128)

This joking and talking about a "country mansion" is a way of accommodating the tabooed issue of Istina's confinement in the shared realm of normalcy. It is a way of coping with it, acknowledging and avoiding it at the same time in order to re-establish a relation with the one who has become a stranger through her absence from the community. But due to the electroshock treatment Istina has also forgotten about her shared past with her sister. Consequently, the process of sharing, establishing a common ground on which the news, the failures of memory that are due to her absence, could be based on is not available to her. Her treatment in confinement has thus not only disconnected her from her shared history with her kin, but destroyed her connection with that very history. This – and her inability to admit this failure to her sister – deepens her estrangement and fills her with loneliness.

In comparison to the home outside the hospital, the asylum may seem a liminal space that provides no grounds for establishing a community or a desire to belong to a community. However, after only six weeks at home, Istina finds herself back in Ward Seven (the admission ward of the Cliffhaven hospital), where Istina's memory is also restored: the other patients give her their news – mostly about the coming, going and staying of patients: "Mrs. Pilling and Mrs. Everett told me who had gone home and who was still in hospital, and who had been taken to other wards; that Norma had got a job in a hostel in town and was doing fine" (*Faces,* 133). And while Istina's absence has not erased the terror of treatment from her memory, the other patients look at her with "curiosity and sympathy" (*Faces,* 131). They fill in the gaps in her knowledge about the doctors (who has come and who has gone and how the hierarchies have, subsequently changed) and about the new gadgets introduced for taking care of domestic chores. They speak of the "old days" when – and how well! – Istina had

polished the floors. In short, the other patients welcome Istina back and restore her memory. She is thus, again, restored as a member of a group, psychiatric patients, to which she hardly wishes to belong – while her belonging in the community of her original home was problematized by her absence, stigma and her failure to restore a common memory.

To summarise: what is common to the home outside the hospital and the non-home of the ward is that they both encompass relationships and accommodate strangers. The subject, Istina, thus enters a "narrative of leaving home [that] provides too many homes and hence no Home, too many places in which memories attach themselves through the carving out of uninhabitable space, and hence no place that memory can allow the past to reach the present (in which the 'I' could declare itself as having come home)" (Ahmed 2000, 78). Through her confinement Istina has become a stranger to her native home and has, in a way, found a home in the hospital. This home in the hospital has also become an ontological and epistemological position, a site of identification and situated knowledge.

Confinement thus not only changes the patient's spatial relations, but to various degrees, it also alters their sense of belonging, their perception of the world, and their epistemology. Seija Keskitalo-Foley (2003, 48) defines home as a sense of belonging that can be felt as a longing for a certain landscape. She points out how settling, making a home in a certain place changes our relation to a landscape and transforms our (controlling) gaze into a (less threatening) look[48]. While look is embodied and situated; gaze, as Keskitalo-Foley (2003, 51) defines it, is a general, stereotypical way of looking at the other. The spaces we inhabit influence our way of looking at things; it situates our gaze/look. In *Faces in the Water* the patients are constantly under the controlling gaze of psychiatry. Gaze is also the way of looking at mental patients that Istina has learnt in the outside world: mental patients are considered to be loonies, an undifferentiated crowd that populates the mental hospital. As (former) inhabitants of the outside world the patients, when they enter the hospital, also regard the other patients with prejudice, seek to differentiate themselves from other, mad patients, and maintain a way of perceiving the other patients that could be characterized as a gaze.

As Frame points out, however, Istina's long confinement changes her way of looking at other patients: first of all her experience of confinement transforms her way of looking at "loonies" in general. After her first release from the hospital she stands at the railway station with her mother waiting for the train:

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48 Here Keskitalo-Foley is referring to Kaja Silverman's (1996) feminist film theory. In feminist theory, especially film theory, a great deal of attention has been paid to the ways in which looking is gendered depending on the gender of the subject and object of gaze. In early feminist film theory it was argued that women in films were subjected to the controlling gaze of the male heroes and the camera, both of which objectified the female characters. Women could, at most, possess a disempowered look that did not have the power to turn its object into an object of desire. Gaze was thus defined as a masculine position of power, while looking was culturally determined as feminine.

> I remembered how often, when I had been travelling past Cliffhaven and the train stopped […] I had looked out to see the "loonies" standing on the platform. Now […] I watched the faces of other people staring from the carriages and wondered if I had any distinguishing marks of madness about me, and I wondered if the people around me understood or wanted to understand what lay beyond the station, up the road over the cattle stop and up the winding path and behind the locked doors of the gray stone building. (*Faces*, 58)

Through her confinement Istina has been transformed from one who looks for the signs of madness in others into one who is looked at, or others search with their gaze. Confinement has changed her identification and re-situated her look. She too, however, is an observer. At the same time as she her confinement has been rendered into an object of the psychiatric gaze, she has also gained knowledge: in the carriage, she is the one who knows, through experience and observations, what lies beyond the station. She has, in Susan Sontag's (1990, 3) words "emigrate[d] to the kingdom of the ill and live[d] there", and has learnt the geography of the "kingdom of the sick." This emigration has provided her with first-hand knowledge of that other world, and this new epistemology has estranged her from the "World" outside the hospital. In the hospital, it was the "World" she and the other patients were yearning to belong to; now, outside, she feels alienated from it, and usurped by a sudden nostalgia for the daily routines of the hospital: "Now Mrs. Pilling is putting out the bread on the table for tea and Mrs. Everett is boiling the eggs over the dining room fire" (*Faces*, 58) and so on and so forth. Through time and repetition these routines have become familiar to the narrator. They are part of her daily rhythms; they are embodied and remembered. But very soon she also remembers the misery of being surrounded by other patients talking about imaginary operations they have been through, standing silently in corners or wandering up and down in crumpled dresses and making "cups of tea for tired husbands who are beyond the dayroom and the grave" (*Faces*, 59). And she remembers the impatient nurses and the patients who do not get well disappearing into other wards and hospitals. During the train journey the memory of the hospital melts into the landscape she sees through the window. She wants to believe that she was only a visitor.

But she is not, and it is also her gaze at the other patients in other wards that modulates into a look through her transfer to from the admission ward in Cliffhaven to the chronic ward, Ward Two, during her second stay in Cliffhaven. During her first confinement she has looked at the people from Ward Two with alarm. The patients from Ward Two sing fervently in the church and after the sermon hang back to shake hands with the chaplain. As long as she belongs to the Ward Four, the admission ward, where the patients' primary identification is with the people of the "World", she shares the other patients' alarm at the friendliness of Ward Two people wondering weather their friendliness "perhaps were a symptom of the infection of the permanence that might too easily spread to us" (*Faces*, 46). But as Istina moves down in the hierarchy of the wards, loses her identification with the people of the "World", and her iden-

tity as a distinct person melts into a "we" of the patients, the landscape also seems to change:

> Now that I belonged to Ward Two I also gaped amazedly at the spectacle of the powerful sun policing the earth, Move On There No Loitering, while the arrested darkness lay dungeoned, awaiting trial. The sun seemed closer, more threatening, with warrants of execution slipped between the shafts of light and placed strategically, like shadows, so that we could read them and take warning, perhaps, adopt emergency measures. When I walked with Ward Two it was not the Ward Four sun that stood in the sky, nor the Ward Four flowers that puppeted brightly in the wind. (*Faces*, 185)

Istina's changed sense of belonging thus seems to change the sun itself. The long institutionalisation and the objectifying institutional practices such as being ordered about strip her of a distinguishable identity. She becomes one with other patients who have turned away from the "World". She is no longer going home.

4.4.2 Settling In and At Home in the Hospital

Despite the general atmosphere and pretence of everyone going home, some patients make a home of the mental hospital. Mrs Pilling is one of these women – and there seems to be no sadder fate in Istina's mind[49]. There is a great deal of shame attached to the idea of accepting the life in an institution as one's final fate[50], and in Ward Four in Cliffhaven where the patients have the most realistic grounds for entertaining the idea of returning to the World, and home, it is shameful even to take pleasure of any of the activities designed to break the routine of hospital life such as the opening of the bowling green or the patients' ball. Sanity is expressed as distance to madness, the ability to make judgements and to enjoy a feeling of superiority. The women in the admission ward abhor the women in Ward Two, who turn somersaults, enjoy the sermons at the churches and the opening of the Bowling Green. The women in Ward Two take part and dress up for the asylum ball:

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49 In *Diagnosis as a Cultural Practice,* Bokhour (2005, 55) draws attention to the aspect of hope and futurity in the construction of a patient. If the patent is understood as curable, she becomes an individual. Where she is considered to be a hopeless case, whose future is simply about deterioration, she is, in conversation and in the daily practices of the hospital is constructed as someone who is merely to be stored till death us do part. She is thus constructed as an institutional object without agency. An alternative to this treatment of a patient as an institutional object is to see her as someone with a personal history: a past, present and a future. A patient who settles in the hospital thus, in Istina's mind, seems to adopt a position of powerlessness.

50 Goffman (1961) in *Asylums* assigns this kind of adjustment in the asylum, which he calls a totalitarian institution, to colonisation of the patient. A colonised patient makes the best out of the hospital and creates a stable, relatively contented existence in the asylum. (S)he typically uses experiences in the outside world as points of reference to demonstrate the desirability of the current existence. Other inmates accuse such colonised patient of having found a home. Also according to Goffman, this existence is a problem for the institution, whose aim is to expel patients as cured.

> Yes, we danced, the crazy people from Ward Two whom ever the people from the observation ward and convalescent ward looked upon as oddities. We dressed in our exotic party dresses, taffets and rayons and silk jersey florals… and by the time we were ready we were a garden of carnations and looked like stage whores. (*Faces* , 186)

They take certain freedoms in relation to the codes of decency and sensibility of conventional femininity that confine the patients of the admission ward. The patients thus seek to demonstrate their sanity by their adoption of a critical distance from other patients and the institution's practices. At the same time, they cannot derive any joy from the activities in the hospital setting. The patients of the chronic ward instead, demonstrate a child-like joy – and break the (gendered) rules of acceptable behaviour.

The distance between the sane and the mad is thus a necessary distinction: to prove their sanity the patients have to maintain a distance to the other, madder, patients at the same time as they are required to manifest a desire to go home. Paradoxically, they are simultaneously required to settle in – and to demonstrate their willingness to leave the place they are settling into. For one of the basic requirements in the hospital, the solid proof of one's sanity, is to adjust to the daily rhythm and practices of the wards. As one of the nurses puts it: "If you can't adapt yourself to living in a mental hospital how do you expect to be able to live 'out in the world'? How indeed?" (*Faces*, 42)

Thus to gain the right, the privilege of going home, the patients have to adjust to the practices of the hospital, but to maintain a critical distance to the institution in terms of identification. Desire and sense of belonging have to be manifest for the "World." Furthermore, they are required to restore their sense of duty and fulfil their feminine, domestic role. In *Faces in the Water,* the psychiatric practices of the 1940s and 1950s promote the traditional kind of gender roles that are best described as Victorian (Showalter 1987, Oikkonen 2004): women were encouraged to fulfil their role as "angels of the house". Mrs Pilling and Hillsie, for example, are rewarded for their excessive cooking and cleaning with privacy and other privileges: Mrs Pilling is allowed to cover the peephole of her room and Hillsie is granted the privilege of a day off domestic duties lying in bed. Other patients can only dream of such privileges. Privacy is the prize for active homemaking in the wards. Mrs Pilling is the most trusted patient in Ward Four. She is in charge of the kitchen affairs. She seems to have no husband, no children, or relatives. She never has visitors. She never speaks of her personal concerns; one is seldom aware that she has any" (*Faces*, 35). Mrs Pilling has a small room with a cosy appearance, a feminine smell of powder and clothes. She is allowed to keep her overcoat, and to cover the peephole in her door with a calendar (of five years ago). She, in terms of the hospital standards thus has some authority over her space and even time, even if it is only the past.

It is worth noting that the privacy granted to Mrs Pilling can be seen as a prize and a privilege. She is allowed to be alone. Importantly, in the asylum, the patients' removal from the company of others is also used as a punishment: isolation can be seen as superimposed privacy, the employment of which makes visible the desirability of performing the daily acts of living in a space shared

with others. Istina, for example, enjoys sleeping in a big dormitory with others. She finds comfort in the nurse knitting in an armchair, the ritual of going to bed with a glass of hot milk, the quiet whispers and in the sounds of sleep: the soft breathing of others and even the irritation of snoring. Put in a single room, she is deprived of contact and the presence of others. Privacy and seclusion thus form a continuum, where privacy forms the desired end of voluntary aloneness and isolation marks involuntary exclusion from a community[51].

Mrs Pilling has settled in, but in her case that seems to have neither the aim nor the function of gaining her release from the hospital. This frightens Istina to whom Mrs Pilling "seems like someone who could set up a camp in a graveyard and continue to boil the billy, eat and sleep soundly and perhaps spend the day polishing the tombstone or weeding the graves" (*Faces*, 36). It is worth noting that here the domestic chores Mrs Pilling performs in the hospital setting are immanent in the de Beauvoirian sense. But the fact that such performance that, "normally", in the context of the hospital, would gain a kind of transcendence, release, to the patients, does not interest Mrs Pilling. In Istina's case, the performance of the feminine domestic chores does gain her release from the hospital. Thus, in the hospital context, the fulfilment of the feminine role that, for Simone de Beauvoir (1964), had no transcendental function becomes exactly that: a way to transcend the boundaries of her current location. Examining the role of domestic chores and their – at times – strategic uses by the patients thus shows that the meaning of these activities depend on the function they have in specific contexts. In the asylum, domestic chores become – to some patients, a way out, and thus, the asylum cannot be read simply as a symbol of women's oppression and domestic chores as a sign of this oppression.

Istina's release from the hospital is explained by her having dutifully participated in the domestic chores (cooking and cleaning) of the Wards. The ultimate reward for 'settling in' is thus release from the hospital:

> After three years of living in Ward Four and going dutifully for treatment on nearly every morning when it was required of me, and earning Mrs. Pilling's respect by my enthusiastic polishing of the corridor and Mrs. Everett's good will by my (sometimes feigned) willingness to peel apples and polish the silver on a Friday, and the increasing disapproval of Matron Glass and Sister Honey by my tendency to panic at mealtimes, I was pronounced well enough to go home. (*Faces*, 54)

In *Faces in the Water* health is equalled with compliance with the rules of the hospital. In this sense, health is a performance that can grant the patient the ultimate reward: permission to go home. Home is the site of health. The longer

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51 In addition to privacy, cleanliness can also be seen both as an indication of the patients' level of sanity or recovery and as part of the mechanisms of discipline and punishment. Ward Two, for example, has two dayrooms. According to the patients' condition and behaviour they are either put in the "dirty" or the "clean" dayroom for the day. The continually ill and those who suffered from intermittent attacks are locked in the dirty dayroom. In the clean dayroom there are sea- and mountainscapes, a wall of windows which gave "an occasional view of people and little dogs trotting and trees changing color with the seasons, so that one did not have the feeling of being immured and left to rot in an abandoned dwelling" (*Faces*, 137).

patients stay in the hospital, however, the more utopian, and extraordinary, the dream, the miracle of going home becomes. And when, for some, suddenly, through submission, adjustment (and sometimes pretence) it becomes possible, the patient is immediately singled out as an extraordinary individual by other patients. "Once people knew you were going home they looked upon you with envy and seemed compelled to point you out amongst themselves and to their visitors, saying, 'There's Mona, or Dolly, or Nancy. She's going home'" (*Faces*, 54).

The crossing of the boundary between the World and the hospital is transformed into a miracle in the hospital setting. The patients who know how hard it is to earn this privilege marvel at it, while the visitors who have not experienced confinement and the exclusion from the world, are blinded to its significance. "'Really?' the visitors would remark, like tourists in a foreign land when a building they regard as commonplace is pointed out to them as a marvel" (*Faces*, 54). Thus, what is normal in the outside world has become strange and abnormal for those who have been institutionalised. Within the community of the mad the issue of going home creates tensions between the patients. Going home causes envy; it marks the patient down as different from others. Thus those pronounced "well enough to go home" had better to keep quiet about it. Those who are leaving also feel guilty: "It was as well not to talk about it if you were going home, not even to say you were going; you felt the guilt of it and the pleasure; you felt like a child at an orphanage who has been accepted for adoption and must face, when your new parents call for you, the longing gaze of the deprived people around you" (*Faces*, 54).

In the context of the community of the patients, the privilege of being declared sane and going home is thus a matter of guilt. Significantly, it is also related to the guilt of a child leaving an orphanage. This child-like guilt refers to the infantilised position of the patients in the hierarchy of the hospital. For while it is the social and architectural organisation of the wards that define the hierarchy of the patients, in the social structure that comprises the whole population of the wards, patients and the staff, the patients occupy a position of a child – or, in the lowest wards, even that of an animal. In the following I will turn to the discussion of the social dynamics of the "family-structure of the asylum."

4.5 Family Matters. Mad Women's Families

Home is also a social setting and associated with the idea of family. Confinement and madness affect the women patients relation to their families in the outside world, their possibilities of starting and having families of their own, and places them in the social structure of the hospital that in *Faces in the Water*, in many respects, resembles the traditional patriarchal family.

The guiding idea of the nineteenth-century Victorian mental hospital was that the patients' sanity could be restored in a family-like atmosphere wihtin

the hospital. The family ideal behind this ideology, however, was thoroughly patriarchal, and one in which the superintendent and husbands exercised power over female patients. Elizabeth Packard who fought vehemently for patient rights in the 19th-century United States, for example drew explicit parallels between superintendents and husbands (Wood 1994): both had the duty – and power – to confine and/or protect wives/patients, a power that could easily be used to legitimise violence and abuse towards the victim.

Later, towards the end of the century, patient narratives referred to the over-crowded hospital as a city. The two asylums where Istina stays exemplify this over-crowding: as one doctor tries to "care for" over a thousand women, we can hardly speak of a traditional family unit. In Frame's terms the male doctors occupy the position of gods, the nurses are adult humans and the patients get treated as children. The doctors, however, bear a resemblance to the patriarchal heads of households. The patients are infantilised by their position in the hierarchy. As the doctors are rarely seen in the wards, it is the nurses who function as mediators between the absent (-minded) doctors and the patients. The patients seldom get to speak to the doctors, or, if they do, they easily get confused:

> The patient chosen for conversation with the doctor would become so excited at this rare privilege that she sometimes didn't know what to say or else began a breathless account which was cut short by Matron.
>
> "Now doctor's too busy to listen to that, Marion. You get on with your fancy work." (*Faces,* 28)

The patients' speech is thus highly regulated. In the presence of the doctors they are expected to remain silent. However, they are expected to emerge from their silence promptly and readily when asked to do so. The nurses function as mediators in the communication between doctors and patients. It is the nurses who urge some to speak and others to remain silent. They hurry the patients and cut them short. Furthermore, it is on the nurses' recommendation that patients are chosen for more punitive treatments: "And in an aside to the doctor the omnipotent Matron would whisper, "She's been rather uncooperative lately. We've put her down for treatment tomorrow." (*Faces*, 28)

In *Faces in the Water* the wards that Istina is kept in are almost exclusively female spaces over which the male doctors have control. Their decisions, however, are most likely mediated or influenced by the nurses, who, as the narrator points out,

> were most of the time without compassion [which might seem strange] until one remembers that those who longed to care for their patients either gave up their lonely struggle in its unfavourable conditions of staff shortages and twelve-hour days, or were corrupted into harassed reluctant hypocrites and bullies with some sweet talk in Ward Seven and coarse instances in Lawn Lodge. (*Faces*, 106).

The nurses' lack of compassion for the patients is thus explained by the over-crowding of the hospital, staff shortages and long working days. It is acknowledged that many of the nurses enter the profession with good intentions, but

soon become disillusioned by the working conditions – and the patients themselves. The readers are reminded that of the patients "few were charmingly uninhibited eccentrics. The mass provoked mostly irritation hostility impatience. Their behaviour affronted, caused uneasiness; they wept and moaned; they quarrelled and complained. They were a nuisance and were treated as such" (*Faces*, 112). Particularly in the lowest wards the patients, the mass of patients that the nurses attempt to look after, have become the children or animals they are treated as – or, to follow the logic of the hospital, behave like children and animals – and are treated as such. In *Faces in the Water* this double logic is constantly present: the patients are viewed as children or animals while, it is suggested, they might just become like children and animals due to their treatment. Like children they are given sweets and pocket money; and in the lowest wards they are herded with threats of violence like animals. Similarly, the very nurses who have entered the profession in order to help are hardened by staff shortages and growing cynicism about the institution's possibility to cure and turn into herders without compassion. The crucial point where the patient cease to be considered children and are turned, in the eyes of the staff and in terms of their treatment, into animals, seems to be the point where they are no longer considered curable. The "family" of the hospital, the nurses as mothers and doctors as fathers treat the patients, take interest in them, to the point where transformation seems possible – as when the preparations for Istina's lobotomy take place (*Faces,* 215-216) and the doctors and nurses become excited about Istina's future possibilities – of selling hats, for example. But the patients who are regarded as hopeless fall into the category of animals, and are treated with impatience and violence as when the nurses throw lollipops around in Lawn Lodge to see the patients fight. Thus, in the "family dynamics" of the hospital, the patients occupy the place of children as long as they manifest signs that there is hope of transformation for them. When hope is lost for their future, they are removed from this infantilizing, yet human position within the "hospital family".

To continue the family metaphor: the wards are thus the daily environment of the nurses and patients, "mothers" and "daughters", a community where age, however, is not what determines the "generational" relations. The nurses become mothers, other-mothers to the patients. And as it is implied above, this mothering is badly paid and the "mothers" have little choice over the number of their "children", whose behaviour is unpredictable, some of whom never learn to speak or write and who in the lowest wards throw food about, wet the floor and moan and groan through the nights. The infantilization of the patients is further emphasized by the fact that they have no influence over the daily rhythm of the hospital. They are locked up for the night and moved around the hospital wards according to the doctors' decisions, requirements of treatment, and thus the judgement of others over their condition. And, as it was mentioned before, in this process it is not expected that doctors speak, or listen to the patients, who, however, are entirely dependant (for their life and treatment, cure and access to the outside World) on them. There are, however,

rare occasions where the nurses and patients enter into an almost friend-like exchange of confidences; however, within the hierarchical social structure and staff shortages, such encounters are effectively prevented:

> Sister Bridge cared for them [the patients of Ward Two]. She told me once, in a moment of confidence which she always regretted and which caused her to show to me the kind of antagonism often felt towards those who share the secrets of our real or imagined frailties, that she had begun nursing as a timid girl in the days when, as a matter of course, all disturbed patients wore locked boots and strait jackets; and that, after her first day on duty, she cried most of the night and resolved, though she never kept her resolution, to submit her resignation and leave the appalling place and become a nurse in a general hospital where the patients were not shamed and abused of their illness and where you could at least see what was wrong with them and prepare a neat dressing with ointment and clean white bandages to soothe and heal, and with no difficulty keep the patient trapped in bed. But here at Cliffhaven or any mental hospital you had to provide your own bandages from within yourself to bind wounds that could be seen or measured, and at the same time it seemed you had to forget that the patients were people, for there were so many of them and there was so much to do. The remedy was to shout and hit and herd. (*Faces*, 138-9)

The hospital setting thus effectively hinders identification and solidarities between the nurses and patients. Women are differentiated from one another through their access to home. The nurses have a home to return to after their day at work. The patients have occupational therapy – and are locked up for the night. This spatial privilege is the most fundamental difference between the nurses and the patients. It is the nurses, judged sane, who hold the keys to the locked doors.

The importance of this difference between the sane and the insane becomes all the more visible during the visits of a women's group that regularly visits the patients in Ward Two, Cliffhaven. As they wait for the nurse to come and let them out their face shows panic for, as the narrator observes, "it is unpleasant to be locked in and not have your own key, and strange things happen sometimes to visitors in mental hospitals, inexplicable things that never get into papers!" (*Faces*, 164) These "Ladies" from an Institute in the city who visit Ward Two also bring lollipops for the patients. They do not, however, incite violence by acting towards the patients in a hostile way. They simply do not seem to know what to do, how to behave with the insane: "They were timid and kept in a flock as they toured the dayroom, and before they addressed each patient they looked about them with a furtive embarrassed air. They were not sure how to talk to us or what to say; they had learned somewhere that a fixed smile was necessary, therefore they smiled" (*Faces*, 162).

And the patients, sensing their power, the fear they created, would snatch their bag of sweeties and not talk to the visitors who "said the wrong thing too many times and asked too many questions that did not bear answering and tried to cheer up people who had been in hospital twenty or thirty years by saying, "Never mind, you'll soon be home, won't you?" (*Faces*, 163) For although, according to the narrator, it was hard to distinguish the patients from the visitors at the first sight, and "the Ladies" seemed to have some affinity with the patients, the visitors can access the patients' dwelling – although their presence

might not be welcomed by the dwellers – and their ability to come and go, to cross the boundary to the World outside, reminds the patients of their seclusion.

One of the things that, however, seems to create a link between "the Ladies" and one of the patients, Carol, is Carol's dream of a heterosexual romance. Through the "gagement ring" that Carol has bought from the canteen, her willingness to marry and get "to hell out of this dump" (*Faces*, 163), and sincere belief in her ability of someday being able to do so, Carol provides "the Ladies" with an image of a "perfect mental patient" who can be humoured and encouraged, and who simply allows them to perform the good they have come to perform (*Faces*, 164). But this heterosexual romance is exactly what is prohibited from the long-term patients, who meet the male patients only under supervision at the hospital ball and on the sports day. For heterosexual romance risks reproductive intercourse and mental patients are not to reproduce. So, when Hilary, one of the patients in Ward Two, manages to elope for two days with a male patient, she ends up in seclusion (while the male patient does not and manages to develop a liaison with Carol in the meanwhile). Hilary is kept in seclusion for the period of time it takes to make sure she is not pregnant. For madness, insanity, excludes motherhood when it is diagnosed in women who are not mothers, and seriously transforms the motherhood of those who are already mothers when diagnosed and confined.

In the feminist discourse on madness it is regularly pointed out that women with three or more children are the most vulnerable to psychological turmoil and confinement (Ussher 1990, 2010). Confinement inevitably affects women's position as mothers, and although the issue is not dwelled on at any length, some glimpses into women mental patients' means of mothering are provided: in *Faces in the Water* it is implied that some of the patients (have) suffer(ed) from postnatal depression – and some of those who have are still in hospital when their children are grown up. Some, like Dame Mary Margaret (Ward Two, Cliffhaven), meet their children regularly: when Dame Mary Margaret's adult son visits her, she puts on a special ribbon and returns from the rendezvous with gifts and presents. Others hardly ever see their children. Madness and confinement thus significantly changes family structures – and the possibility of having one. But as it was shown above, madness and psychiatry not only regulate the ability to mother of women who are already mothers, but also affect the patients' possibilities to become mothers and position them in specific ways with respect to what in Western family discourse is regarded as its foundation.

In Western family discourse, the founding of the family is based on an idea of romantic love. In *Faces in the Water* madwomen's desire for romance, however, is described as pitiable. This is the case with Noeline who, like the social worker and the occupational therapist of the hospital, falls in love with the youthful Doctor Howel. Doctor Howell is the favourite of all patients, and everyone, too seem to be aware of the fact that Noeline and the social worker entertain romantic ideas about him. The patients pity both, but with Noeline, the romantic fantasies are seen both as an outcome of her madness – and have further consequences for her position as a patient, as her (and the social work-

er's) fantasies are shattered when Doctor Howel marries the occupational therapist. For Noeline

> was waiting for Dr. Howell to propose to her although the only words he had ever spoken to her were How are you? Do you know where you are? Do you know why you are here? – phrases which ordinarily would be hard to interpret as evidence of affection. But when you are sick you find in yourself a new field of perception where you make a harvest of interpretations which then provides you with your daily bread, your only food. So that when Dr. Howell finally married the occupational therapist, Noeline was taken to the disturbed ward. She could not understand why the doctor did not need her more than anyone else in the world, why he had betrayed her to marry someone whose only virtue seemed to be the ability to show patients who were not always interested, how to weave scarves and make shadow stitch on muslin. (*Faces,* 30)

The stereotypical image of the madwoman as lovelorn is evoked again when Istina returns to her childhood home from the hospital. She is accompanied by her sister who turns out to be pregnant and the sister's two sons. The sister's husband is to join them later, and again, next to this nuclear family, Istina feels barren and empty. She starts to fantasise that "a letter would come addressed to me, a love letter, that I would take into my room and read it again and again and memorize it pore over the handwriting and try to imitate it and change my own ink to green if the handwriting were in green ink. But who would write me a love letter?" (*Faces*, 130)

The patients' love-sickness is also brutally used against them by the nurses in the lowest ward of Treecroft, Lawn Lodge. One of the patients, Helen, walks "stiffly like a tin soldier, holding her arms out as if to embrace anyone who came near her, and whispering "Love, Love," in a manner that would have been banal in a Hollywood film but here seemed pitiful and real". In her pitiable state, she is an easy victim of ridicule. And to break the boredom of the ward the nurses evoke her desire to embrace a living being:

> "Love me Helen," the nurse would call, and Helen, smiling with anticipated joy, would advance carefully towards the nurse only to be turned aside with a scornful remark when her arms had almost encircled their longed-for objective of flesh. Her love changed to hate then; she would attack, and the nurse would blow her whistle bringing other nurses to her aid, and Helen would be put in a strait jacket and for the rest of the day would rage about the room using her feet, her shoes having been removed, to convey her anger and frustration. (*Faces*, 90)

Again, the patient's desire for love and tenderness is shaped by her madness and has consequences that are only made possible in the psychiatric practices of the hospital and thus closely entwined with her position as a patient. Helen's attack results in her being put in a strait jacket, but the incident would break the deadening boredom created by the daily routines and endless hopelessness of the ward. In this ward, the nurses would also feed the patients with lollies by throwing them in the middle of the room, to create a riot among the patients (*Faces*, 98).

It is thus romantic fantasies of heterosexual romance that, at first sight, seems to provide a common ground and a link between the sane and the insane

women. In reality, however, the psychiatric patients' desire for love – or sex – is inevitably bound with – and prohibited – by their position as a patient in the psychiatric hospital. "Sometimes, from the seat on the railing which I shared with Piona and Sheila, we saw men patients and hailed them unashamedly with bawdy phrases and comments on our lovely legs; or we were silent, just being Lawn Lodge people and knowing there was no hope for us" (*Faces,* 106).

Confinement thus affects the patients' possibilities of having future families. Likewise, it changes their relation to their families of origin. In *Faces in the Water*, the mental patients are constructed as inherently unlovable, and thus the love also of the patients' families is depicted as conditioned by the hope of transformation. The families hope that "that some day Betty or Maggie or Minnie would shed, like an old skin, whatever had closed over their minds, and be once again, just as they had been before 'it' happened" (*Faces, 123*). As time goes by, the love of the family then transforms into their adjusting to train and bus timetables, practical arrangements about time and crossing of space to get to the hospital at visiting times and appointments with doctors. But if no cure takes place, the families' love turn into shame and their love more and more takes on the shape of guilt. Its manifestations take the shape of odd gifts at Christmas to "poor Betty. Or Maggie. Or Minnie." (*Faces,* 123)

Istina's family rarely visits her, but her aunt decides to "adopt" her and starts to visit her in the hospital (*Faces,* 73). "She was all kindness, with an intuitive knowledge of how to be a good hospital visitor – to bring comforting things to eat and after the first rather embarrassed "How are you?" which did not demand a detailed reply, sit dreamily in the garden, quiet composed uninquisitive, offering at intervals peppermint creams and fancy cakes" (*Faces,* 73). Her father, however, only comes for a visit to announce that Aunt Rose was dead. "I knew that he was afraid, wondering what his daughter looked like and how she behaved when she was apparently so ill that the doctors had suggested lobotomy' (*Faces*, 124)

In the social and cultural history of madness and psychiatry, it is repeatedly pointed out that since the birth of the asylum, the decision to confine people has been a negotiation between family members and the asylum (Porter 2000, Shorter 1997). In *Faces in the Water* such negotiations are not described in relation to the decision to lock Istina up in an institution, but it is indicated that the family has a say in regard to her release: to end Istina's first confinement in Cliffhaven, her mother agrees that she should be sent up North to stay with her sister. The mother's relationship with both psychiatry and her daughter is uneasy: "My mother was suspicious of the doctor; in some way she regarded my illness as a reflection on herself as something to be ashamed of, to be hushed up, to be denied if necessary." (*Faces* 56).

On one occasion the family defies the medical experts and Istina's second release takes place as "against the doctor's wishes my sister signed me out of hospital and with her two small boys travelled south with me to my home" (*Faces*, 127) While Istina who has lost her rights as a citizen, has no authority

over her release, her family can – and on this occasion does – act against medical advice.

4.6 At Home outside the Hospital? The Return

> How could I help a little self-dramatization around the one of the themes of living that is so consistently involved with man's mythology and religion – The Return? (*Faces*, 128)

> Home is the place where, when you have to go there, they have to take you in.
> - Robert Frost "The Death of a Hired Man"

The patients' yearning to return to the world outside, the ways and functions of the discourse of going home, nostalgia and some social aspects of the patients' return into their communities were discussed above. Here I return to the issue through a reading of Istina's return to her home.

Declared well enough, some patients actually do return home, and in *Faces* also the theme of return that is so important in migrant literature (Nyman (2003) plays a central role. As in migrant literature, also in *Faces* the return proves to be a problematic situation where the notions of home, belonging and commitment are problematized as both the person returning and the community in which (s)he returns have changed. (Nyman 2003, 200) In *Faces in the Water*, Istina returns home after five years of institutionalisation. In her absence, what used to be Istina's home has turned into a non-home:

> My room at home, looking out on the holly tree and the lilac bush and the fuchsia, had a sour stale smell as if it had been prised open, like a sealed box, after many years. My books in the bookcase and the shelves around the wall seemed to have absorbed more damp and decay in my absence, as if human contact with them had been an antidote to disintegration; little worms with black eyes had settled on the ends of pages and begun a marathon meal that they must have thought would never be interrupted, as if the books had told them to devour at all cost since whoever had experienced a spiritual hunger for them had long since departed and died. (*Faces*, 128)

Here it is evident that home is a lived-in space that becomes home only through repetition and repeated use of space (Saarikangas 2006, 222). In Istina's absence, her room has developed "a sour smell" and her books have begun to decay. Here, Frame develops a direct link between her room and literature as homespaces: the room, her dwelling, requires an inhabitant in order to become a lived-in home. Similarly, her books require a reader "as if human contact with them had been an antidote to disintegration." The books are constructed as living creatures who have "told" the worms to absorb them. Both the room and the books seem to have ceased to wait for her; they seem to assume that she has died, or at least her spiritual hunger for literature is assumed to have died due to her madness and confinement. Istina's books, and literature that they represent, assumes her dead as a reader. Her madness and confinement are, again, equalled with death. As an inhabitant of her home and as a reader she has died

due to her absence. Both literature and home require a human subject that engages with them as a reader and as an inhabitant. Otherwise they, too, die and decay. Both reading and inhabiting are social processes. Reading is here understood as an act of preservation. As in Young's (1997) discussion on home, houses are turned into homes through active engagement with their spaces

Istina's return is marked by alienation: her books assume her dead; people refer to her in the third person. She cannot remember once familiar faces. Her own alienation from others results from her loss of memory. She, however, learns to move in her home environment without knowing who she is talking to when people greet her on the streets. These encounters are marked by pretence. She is timid. Her relationship, return to the familiar landscape surrounding her family's house seems more active: she wanders in the paddocks, listens to the humming and the moaning of the powerlines. She climbs on top of a hill. She gathers rose hips and sits by trees. The description is vivid with perception: listening, hearing, watching, seeing, climbing and wandering. She moves in the landscape, peculiarly associated with nature. In the literary context, she perhaps evokes stereotypical images of a madwoman roaming the hills, wandering endlessly in nature. Showalter, for example, analyses the appeal of the figure of Crazy Jane, "a poor servant girl who, abandoned by her lover or bereft of him as through death, goes mad as a result." (1987, 12-13) According to Showalter, this docile madwoman was a "touching image of female vulnerability and a flattering reminder of female dependency upon male affection." Such an image was of interest to the Romantic writers and painters such as Thomas Barker and George Shepherd, for example. Frame, as a writer, and Istina as a narrator, are clearly aware of this Romantic stereotype, and it is almost as if Istina, wandering in the hills is trying on this role of a lovelorn madwoman in order to create a space for herself in literature. We can, however, read her wandering in nature also as an attempt to find refuge from the social world within which she is defined by the stigma of her confinement and insanity. Such a reading resembles what bell hooks (2009) writes in *Belonging. A Culture of Place* about her childhood: while the house she lived in was reigned by patriarchal order, and the wider social context wrought by class and race distinctions and oppression, the natural world provided her with a space where she could take relief from these constraints. Furthermore, in the woods, Istina is not defined by the gaze of others as in the hospital.

At home outside the hospital, Istina is prevented from feeling at home due to her loss of memory and hence her sense of belonging in the community. The loss of memory is caused by the electroshock therapy and is thus psychiatrically induced. Her pretence of remembering isolates her further from her family and creates a state of inner homelessness. Furthermore, as Venla Oikkonen (2004) points out, Istina's childlessness, the fact that as an adult woman she would have been expected to house a baby, become a mother, but as a mental patient does not even stand a chance of having a romance, also distances her from appropriate female corporeality. Istina is thus constructed not only as not fitting into the social community outside the hospital, but also as uninhabitable for a

child, a foetus. All of these factors contribute to her third confinement after only six weeks at home. After five years of confinement she has learnt the role of the madwoman, and that madwoman finds no space of belonging outside the hospital.

Next, I will turn to the ways in which madwomen are constructed as uninhabitable even for themselves.

4.7 Personality as a Home

As was shown at the beginning of this chapter, in *Faces in the Water* Istina's personality is conceptualised through spatial metaphors. She describes her becoming mad as getting on an ice floe where the doctors camp with her. Spatial metaphors are applied also to other patients, and to Istina, it seems the personalities of other patients have somehow left their bodies: looking at another patient the narrator wonders: "*Where* was the former Tilly, the wife and mother of three children? How could people vanish without a trace and still be in the flesh before you? (*Faces*, 167)" The body is thus conceptualised as the home housed or inhabited by the mind or personality. In the hospital, Istina, however, sees homelessness. There seems to be "nobody at home, not in themselves or anywhere" (*Faces*, 114). The minds of the patients seem to be exiled from the bodies of the patients by illness and/or psychiatric violence. According to Iris Marion Young (1997), the home can be seen as a continuation of the dwellers' identity, and according to Granfelt (1998), the making of a home involves investment of personality in a space. As shown above, the patients do invest their personalities in lockers, stalks of grass, minimal tokens that they can call their own and thus represent privacy and home. Here, however, I want to take a step further and ask: how can a mental patient make a home anywhere if the very personality she is to invest in a space is constantly being diagnosed as abnormal, unsuitable, better altered and changed?

Faces in the Water is located (in time and place) in a phase in psychiatric history when the treatment of the patients relies on confinement, restraint, electroshock treatment and insulin therapy – and in the last resort lobotomy. All of these treatments involve intrusion on the patient's body. It is through the body that the doctors try to reach the patients' minds – and the juncture in medical history is such that the intrusion is rather crude: applying voltage to a patient's body causes convulsions, lobotomy involves boring holes in the patients' heads. As Sontag (1990) has pointed out, the medical discourse has turned people's bodies into war zones where the doctors race to destroy the enemy, the disease, which is exactly how Istina perceives the doctors' attempts to cure her with electroshock therapy and, finally, with lobotomy. As Frame construes personality as a dweller of the body, it is the body that houses the mind. Electroshock therapy, however, creates a gap between the two, and drives the person out of her home:

> I imagine myself as I fall my eyes turning inward to face and confound each other with a separate truth which they prove without my help. Then I rise disembodied from the dark to grasp and attach myself like a homeless parasite to the shape of my identity and its position in space and time. At first, I cannot find myself where I left myself, someone has removed all trace of me. (*Faces*, 26)

The loss of memory that results from EST is thus described as homelessness: loss of identity and coordinates in time and place. The self, the I, Istina, seems to have disappeared – though something, a homeless parasite, is left to look for it. EST and insulin therapy do not, however, seem to have the desired effect on Istina's personality. As her memory, for example, is not an issue to the doctors who do not speak to her, its loss does not show, and the treatment appears to have no effect. They thus move on to prepare for lobotomy. For the staff it means an end to Istina's eight-year confinement. For them, it is a chance to make a change. It is new; it is exciting. It holds a promise of the creation of a new human being. But Istina has seen other patients with two holes in their heads through which the old, unsuitable personality must have flown out making room for a new, more amiable personality. She has seen that their condition has not improved. And she fears the loss of her personality that has been with her throughout her thirty years of life. "I felt remote from the arrangements being made for me; as if I were lying on my death bed watching the invasion of my house and the disposal of my treasures (*Faces* 216)".

The self, personality is here seen as a house, invaded by the doctors and nurses, who colonise that personality by taking charge of the patient's future. Now, according to Taina Rajanti (1999) home is made through continuity and repetition. Riitta Granfelt (1998, 108) adds that the construction of an identity, which I here understand as a sense of belonging to a certain time and place where one feels at home, is a complex construction based on everyday practices and habits and takes time. It is thus through a shared history that a place – or here, one's personality – becomes a home; it is through the future dimension, aspect and expectations of continuity that a sense of security is created. But in this sense, Istina is utterly alone:

> Although the staff excitedly discussed my "future" (they reminded me of children wondering about their Christmas presents) they scarcely gave a thought to the operation itself, to its real meaning and the fact that, with the doctors' advice and approval and my parents' consent, the self that for nearly thirty years had fought with time and, painstakingly, like a colony of ants bearing away the slain army, had carried the dead seconds, minutes, hours over the difficult, slowly habitual tracks to the nest, the central storehouse – that self was to be assaulted, perhaps demolished. (*Faces*, 219)

The personality in question here has been diagnosed as schizophrenic. It 'belongs' to a person who has spent the past eight years in mental hospitals. Nevertheless, through time and habit, it has been painstakingly built under the circumstances and conditions and through the discourses and practices that have been available, and now that it "had been condemned like slum dwelling, the planners were at work" (*Faces*, 216). Istina's personality has been announced as uninhabitable, it is thereby annulled, declared an empty space, a no man's land, and the first invasion takes place through language: "The nurses were given

permission to talk to me, and they and Sister Bridge, even Matron Glass, moved into my changed personality like immigrants to a new land staking their claim" (*Faces*, 216). Istina's personality is thus described as a colonised land, where the first settlers move in with their words.

What thus changes first after the decision to demolish the dwelling – and its inhabitant, condemned as unsuitable – is the social landscape. By now, as the issue of lobotomy/demolition approaches, becomes more urgent, the spatial metaphors for personality expand. From an ant hill and house it transforms, metaphorically, into a land invaded by the nurses, excited about being part of the process or act of reproduction of a new person(ality): "In fact this prospect of acquiring another person's mind, like a share in a sudden fortune, brought a confused excitement of planning and speculation, so that day after day I was confided in and spoken kindly to with sentences that invariably began, 'When you are changed…'" (*Faces*, 216)

For the person she is there is thus no future, her body and her mind have been condemned as uninhabitable in an institution the purpose of which is to expel her into the World that has exiled her. This seems to create a situation of ultimate homelessness as the patient is denied both the right to her personality and any autonomy over the space she inhabits. However, in Istina's case (as was the case with Frame[52]) an almost miraculous narrative turn occurs: she is saved from lobotomy when she gains the courage to address another doctor and ask for his opinion about the operation. Doctor Portman objects to it. Istina is saved: no demolition takes place. Istina is allowed to keep her personality, claim stake to her own home.

Istina's personality as a home has, however, been severely damaged in the course of her treatment in the asylums. There has, however, throughout the years she has spent in the hospital been one thread that has connected her to the World and humanity: a copy of Shakespeare's Sonnets that she has been carrying around. This thread of belonging is her link to literature, and a key to her reconstruction of her identity. Next, I will follow this thread and discuss the significance of literature as a space of belonging.

4.8 At Home in Literature – Or, Literature as a Space of Belonging

Throughout her confinement Istina treasures a volume of Shakespeare's sonnets. This volume which she hardly reads but carries around with her is one of her minimal tokens of spatial belonging, a continuation of her identity, her home. It reminds her of a world and a way of being which she values and treasures – even if it does not necessarily give access to it. It marks her as belonging to the civilization that has exiled her into an asylum. For her, as a young aspiring writer, the world of books is the part of the larger world in which she yearns to

52 Frame herself was already "short-listed" for lobotomy when one of her doctors found out that she had won a significant literary award.

find a place for herself, create her own space[53]. It is through writing and reading that she maintains a relation to the world – although these threads of connection are controlled and regulated by the hospital authorities. Seclusion, for Istina, also means that she is denied any reading or writing materials. Yet, one nurse secretly provides her with a pen, another with a magazine (*Women's World*). Another patient smuggles a scrap of a newspaper to her, and even when all these are discovered and taken away from her, she, while talking to a mouse that she finds in her single room, finds a minimum of comfort in the (pathetic) fact that by talking to this mouse she is imitating a rather stereotypical scene where a suffering writer holds on to sanity by the insane act of engaging in a dialogue with a mouse. This mimicking, again, maintains a relationship between her and the representations of those who write.

The volume of Shakespeare is not her only access to literature. However, it is the only one of her own choice. In the hospital wards there are selections of books "with big print and pictures where the characters were children and young adults who did wrong and were punished and made to see the evil of their ways, or did good and died and went to heaven" (*Faces*, 238). The patients' access to the representations of reality and the products of the culture from which they come and in which they are to be readjusted is highly regulated. The picture books they are provided with at the hospital furthers their infantilization, and, as Frame notes, reflect the fact that "in spite of the gradual adoption of the "new" attitude, the idea still prevailed that mental illness was a form of childish naughtiness which might be cured in a Victorian environment with the persuasion of stern speech and edifying literature" (*Faces*, 238). (When this logic is combined with that of psychosurgery, mental patients are understood as obstinate to the degree that they would rather have holes born in their heads than behave. Frame thus presents a myriad of overlapping psychiatric discourses and attitudes within which patients find themselves through their diagnoses and confinement. It is the subjection to these discourses that seems to become the most important factor in their otherness. It is because she is a mental patient – and not primarily because she is a woman (as in Woolf's *Room of One's Own*) – that Istina is denied access to literature, and its material manifestation in the hospital grounds, the library van.

The patients stand at the base of the hospital hierarchy and it is only those who stand at the apex that can choose what they read – and what others should read. The choice over the books that are placed in the wards is made by "the chaplain or members of the office staff or perhaps the doctors or occupational therapists, but rarely by nurses or attendants who were regarded in the hospital hierarchy to belong to the lowest scale" (*Faces*, 238). Gender – although not only gender – is of course embedded in this hierarchy: in neither hospital are there female doctors, yet, there are male patients in other wards. And in any case, patients have little choice over their reading; they are not even allowed to enter

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53 Mary Elene Wood (1994, 60-1), in her study on autobiographical writing by confined women, observes that in these writings poetry, literature and mirrors are employed as a (narrative) means to hold onto a sane self.

the library van: in an almost tragic-comic scene (for those in power often become comical when observed from the perspective of those whom they are trying to control, govern and educate, and whom they often fear) towards the end of the novel when Istina has already been given parole and responsibilities such as making tea for the doctors, she sees a library van outside the hospital. Overcoming her shyness, she wanders off to the van and asks the librarian for permission to enter. Now, Istina's madness does not show. There is no external mark on her that she is a patient, and the librarian lets her in. As Istina is admiring the books, the chaplain of the hospital enters the van and recognises Istina as one of the patients. "No patients allowed in the van. Come out this instant", he bellows and looks "about him as if searching for someone to "deal" with me in the way that, he knew, mental patients are dealt with if they become obstinate." (*Faces,* 240-1). This exclusion of Istina as a madwoman from the library marks her exclusion from humanity and civilisation. She is a "patient and could not be trusted; […] a child and would not grasp the content, the essential meaning of the books" (*Faces*, 241) reserved for the so-called sane.

The scene at the library van also conforms to Ahmed's (2000) reading of the relationship between a home, here understood as sane readers allowed in the van, and a stranger, a patient, who, by definition is to be excluded from a free choice of reading matter. In *Strange Encounters* Ahmed argues that a stranger is not someone we fail to recognise. In fact, she argues the opposite. For Ahmed, a stranger is somebody whom we recognise as a stranger, who has become such as an "effect of the processes of inclusion and exclusion, or incorporation and expulsion, that constitute the boundaries of bodies and communities." (ibid. 6) The stranger is thus *not* defined by that which we fail to recognise but somebody we recognise as not belonging. The librarian recognises Istina as a stranger intruding into the safe space of the library van, and this recognition "allows both the demarcation and enforcement of the boundaries" of "my" or "our" place (ibid. 22-3). As Ahmed further points out, to re-cognise means to "'know again', to acknowledge and to admit." She argues that the "recognition of strangers is a means by which inhabitable or bounded spaces are produced […] as the very living form of a community." Thus, in the incident above, Istina, through her recognised strangerness, is expelled from the community of readers defined by the gate-keeper of the world of books, the librarian. The significance of this lies in the fact that for Istina the world she longs to belong is the world of the books. Reading is the activity through which she creates her sense of belonging, and literature is the home she longs for. For Istina, literature stands for humanity.

Istina's sense of humanity is recovered later when Dr. Portman asks her to choose books for the library. Dr. Portman represents a new phase in the history of psychiatry, the turn towards listening to patients and treating them as human beings:

> Both formality and dinner forgotten we sat on the floor of the little library, choosing. Sometimes Dr. Portman read passages aloud and turned his own memories with dark side to face the light. And it was late afternoon when, with a headache of happiness, I returned to the ward. And from that day I felt in myself a reserve of warmth

> from which I could help myself, like coal from the cellar on a winter's day, if the snow came or if the frost fell in the night to blacken the flowers and wither the new fruit.
>
> I began to go out walking more often by myself and once I went down to the village store which was not out of bounds and bought myself – a jar of peanut butter. (*Faces*, 243)

It is finding this human warmth, recognition of her self as a (reading) human being, and engaging herself in an activity which she finds meaningful (unlike occupational therapy) that enables her to forget both herself, hierarchies (formality), her bodily needs and the passing of time (dinner), where Istina finds the first traces of what Granfelt (1998), referring to Winnicott (1971), defines as an inner home. An inner home is a potential space or a state of mind where one feels good and able to create. It refers to an activity that is so engaging that it enables the subject to forget about herself

This home as an activity transforms into an inner home (Granfelt 1998, 105-6): this inner home is an experience and feeling of integrity and psychological autonomy that enables the individual to defend herself and find within herself a connection to her thoughts, feelings and ambitions. In Istina's case this finding a room of one's own within herself leads to a spatial expansion of the physical boundaries of her life: she starts to walk by herself all the way to the village store. This expansion of the boundaries of her physical/spatial sphere would not, of course, have been possible had Dr. Portman not given her full parole. It has thus been dependant on another person's judgement, but Istina's ability to make use of this spatial liberty requires, according to the logic of the narrative, also the reconstruction of her subjectivity, which takes place both through her recognition as a (reading) human being who belongs to the World through her access to literature and the lived experience of the activity of reading. Furthermore, she buys herself a jar of peanut butter, and thus starts to feed herself, to restore and strengthen her body. Hereby this finding of an inner room through establishing a relation both to an activity and a person enabling it, transforms both dimensions of the home defined in the first aspect of home identified by Granfelt: it strengthens the personality that is to be invested in the place in order to make it home and expands the space of this investment. This discourse of investment, however, seems to dichotomise the body and the mind, physicality and psychology, although in the process of making the home, these feed and constitute each other: home makes a person in and through that persons' making of the home. Home, as Eeva Jokinen[54] (1996) has pointed out, comprises both dimensions of subjectivity: the active subject of making and that which is constituted through, and subjected to, that making.

What the paragraph cited above also describes is the (re)integration of the body (food) and the mind (literature): both need caring and feeding. But it is only through the recognition of herself as an intellectual person and the result-

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54 Jokinen (1996) has also identified a similar expansion of the spatial and physical spheres – as well as the strengthening of the body as linked to the recovery from depression in the autobiographies of depressed women.

ing sense of agency that Istina herself starts to take charge of her own nutrition: she buys the peanut butter. Previously, it has been described how, through her constant fear of electroshocks, she has lost her appetite, and how her body has shrunk. It is through human recognition that her bodily and psychological, inevitably entwined, agencies are restored.

Significantly Istina's (and Dr. Portman's) definition of civilization as a space of belonging is different from that of the majority of doctors and nurses who define it in terms of participation in the labour market (the patients should make themselves useful as shop assistants). Istina and Dr. Portman in turn understand it in terms of belonging to or even participating in literature[55]. In "The place of literature in the spaces of belonging" Lynne Pearce writes: "Giving up on the discovery of the 'perfect' text that speaks from our own 'places of belonging', we make do with others that are less perfect but that paradoxically create the space in which our own stories […] may be heard. It is through our relationship *to* such texts […] that we come to create that which we may never 'know'" (2002, 288-9). For Istina literature is a significant space of belonging to which she holds on to only if through the minimal token of a single book, Shakespeare's sonnets. She "makes do" with the literature at the wards, and is finally rewarded by Dr. Portman's invitation to choose the books for the ward. But ultimately, it is *Faces in the Water,* the document that Istina, the narrator, herself claims to have written about her experiences at the hospital that becomes a possible space and place of belonging for herself and for others. For *Faces in the Water* speaks not only of Istina's experience, but of – and from – the subject position of a madwoman.

4.8.1 *Faces in the Water* as a Discursive Home?

According to Young, the second sense in which home becomes a materialisation of identity is linked to the values and meaning attached to material things and spaces as "markers of events and relationships that make the narrative of a person or a group" (Young 1997, 150). As has been noted earlier, the lower the rank of the hospital ward the patients are placed in, the less they possess, the less is personal, private, one's own. At Lawn Lodge, patients only wear ward clothes, which do not always include pants. In Ward Two, Istina's belongings consist of a cretonne bag (her entry paper to the world of insanity) and her volume of Shakespeare which seems to be consumed by an unknown reader as the pages fall off despite the fact that she does not read the book herself. Not even the beds belong to the patients, and their lockers can be rummaged in and checked by the nurses. Yet, for many, the ward is the only home that materializes itself in the lived reality of the patients, and as "home as the materialization of identity does not fix identity, but anchors it in physical being that makes a continuity between past and present. Without such anchoring of ourselves, we are, literally, lost" (Young 1997, 151). The patients, literally, are.

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55 For definitions of civilisation, see e.g. Laffey, John (1993) *Civilization and Its Discontented.*

Faces in the Water as a book and as the story that it tells can be regarded as an object that embodies a history of violence. It is a counter-history, and thus, for those who have been victimised by the same practices, it can provide a discursive space of belonging, an affirmation of a subject position, a voice that others wish to silence. When Istina is leaving the hospital she is told by one of the nurses to "forget all you have ever seen, put it out of your mind completely as if it never happened, and go and live normal life in the outside world" (*Faces*, 254). Again, psychiatry is presented as a practice of mind-managing, and here, the nurse attempts to silence Istina and thus shape the narrative that she is to build about her life in the future. Psychiatry thus seeks to control its subject's future also at the threshold of her discharge. Just as insanity was a trace in Istina's personality to be erased by treatment, she is to erase this treatment from her memory.

In the world outside there is no room either for expressions or acts of unreason or for a discourse to address the memory of insanity and the machinery designed to erase this failure of reason from the subject position of the treated. When Istina visits her family at her home in the outside world, she can no longer remember the history which binds her to her family and which would give her a feeling of continuity regarding her existence in her (former) community. The memories attached to this community have been erased by the treatment. Furthermore, her history as a mental patient cannot easily find a discursive space in the within her "home" among her family – not at least without heavy modification and disidentification from other patients: "I described myself as if, by misfortune, I had been put among people who, unlike myself, were truly ill" (*Faces*, 127). Thus, in order to belong to her old community, Istina has to agree to a kind of double bind: she acknowledges the existence of the illnesses that psychiatry, as en established form of science, is based on. At the same time, she disassociates herself from the truly ill[56]. In the world outside there is no space for the part of Istina's personality or history that aligns her with the insane. In the world outside, people are required to speak, but only in the words and through discourses that can be accepted and emotionally and socially tolerated by the community. "Home" among the women in Ward Two, however, is a space where people inhabit their own universes, and have to a large extent ceased to care about what happens to them or others. In this setting, those who still care wish to get out, and those who do get out bid farewell to the others ridden with guilt, and with pity. Reciprocity, equality, sameness and even identification are rendered impossible by the dualism of sanity and insanity.

Istina's strategy for dealing with the matter of guilt is to write a documentary, create a book, which is at the same time (as we have seen with her volume of Shakespeare) an object to hold on to, and which to preserve even at moments when we find ourselves unable to read, and an act of remembrance, a reminder of a never again and a tongue-in-cheek comment to the nurse who told Istina to

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56 Mary Elene Wood (1994) has identified the same narrative technique – or political strategy – in nineteenth-century women's autobiographical madness narratives in the United States (see also Reiss 2008).

forget about everything she has ever seen and lived through at the hospitals: "And by what I have written here in this *document* you will see, won't you that I have obeyed her?" (*Faces*, 254) This ironical, defiant exclamation can be interpreted as an act of breaking free from the definitions, institutional orders and bounds of psychiatry that in the book has been described as a punishing rather than healing institution. *Faces in the Water* can be seen as an act of "talking back" (hooks 1989), an act of defiance in the face of an institution that has violently sought to transform the narrator.

For Istina, the narrator presented as the author of this fictionalised documentary, writing is a space where remembrance takes place. It shows that a home, a space (however small) where one can invest one's personality (however distorted or confused) is elemental to one's survival. Reading – and writing about books – is an act of remembrance. It can be seen as an act of creating a discursive home for experience. For those who have themselves been diagnosed and confined, *Faces in the Water* can perhaps become an object in which and with which they can find a history, a genealogy of home and madness, within which they are through their experience included and which necessarily (as not all women are not mad) excludes others. Yet, as part of the diagnosed and confined women's story and act of remembrance of the historical events that "brought us/them here", this history of homes necessarily excludes others, some exclusions are based on privilege, for madness is hardly ever a desired identity and exclusion is what women seek in resorting to medication and by looking for spaces of belonging within patriarchal discourses and practices. It is also only from this position of exclusion that it is possible to find and reflect on a history of mad women's identity.[57]

And although the identity of a mentally ill woman is not necessarily a desired identity, through a common gendered and gendering history it binds the women who experience mental health problems and illnesses, and confinement, also to the women in asylums before them. To recognise this, and to recognise the fear and taboos still haunting those who (have) suffer(ed) from mental illnesses and confinement might create a foundation for yet another painful history, the sharing of which may continue to be needed to not have to experience Frame's protagonist's fear of going "home" to the world: "Yes my people will have me and the world will receive me with open arms like one of those iron-spiked creatures in the horror films that embrace their victims to death." (*Faces*, 248)

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57 I here refer to women as I regard madness as a gendered experience and I am, in this study, interested in the discursive spaces of identification of and for women. I do not deny the possibility of cross-gender identifications by any means, but in this study the focus is on women's madness. Both madness and space are gendered, and for the purposes of a single study I think it makes sense to limit its scope to the complexities of women as a group. The internal differences within this group make it challenging enough to account for them; and the texts in this study describe women's experiences. In my analysis, I emphasize the importance of gender in shaping the protagonists' experience of home and madness, and here I assume that it also affects the readers' identification with the experiences described in the text.

4.9 Conclusions

Janet Frame's *Faces in the Water* powerfully demonstrates the necessity of a space that could be called home for the patients of mental asylums. Whether this space is a lock of hair found on a bathroom floor, a handbag, a copy of Shakespeare's sonnets or a possibility of occupying a space in literature, the patients' gestures of holding on to these objects or spaces outside of themselves signal their desire to belong to humanity. However, in the context of the asylum, *home* also becomes an important metaphor for assessing the patients' level of madness and sanity: in order to be released the patients have to settle in, and make mental institution their home. Taken too far, however, this settling in can be seen as a symptom of institutionalisation and further estrangement of the patient from the outside world. Therefore the patients' constantly have to confirm their eagerness to get better and go home (here defined as their families who may comprise the very people who committed the women to the asylum) by inquiring about the possibility of doing so. "Going Home" is thus both a reflection of the patients' real desire to return to the "Home World" and a required discourse through which they engage in the performatives of health.[58] The patients' yearning to get out expands the meaning of home: it becomes equivalent to the 'World', an imaginary space of belonging outside the hospital.

Yet, in the actual reality of the hospital the patients may have to settle for a token as small as a stalk of grass to represent home – and the privacy of a home – as institutionalisation legitimises certain invasions of privacy and constructs levels of (forced) intimacy. Having a home outside the hospital is also what separates the patients from other, sane, women. Home thus becomes an important trope in the structuring of the confined madwomen's subjectivity, and in the constitution of differences between – and within – women. The axes of symbolical and physical closeness and distance to (imaginary or real) homes thus shape the patients' sense of belonging and epistemology. This is emphasised in the situation where Frame's protagonist returns home. Furthermore, personalities and bodies of the protagonist and other patient's are described in spatial terms, in respect of which I have paid particular attention to the metaphorical use of the images of house and home in analysing these descriptions. In *Faces,* literature plays an important role as a space of belonging, and hence an

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58 I use performativity here in Butler's (1990) sense. Butler, theorizing gender, has importantly pointed out that instead of "naturally" belonging to a biologically or socially determined gender category, we, by performing gendered acts, constantly confirm our gender through the repetition of and participation in always already gendered practices. This performance is by no means always voluntary or willed by a particular individual. Instead, participation is socially sanctioned and even obligatory. It can be painful. In my reading of Frame's narrative, the patients participate in the (gendered) performatives of health and illness: by expressing a yearning to go home, the patients perform signs of health, by settling in the hospital they perform symptoms of illness. It is thus through acts that are already defined as ill or healthy, categories which are already set, that the patients can (or may be able to) confirm their belonging to either end of this polarity.

analysis of the importance and role of literature in Istina's recovery was also included.

The definition of home as a space where the dweller invests her personality, as Riitta Granfelt (1998) suggests, was also discussed: in many ways, the asylum space presents itself as a space that rejects identification. Furthermore, the psychiatric treatments that were discussed, electroshock treatment and lobotomy in particular, and moral management in a milder sense, are attempts alter or erase the personality of the dwelling subject. The spaces inhabited by the inmates of the mental asylums, in many ways, fail to provide them with what Iris Marion Young (1997) has defined as the four positive elements of home: safety, privacy, preservation and individuation. The patients are faced with a constant fear of violence from both inmates and the staff. Most importantly, they are faced with a constant threat of violence on the part of the doctors that is directed at their person and aims at changing them. Electroshock treatment renders them homeless as it erases their memory and sense of self.

Faces in the Water draws attention to the ways in which confinement limits the movement of the patients. It also highlights the issue of scale in relation to the definition and experience of madness and its treatment: the madwomen holding on to their handbags and stalks of grass and yearning to return to the "World" invest their personalities in spaces that are either too big or too small to be inhabited. A home in the handbag cannot be furnished or dwelled in; it cannot accommodate an actual human body. Instead it offers the patient holding on to it a space with which and within which she can form a symbolic relationship. It offers a symbolic space for safety, privacy, preservation and individuation in an institutional setting that deprives the patient of these positive values of home. The patients' yearning for the "World" is similarly a symbolic relation to a space that fails to provide them with an actual, concrete and physical location of living. Both the handbag and the "World" offer the patient means to establish a relationship with spaces that symbolically extend their identity. But while the handbag is a concrete and material space that they can physically hold on to in their daily lives, and thus provides them a refuge in their present state of confinement, the "World" adds futurity to their existence. Identity, which can be understood as a sense of continuity between past, present and future selves, and confinement, electroshock treatment and madness, which constitute illness, all mark a disruption in this continuity. By breaking down the different meanings of home, as we have seen above, the patients reconfigure their notions of home and seek to establish their identity in relation to multiple homes and homelike spaces. Home thus becomes fluid and multiple, and the different notions of it serve different purposes in the patients' lives.

In *Faces in the Water* the psychiatric patient's position is characterised by a kind of dual homelessness: both the hospital environment and the world outside the hospital prevent the mental patient from belonging. Madness alienates the mad protagonist from the surrounding world, and this alienation leads to her confinement. The hospital itself seeks to prevent patients becoming permanent members of the institutional world. And, finally, hospitalization – with the

stigma and the effects of the treatment – alienates her from her community even after her return. To cope with this homelessness, Istina turns to writing: she writes a document, the narrative of her own incarceration and treatment, including that of the other patients in the hospitals, as an act of talking back to an oppressive institution. In this way, *Faces in the Water* reads as a literary home that houses the collective experience of the madwomen of the wards that the book describes. As such a narrative home, *Faces in the Water* can be seen as a space elemental to the construction of an identity and basis for resistance and agency. It becomes a site of remembrance and "preservation of the history and culture of a people, in the colonizing forces of larger society" (Young 1997, 160). For Young, such acts of preservation and remembrance are historical, they are an "affirmation of what brought us here" and they can include things that stand for painful and unjust political histories through which their meaning anchors identity to events and memories that should be avoided in the future, that should never happen again (Young 1997, 155). In *Faces in the Water*, Frame shows a place where, it seems, no one should ever have been brought.

In this chapter, confinement was also discussed in terms of exile. Confinement was seen as a form of symbolic exile, and notions of home were borrowed from postcolonial theory to discuss the effects of this exile in exploring the experience of confinement. Psychiatric violence has been at the core of this investigation. In the next chapter, exile – or forced migration – is the context in which madness takes place. Furthermore, in Bessie Head's *Questions of Power* violence is social and cultural, and something that is explored within madness within a home, as in this work psychiatric hospitals play a much lesser role, while racism and sexism take centre stage in the mental turmoil of Elisabeth, Head's protagonist.

5 "LIKE A PERSON DRIVEN OUT OF HER OWN HOME." ORIGIN OF HOMELESSNESS, SETTLING AND THE INVASION OF THE HOMESPACE IN BESSIE HEAD'S *A QUESTION OF POWER* (1974)

> The dream of home is dangerous, particularly in postcolonial settings, because it animates and exacerbates the inability of constituted subjects – or nations – to accept their own internal divisions, and it engenders zealotry, the will to bring the dream of unitariness or home into being. It leads the subject to project its internal differences onto external Others and then to rage against them for standing in the way of its dream – both at home and elsewhere.
>
> - Bonnie Honig (1994)

Bessie Head's *A Question of Power* was published in 1973. It is her third novel, and it gives a semi-autobiographical account of the mental breakdown of Elizabeth, a mixed-race South African single mother, who has been forced to accept an exit-visa to take up a teaching position in a Botswana village, Motabeng. *A Question of Power* describes in horrendous detail the invasion of Elizabeth's mind by the hallucinatory figures of Sello, who first appears to her as a monk and later as a politician wearing a brown suit. Sello the monk is accompanied by Medusa, a ferocious figure of a female goddess who, together with Sello in the brown suit, is born out of Sello the monk. Medusa challenges Elizabeth's racial and sexual belonging. They are followed by a figure called Dan, who dominates the second part of the book. These tormentors are accompanied by a range of other figures, and their function and possible interpretations will be discussed and problematized below. In the reality created in Elisabeth's mind they exercise a torturous struggle of divine powers, turning Elizabeth's life into a nightmare for three years. During these years, however, Elizabeth manages to become a village gardener. She becomes integrated into the village through a development programme and forms friendships within the multicultural community in the village. Kenosi, a village woman, who faithfully appears in their garden and works with Elizabeth, day after day despite Elizabeth's deteriorating health and disappearing strength, and Tom, a young American development worker, who becomes her friend, play an important role in pulling Eliza-

beth out of her misery. With these two, her nightmares subside, and the reader, too, gets a welcome break from this nightmare-world.

Throughout this time, apart from her two hospitalisations, Elizabeth is to a degree capable of mothering her child, Shorty. She feeds and dresses him, and discusses issues important to him. The boy is also a reason and a means for Elisabeth to pull herself out of her torments and nightmares, and to exit hospitals: her attachment to her son and the necessity of taking care of him repeatedly motivate Elizabeth's move from illness towards health, and maintain health even within illness.

What I am interested in is the spatial construction of madness, and the significance and meanings that home acquires in Elisabeth's experience. I am interested in the ways in which, in Head's writing and Elizabeth's experience, changes both in the dwelling subject and in the space itself, inform and form the experience of madness. In Elizabeth's case the change in location seems to trigger madness that then draws its contents from both her present and past dwelling places. Madness shapes her process of settling – and settling is integral to her experience of madness that itself is understood as a space. In fact, Elisabeth's madness consists of multiple blurrings and transgressions of boundaries – both between physical spaces and between physical and mental realms. In *Indifferent Boundaries* Kathleen M. Kirby discusses the spatiality of the subject on three levels: First, any subject is located in geographical and cultural space – which spaces do not necessarily coincide with the consciousness of the subject, but the analysis of which, as Biddy Martin and Chandra Talpade Mohanty (1986), Adrianne Rich (1985) and Rosi Braidotti (1994) have argued, is crucial to understanding the limitedness of all perceptions and knowledge production. This situatedness is bodily. Furthermore, our understandings of subjectivity are deeply embedded in spatial metaphors: we have deep feelings, and feel close. Jacqueline Rose's (1994) conceptualization of mind/woman as a space where history is embodied, is another example of this. Also, Head's depiction of Elizabeth is sprinkled with spatial imagery: the body itself is understood as a space. In *A Question of Power* the blurring of boundaries and re-establishment of them are crucial processes that characterise Elizabeth's madness: Sello and Dan, the two men inhabiting her mind/house are real men from the village. They invade (as separate from the real men) Elizabeth's house physically, but only Elizabeth can see or hear them. Yet, the power these hallucinatory figures/or ghosts exercise over Elizabeth, lead to her physical and social withdrawal (Elizabeth forgets to greet the other villagers) and result in two public outbursts that lead to her hospitalization. Home as a place of origin and a lived everyday reality are also present in Elizabeth's madness and recovery.

While Istina's confinement in *Faces in the Water* reads as a kind of symbolic exile, in Bessie Head's *A Question of Power* the protagonist, Elizabeth, undergoes mental turmoil in the context of exile – or forced migration[59]. The asylum that in

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[59] While 'exile' refers to living away from one's native or home country either by choice or by force, 'forced migration' explicitly refers to the "movements of refugees and internally displaced people (those displaced by conflicts) as well as people displaced

Frame's novel plays a central role fades into the background. In fact, in Southern African literature, the asylum does not play such a central role in general (Morosetti 2011)[60]. Neither was psychiatry nor the asylum such a relevant institution in the context of colonised Africa (Vaughan 1991). In *A Question of Power* the experience of a disabling mental turmoil takes place in the midst of Elizabeth's efforts to settle in her new community, Motabeng, in Botswana. Madness shapes the protagonist's position in the community, interferes with her ability to mother her child and participate in working life. It takes over her own house and interferes with her efforts as a forced migrant to find a foothold in a foreign environment and to settle into a new community, to make a home in a new location. Again, the analysis will focus on the spatial construction of the mad subject, the effects of madness on the protagonist's belonging to different spaces, her movements within and across spaces, and her everyday life. The most central issues that surface in relation to home and madness are 1) the linkage between forced migration and madness in the context of Southern Africa, 2) settling and creating a home in a new location, 3) home as a site of madness, and 4) home as a site of everyday acts of living, the performing of domestic chores, catering for friends and mothering. Important spaces in relation to which the protagonist, Elizabeth, negotiates her multiple belongings include her two houses that she inhabits together with her son, Shorty, and where she encounters both the uninvited, hallucinatory/ghost-like molesters Sello, Dan, Medusa and multiple other figures, and invited guests such as her friends Tom and Kenosi and some other villagers.

In *A Question of Power* home is the site where madness and mental turmoil are experienced and this turmoil affects Elizabeth's sense of safety at home. However, the space of Elizabeth's home is by no means limited to the space of the building she inhabits. But what exactly, geographically or topologically counts as a home in this novel? Already in *Faces in the Water* we were faced with the question of scale in relation to spaces of belonging. Istina and other patients dreamt of a home out there in the World while in the hospital they settled for partial home-like elements in the wards and even for stalks of grass. In *A Question of Power* Elizabeth experiences madness in a place that is becoming her home. But what, in this context, counts as a home? Is home the hut, and later the house that is built for her? Does it include the gardens surrounding her house *and* the communal garden that is part of the local development programme and the space within which she establishes meaningful working relations and friendships with both the villagers and the international voluntary work force? Or is it the whole village, the space within which her tiny son

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by natural or environmental disasters, chemical or nuclear disasters, famine, or development projects" (FMO, Forced Migration Online, http://www.forcedmigration.org/whatisfm.htm, 29.4.2011) Head herself repudiated the use of the term in relation to her own experience saying that South Africa never was a home to her. To honour this choice, I prefer to use the term "forced migrant" and "forced migration" instead of the term exile that has been frequently used in previous research (Ibrahim 1996, Talahite 2005).

60 Private conversation with Tiziana Morosetti, University of Bologna, 25th of January 2011.

roams about with his friends? Does home include the landscape dominated by the Kalahari Desert and the ring of hills in the horizon? Or is it her new home country? Is her home Africa where she struggles, as a mixed-race woman, to find a space of belonging in the political struggle between white colonization, and Pan Africanism and Black Power? Or does home comprise the whole world as her questions, broodings with Sello and struggles to negotiate humanity in relation to divinity seek to overcome racial, gendered and national belonging and identifications and thus concern the whole human race? And how, in the midst of her mental turmoil, do Elizabeth's mind and body provide and fail to provide her with a sense of security and of being at home? In the following analysis, I discuss these different levels on which belonging is negotiated. The levels overlap in multiple ways, the boundaries are crossed and blurred, but for the sake of structure and understanding, I find it useful to distinguish the geographical spaces of body and mind, Elizabeth's hut/house, garden(s), village, country (South Africa and Botswana), Africa, and the world. Furthermore, literature and language will receive critical attention as sites of belonging. And as the novel is also concerned with recovery and (re)integration in the community, the focus of analysis will shift towards health and home as re-established sites of belonging.

In *A Question of Power* the spaces and limits of homespaces, the blurring of boundaries and the different definitions of home as a space of dwelling and space of (partial) belonging becomes an all but simple matter. Elizabeth's madness is deeply embedded in her processes of settling in a new community. Elizabeth has left behind a country that is in many ways a negation of a home and struggles to make home in a new setting. It is, however, this origin of homelessness and the violence of the practices and discourses that she has escaped from that (in)form the madness that overwhelms her in her new location: "The evils overwhelming her were beginning to sound like South Africa from which she had fled" (*QP,* 57) The space she has left behind thus importantly shapes her experience of the new place she is inhabiting. At the same time, she is able to build "patterns of affection" in her new location in Botswana. It is this dynamic of two simultaneous yet oppositional processes that shape Elizabeth's experience of madness that, as Jacqueline Rose suggests, can be read as a "place where history talks in its loudest, most grating voice (1996, 109)." According to Rose, "a woman in Head's novel is […] the place where the hidden and the invisible *of* history accumulates; she is the depot for the return of the historical repressed. (ibid. 108)" In Head's novel madness itself thus reads as a space where questions of belonging are entwined with different types of domesticity. In the course of the novel Elizabeth inhabits two different dwellings and experiences an invasion of her home by two different central characters, Sello and Dan. In fact, in *A Question of Power*, instead of one madness, there are two different madnesses or phases in madness that differ from one another in terms of content (the novel consists of two parts – named Sello and Dan – that examine different forms of abuse and power), the function they have in regard to Elizabeth's life story, the severity of her illness and its consequences. While

Elizabeth's journey through madness lasts three years altogether, her breakdowns have different consequences also in regard to her settling in the village. While the first public outbreak in a radio store results in brief hospitalization and, in fact, accelerates her process of integration in the community (she finds a new job, friends and a new house as a result of these events); the second one leads to long-term hospitalisation far away from home, and her recovery involves a deeper process of recuperation of her social relations and roles, the patterns of affection that she has already developed in the village. Towards the end of the chapter, I will develop an idea of health and recovery as processes of gradually recovering and establishing both one's inner balance and re-defining one's place in the social and cultural setting, making oneself a home. In *A Question of Power,* social interaction, communication and friendship have a crucial role in establishing inner balance.

But is *A Question of Power* really a book about madness?

5.1 The Question of Madness?

Whether *A Question of Power* is, in fact, a book about madness, is a valid question. Head herself stated in a letter in 1974 that in *A Question of Power* her main occupation was not to give a picture of mental illness. "Actually *A Question of Power* is not a record of a mental breakdown or insanity. It is a record of having encountered God and the devil." (Olaussen 1997, 172). In fact, following the book's publication Head, who identified closely with Elizabeth, felt hurt and misunderstood by any mention of insanity or nervous breakdown. (Eilersen 1995, 192). She felt that the critics were against her. According to Head, Elizabeth was simply transgressing the boundaries of gendered thought processes: "there's nothing wrong with [Elisabeth] but she is not thinking like a woman, her generosity and thought processes are male..." (Eilersen 1995, 192). Later, however, her attitude towards the various interpretations and readings of her novel grew more relaxed, and as she gained international reputation as an author, she finally, according to Eilersen (1995, 252), "liked them all. Even when students used the words 'insanity' and said that she was describing her South African experience, she took it calmly."[61] In 1980, she wrote to a researcher:

> I hardly recognise my novel in your symbolic interpretation of it, but you are excused. *A Question of Power* is a novel readers take fierce possession of. The canvas on

[61] By this time, Head had travelled extensively as she had been invited to speak about her books in Berlin, Denmark and Nigeria. Later she was also to visit Australia. The student papers refer to the students in Nigeria, but Head's work was also studied by students in South Africa and Europe. She was frequently contacted by these students, and still at this point seems to have enjoyed working with them. It was only later that she started feeling exploited by the academy, as she thought she should have been paid by the universities for receiving students and tutoring them on their work. As this was not the habit in the academy, Head, who was frequently receiving students and academics and corresponding with them, struggled with poverty. She thus felt exploited. (Eilersen 1995, 256)

> which the tale is drawn is BIG, the tale drawn on the canvas, small, sketchy and uncertain… This very attitude of uncertainty is an open invitation to the reader to move and re-write and interpret the novel in his/her own way. So, *A Question of Power* is a book that is all things to all men and women.
>
> To a psychiatrist it is a description of a wretched form of schizophrenia which is very distressing, but it throws light on the world of insanity about which not much is known.
>
> To a woman's liberationist the book is pure women's lib, illuminating some dark and hidden intent on the part of the male species to eliminate the female of the species.
>
> To an idealist who would remove poverty and suffering from the world, the book is the ultimate in wonder, the great answer to human suffering.
>
> To the idealist who dreams about the riddle of life and puzzles over it, the wide open spaces of the book are an endless delight, a temptation to re-write, re-dream and interpret the story (cited in Eilersen 1995, 252-3)[62]

Perhaps she would then have approved even of Eva Evasdaughter's (1989) reading of her work. Evasdaughter diagnoses Elizabeth as paranoid schizophrenic, as her experience "meets the criteria set forth in the *Deskreference to the Diagnostic Criteria from the Diagnostic and Statistical Manual of Mental Disorder, Third Edition (DSM-III)"*. Evasdaughter argues that while authors cannot be diagnosed from a literary text, a character can," and situates *A Question of Power* in the framework of Western medical discourses without hesitation – a trend which later postcolonial research on the novel has vehemently criticized. Annie Gagiano (2000, 159), for example, argues that "'Sello,' 'Medusa,' 'Dan,' and his harem of 'girls' are all *imagined* power forms – but they are neither illusions nor hallucinations. They are mechanisms allowing Elisabeth to study (as she experiences it) the concentrated onslaughts of power on the soul."

Head's own summary of the ways in which her novel invites readers to re-write and re-interpret it covers quite well the lines of research that her novel has, indeed, prompted. All of them are also related to the ways of reading the *origin* of madness in *A Question of Power.* Psychoanalytic readings place emphasis on family dynamics – or the lack of it and, like Patrick Hogan (1994), read the novel through the family triangle. The emphasis is then on the madness of the mother, absence of the father and the haunting of this failed family unit of Elizabeth. Psychiatrists, as Head refers to them, on the other hand, read, as Evasdaughter (1989), the novel through the diagnostic criteria of schizophrenia and thus interpret it as a description of a psychotic state. Political readings that place an emphasis on social factors contributing to madness, emphasize the violence of the Apartheid regime on the oppressed, and feminist readings emphasize the effects of sexual violence and focus on the gender relationships. Still others (Bhana 2004) seek to locate *A Question of Power* in the context of native African cultures.

Situating *A Question of Power* in any one of these frames of reference is far from uncomplicated. As Head herself recognized, her novel is painted on a vast canvas, and squeezing it to fit to any single interpretative grid would be to sim-

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62 KMM 342 BHP 11.7.1980

plify the richness of the text. I thus find most useful the readings of *A Question of Power* that seem to reach out from the ground, and, like Anissa Talahite (2005), take the concrete sites of Elizabeth's living as starting point. I am especially fond of Talahite's reading of the significance of the garden in *A Question of Power*. Talahite, and, for example, Margree (2004) focus on questions of migration, identity, belonging, hybridity[63] – so widely used in postcolonial theory today to refer to people of mixed (racial, ethnic, national) origin – and the garden. Head's writing is rich with references to and description of gardening, and the hybrid forms of plants, like the Cape gooseberry, have positive meanings. They thrive, providing nourishment and abundance in a place that struggles with drought. Head's writing thus seeks to redefine hybridity positively. Still another line of research touches upon the autobiographicality of Head's writing (Abrahams 1990) where her life and writing are compared and contrasted (Ibrahim ed., 2004). In this study, I am interested in the textual construction of the experience of madness in *A Question of Power*, rather than its relation to the author's life. What to me is interesting is how the novel constructs the experience of madness, not the historical "truth" about the experience the author draws on to construct this narrative.

In regard to Elizabeth's madness there are two sharply contrasted readings of it: the psychiatric and the postcolonial that situates Elizabeth's experience within African traditions. Jacqueline Rose (1996, 104) discusses the multiple implications of reading Elizabeth's condition as madness, on the one hand, and as a situation where Elizabeth is understood as being sick "under the influence of hostile ancestors", as an old Tswana tradition would have it, on the other. To follow the first line of thought, "granting" madness to Africans, would be to recognise their humanity within Western parameters. Yet, "paranoia is not quite the same thing – madness is not universal – in a culture which believes that ancestors can visit you, body and mind, that the dead live underground and are liable, at any moment to drop in." (Rose 1996, 104) In fact, Head later wondered how well her experience fitted the description of baloi, the practice of witchcraft in her local setting. (Eilersen 1995).

Rose's article is an important attempt to negotiate the two types of research that seem to dominate the almost exponentially growing scholarship on Head's oevre, and the interpretation of the presence in her life of Sello and Dan. One line of interpretation (Evasdaughter 1989, Hogan 1994) resorts to different Western psychiatric traditions to frame her experience; the other, more recent trend is to fit it in the postcolonial framework and the understanding of the presence of ancestral figures in African traditions. Hersini Bhana (2004), for example, links Head's novel to the native African tradition where ancestral ghosts and communication with them are regarded as a natural part of everyday-life. Thus, what in psychiatric discourse would be called hallucinations and identified as symptoms of mental disturbance and disorder, are, in the native African

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63 Hybridity is originally a term used in biology to refer to an offspring of two animals or plants of two different species or varieties, but is now widely used in postcolonial criticism to refer to the mixing of cultures.

discourse, natural and important communications with the ancestral past. According to this line of reasoning, it would not be Elizabeth's madness that produces the presence of Sello and Dan. Instead, what they do to her renders her ill. This way of reading Elizabeth's madness is supported by Head's own interpretation of Elizabeth's condition: according to her it is the violence perpetrated by Sello, Dan, Medusa and others that makes Elizabeth ill. This line of interpretation is also supported by Head's (1977) short stories on village life where she describes the practices of witchcraft. This re-situating of the interpretative frame of Elizabeth's madness, however, only accounts for one half of her colonial experience, which is characterised by the simultaneous existence of multiple discursive frames. Furthermore, as Bhana (2004, 33) reminds us, calling Elisabeth mad can also be seen as a powerful, and in fact, humanising gesture in the colonial situation: psychiatry was born in the West, and in the colonial context "African women […] were said not to have reached the level of self-awareness to go mad" (Vaughan 1991, 22). Thus, to insist that Elisabeth, who is an African woman, is mad is to (re)define her as someone who has "reached the level of self-awareness to go mad." In fact, the whole process of her mental turmoil and travel through the stormy seas as she calls it, can be read as a process of overcoming her previous state of objectification and becoming a subject aware of the social, institutional and cultural violence that participate in her subjection. In fact, Jacqueline Rose (1996) reads Elisabeth's communication with Sello, Dan and the other hallucinatory figures or ghosts as a kind of talk-therapy that eventually liberates her from the haunting past.

Bhana (2004, 34), however, further argues that reading Elisabeth's state as paranoid schizophrenic or post-stress disorder "fails to acknowledge that madness is not a culturally neutral concept", but one that through its diagnoses participates in the colonial gestures of othering and deviation of the Africans: "The coupling of blackness and pathology, though directly contradicting earlier claims of black lack of mental sensitivity, is integral to the very definition of blackness where the crazy, diseased black function as Other to the sane, rational, universal, white subject." Bhana thus chooses to read Elisabeth's haunting by her mother as ancestral communication and her "hallucinations" and memories as embodiment of collective pain of the past – as Elisabeth is not troubled only by things that happened to her personally, but also by the Holocaust and lynching of the black people in the United States: "Incidents such as the lynching and rape have not, in a 'rational' sense, been experienced by Elisabeth, yet as a South African woman, they are part of her body of blackness that has little meaning outside of the points of collective entanglement, those knots of material forces, that create blackness itself." (ibid. 43)

Bhana, too, thus reads Head's novel as a means of a collective and personal therapy, as "pointing towards alternate models of identity and peoplehood." She argues that "[t]his model involves not a utopic return to a premodern past, but an engagement with another form of collective embodied memory that does not revolve just around the collective injury of modernity but that validates the experience of those who came before us and who can guide our actions. This is

collective memory with consequences, the accompaniment of the traumatic re-enactment of the colonial archive with the sustenance of elders and ancestors who came before us and who will continue to arrive after us." (Ibid. 47) Bhana thus wants to resituate *A Question of Power* in the African tradition, which I, however, find problematic: Elizabeth occupies a hybrid position and she has had a colonial schooling in a missionary school. She does not speak local, African languages and has no contact with her native father. Her relation to African traditions is thus rather weak. But, of course, ancestors in this tradition can cross generational gaps, as Bhana explains: "ghosts are not just evocative traces that call into question linear temporality. […T]hey are real beings with dusty feet and aching bones[…] Acknowledging their veracity resituates my work within re-imagined African indigenous contexts that center the power of the spiritual and ancestral lineage and sacred connections to land bases." (Ibid. 47). In "Witchcraft", Head (1977, 47) describes the malign presence of and the firm belief in sorcery in Batswana villages as a "lingering and malignant ailment that was difficult to cure."

I value Bhana's argument, as it is crucial to understanding *also* the African lineage and presence in the cultures Head and Elizabeth were products of. However, I find problematic the way in which the two lines of interpretation are polarised: while the Western psychiatric discourse pathologises Elizabeth's experiences, the resort to African ancestral tradition naturalizes it. This works to juxtapose Western and African traditions aligning the first with modernity and "rationality" and the second with tradition that then seeks to legitimise that which, in the eyes of Western rationality, seems irrational. This juxtaposition fails to recognize the influence of Western/Christian religions in Southern Africa. In fact, Head repeatedly refers to Christianity – and in the end, Sello actually reveals that Dan is no less than Satan. Furthermore, the novel is filled with references to devils and demons – a discourse that directly draws from Christianity and formed the basis of discourses on madness in medieval times. Some sects of Christianity still hold this belief, and, in fact, the Christian faith-healing churches that were spurned in the region due to the presence – and active involvement in the communities – of missionary churches (London Missionary church, Catholic church and a number of others) took it as quite natural that people should have visions and hear voices (see Head 1981/2008 and Comaroffs 1997). There are thus elements that naturalize and make meaningful what in psychiatric frameworks are understood as pathological in both the white/Western and the black/African inheritance of Elizabeth, which is why I think that *A Question of Power* calls for a reading situated in the context of its cultural hybridity. As Head herself stated, *A Question of Power* is a novel that explores the universal questions of good and evil. It does this, however, in a very specific context and by drawing on multiple cultures and cultural influences.

The problem in psychiatric readings of *A Question of Power* seems to be the difficulty of recognizing illness as meaningful. To read Elizabeth's state as a psychiatric illness, as Evasdaughter (1989) does, lays the emphasis on symp-

toms, and in fact, this problem with modern psychiatry of recognizing the importance or meaningfulness of the content of psychotic symptoms relates back to Kraepelin, the doctor who coined the word schizophrenia. What became a crucial turning point in the history of psychiatry was precisely Kraepelin's decision to start recording the ways in which madness presented itself in the patients (whether it included changes in mood, for example) rather than the content, *what* the patient was talking about. This realization helped to develop diagnostics and medical drug treatments, but it also contributed to the tendency in psychiatry to ignore the cultural context and phenomena that the patient's mind was engaged with, and the psychotic symptoms arose out of. Psychoanalysis, on the other hand, then turned the doctor's attention back to listening, but with a specific focus on what the patient had to say about nuclear family relations, as Hogan's (1994) reading does. A postcolonial reading, on the other hand, turns to African ancestral traditions to explain Elizabeth's communication with her tormentors and teachers (Bhana 2004).

While I recognise the historical burden and discursive charges of different lexicons, in my reading, it does not really matter whether we call Elizabeth's experience paranoid, hallucinatory or bewitchment. What strikes me as important is to recognise the meaningfulness and relevance of the experience, and read, as Jacqueline Rose does, "[p]athology as a the place where history talks in its loudest, most grating voice." (1996, 109) To cite Rose (ibid. 108) further, "a woman in Head's novel is […] the place where the hidden and the invisible *of* history accumulates; she is the depot for the return of the historical repressed." Thus, while Elizabeth's withdrawal to her own inner world and the fact that the figures that haunt her – and, at the same time, allow her to *study* the multiple mechanisms of power and oppression – allow us to read her state as a classical case of schizophrenia, it also creates a space for negotiating not only personal traumas of not belonging, but universal questions of human belonging. It is also a space where very basic moral questions are asked: how are we supposed to behave toward one another as human beings so that we do not violate each other. As Rose (ibid. 103) points out "Paranoia – voices in the head – is of course the perfect metaphor for colonization, take-over of body and mind." Yet, the invisibility to others of the figures who torture and visit Elizabeth's mind and house and the fact that they do, indeed, make her very ill, suggest that this paranoid state is not merely metaphorical. In a way, Elizabeth is both raving mad and uncannily sane at the same time: As Head herself acknowledged, Elisabeth is seriously ill. She suffers from mental torment that she recognizes as unnatural. The attacks she is subjected to exhaust her to the point where she is unable to get out of bed. Her actions and interpretations of other people are misjudged. Yet, at the same time, Elizabeth's madness testifies to the violent structures in the various cultures that form the web of discourses and provide the frameworks of understanding and interpreting human experience.

In my reading, it is not so important *what* the figures, ghosts or hallucinations, that torment Elizabeth are, how they are named or conceived – although I think it is important to open up what is involved in the different acts of naming

as I have sought to do above. It is equally important to acknowledge that *A Question of Power* is a novel that falls under the heading of this study by choosing a certain way of interpreting Elizabeth's experiences. What she goes through, the type of torment and suffering that she endures does, as the studies of Evasdaughter (1989), Hogan (1994) and Rose (1996) show, meet the criteria of psychosis and paranoid schizophrenia. However, what in my reading, due to my wish to understand the relationship between illness and home, matters, is what these figures *do* to Elizabeth. What they do to her sense of belonging, her everyday acts of living, her everyday life, sense of security, privacy and other positive values that Iris Marion Young assign to the notion of home as well as to what other meanings of home surface in the story in the course of Elizabeth's illness and her settling.

In doing this, I have discovered another approach to reading Head's work, which, like Anissa Talahite's (2005) essay, focuses on the importance of the imagery of growth, botany, the garden and the land in *A Question of Power* and Head's other work (see also Margree 2004). These readings base the analysis of Elizabeth's experience on an understanding of the material conditions of the local community that she arrives in. While Talahite (2004) focuses on the image of the garden and its material and spiritual/symbolic meaning in Head's text, Margree (2004) points out that the society in which Elizabeth arrives from the mad state of South Africa is not a "healthy" society either: while Botswana suffered less severe consequences from colonialism (it remained a rather independent protectorate of Britain), it was, at the time of Elizabeth's arrival, a society charged with poverty and malnutrition. Margree (2004, 17-18) introduces the term "pathological normality" to describe "conditions which are detrimental to the health of an individual while forming the normal conditions of life." She argues that while in South Africa it was pathological political oppression that constituted the "normal" everyday life of black people, in Botswana poverty and malnutrition define the normal conditions of life to which Elizabeth has to adopt during her process of settling in Motabeng. It is thus crucial to keep this context in mind for it shapes both the reading of the novel and interpretations below. Importantly, the meanings of home below stem from multiple positions of homelessness, but unlike in *Faces in the Water,* psychiatry is not the oppressive force that renders the protagonist homeless and in relation to which she needs to defend herself and renegotiate her identity. In *A Question of Power* madness takes place at home, in the dwelling of the protagonist. Peculiarly though, home, for Elizabeth, has throughout her life been characterized by what Margree (ibid. 18) calls "normal unhealth ... a state of being in which qualities essential to health have been alienated" and what is left is a "survival response to hostile normalities". In *A Question of Power* madness is a space to negotiate past homelessness and dehumanization in Apartheid Africa – as well as the hostility of the new space. Hubert, in fact, (2002, 132) reads *A Question of Power* in Laingian terms as a "rational response to an irrational society" and the social reality from which Elizabeth draws the material for her hallucinations is irrational, based on the denial of the humanity of the colonized people. In *The*

Wretched of the Earth, Franz Fanon (1967/2001, 200) explicitly links this position to a pathology that can only be overcome by armed resistance. He also connects the position of the colonized to a forced quest for identity: "Because it is a systematic negation of the other person and a furious determination to deny the other person all attributes of humanity, colonialism forces the people it dominates to ask themselves the question constantly: 'In reality, who am I?'" In the colonial context the answer to this question is also subjected to different, simultaneous notions of reality which are in hierarchical relation to each other. Fanon writes: "It must in any case be remembered that a colonized people is not simply a dominated people. […] there is not simply the domination but the decision to the letter not to occupy anything but the total sum of the land." (Ibid. 201) And according to Fanon, in the colonization process people and cultures are rendered in a landscape that, rather than to exist in itself, forms only a background for the dominating culture. And this rendering in a landscape is to dehumanize these peoples. The psychology of the colonized is thus linked to the seizure of their land. According to Fanon, oppression causes a mental pathology that can only be overcome by armed resistance to the colonizing power. Psychiatry participates in the pathologization of this resistance by classifying cases of 'reactionary psychoses'", and thus participates in the 'pacification' of natives and independence struggles. The case studies he presents in *Wretched of the Earth,* however, also point to the role of colonial and anti-colonial violence in developing psychiatric disorders or mental turmoil and suffering in both victims and perpetrators of violence. In *A Question of Power,* Elizabeth's mental turmoil stages this type of colonial violence, but addresses it not on the level of national resistance (which issue is complicated by Elizabeth's mixed racial inheritance), but by describing mechanisms of dehumanization based on race and sexuality which are both intra-psychic and abstract enough to point to other culturally and historically remote points and events in the history of human violence and atrocities.

Thus, while Frame's *Faces in the Water* focuses on the violations of Istina's body by the doctors and their treatments, and thus highlights the violence of forced incarceration and electroshock treatment, Bessie Head's *A Question of Power* (1974) highlights the violence of what in psychiatric term would be a psychotic state[64]. While, as Head (Eilersen 1995) has stated, *A Question of Power* is rather a description of a journey to hell, and a negotiation and confrontation with evil, it is also a remarkable description of subjection to hallucinatory powers, and the painfulness of this experience. *A Question of Power*, describing madness as a journey, a descent to hell, takes the reader within the violence of psy-

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64 This can – at least partly – be explained by historical time and place: As Vaughan (1990) has shown, psychiatry in Africa was not primarily treating the natives, who were considered not to have achieved enough civilization to go mad. Elizabeth, has, of course, received a Western education and speaks English as her mother tongue, but as Head points out, she is, eventually, treated in the only psychiatric hospital by the only psychiatrist in Botswana at the time. Psychiatry is thus not a widespread practice or the primary means of treating deranged people in Elizabeth's given location.

chosis, subjects the reader to the forces at play in a psychotic state. She describes the experience of madness as a journey – at the end of which, in Head's words, however, Elizabeth gains no more knowledge or insight into life than the ability to imagine what it could have been like in Nazi concentration camps (*QP*, 200). In the course of this journey, however, Elizabeth endures the tortures she undergoes out of her conviction that Sello, Dan and Medusa are teaching her how power operates. Furthermore, during the years her journey takes she becomes grounded in her social reality and finds a foothold and a trade in her garden and the village community.

Head herself described *A Question of Power* as a vast canvas: it is filled with references to various religions and ideologies, historical times and events (Talahite 2005), and for a reader unfamiliar with these various deities and events, the references may seem haphazard and – mad. *A Question of Power* shows Elisabeth's mental breakdown as a point where she is forced to confront the violence of the society she has left behind as well as that of her new environment within herself, and she is forced to see herself as an actor in this violence. In 1976 Head, who drew on her own experiences of mental breakdown, described this in a letter: "I experienced a state of mind where I was completely deprived of the assurance that I could not be evil, too. […] To lose one's sense of self importance in a kind of grueling hell is like being brought near to the brink of death itself." (Olaussen 1997, 177). In *A Question of Power* the confrontation with God and the devil draw from the cultural context of Apartheid in South Africa and its imposition of racist and sexist categorizations of people. Elisabeth's psychosis draws its contents from the cultural and ideological context that she has fled. Just as medieval psychoses played on the possession of the subject of illness by God and the devil (as in *The Book of Margaret Kempe* (of 1436), in Shannonhouse 2003, 5) and psychoses today can involve belief in elements of modern technology being used to read one's thoughts, Elisabeth's psychosis is not removed from the actual context she is living in, but can be read as a confrontation of its most vile aspects. To read madness in this way is to acknowledge it not as a state of being removed from reality, but as a way of negotiating and living through its most brutal and violent aspects.

Elisabeth's experience of migration and madness are closely interlinked, and her very position as a refugee and stranger in the village she has come to inhabit, renegotiates the stability of a place, or the "purity" and stability, homogeneity of home. Also Ahmed (1999, 340) turns to the idea of the nation as home in problematizing the idea of home as a purified space of not thinking: "if we were to expand our definition of home to think the nation as a home, then we could recognize that there are always encounters with others already recognized as strangers within, rather than just between, nation spaces." This is why Maria Olaussen (1997, 31, citing Bhabha 1994, 38-9), argues that "Head's novels need to be studied as 'the way to conceptualizing an *inter*national culture, based not on the exoticism of multiculturalism or the *diversity* of cultures, but on the inscription and articulation of culture's *hybridity*.'" (emphasis in Olaussen) Hybridity originally refers to the offspring of two different species in biology. Cul-

ture's hybridity refers to the fact that like no subject, no culture is singular but a mixture or blend of recent and historical influences and interactions. In *A Question of Power* madness is a space where questions of belonging can be negotiated – and closely linked to the processes that make up a place itself. These are the processes that will be more closely discussed below.

5.2 Origin of Homelessness: Mother, South Africa

> "You are not in a place; the place is in you." – Angelus Silesius (1624-1677)

This sentence by Angelus Silesius (1624-1677), a German 17th-century mystic, can be understood in many ways: it is through our senses, by taking a place in our bodies through scent, hearing and taste, that a place enters our consciousness and mixes with our frames of making sense of our environment. Moreover, we carry within ourselves the places we have visited and places where we have dwelled as memories and recollections. Silesius's simple phrase also captures the duality of the realities encountered in *A Question of Power,* and hence in the following I will discuss settling as letting a place enter your consciousness, and Elizabeth's madness as encountering and understanding the violence of the past in the mad state of South Africa "where there are only races, no people." In *A Question of Power* South Africa thus, by no means counts as what Avtar Brah (1997), in analysing migrant experience of home defined as a "mythic place of desire." Instead, it becomes a nightmare of the past that is nevertheless an essential part of Elizabeth's past the relationship with which has to be negotiated. This negotiation process is integrated into the description of Elizabeth's "lived experience of locality" (Sara Ahmed's (2000, 89) rephrasing of Brah's definition) which, in the processes of integration, settling, and beginning to inhabit a place means that a place "leaks into the subject's being": "The immersion of a self in a locality is not simply about inhabiting an already constituted space (from which one could depart and remain the same). Rather, the locality intrudes into the senses: it defines what one smells, hears, touches, feels, remembers. The lived experience of being-at-home hence involves subjects being enveloped in a space which is not simply outside them: being-at-home suggests that the subject and space leak into one another, *inhabit each other*." (Ahmed 2000, 89) In Elisabeth's case, through the intrusion into her mind by the two inhabitants of the village, Sello and Dan, as reincarnated hallucinations, the leaking into one another of the place and subject, takes on a new dimension, and asks us to pose the question, how much of this leaking can one allow in order to remain sane? How deeply mutually ingrained can the subject and her environment become, and the subject still remain sane? Or at least capable of functioning? Yet, identities and subjectivities are always relational. One does not, cannot exist in a vacuum; the stability of an I has been shattered by both lived experience and postmodern postulations of subjectivity. Trihn T. Minh-ha expressed this, rather

poetically, already in 1989: "I can let neither light not air enter me when I close myself up and exist as a crystallized I" (cited in Olaussen 1997, 19)

In *A Question of Power*, madness can be read as a space within which to negotiate a past that repudiates belonging. Elizabeth's origin of homelessness is a product of the Apartheid regime, which, on the basis of the Immorality Act of the 1950, deemed inter-racial relationships illegal. As a daughter of a white mother and a black father, Elizabeth, in her "home country" is an illegitimate person: her origin is criminalised by the state's laws.[65] Elisabeth's story is one of double displacement: She is first displaced through Apartheid legislation that places her in a different racial category from that of her white mother, secondly, she is displaced through her exile to Botswana (Olaussen 1997, 92). In Winnicott's (1973) terms both Elizabeth's family and South Africa have failed as holding environments, environments where she could secure a sense of self and identity[66].

5.2.1 The Mad Mother

The passage describing Elizabeth's past resembles in many ways Head's own biography. [67] Elizabeth was born in a mental institution where her white mother had been confined because she had had an affair with a black stable hand who was the unknown father of Elizabeth. Elizabeth has been raised by a foster-mother whom, till the age of thirteen, she has considered her mother. At the home of her foster-mother, half English, half African herself, things start to go wrong, however, and Elizabeth is taken to the missionary school: "Though Elizabeth loved the woman [the foster mother], she was secretly relieved to be taken away from the beer-house and sent to a mission school, as hours and hours of her childhood had been spent sitting under a lamp-post near the house, crying because everyone was drunk and there was no food, no one to think about children" (*QP*, 15-16). Elizabeth only learns the truth about her mother at the age of thirteen, when the principal of the missionary school reveals to her that her mother has been kept in a mental hospital, because she had an affair with a black stable hand. It thus turns out that the woman whom Elizabeth has considered her mother has been paid to take care of her. Because of the assumed insanity of her biological mother, the missionary also doubts Elizabeth's sanity. The measures taken to prevent her possibly inherited madness from

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65 The law was only abolished in 1985. Thus, at the time Head was conceived the law was not yet in place, but at the time she escaped from South Africa and wrote *A Question of Power*, it did indeed shape her consciousness of her origins.

66 Desiree Lewis (2007) on the other hand, locates Head's originality as a Southern African writer precisely in her project of resisting secure and stable identities and her claim for subjectivity that reaches out to new horizons.

67 In "Witchcraft" she writes: "I was born on the sixth of July, 1937, in the Pietermaritzburg Mental Hospital. The reason for my peculiar birthplace was that my mother was white, and she had acquired me from a black man. She was judged insane, and committed to a mental hospital while pregnant. Her name was Bessie Emery and I consider the only honour South African officials ever did me – naming me after this unknown, lovely, and unpredictable woman." (Head 1975, 72-3)

spreading to others include severe punishment whenever Elizabeth does anything wrong. The punishment is often isolation. This is also noticed by other children at the school: "The other children soon noticed something unusual about Elizabeth's isolation periods. They could kick and scratch and bite each other, but if she did likewise she was locked up" (*QP,* 16). The madness of Elizabeth's mother is thus a source of her own loneliness in her childhood in South Africa of which her initial social isolation in Botswana is a continuation.

The other children's realisation that Elizabeth is treated differently from them by no means evokes sympathy in them: "They took to kicking at her with deliberate malice as she sat in a corner reading a book. None of the prefects would listen to her side of the story." (*QP,* 16) Elizabeth thus carries with her the legacy of her mother's insanity: she is treated differently from other children due to the inheritance of a mother she had never known, with whom she cannot identify, with whom she has never developed a relationship.

Before leaving South Africa Elisabeth stands in front of the mental asylum where she was born: there seems to be no one living there. The silent, inaccessible building stands for Elizabeth's lack of knowledge about her past, her family history, and her lack of origin. In an autobiographical piece "Notes from a Quiet Backwater" Head (1990, 3) writes about this past that can only be imagined: "The circumstances of my birth seemed to make it necessary to obliterate all traces of my family history. I have not a single known relative on earth, no long and ancient family tree to refer to, no links with heredity or sense of having inherited a temperament, a certain emotional instability or the shape of a fingernail from a grandmother or great-grandmother. I have always been just me, with no frame of reference to anything beyond myself." In American and Afro-Caribbean literature "the house and its specific rooms become metaphors of self and loci of self-identification" (Davies 1994). The legacy of Elizabeth's mother is an inaccessible house of which she has no memory. Furthermore, the "mother's house is linked to an identity which the daughter can claim or reject" (Olaussen 1997, 92). Elizabeth's mother's legacy, what the mental asylum that housed Elizabeth at her birth stands for, is madness. And Elizabeth senses her mother's appeal to share the stigma of madness with her. In her search for origin and identity, Elizabeth turns thus to her biological mother, and, as Olaussen (ibid. 91) points out, disregards the foster mother who brought her up. However, Elizabeth seeks to redefine her mother's madness: "Instead of accepting a negative definition of the mother's madness, Elisabeth redefines it as a positive necessity, something which she has inherited and she will carry on as the only heir." This is in accordance with Head's view of madness as an enlightening journey. Olaussen (ibid. 91) further points out that the continuity, heritance of madness is an idea planted in Elisabeth's mind by the punishing acts of the principal of Elisabeth's school, who locks her up on every possible occasion in order to keep her from spreading this inherited madness. Later, however, Elisabeth comes to wonder if it is her mother who is calling her to share her suffering, if it is in suffering that she can come close to her mother: "later, when she became aware of subconscious appeals to share love, to share suffering, she

wondered if the persecution had been as much the outcome of the principal's twisted version of life as the silent appeal of her dead mother: "Now you know. Do you think I can bear the stigma of insanity alone? Share it with me." (*QP,* 17) The absent and dead, mad mother locked in the asylum and physically and emotionally absent in Elisabeth's life, is re-claimed in and through Elisabeth's madness. Madness is the space she can (imagine that she can) share with her mother. The asylum, the house of madness "is the house she is bound to return to. It is not a house for protected daydreams, but one which shatters all possibilities of a sustained identity." (Olaussen 1997, 91)

There is, however, another, if weak, legacy: that of the persistence of her grandmother to meet her granddaughter. As an adult, Elizabeth learns from her foster-mother that the family of her white mother had largely refused to have anything to do with her. Her grandmother, however, had insisted on seeing her. After the death of her biological mother, her grandmother had brought the mother's dolls and toys to Elizabeth." (*QP,* 17) While the rest of the family is ashamed of the coloured child, her grandmother stands for defiance against the racial categorisation and splitting of people into racial categories. The same, and much more acute, defiance lies at the bottom of Elisabeth's rejection of and resistance to the racial categories that attempt to define her. (Olaussen 1997, 92). This resistance and the madness of her mother are Elizabeth's only verifiable legacies from her biological family. Otherwise, what she is left with is the self-sufficiency of an orphan (*QP*, 194).

5.2.2 The Mad State of South Africa

> The evils overwhelming her were beginning to sound like South Africa from which she had fled (*QP,* 57).

Madness is what seems to enable Elizabeth's identification with her mother. Moreover, madness is a space where the racial violence that has shaped her can be explored. South Africa is the place that resides within Elizabeth, the space she explores in and through her madness, while living in the "quiet backwater" of Botswana[68].

Elizabeth's background in South Africa is an origin of homelessness and not-belonging rather than a place of belonging. She is forced to take an exit visa to Botswana. Her relationship with South Africa is shaped by the trauma of Apartheid:

> She hated the country. In spite of her inability to like or understand political ideologies, she had also lived the backbreaking life of all black people in South Africa. It was like living with a permanent nervous tension, because you did not know why

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68 Although Head often paints an idealistic picture of Botswana (Talahite 2005), her situation there was all but easy. Although Botswana was free of the Apartheid policies, it was in no way free of racial prejudice. If in South Africa, Head was too black, in Botswana she was too "yellow" for the Batswana, for in Botswana her complexion resembled that of the San, the native people of the Kalahari desert, who were the most despised group. Thus, she was faced with racism also in Botswana where she lived for fifteen years as a refugee without citizenship, having to report to the police once a week (Olaussen 1997,103).

> white people had to go out of their way to hate you or loathe you. They were just born that way, hating people, and a black man or woman was born to be hated. (*QP*,18)

According to the Group Areas Act of 1950, each race in South Africa was to live in its own segregated area. Until that year, people of different races (the official racial categories included white, coloured, Indians and blacks) were living mixed in most settlements. The Group Areas Act, however, put an end to this, and in the years to follow, people of different "races" were allotted their own piece of land where they were forced to move. Further legislation also allowed the government to demolish black slums. The backbreaking life of a black person in South Africa that Head (*QP*, 18) refers to had a legal basis in Apartheid legislation. The Grand Apartheid legislation included the legislative basis of the racial categorization of people (the Population Registration Act of 1950) and the policy of forced removal of people from one area to another according to their skin colour (Group Areas Act 1950). The Population Registration Act introduced an identity card for all adult persons. On this card, the racial category of the holder was defined. Special Boards were set up to define the category of people, and members of coloured families, especially, could be assigned to different groups. The Group Areas Act then forced people to moved to their designated "homelands."

In addition to this Grand Apartheid Legislation another set of laws known as petty apartheid was introduced by the National Party that restricted almost every area of life and introduced racial segregation into them: The Prohibition of Mixed Marriages Act of 1949 prohibited marriage between white persons and persons of different races, and the Immorality Act of 1950 made sexual relations between a white person and people of a different race a criminal offence. Business in the white areas was to be run by white people only; black persons were to live and run businesses in the "homelands" and were required to obtain a special permit to access white areas. All transport and civil services were segregated so that whites and the others had separate trains, bus stops, hospitals, ambulances, and schools. They had separate theatres, cinemas and beaches. The legislation aimed at securing white privilege in all areas of life, and while South Africa was, in the post-War decades, one of the richest in the World, the coloured races of the country struggled with poverty, health problems and poor education.

Elizabeth's comments on the political situation of South Africa that she has left behind are few. She is described as not a political person. What the novel focusses on, however, are the violent consequences of the rigid and hierarchical racial categorisations, and growing up in a culture that only offers its coloured subjects a discourse of self-hatred as a frame of reference or an interpretative grid for shaping their understanding of themselves. Moreover, the South African diaspora, that is, Elizabeth's fellow refugees, and in particular the head of a development project, Eugene, plays an important role in Elizabeth's process of settling and creating a homespace in Botswana. South Africa is thus present in Elizabeth's experiences in Botswana on many levels. It is more than a place

within – it is also a space that as a common past binds people together in a shared social reality.

5.2.3 Conclusion: The Legacy of an Origin of Homelessness

Due to her mixed racial background Elizabeth was placed in the category of coloured in the racial categorization of the Apartheid regime. Her racial position is thus marked by hybridity: neither black nor white, she falls in between the official categories, and carries within her body the ancestry of both colonizers and the colonized. She embodies the colonial situation, and thus the exploration of racial categories and a personal history in *Question of Power* is not simply an attempt to create a personal history and construct a life-story. As Head writes: "There must be many people like me in South Africa whose birth or beginnings are filled with calamity and disaster, the sort of person who is a skeleton in the cupboard or the dark and fearful secret swept under the carpet" (Head 1990, 3). The novel seeks to transcend the personal and explore human experience. Head herself speaks of a "vast canvas" that her novel paints (Eilersen 1995), Anissa Talahite (2005, 2) interprets Head's resort to "fragmented visions and images from a wide range of sources such as Roman history, Biblical stories, Egyptian mythology, and Eastern religions juxtaposed with references to modern history through references to the Klu Klux Klan, Nazism, and apartheid" as an attempt to draw parallels between different historical periods and social conditions and thus overcome the specificities of their distinguishing contexts. What is interesting here is that these multiple, often fleeting references can be read both as signs of the incoherence typical of psychotic thought disorder that is characterised by fleeting thoughts that are difficult to follow. On the other hand, as Talahite suggests, these multiple, fleeting references can be read as an attempt to draw parallels across time and place, history and geography. They are, also, a reflection of the multicultural reality of South Africa that the Apartheid regime sought to hierarchise and control. The recognition and representation of this multiculturalism challenges both Apartheid and its counterforce, Pan-Africanism, as nationalistic discourses based on ideas of a unified national identity and the nation as a home. Similarly, Head's and Elizabeth's multiracial gendered subjectivity challenges ideas about racial unity.

Due to the double-binding of her racial identity Elisabeth can hate neither black nor the white without hating herself (Olaussen 1997, 96-7). This, to some extent explains Elisabeth's insistence on universal belonging, a belonging beyond racial and national categories. Positive racial identity politics is not an option for her. And as Olaussen (1997, 97) observes: "Head places her characters in a situation where they cannot exist. She focuses on their predetermined racial position as something highly undesirable and she refuses a solution which would simply reverse the values of these positions. Head expresses a strong belief in universal humanity. She does not further question the definition of this humanity and is not interested in redefining it. Hers is simply a quest for admission."

There are at least two possible ways to interpret Head's writing: We can read the challenge she poses to unified identities as a sign of the impossibility of belonging. We can read this challenge to unified identities as a sign of the impossibility of belonging, and lament the possibility of asserting any positive racial identity. This way, however, we remain imprisoned in the identity categories set up, for example, by the Apartheid regime and its counter-powers. Alternatively we can interpret *A Question of Power* as a space that creates new horizons for existing and future subjectivities that reach beyond the subject's imprisonment in any simple or clearly defined racial – or other – identity (Lewis 2007), and this is what Head/Elizabeth yearns to do: "May I never contribute to creating dead worlds, only new worlds." (*QP*, 100) In fact, as Hersini Bhana (2004) points out, futurity is as important a factor shaping Elisabeth's journey through hell as is the haunting past, for the whole novel can be read as a way to creation. In *A Question of Power* this cannot be reached without a crisis. Home is the space where this crisis takes place, and importantly, in *A Question of Power* consists of spaces where creation, but also activities that reproduce life, are carried out. In this sense, homespaces are not only spaces of belonging but spaces that prepare the subject for the future. This definition of home is close to Mary Douglas's (1993) notion of home as a thinking space that consists of processes that seek to secure the dwellers' (material) future. Hope, futurity, is also present in the development projects and in the lingering presence of Elisabeth's lively son, whose role in his mother's madness will be analysed below.

Furthermore, we can interpret home as a framework through which the subject can interpret his/her experience, as Stefania Coluccia (forthcoming) argues in her doctoral dissertation on the notions of home in South African writing. Coluccia argues that homes as interpretive grids are always incomplete, and that while South Africa fails to provide a home for Elizabeth – or any black person – in any traditional or conventional bourgeois sense, its racial categories and segregated dwelling practices are what constitute the frame of Elizabeth's understanding of her self. In this sense, she is not homeless in South Africa, but the detrimental racial discourse is what counts as her home. Moving into a new place marks a crisis of identity as, according to Coluccia, a new place enables/establishes new interpretive frameworks that are in conflict with those of the past home(s). This understanding of a home resonates with Minnie Bruce Pratt's (1984) description of how, in her life, each time she moved marked a change in the way she understood both herself and how she viewed her past. But while Pratt, in the end, rejects the notion of home for its failure to account for and include all aspects of identity, Coluccia argues that this incompleteness does not erase the need for framing and conceptualising experience. Coluccia's theory reveals the fact – and the paradox of Elizabeth's situation – that people exist in impossible situations, and inhabit uninhabitable places and identities. As Maria Olaussen (1997, 105) puts it, Head examines the contradiction between imprisonment and total lack of belonging: in order to occupy a subject position, one has to belong somewhere, but belonging can also mean entrapment in an object position with no agency or possibility of subversion. As in

Elizabeth's case, settling and making a new home marks her past home as a site of crisis – but at the same time, it is having a home that enables the crisis. Thus all understandings of the self are incomplete; the following analysis will show that home, madness and health are incomplete as well. There is no simple straightforward relation between the place of dwelling and the dweller, but multiple processes, and intersecting spaces.

5.3 Settling in the Village of the Rain-Wind – Motabeng

After leaving South Africa on an exit permit, Elisabeth settles in the village of Motabeng. The name of her new home means the place of sand. "It was a village remotely inland, perched on the edge of the Kalahari desert. Seemingly, the only reason for people's settlement there was a good supply of underground water." (*QP,* 20) The reason for Elizabeth's settlement in this village that a fellow passenger on the train describes as "just a great big village of mud huts!" is a teacher's post that she is about to take up (*QP,* 20) to provide a livelihood for herself and her son.

Elizabeth is a stranger arriving in the village and as she does, the process of settling starts. According to Taina Rajanti[69] (1996, 334-341) making a home or starting to feel at home in a new place involves processes related to the following aspects: identification with a place; social and cultural, rather than just the biological, reproduction and continuation of life; understanding and consciousness; and the processes of continuous distancing and return. Hence identity, understood in the sense of belonging or being able to feel at home is a complex construction that is based on everyday practices and habits and takes time (Granfelt 1998, 108). In this section, I will discuss these aspects in relation to Elizabeth's process of settling in Motabeng. I understand identification with a place to include both the physical and social space. Social and cultural reproduction and continuation of life refer to agency and participation in these processes, and to being involved rather than watching on the sidelines. Understanding and consciousness includes understanding the ways, customs and habits of a place: this will be discussed in terms of Elizabeth's developing sense of seasonal changes in the life of the village. The processes of continuous distancing and return refer to the fact that a place becomes a home through movement. What makes South Africa a non-home is also the fact that it prevented movement: The Apartheid policy of segregating residential areas prevented movement between them, and Elizabeth's exit visa excludes the possibility of return. Home, in this sense would be a place that allows movement, the crossing of the borders at will.

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[69] Rajanti writes in Finnish where the word 'kotiutua' covers both the physical and practical (the making) as well as the emotional (feeling) dimensions of the process of settling: beginning to feel at home and make a home.

Identification with a place happens gradually and includes both the social community of the village and the landscape. Importantly, neither of these identifications is straightforward or complete by no means: Elizabeth has to craft her own kind of space in the social, geographical and architectural space of the community. In *A Question of Power* the processes of settling and creating a home take place at the same time as Elizabeth's mind disintegrates and her inner world turns into a nightmare that gradually takes over her sense of reality. Elizabeth's integration in the village is thus complicated by the disintegration of her mind.

5.3.1 Village Life

Motabeng is a not an easy place for a stranger to arrive in, and Elizabeth is quite pessimistic about being successful in the attempt: "as far as Batswana society was concerned, she was an out-and-out outsider and would never be *in* on *their* things" (*QP*, 26, emphasis in the original). The tight architecture of the village reflects the tight social network. Motabeng is a place where relatives marry relatives. The people of the village are tightly connected through family ties. This is reflected in the lengthy, time-consuming greeting patterns where nearly every relative's health is inquired about (*QP,* 20). Also the practise of witchcraft links the people together, as people seem to be caught in an elaborate game of cursing each other (*QP,* 21).

While Elizabeth's family history and experiences in South Africa draw on Bessie Head's own life, Motabeng resembles Serowe, Head's new home village in Botswana. Like Serowe, Motabeng is a village of mud huts, situated on the edge of the Kalahari Desert and subject to a particular kind of rain wind. In *Serowe: the Village of the Rain Wind*, a book Head wrote in the late 1970s, following the publication of *A Question of Power*, she writes:

> the construction of Serowe intimately involved its population. They always seem to be building in Serowe with their bare hands and little tools – a hoe, an axe, and mud – that's all. This intimate knowledge of construction covers every aspect of village life. Each member of the community is known; his latest scandal, his latest love affair. At first sight it might seem near impossible to give travel directions in the haphazard maze of pathways and car tracks. Everything goes in circles; the circular mud huts are enclosed by circular yards and circular pathways weave in and out between each yard. For ages, people and their names were the only means of locating one's whereabouts." (Head 1981/2008, xi).

Head's description of Serowe above shows how the architecture of a place is tied into its social organization. Everything from the ways of building the mud huts to the circular construction patterns and the ways of locating one's whereabouts are woven into the social networks and local knowledge. Local knowledge is knowledge gained – or an epistemology made possible – only through involvement in the community and daily acts of inhabiting. Knowledge of places of this type can only be acquired by engaging in the social networks of the place. There are no maps, street signs or guidebooks that would introduce the place to the stranger who arrives. Furthermore, the social networks are also the only means to access the history of the place. As Head

(1981/2008, x) notes: "Serowe is a historic village but not spectacularly so; its history is precariously oral." Serowe, at the time of Head's writing, spreading "in a wide circumference of eight miles", was one of the largest villages in Africa, and Head describes it as a dynamic place of "continuous change and upheaval." In *Serowe,* she also describes the life patterns in the village that form the background of Elizabeth's experiences in the novel in more explicit ways. Construction of the mud huts, for example, is women's work, and this work, like everything else in the village, is tied into the annual, seasonal changes in the area and the village. There is a time and season for everything:

> the season for ploughing, the season for weddings, the season for repairing huts and courtyards and for observing moral taboos. In the traditional sense it is not really a place for employment but almost one of rest. The work areas are at the lands and cattle posts miles away. When people are in Serowe from about June to October or November, they are resting after the summer harvest and preparing for the next rainy season. During this resting period weddings take place, huts and courtyards are repaired. Most Serowans have three different homes; one in Serowe, one at the lands where they plough, one at the cattle posts where they keep their cattle. They move from home to home all the time. I have lived in a village ward which was totally deserted during the ploughing season. We are likely to keep this basic pattern for a long time. (Head 1981/2008, xi)

Head's description reveals interesting points about village life – and also points which require re-examination of the points made by Western feminists about homes. The construction of mud huts is women's work; so in Serowe, men do not construct womb-like houses for "their" women (c.f. Irigaray 1993). In a way the whole village is described as a resting place, a place where all the people of the village return after they have ploughed the fields and tended the cattle for months. (This seems to ignore the everyday work carried out by women, however, washing clothes, cooking – and constructing the houses!) What is also interesting is that "most Serowans ha[d] three different homes" and seemed to be moving from home to home all the time. This type of organized nomadism between three established locations of living and the seasonal changes form the backdrop of living in the village. Elizabeth, as a schoolteacher, and later a village gardener, follows quite different schedules for living. Her garden is in the village; tending to it does not involve her going away, but, instead, requires her to stay put in the village: when Elizabeth is hospitalised for six months, Kenosi laments that everything started to go wrong in the garden (*QP,* 203).

Elizabeth's life is thus of different rhythms, comings and goings, from those of the local community that surrounds her. Furthermore, she only has one home, and consequently she is not involved in the seasonal migration. It should also be noted that since the rhythms of life in the community are so tied to the seasons, to annual changes that involve a radical transformation of the place from a crowded place of relaxation, weddings and rest to a deserted space, it necessarily takes several years before the annual rhythm becomes a "natural" part of Elizabeth's lived experience and knowledge of the place. I believe this is what Rajanti (1999) refers to by consciousness: it is only through repetition and

lived experience that the rhythm of a place becomes part of our expectations, a habit, and a type of knowledge that is also a bodily expectation.

At first glance, the village of Motabeng may seem like a unified space, but as Maria Olaussen (1997, 105) points out, a closer look reveals that the community that receives the stranger is always already more complicated:

> in her novels and short stories Head explores the possibilities and threats that the stranger's arrival constitutes for the villagers. She often starts of with a vision of a unified village identity only to dispel the unity and to show how the village is in fact made up of strangers. These strangers, however, have taken up a location and by doing so they have had to forge a sense of connectedness. [...] The stranger will inevitably change the village but it need not be a change for the worse or even a loosening of the sense of unity. The stranger's integration adds to the village

As Elizabeth's process of settling shows there are communities within communities, and that communities are indeed made up of strangers. The Motabeng secondary school project where Elizabeth eventually finds work, friends and a new house consists of a community of international volunteer workers and villagers. First, however, she needs to develop a relation and interest towards the land and landscape that surround her.

5.3.2 Landscape

Landscape plays an important role in reflecting the protagonist's state of mind and the process of settling. The narrator notes: "It took a stranger some time to fall in love with its harsh outlines and stark, black trees." (*QP,* 20) At first, the landscape is an empty landscape for Elizabeth. In this respect, her viewpoint as a stranger to the village is similar to that of the white settlers in Southern Africa: In *White Writing* Coetzee (1988) points out that in white African writing landscape described as empty and silent is a key motif. Later, however, the scenery begins to reflect and resonate with her mental state: "During the rainy season, Motabeng was subjected to a type of desert rain. It rained in the sky, in long streaky sheets, but the rain dried up before it reached the ground." (*QP,* 20) I read this desert rain as symbolic of Elisabeth's state of mind and social position in the village during her mental breakdown. As rain is that which gives life to Earth (in *Woman Alone*, for example, Head (1990) describes how the rain transforms the desert into a blossoming ground), communication is what ties us, gives us life in a community. As in desert rain that never reaches the ground, however, during her mental torments, Elisabeth communicates only with her mental tormentors, Sello, Medusa and Dan. Outwardly, she becomes immobile, silent and withdrawn; inside, she is full of conversation. In the same way as for the Romantics whom Head admired – and whose ideas she applied to herself as an artist – the description of the landscape reflected the inner state of mind of the protagonist: the landscape, nature, mirrored the inner worlds of the characters (Lewis 2007). The landscape surrounding the village of Motabeng is harsh and vast. This resonates with Head's idea that her own torments were a microcosm and embodiment of vast universal questions: the personal, for her, was

both universal and political, and the close examination of personal torment should reveal a great deal about its socio-political context. As Desiree Lewis (ibid., 7) points out, Head strongly believed in the Romantic idea of an artist who carries a message to the whole of humankind: "Head often affirms the idea of the artist as a reclusive seer who is receptive to visionary realms of which most remain ignorant. Romantic ideas about the generative implications of personal torments also signal the spiritual parameters of creation, isolation and art."

For Elizabeth, too the landscape is both a point of identification – and a source of loneliness, as for Elizabeth the landscape is not turned into a place of activity. It is a space in which her strangerness manifests itself, as in the scene where the village women head out to the bush to cultivate the land, an activity from which Elizabeth is explicitly excluded due to her strangerness and due to the fact that she does not participate in the seasonal changes in the village. As she returns from her first, short "trip" to the hospital after her first breakdown[70], she returns to an empty space: "the area where she lived was deserted at this time of the year. The women of the village were away at their lands, gathering in the summer harvest of corn. They would be back towards the end of the month, and she knew that one of her friends, Thoko, who usually supplied her with tit-bits of village gossip, would bring over a gift of watermelon and pumpkin." (*QP,* 59) At this point Elisabeth has been living in Motabeng for over two rainy seasons and she is familiar with the habit whereby women set out to plough their fields. Elisabeth, however, is not part of this tradition, and her request to take part in it has been explicitly turned down by her friend, who wants to protect her: the wilderness where the fields lie, is filled with dangers, and as a foreigner, Elisabeth[71] would not be safe:

> "A foreigner like you would die in one day, it's so dangerous. […] Do you know what happened to me when I was pulling the plough? A great big Mamba snake jumped out of the ground and ran over my body; tsweeee, like lightning! I dropped dead on the ground with shock. The cattle jumped high in the air! In the night the jackals come and cry around the hut. They want the meat which we hang up in trees. Then there is a great wild act, like a leopard. We are afraid to rest and fall asleep un-

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70 Elizabeth's first breakdown in a radio shop embodies her frustration with her strangerness and manifests itself as a uncontrolled verbal abuse of the Batswana. For some time Medusa has been attacking Elizabeth for not being – and not liking – the Africans. Not tolerating the voices in her head anymore, she begins shouting in the shop: "'Oh, you bloody bastard Batswana!! Oh you bloody bastard Batswana!!' Then she simply opened her mouth in one long, high piercing scream." (*QP*, 51). Elizabeth's first breakdown thus results from her persecution in the nightmare world of not being a proper African, not belonging to Africa, and her public breakdown consists of her racial assault on her fellow villagers. What is noteworthy is that at this point she lives in the centre of the village and thus, symbolically at the heart of the villages African traditions that most strikingly point to her lack of knowledge and experience of these traditions and the language with which it is performed. Later, when she moves to the outskirts of the village to the international community of volunteer workers and villagers, she finds a space that for her is an inhabitable space in the village. Her dwellings are symbolic: the first one is an African style hut; the second is a house.

71 Importantly, Elizabeth is here rejected as a foreigner, not as a madwoman. Furthermore, Thoko, by describing the desert as a dangerous ground suggests that as a foreigner Elizabeth would be safe in the village.

> der the trees. He comes around softly and with one smash of his paw cracks open the sculls and eats our brains. He always puts the skin back on nicely over the eaten part and when we find people dead like that, we know the wild cat is about…" (*QP,* 60)

The story offered by Thoko, Elisabeth's friend, does two things at the same time: it explicitly excludes Elisabeth from the practices and traditions of the village – at the same time as it weaves her into the cultural imagination and mythology of the villagers. It provides Elisabeth with insider knowledge of the ways and beliefs of the women of the village, yet it excludes her from sharing with them their way of life and working along with them.

So, she wistfully watches the women go: "the beginning of the rainy season always seemed a magical time to her. Women gathered up their possessions in a big bundle of cloth, heaved it up on top of their heads, slung a hoe over their shoulders and set out with long firm, determined strides to their lands." (*QP,* 59-60) Elisabeth's familiarity with the seasonal changes in the village, however, indicate that she is settling, making a home in Motabeng: she can foresee the pleasure of seeing the women set out for their lands, proceed into the wild. Thoko's story also makes Elizabeth participate – not in the work and life in the village – but in her own exclusion from it: "[The] gruesome details of life in the bush made Elisabeth shudder from end to end. She cancelled totally the idea of being that kind of farmer who earned her year's supply of food in breakneck battles with dangerous animals." (*QP,* 60)

Refused the right to participate in the farming activities outside the village, she spends the holiday season taking walks across the village with the little boy. The landscape again reflects her inner turmoil: Elisabeth is "absorbed by the sky" (*QP,* 61). The sky had

> turned itself into a huge back-drop for the swaying, swirling movements of the desert rain. Sometimes the rain fell in soft, glistening streams over the village, shot through with sunlight, and all the roofs of the mud huts changed to pure gold. Sometimes the horizon rain came sweeping over Motabeng in one enormous white-packed cumulus cloud driven by high wind and suddenly emptied itself in one violent, deafening roar over the village. It seamed to heighten and deepen the rambling labyrinth of her inner life, which, like the sky of Motabeng in the summer time, swayed and whirled with subterranean upheavals. (*QP,* 61)

Again Head uses the landscape as a narrative device to describe – or to intensify the description of – Elisabeth's inner state: the intensity, the material and aesthetic quality of the rain varies: it is both violent and at times tender and beautiful, which characterizes the duality of good and evil within Elisabeth. But there is more. As Kathleen M. Kirby (1996) demonstrates in *Indifferent Boundaries*, our very conceptions of subjectivity are shot through with spatial metaphors. Furthermore, Kirby argues, "space provides precisely the substance we have been looking for to provide a multidimensional analysis of subjectivity, one that can be truly material without losing sight of the vitality of the inner life of individual subjects, that can incorporate "experience" into broader categories such as global economic relations, while maintaining the flexibility and fluidity for imagining ways of transforming future subjects." (ibid.150). Subjects are thus con-

structed both by spatial metaphors in language, but also in the very materiality of space. Also in Head's description we can read a dialogic relation between Elisabeth and the landscape, the material rain and the changes in it "heighten and deepen the labyrinth of her inner life" (*QP*, 61). Furthermore, Kirby (1996, 153) argues that "'the space of the subject' is not always or necessarily metaphorical, that subjectivity does indeed possess a shape [...] that different subjectivities have different spaces, and that the space of one particular subject or group of subjects can indeed change."

Elisabeth's inner life, her subjectivity, is shaped, in Head's words, as a labyrinth, which is deepened by the visual and physical power of the seasonal rain sweeping over the village she has come to live in. The village with its architectural and social patterns provides a basis for her restructuring of her subjectivity which takes place – not only through her "talking therapy with the ghosts" (Rose 1996) but – in the spatial organization of her waking life and in the spatial invasion of her hut and her house by the ghosts or hallucinatory figures of Sello, Medusa and Dan. It is this spatial occupation of Elizabeth's dwelling and thus her subjectivity that I wish to examine next. For it is not only that madness in *A Question of Power* is a space where the past can be examined; Elizabeth herself is space "easily invaded by devils." (*QP*, 192).

The invaders are, as Talahite (2005) points out, more figures than real characters. Ecah main intruder – Sello Dan and Medusa – has its own function and assaults Elizabeth in terms of a specific discourse. Each points to a failure of belonging. Each plays out an area or aspect of exclusion. Sello represents religion and has two appearances. He first appears as monk, and then in a brown suit. Talahite (2005) reads this duality as representative of the two sides of religion: the ideological and the institutional. Sello the monk stands for metaphysics and Sello in the brown suit for the institutional side of religion, and they point out to Elizabeth that as a woman she does not "qualify" to take part in either. Dan plays out sexualized violence. Medusa attacks Elizabeth both in terms of race and gender telling her that as mixed race she cannot belong to Africa, and that she has also – as also Dan suggests – failed as a woman. The ghost figures are fluid and changing, and have no respect for borders or boundaries. They walk into Elizabeth's person and her home, and invade her mind. Furthermore, they fuse into one another, and both Sello in the brown suit and Medusa are born out of Sello the Monk. As it is in her home where Elizabeth becomes most vulnerable to the ghosts or spirits or hallucinatory figures, Elizabeth's dwelling can be read as a symbolic continuation of her subjectivity. It is in her home where both of her realities are present; it is at the same time a site of her destruction and a holding environment that enables the reconstruction of subjectivity. It is a site where domestic chores, duties of mothering and friendships are performed and a site where she is tortured to the brink of suicide.

5.4 Elizabeth's Hut and Her House

> Elisabeth kept her house scrupulously polished up and clean. (*QP*, 121)

> People only function well when their inner lives are secure and peaceful. She was like a person driven out of her own house while demons rampaged within, turning everything upside down. (*QP,* 49)

Elizabeth's first dwelling in Motabeng is a mud hut that is located in the centre of the village, where the only furniture in her bedroom are a chair to keep a candle, a bed and a small table. (*QP,* 21) We can note here that while Elizabeth's home here provides her with a space to perform the activities of daily living, the few sticks of furniture might rather read as indicative of her poverty than her identity. The hut, for Elizabeth, is a space where she mostly feels alienated and at loss. The hut is situated in the centre of the village and lies thus symbolically at the heart of traditional African/Batswana way of life from which Elizabeth feels alienated from due to her mixed inheritance.

The hut is the place where Sello starts to visit her. The onset of madness is described as a gentle invasion of her bedroom by some indefinable presence. In South Africa, she had been used to a streetlight burning outside her window all night, in Motabeng the nights are dark, and unaccustomed to the darkness, she buys a candle to keep by her bed. Soon after Elisabeth's arrival in Motabeng, she starts to feel the presence of someone in her room: "The full impact of it seemed to come from the roof, and was so strong that she jerked up in bed. There was a swift flow of air through the room, and whatever it was moved and sat down on the chair. The chair creaked slightly." (*QP,* 22). The presence of something unnamed thus fills Elisabeth's room. It descends from above, and it cannot be seen in the dark. But it moves the air and makes the chair creak. Elisabeth, who is "not given to 'seeing things'", and for whom "the world had always been two-dimensional, flat and straight with things she could see and feel", is naturally frightened – especially as she lights a candle and discovers that the chair that creaked is empty (*QP,* 22). The presence of "whatever", however, keeps returning for several nights in a row, and Elisabeth gets used to it: it does not seem threatening. Through an unthreatening repetition the extraordinary thus becomes ordinary, but as Elisabeth allows its presence, it grows more demanding. The invasion of Elisabeth's physical home-space is soon followed by the invasion of her mind: "it seemed as though her head simply filled out into a large horizon" (*QP,* 22). What is remarkable here, is that also Elisabeth's mind is described as a space which through the presence of what will be Sello expands into a horizon, and thus a vast space with no clear boundaries, but characterised rather by diffusion and blurring of boundaries. The next sentences suggest that the diffusion and confusion of boundaries is exactly what will characterize Elisabeth's experience: "It gave her a strange feeling of things being right there inside her and yet projected at the same time at a distance away from her. She was not sure if she were awake or asleep, and often after that the

dividing line between dream perceptions and waking reality was to become confused." (*QP,* 22)[72]

But also her perceptions will become blurred as the states of awake and sleep will be confused. Head compares Elisabeth's situation to that of a drunkard teacher, who sips brandy at the toilet of the school. Every now and then he peeps out to see if the principal is outside. As he gets drunk, however, he reverses his action and starts to peep into the toilet to look for the principal. (*QP,* 23). Elisabeth's soul-journey is thus characterised by a similar confusion of space, a development which starts gradually with Sello's, at first, gentle approach: at first he is felt simply as a friendly presence, who next becomes visible and only then begins to speak. "My friend," he says, with quiet affection. And remains quiet for a long time. She is thus coaxed "into accepting an entirely unnatural situation and adapting it to the flow of her life." (*QP,* 23) And so natural is Sello's presence at first that she accidentally serves him tea, too, and he participates in the interaction and discussions in Elisabeth's house: he comments on the guests and nods his head (*QP,* 23).

Sello thus first appears to Elisabeth as a friend. Their friendship is based on shared learning and Elisabeth finds that they complement each other. It is this comfortability and support she finds in the relation that makes her "too rapidly accept […] Sello as a comfortable prop against which to lean." (*QP,* 29) His relationship with Elizabeth is described as one of a "Teacher and his favourite discipline" (*QP*, 25). Elizabeth accepts him rather blindly, believing that with him she can make true discoveries about metaphysical things, but also "for her own comfort and safety." (*QP*, 25). In fact, Sello himself tries to warn her that she should rely on herself only, but she "fail[s] to heed the warning, and the day he abruptly pull[s] away the prop of goodness she flounder[s] badly in stormy and dangerous seas." (*QP,* 29). As his attitude towards Elizabeth changes and he becomes manipulative of her; he produces Medusa to torture Elizabeth to "see what happens", as if she was some kind of scientific experiment, Elizabeth still being bound to him by the personal affection that was prompted by his initial kindness. As Anne Gagniano (2006, 49) has observed, Sello represents one type of oppression, "the manipulation of another person by means of their belief in some individual as superior, or as a safe protector." Elizabeth's involvement in their debates, guided and directed by Sello has its source in the difference between them: "He was a fascinating person to work with, simply because his temperament was so opposed to Elizabeth's. Her mind functioned in wild leaps and bounds, overlooking many details. He always moved three paces behind. Calmly, unhurriedly, the collector of details." (*QP*, 29) Sello has a vision of a beautiful world, where goodness reigns and he seems to have "thought the whole story ahead of meeting her" (*QP*, 29)

The way in which Elizabeth's encounter with Sello seems to expand her horizons resonates with what Appadurai and De Carolis (Colluccia forthcom-

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72 The simultaneous proximity and distance described here is somewhat "symptomatic" of Head's narrative politics as well: to her, her autobiographical, personal writing was never simply about herself, but carried wider significance to wider audiences.

ing) have to say about the relationship between locality and dissociation. According to Appadurai and De Carolis (Colluccia, forthcoming. See also Ahmed 2000 and Brah 1996), locality that is central to the lived experience of home emerges from two processes: local subjects are produced by a larger context, and within this context they produce their own context. Local subjects are thus both produced by the larger contexts at the same time as they produce their own contexts. When the context-producing process shrinks – as in the case of propaganda or dire poverty – and as the local subject is more and more deprived of his/her ability to actively shape his/her "world", dissociative moves emerge. What has hitherto been considered as a pathological drive (dissociation), according to De Carolis, harbours the possibility to recover a lost freedom. This dissociation is not a promise of happiness, but it does promise a recovery of "agency" – if even on an immaterial or intellectual level. Elizabeth's strangerness and feeling of alienation and exclusion from village life can be understood as a reaction to the poverty of the local context, and her conversations with Sello as a dissociative context produced by the subject.[73]

This dissociative space of freedom soon turns into a space of oppression. Sello begins to manipulate Elizabeth as a space: in order to visualize his teachings he connects Elizabeth to a switchboard. By operating this switchboard Sello presents a world of goodness and good people to Elisabeth. He seems to plug in a connection to them. Sello pulls the plugs to present Elizabeth with various figures that walk into her room. There is the "Father" who, as Patrick Hogan (1994) notes in his reading of *A Question of Power* as a Lacanian psychosis, is associated with Elizabeth's absent father who was a stable hand. The father represents authority, and as soon as he is presented to Elizabeth, Sello walks into his person. Hogan reads this as Sello becoming the Law of the Father, representative of the unchangeable Symbolic Order, which reading could be problematized by pointing out that in the colonial situation, as Franz Fanon (1967) has argued, the position of the black male is denied authority and subjectivity. In *Question of Power*, Sello is, at this point, presented as a figure who exercises power over others; in the South African context where Elizabeth was conceived it was very unlikely that her father would have exercised power over anyone. What Elizabeth does "inherit" from him is a situation characterized by a lack of subjectivity that characterizes Elizabeth's situation for the rest of her journey. Elizabeth is then presented with a crowd of poor people with "still, sad, fire-washed faces" (*QP*, 31). As Head comments: it is not till much later that Elizabeth understands that these are all people killed by "one cause after another for the liberation of mankind" led by authoritative figures like Sello. Sello is the incarnation of the religious leaders and gods in whose name people centu-

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73 In psychology, dissociation refers to an altered state of mind that is characterized by partial or complete disruption of the normal integration of a person's conscious or psychological functioning. It is most commonly experienced as a subjective perception of one's consciousness being detached from one's emotions, body and/or immediate surroundings". (Lynn and Rhue, 1994, 19). It is acknowledged that not all dissociative phenomena are necessarily symptomatic of a pathology.

ries after centuries have waged wars, and, as stated, Elizabeth keeps failing to heed of the warnings against "leaning against the comfortable prop", Sello.

Next, Elizabeth's hut is crowded by the poor people of Africa who, with bleeding feet, beg her to help them, yet she is taunted by an Asian man for not identifying with the poor. Her hut is visited by figures of Buddha, Asian deities of Krishna and Rama. Each night she is presented by figures of different religions and historical figures. The images – and the teachings they hint at – are fleeting. The purpose of this, as Anissa Talahite (2005) notes, is to draw parallels between different time periods and systems of thought. The blurring of the boundaries between religion – or faith – and power is mimicked in Elizabeth's difficulty in discerning her own personality from Sello: "She had seen from the beginning that she had no distinct personality, apart from Sello." (*QP*, 32) Sello absorbs Elizabeth's person as religion – or the wars waged in the name of religious beliefs – has absorbed the lives of the followers of religious leaders. Elizabeth's death as a person is parallel to the death of the masses of people who, like her, have given up independent thought and surrendered their lives to authoritative leaders.

This blurring of boundaries, lack of respect for others as individuals is paralleled both in the way people, or figures, which Sello presents to Elizabeth by pulling the plugs, walk into her home with no regard to the walls of her hut and in the way the figures walk into one another and into Elizabeth's person. People in her night-time world reigned over by Sello and his teachings have no individuality. Like the historical events and religious thought they represent, and the ideologies they embody, they are stripped of their contexts and historical or contextual characteristics. This, on the one hand, points to Head's project of examining "humanity," her search for common characteristics of human experience that are stripped of the (violent) categorisations that, for example in South Africa were employed to destroy Others and deny their humanity. On the other hand, this blurring of boundaries and denial of individual characteristics marks Elizabeth's difficulty of protecting herself from the intruders that, in due course, turn teaching into torture. In other words, the blurring of the physical boundaries between people and symbolic dissolving of the walls of her hut enable her to getting at the essence of human experience. At the same time, it leaves her vulnerable to intrusions. The breaking of boundaries is both a mad state of limitlessness and a point where, it is suggested, human experience freed from the dividing lines of differences in time and place, can be examined.

Sello, who first visits Elizabeth dressed as a monk, takes his physical form from a man from the village. Elizabeth finds it confusing that this real Sello who seems to be a rather respected crop framer and cattle breeder, described as "a wonderful family man" by another villager, does not even greet her on the street. The real Sello of the social world thus remains distant and uninteresting to Elizabeth. His ordinariness resembles the ordinariness of village life, which works to the benefit of her engagement in her internal dialogue with Sello: "her slowly unfolding internal drama was far more absorbing and demanding than any drama she could encounter in Motabeng village. The insights, perceptions,

fleeting images and impressions required more concentration, reflection and brooding than any other work she had ever undertaken." (*QP*, 29) Elizabeth is thus absorbed by her inner world; lonely and isolated, she is a space easily invaded by Sello.

The hut where she lives is also characterised by a lack of sharp distinction between the inside and the outside. The experience of living in a mud hut "was like living with the trees and insects right indoors, because there was no sharp distinction between the circling mud walls of a hut and the earth outside. And the roof always smelt of mouldy grass, and all kinds of insects made their homes in the grass roof and calmly deposited their droppings on the bed, chair, table and floor." (*QP*, 60-1) The image depicts Elizabeth's hut as a kind of nest where nature encircles her daily activities. Her hut provides a home not only for Elizabeth and her son, but also for insects. The connection with earth and nature is intense as the walls are made of mud. This image of Elizabeth living surrounded by the earth that surrounds her show her as materially enclosed in the African soil. As in Motabeng, it is the women who build and repair houses she is also encircled by products of feminine activity. Elizabeth's dwelling thus represents symbolically and materially the two aspects of belonging that Medusa repudiates in her abuse: Elizabeth's femininity and her failure to belong to Africa. At the same time, living in the mud hut provides Elizabeth with the shelter and sense of connection to the land that in Elisabeth's past place of dwelling, South Africa, was prevented by the shifting of whole populations from their homes to arbitrarily designated areas due the segregation policy. In this sense, Elizabeth's hut with its lack of any sharp distinction between the dwelling and the environment is a comforting image of continuity and anti-discrimination. On the other hand, it seems to be this too close connection to African traditions symbolized by her dwelling that intensifies Elizabeth's sense of isolation and the impossibility of her integration and lead to her first breakdown in the radio shop.

This first breakdown embodies her frustration with her strangerness and manifests itself as uncontrolled verbal abuse of the Batswana. For some time Medusa has been attacking Elizabeth for not being African – and not even liking the Africans. Not tolerating the voices in her head anymore, she begins shouting in the shop: "'Oh, you bloody bastard Batswana!! Oh you bloody bastard Batswana!!' Then she simply opened her mouth in one long, high piercing scream." (*QP*, 51). Elizabeth's first breakdown thus results from her persecution in the nightmare world of not being a proper African, not belonging to Africa. Her public breakdown mimics the violence she herself has been subjected to and manifests itself as a racial assault on her fellow villagers.

Rather paradoxically, though, it is this public outburst resulting from a failed attempt at integration that helps Elizabeth to redefine her place in the village and speeds the process of her creating a habitable place in the midst of the village community. In brief, Elizabeth's breakdown leads to a development whereby she loses her job as a teacher, finds new work as a gardener in the local voluntary work project and moves to a new house that – significantly – is built

for her by a team of voluntary workers. Elizabeth's breakdown thus functions as a catalyst to the events that help her find a home – in material and social terms. Paradoxically, again, it is this finding of a home that also marks a beginning of another, more torturous and severe spout of madness that, as Victoria Margree (2004, 26) has pointed out, is described increasingly in Western psychiatric terms. While in the beginning of the novel Head uses terms such as "soul-journey" (*QP*, 35) and "journey into the soul" (*QP*, 50), in the second part she speaks of "mental breakdown" (*QP*, 124) and "going insane" (*QP*, 161). Just as Elizabeth's two houses symbolize two different traditions, African and Western, of building and dwelling, they also mark shift in *A Question of Power* in the discourse within which the madness that invades them is conceptualised. Thus, rather than to speak of madness in this novel, we might better speak of two different madnesses, just as we have to speak of two different, physical homes.

Elizabeth's first home symbolically encloses her in the African traditions from which she is excluded due to her lack of local language skills, and her colonial education in the boarding school. Elizabeth's second home is built for her by the villagers. It is located between the Motabeng Secondary School project and the village. It thus lays on the outskirts the village, on the edge of the Kalahari Desert. Her dwellings are symbolic: the first one is an African style hut; the second is a house, a square building introduced to Botswana by, for example, Western missionaries (Comaroffs 1997). With respect to her process of settling in Motabeng, and in relation to her mixed white/Western and native/black background, it is suggestive that her new home is a house rather than a hut, and that it is located a few miles outside the actual village centre next to Motabeng Secondary School. Elizabeth's new home is thus part of the Setswana village, but importantly, it remains on its margins. Motabeng Secondary School is a space that is dedicated for the improvement of village life and where new methods of production and cultivation are experimented with, and new inventions introduced into the community. It is thus not in the traditional village or amongst the African traditions that Elizabeth is able to create a new home for herself and her son, but on the margins and among the international work force where both her garden and herself can transform themselves into a new life. It is in this hybrid space in the village where she can carve out a habitable space. It is in this new house that she eventually is liberated from the ghosts/hallucinatory figures that have tormented her for years. It is also, however, the place where she becomes most ill due to the tortures she is subjected to by Dan.

5.5 Counterforces to Madness: Patterns of Affection and Work

The construction of Elizabeth's new home and her moving into it is indicative but not coincidental with, the shift in her madness. Elizabeth's first madness continues after she moves to her new home. At the same time, however, despite the "the horrific clamour of her life", Elizabeth continues to build a social net-

work, or "patterns of affection" that come to her rescue when illness takes over (*QP*, 178).

5.5.1 Friends and Domestic Chores

The sharing of food is an important theme in the book, and Elizabeth's agency shows in her cooking for others. In her own home Elizabeth acts as a hostess to her friends, but in *A Question of Power* this position is significantly different from the depiction by another Southern African writer, Doris Lessing, of her role as a hostess. In *Under My Skin*, Lessing, Head's contemporary, writes:

> This hostess personality, bright, attentive, receptive to what is expected, is very strong indeed. It is a protection, a shield, for the private self. ... But behind all that friendliness was something else, the observer... You will never access there, you can't, this is the ultimate and unviolable privacy. They call it loneliness, but it is all we have to fall back on, Me, I, this feeling of me. The observer, never to be touched, tasted, felt, seen, by anyone else. (Lessing 1994, 20; cited in Lewis 2007, 52)

In *A Question of Power* it is precisely this "ultimate and inviolable privacy" that is violated as Sello begins to hear Elizabeth's thoughts and as, later, Dan begins to play his propaganda records and direct Elizabeth's attention to the sexuality of others so that Elizabeth can no longer go out into public spaces without having Dan's version of the sexual behaviour of others and details of their private lives and perversions invading her consciousness and the perception of others. In *A Question of Power,* it is ordinary human decencies that enable Elizabeth to cope with the "demons that rampage within" (*QP*, 49). Furthermore, as Elizabeth mostly acts as a hostess to people whom she has invited into her dwelling out of genuine interest and a desire to befriend them, her role as a hostess works as a counterforce that, fundamentally, is a violation of her own private space. By inviting her friends around, and sharing with them her food and her thoughts, she is, in fact, defending herself as a subject in her own home.

Thus, by cooking for others and serving them in her house Elizabeth takes up a position of a mistress of the house. Her role as a mother and mistress to her guests is a position of agency and power. Furthermore, domestic chores such as washing up and sweeping the floor are depicted as a means to ward off madness and fight the intruders in her house: for example, at the point where Elizabeth's condition almost prevents her from getting out of bed, sweeping her floor and cooking for her little boy secure her presence in social reality. They are duties that enable her transition from the nightmare world to the daytime world of work and interaction – or at least keep her participating in the daytime world of duties and "human decencies": "It wasn't any kind of physical stamina that kept her going, but the vague, instinctive pattern of normal human decencies combined with the work she did, the people she met each day and the unfolding of a project with exciting inventive possibilities" (*QP,* 149). From this perspective the depiction doing domestic chores challenges de Beauvoirian (de Beauvoir 1964, Friedan 1967) notions of housework as oppressive and immanent activities that produce madness in women – perhaps precisely because

they are not her only (pre)occupation. In *A Question of Power,* domestic chores are integrated into Elizabeth's social life and often performed in the presence of her friend visiting the house and conversing with her. Furthermore, they represent a transitional phase that enables her to leave her house and enter the public world of work every day. Domestic chores in *A Question of Power* are thus an elemental part of Elizabeth's strategies of coping and papering over mental turmoil and problems, an issue that Sanna Rikala (2006, forthcoming) has also analysed in her research on contemporary Finnish women's experiences of burn-out in working life. Like the women in Rikala's research, Elizabeth also is eventually forced to give in: "But a person eventually becomes a replica of the inner demons he battles with. Any kind of demon is more powerful than normal human decencies, because such things do not exist for him." (*QP,* 149-150).

Importantly, Elizabeth is especially vulnerable to the attacks of Sello, Medusa and Dan when she is at home – or in the hospital when she is sedated and unable to move. It seems that it is physical movement, and physical and social participation in the life of the community that keep the ghosts at bay. Thus, just like a home, in order not to become a prison, has to enable movement of the members of a household to cross the boundary between the inside and the outside, so also sanity can only be maintained through mutually respectful interaction with others. Thus also Elizabeth's house – and her sanity – are kept alive by a stream of invited friends and visitors and the constant movement of her little son in and out of her hut and later her house. And often it is Shorty, Elizabeth's son, who brings the village, its news and gossip, into the house. This intermingling of domestic chores and social interaction and their role in warding off the ghosts is manifest in Kenosi's visit to Elizabeth's house. Kenosi is a village woman who comes to join Elizabeth in her garden project and becomes her friend. "She was the sort of woman who simply ate up all the work in front of her, with a deep silence and concentration." (*QP*, 88) When she turns up at Elizabeth's house, Elizabeth is in bed, suffering from the torments of Medusa who is throwing bolts into her soul while Sello in the brown suit is watching over her with mean eyes. Elizabeth is lying in her bed, "dimly staring at the early sunlight," waiting to be killed by Medusa (*QP*, 87). Elizabeth's son is playing on the floor with paper airplanes, and Elizabeth keeps thinking she should find someone to take care of him so that he would not have to die with her, when there is a knock on the door. Kenosi has come to inform Elizabeth that she wants to join her in the gardening project:

> As Kenosi entered, [Shorty] looked up and immediately engaged her in the intricacies of his invention. It was a way of village life, he had learned. Children were caressed and attended to, their conversations were listened to with affectionate absorption. As Kenosi sat down, he stood up, pushed against her lap and put his aeroplane in her hands. They began an animated discussion in Setswana, excluding Elizabeth. The distraction had brought her back to life; Elizabeth laughed and put on a kettle of tea, washed and dressed. Half an hour later they all walked to the site of the local-industries project (*QP*, 88)

The passage points to the crucial importance of Elizabeth's son in her integration into the village life: it is through him and his interaction with the locals that Elizabeth learns about village life, gets to see the affectionate side of the social behaviour of her new community. It also points to the role that language plays in her exclusion from the community: unable to speak Setswana, she is excluded from the communication between her son and the villagers. And most importantly, it demonstrates the power of real-life human interaction in warding off the ghosts and the role domestic chores and everyday activities play in Elizabeth's transition from an almost vegetative state of victimhood to becoming an active agent in the local industries. By lunchtime they have set up six poles to fence a garden area, and Elizabeth invites Kenosi for lunch: "Elizabeth clung to the woman. There seemed to be no justification for her continued existence, so near death she was." (*QP*, 89) It is work and the fact that Kenosi faithfully appears at her door every morning that help Elizabeth endure a devastating state of depression and torment.

5.5.2 Finding Her Place in the Village: The Motabeng Secondary School Project

> How strange was the network of human relationships at the Motabeng Secondary school! [...] Danes [...] were either very, very bad or so impossibly God-like that they out-stripped the rest of mankind in humanity. (*QP*, 80)

The fact that the village women reject the possibility of Elizabeth joining in their work means that Elizabeth is rejected from the traditional ways of fulfilling a Batswana woman's social role – or from performing gender according to the local matrix. The communal garden is an alternative to this alienation, a space of belonging and one that maintains Elizabeth's sanity. It is through her involvement in the gardening project that Elisabeth creates links to the international group of strangers working for the benefit of the village. South African refugees working for the school, and Danish and American development workers putting up communal gardens form an international community. At the heart of this project is Eugene, another South African refugee, who with his pamphlets and development projects conjures up faith in progress and the removal of poverty. He is also the one who brings Elizabeth to the hospital after her first breakdown and whose wife takes care of her son in the meanwhile. Eugene has a crucial impact on Elizabeth's life and appears as a kind of father figure. In this way, he is a figure parallel to Sello, but whereas Sello's visions insert Elizabeth into power struggles of religious ideologies in the past, those of Eugene ground her in a material future:

When, after her first hospitalisation, Elizabeth goes to pick up her son from Eugene's house, she finds Eugene writing. As she waits for her son to return from his adventures outside,

> she looked out of the window at the sprawling arrangement of low, whitewashed buildings. It was a vast empire, built on almost nothing but voluntary labour of all kinds. They had dug out the thorn bushes and wild scrub-grass and replaced them

> with fruit trees, vegetable gardens, chicken houses and, in the distance, gently swaying fields of corn. It was school where inventions and improvisations of all sorts appeared because someone from another land always had a new solution to any problem which arose. Words like skill, work, fullest development of personality and intellect recurred again and again in the pamphlets the man Eugene wrote, but in those fluid, swiftly-written papers circulated among all teachers they quivered on the pages with a life of their own. They conjured up in the minds of the poor and starving a day when every table would overflow with good food; roast chicken, roast potatoes, boiled carrots, rice and puddings. They felt in every way like food and clothes and opportunities for everyone. (*QP*, 57)

In this passage Head brings together her preoccupation with language, on the one hand, and the material conditions of the poor on the other. Eugene's writing has the power to "conjure up" a world without poverty, and thus points to the fact that imagination is as central to the improvement of material conditions as it is to creating literary worlds. It is through language and words that development is made possible. Thus, whereas Sello turns Elizabeth into an object of his experiments that shatter her subjectivity, Eugene's experiment, the Motabeng Secondary School project, grounds her as a subject in material and social reality. Both men's minds compel Elizabeth intellectually: while Sello's vision was vast, Eugene is described as a "practical genius." "It was so broad and impersonal and such a sharp contrast to the nightmares which had propelled her own breakdown that [it filled] her mind with a simple, child-like joy." (*QP*, 61) While Sello is accompanied by the abusive figure of Medusa who repeatedly repudiates Elizabeth's belonging to Africa due to her lack of language skills and her, in Medusa's terms, failed femininity and sexuality, Eugene is accompanied by silent and hardworking figures like Kenosi and Birgette. As madness and sanity seem to reside side by side in her, it is her interpersonal relations – either with real material people or her ghosts – that seem to determine which of these comes to the surface. And it seems to be the interaction with others, especially practical people like Eugene, that keeps the ghosts at bay.

The voluntary work of food production, with its fruit trees, learning and dreams is contrasted sharply with the reality from which both Eugene and Elisabeth have escaped:

> It wasn't like that in South Africa. There they said the black man was naturally dull, stupid, inferior, but they made sure to deprive him of the type of education which developed personality, intellect, skill. So many deeper insights had been unfolding before her which provided clues as to what moved men like Eugene to oppose death and evil and greed, and surround themselves with a creative ferment. (*QP*, 57)

But South African racial ideology is not simply a past left behind, or a nightmare negotiated in the space of madness. It is something that Elizabeth also needs to face in her social reality, for not all her relations in the international community offer cosy counterpoints to the interior torments. Some appear as loud and threatening to Elizabeth's inner balance as her mental tormentors.

Camilla, a Danish voluntary worker, appears in the communal garden during Elizabeth's first visit there, and immediately shatters the atmosphere of concentrated learning and work carried out by the local volunteers. "A wom-

an's high, shrill voice swept over the garden." (*QP*, 74) Camilla interrupts Elizabeth's conversation with Small-Boy, who has been instructing her on growing cabbage and making beds for the vegetables. Camilla immediately starts scolding the workers. She grabs Elizabeth's note-book out of her hand and starts scribbling in it, then thrusts it back to Elizabeth "irrespective of whether it was comprehensible to Elizabeth or not" (*QP*, 75). She forces Elizabeth to follow her all the while scolding the locals around her. "All of a sudden, the vegetable garden was the most miserable place on earth. The students had simply become humiliated little boys shoved around by a hysterical white woman who never saw black people as people but as objects of permanent idiocy." (*QP*, 76)

Camilla embodies a colonial, racist attitude towards the natives. She thinks they are all stupid and like children, and convinced of her own cultural superiority, thinks nothing of telling them this to their face. Her tendency to grasp Elizabeth's notebook, cancel Elizabeth's notes and fill the book with her own incomprehensible scribbling bears a great resemblance to the way in which colonialism as a "civilizing" project sought to overwrite traditional knowledge and history. Furthermore, in relation to nature, she seems to suffer from a compulsion to name everything she sees. As she forces Elizabeth to follow her around, she keeps up a monologue: "Ah! That is my favourite tree! Just look as it buds! And the shape of it! Look! Look! Did you see the small grey mouse scampering into the bush? Ah! Isn't it wonderful! Look! Look! Did you see that bird? Grahame says it's called the Going-away bird in Setswana. Don't you think that's charming?" (*QP,* 76) Historically, the colonization of Africa and other parts of the so-called third world coincided with the Enlightenment project of naming and categorizing nature. Camilla is a voluntary worker in Botswana in the 1970s, not an 18th or 19th-century settler, but little seems to have changed: Camilla's attitude embodies colonial notions of Africans as half-wit children, who need to be told and guided through the very land they inhabit. With her incessant babble and compulsion to direct the gaze of Elisabeth to the things she thinks are worth seeing, Camilla leaves no space for dialogue. Like Dan later, she, too, seeks to colonize Elisabeth's perception, and impose her own worldviews on Elizabeth. Camilla's chatter is thus not unlike Dan's propaganda records. She is also not unlike the white South Africans Elisabeth "had spent her whole life running away from" (*QP,* 76). Elizabeth, however, finds herself unable to part company from Camilla who "drew all the attention of life to [herself], greedily, hungrily" and reluctantly follows her to her house:

> They ascended a steep pathway to a house built into the side of a small rocky hill. A stone stairway pieced together from the hill-side rocks led on to a wide entrance porch, then dropped again into another flight of stairs that led into a large sunken dining-room. It was so beautiful that Elisabeth gasped. Camilla had brought all her treasured knick-knacks along with her. The lightning system was shaded with graceful Chinese lanterns; down one length of wall hung a calendar printed in bright red cloth with innumerable detail on its border edges about everyday life in a Danish village. Exquisite pale gold curtains swayed softly in the breeze. She was very fond of the colour red. Red couches, cushions and a brilliant carpet on the floor gave it an appearance of a flaming house of light. (*QP,* 78)

Camilla's house is symbolic of Camilla's egocentrism and her colonial attitude in relation to Africa, but it also points to the presence of hierarchical global economic relations in the village. The form and address of human dwellings are symbols of the dwellers' status in communities, as, for example, Kirby (1996) points out, and in the village of Motabeng, the common villagers – like Elisabeth in the beginning – live in mud huts. Elisabeth's new house adjoining the communal garden is a modest house with two rooms. The Danish voluntary workers in the Motabeng Secondary school project that is substantially funded by the Danish government, however, live in beautiful, lavish houses. Camilla's house is thus indicative of global economic imbalance, which in her colonial attitude is paired with an assumption of cultural superiority (according to Camilla the fact that Danish literature has become so complicated that it is impossible to understand it without "a certain level of education" is indicative of this superiority.) Camilla's house also sets the voluntary work project in a historical continuum with the civilizing projects carried out by the missionaries in the 19th century: as the Comaroffs (1997, 274-322) point out, the missionaries set up square Western-type houses with bric-a-brac as examples for the locals hoping that this would enhance their eagerness to adopt Western values. According to the missionaries, true spiritual growth required the proper arrangement of private domestic spaces. The position of Camilla's house on the side of the rocky hill is indicative of the fact that although Camilla's presence in Motabeng is motivated by the civilizing mission of the natives, she is not convinced that they can reach her level. In fact, Camilla's attachment to the house ("We liked the house so much that we extended our contract for a year") shows that she is more attached to her assumed superiority than the village itself. Camilla has brought a piece of Denmark with her, and it is with this material symbol of her sense of superiority that she wishes to continue living. Elizabeth incredulously realizes that "[h]ouses were loved, not people" (*QP*, 78).

All the redness of Camilla's house connotes both royalty (her belief in her cultural superiority) and a womb. Read as a womb, Camilla's home symbolizes her not yet having been born into the social world of the village. Surrounded by her red carpets and curtains and her firm belief in her cultural and national superiority, her colonial frame of mind is also a foetal state, where she has not been subjected or introduced to the cultural codes regulating the lives of the people around her. Camilla's home and her attitude form a sharp contrast to the way of living of another, English development worker, who invites Elizabeth for supper. The English development worker shares the yard with the local villagers who refuse to take money for the hut they are "renting" to the foreigner, for "for they opened their doors to the volunteers who wanted to live among them, so that they could comprehend a new world that suddenly made them precious, valued." (*QP,* 159). Camilla has, instead, created her own world within the village.

Considering Elizabeth's night-time nightmares, her struggle with dominance and power, it is no wonder that Elisabeth feels uncomfortable at Camilla's house. She gasps at the beauty of the house, but is appalled by Camilla's

attitude towards the locals. Symbolically, Camilla's house remains as untouched by its location in Africa as her mind and perceptions are blinded to the humanity and dignity of the villagers who work in the farming project. Camilla's colonizing attitude is oppressive; it prevents communication and mutual learning, which for Head are the key-elements of humane relations, and a basis for community. However, it does not occur to Elizabeth to confront Camilla with her racism, before another Danish voluntary worker, Birgette, asks her why she does not do that.

> How did it work in real life? Did you really go around saying to any white man or woman: 'You are a racialist?' Where did it end? One would go stark, raving mad if such deep and endless endurance of suffering, such as one could encounter in Southern Africa, were really brought to the surface. Subterraneously it was a powerful willing of the total extinction of the white man. He aroused a terrible hatred. (*QP,* 83)

What is interesting here is that madness is connected to resistance, to the surfacing of an underlying hatred, and revolt. Madness is not defined as characteristic of the outer reality of racial hatred, and the practice of Apartheid and racial prejudice, but located in confrontation, the moment when an object of racial hatred reverses the hatred, exposes it to the racialist, and challenges him/her. Madness, in this passage, and in the novel as a whole, relies on the moment when an object becomes a subject, achieves subjectivity. Domination by another person or cultural practice prevents the subjucatede from having a home, feeling at home. By replicating the discourse of racial hatred that dominated Elizabeth's life in South Africa, Camilla resituates Elizabeth in her previous position of discursive homelessness and objectification. Importantly, Elizabeth's realization that it is possible to confront such objectification coincides with the moment when she has acquired herself a house of her own. The introduction of this house to the reader also coincides with Birgette's visit:

> Almost everything [...] could be seen from the front door entrance. It was barely twenty feet in length. Three doors opened out, one on a small kitchen area in which there was a sink and a stove, some shelves with plates and cups. A room on the right-hand side served as Elizabeth's bedroom. A room on the left served as a bedroom for the child, plus a dining-room. Directly opposite was the bathroom. (*QP,* 82)

It is in this space where Elizabeth does, indeed, go "stark, raving mad" as she predicts. It is, however, a space where she learns that out of confrontation with the oppression/oppressor new possibilities of belonging emerge. As a prelude to Dan, Camilla, finally confronted by Birgette, emerges from the conflict subdued and humble.

For Head, humility and ordinariness (in the sense that one does not view oneself in any way as superior to others) are the characteristics that render people divine. In accordance with Sello's teachings, she places her hope for the future in other people, not in some external, separate, divine power. In her encounter with Birgette, Elizabeth has a vision that reflects the need for community on both the personal and universal level:

> God isn't a magical formula for me. […] God isn't a switched-on, mysterious, unknown current I can turn to and, by doing so, feel secure in my own nobility. It's you [Birgette] I feel secure about, strangely, as though we will encounter each other again in some other life and nothing would have shaken your nobility. But mine, my destiny is full of doubt, full of doom. I am being dragged down, without my willing, into a whirlpool of horrors. I prefer nobility and goodness, but preference isn't enough; there are forces who make a mockery of my preferences. (*QP,* 85)

For Head, salvation – the coming home of human kind where no one is robbed of their dignity – lies in mutually respectful communication. People need people, Head, quite simply, seems to say. Elizabeth's state is characterised as hell, and for Head, hell is lack of community and communication. In hell, communication fails and speech becomes a one-way street of propaganda, self-indulgence and self-importance. Hell is a narcissistic state characterized by objectification and degradation of the listener and the act of listening. Heaven, instead, or a lever out of hell, consists of subject-to-subject communication. It is composed of mutual respect, listening, goodness and acceptance of silence. Heaven is truthfulness and sincerity in communication where neither party tries to dominate the other, but remains attuned to the other's needs. Heaven is a state of subject-subject communication between people; health is a state where one can feel secure about respect for the privacy of home. Silence is an important element in both.

For Elizabeth whose past and present are wrought with verbal violence, language, like home, is a double-edged issue: it allows a subject's coming into being providing a space for individuation – at the same time it can be used as a means of abuse. Significantly, her journey through madness is a journey from being an object of the definitions of others to beginning to write a story of her own.

The violence she is inflicted with consists of others claiming the acoustic space of her house and the discursive space of her mind. It is thus not surprising that in relation to others, the people with whom she feels at ease are – apart from Tom – characterised by silence. This preference is due to both her past in South Africa where language – among other things – was used as a means of violent and arbitrary categorization of people and the fact that her madness consists of acoustic invasion of her house. Madness in *A Question of Power* consists of constant subjection to voices of others who seek to impose their worldviews on her. It is thus not surprising that Birgette, for example, who is characterized by earnestness and silence appears almost holy to Elizabeth. The silent and reserved Birgette allows Elizabeth to speak her own truth, express her concern for herself and the humankind. To Elizabeth she appears as an almost God-like figure: "I imagine a situation in some future life […] I imagine my face contorted with greed and hatred. I imagine myself wilfully grabbing things that are not mine. And in this darkness of the soul, you will one day walk up to me and remind me of my nobility. That will be my magic formula. I'll hear you and turn away from the darkness." (*QP,* 85).

What is characteristic to Birgette is that she feels deeply the pain of others but maintains a clear distinction between herself and the other person. Eliza-

beth clearly idealizes the young woman, and in this way, the encounter parallels Elizabeth's encounter with Sello. But as Birgette maintains a clear distinction between their personalities (she, in fact, is going away!) their personalities are not fused, and this brief encounter points to something that to me appears important in relation to Elizabeth's struggle through her madness and her recovery: It seems that the encounters and relationships that are most fruitful to Elizabeth are those in which a clear distinction between personalities is maintained. In her social reality Elizabeth most appreciates – and seems to benefit most from – her encounters with people who are silent and faithful companions at work (Kenosi), believe in her ability to overcome difficulties (Eugene), encounter her with respect (Birgette) and treat her as an equal, independent friend (Tom). Apart from Tom, they also reveal rather little of themselves.[74] Thus, while Jacqueline Rose (1996) points to Elizabeth's encounter with the *ghosts* as a kind of internal talking therapy, it is equally important to recognise the role of her friends and the community in supporting her through this "therapy". I would thus argue that it is the community, not the ghosts, that act as Elizabeth's therapist. For what is characteristic of all of these relationships in her social reality is that, rather than emotional, they are silent, stern, and practical. They, like Elizabeth's encounter with Eugene at the time of her first hospitalisation, rather prevent – or just about – tolerate self-disclosure than encourage it. And in this way, by constructing Elizabeth in social reality as a person whose input is required by the community rather than as a person who has been missed emotionally, they create a kind of holding environment that both enables and requires her participation and return from the nightmare world.

5.5.3 Garden: A Question of Earth

In addition to being a site of social interaction and learning, the garden is a place where Elizabeth develops an active and creative relation to the African soil, the earth. Anissa Talahite (2005) reads Head's use of the image of a garden in the postcolonial context of her novel against the background of the Western literary tradition of using the image of a garden as a means to "reinterpret the relationship between nature and culture in the context of social change." For Talahite (ibid. 1) "in the context of Africa and decolonization, the garden represents a powerful image that attempts to redefine the relationship between the social world and the individual self." For her, the garden in *A Question of Power* is a site where Elizabeth as a colonised subject defined as an Other by dominant discourses can redefine and recreate a self. Talahite reads Head's novels as a "quest for a language of difference based on symbolic forms that could help allow the cultural/gender 'other' to emerge from textual and representational

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74 This observation has an interesting resonance with the findings of the Stockholm Outcome of Psychoanalysis and Psychotherapy Project (STOPPP) where it was discovered that "surprisingly, given prevailing assumptions, it seems that a therapists' stress on kindness, supporting and encouraging the patients, and their self-disclosure, had little beneficial effect on the therapy, whereas the supposed neutrality of the traditional (and often older) therapist did" (Appignanesi 2008, 482).

invisibility", in other words a discourse that would allow a subaltern – in Spivak's sense – to speak and articulate herself. She describes the garden in *A Question of Power* as a hybrid in-between space that "offers a counterpoint to hegemonic discourses and systems of representation" (ibid. 1).

"The garden acts as a tool for re-examining the colonial myth of the land in the South African literary tradition, while at the same time rewriting Christian myths of creation and creativity that have traditionally been shaped around patriarchal images of the land and female fertility, female temptation, or unbound female desire and sexuality." As Talahite points out, Head's garden is a site of female friendship, and multiculturalism, and a utopian site of growth and co-operation. It is productive, not empty land, and a space where belonging is reconfirmed in the daily practices of cultivating the land. Head's garden "plays a similar role [as Botswana] in acting as a refuge from the intensity and trauma of racism and colonialism which Elizabeth […] experienced before her exile into Botswana." The garden is thus symbolically stands for Elizabeth's re-rooting of herself in her new country.

The garden is a kind of in-between space that allows encounters between the international voluntary workers and the Motabengians to take place. Talahite discusses the garden as a site of inter-racial and international co-operation and friendship which "revolve around the image of the agricultural land" (ibid. 2). As Botswana, for Head and Elizabeth, provides a space where to grow new roots and belonging, the garden is an image of growth, a land that is not the empty landscape, the image against which the white settler gardeners base their identity, nor is it the landscape, the wild bush, into which the village women disappear leaving Elizabeth alone and alienated when the agricultural season starts, but a space where friendships and co-operation help nourish Elizabeth's tortured soul and produce food and nutrition for the whole village.

In the garden Elizabeth connects with 'ordinary' reality. The garden represents "reconciliation and wholeness in the face of the division created by social systems." It represents a counterforce to the authoritarian figures of Sello and Dan. The garden is thus politicized by placing it in the context of the dynamics of power and exploitation (ibid. 2-3). Furthermore, as Maureen Fielding (2003, 20) has pointed out, "given colonialism's long history in usurping land, it makes perfect sense that reclaiming land would be a healing gesture." Thus, "Head's garden is located at the crossroad of countries, cultures and nations. It is a place where different histories and cultures criss-cross and where alternative symbols are generated as counterpoints to hegemonic discourses" (Talahite 2005, 4). On a more personal level, "the growing of vegetables by Elisabeth on dry land balances the inner turmoil she is going through, grounds the story in the real world" (Nazareth 2006, 222).

5.5.4 Holding Environments

The Motabeng Secondary School Project is an example of an encounter between cultures where one can learn from one another and those who, economically and in terms of education are better off, can help others to create new liveli-

hoods and improve local conditions. Despite the disruptive figure of Camilla, Head's depiction of the project and most of the workers is rather idealised. She provides images of mutual learning, earnest dedication to work and improvement, which are all important motivations for the whole project. In her *Serowe* book, however, more critical viewpoints also emerge: it reveals the controversy that surrounded voluntary work as a means of improvement. For although voluntary work had a strong basis in the tradition of work regiments into which the village was divided, it was still controversial whether people who already suffered from intense poverty should work for free, or be educated into labour that in the end could not provide them with a livelihood. Elizabeth's tendency to idealise both people and work can, however, be read as a sign of her desperation to hold onto that which provides hope and a means of creation.

5.6 The First Madness: Impossible Belongings

In the first part of the book, the questions of belonging centre around Elizabeth's mixed-race identity and her sexuality. It is Medusa who questions both Elizabeth's femininity and her Africanness, and pursues her exclusion from both. She tells Elisabeth: "We don't want you here. This is my land. These are my people. We keep things to ourselves. You keep no secrets. I can do more for the poor than you can ever do" (*QP,* 38).

> The wild-eyed Medusa was expressing the surface reality of African society. It was shut in and exclusive. It had a strong theme of power-worship running through it, and power-people needed small, narrow shut-in worlds. They had never felt secure in the big, wide flexible universe where there were too many cross-currents of opposing thought. She was disturbed by the awakening conflict. Sello had introduced her directly to the soul-reality of conflict. (*QP,* 38)

Elisabeth's inner drama is thus presented as a microcosm of Africa divided by colonial politics and divisions and its counterforces, nationalism and Pan-Africanism. Pan-Africanism was a political ideology seeking to unify Africa – native Africans and the African diaspora – on the basis of a common cultural inheritance and experience. Clearly, such unified position or identities seem constricting to Elizabeth.

Nationality and citizenship, on the other hand, are something she, as a refugee woman, has no title to. On page 37, she finds herself holding a pale blue rosette in her hand, and says it is the prize she will have to earn in this life. The rosette is "symbolic of the brotherhood of man." Pale blue is the colour of Botswana's flag, and thus a symbol of the nation Elizabeth is excluded from. She is not part of the brotherhood. Elisabeth is an outsider, and her inner drama replays her exclusion from a nation as a stateless refugee. As a coloured person, a "half-breed" she has been an unwanted person in South Africa, in Motabeng, Botswana, she is a refugee, an outsider. As a "half-breed" she is also excluded from "pure, black" African society.

Although Head introduces Sello by saying "it seemed almost incidental he was African" (QP, 11), Olaussen (1997, 177) points to the importance of Africa as the setting for Head's exploration of good and evil in *A Question of Power*. Both Sello and Dan are inhabitants in the actual village, their re-incarnations in Elisabeth's hallucinations play out the sexist and racist dilemmas of Elisabeth's existence, and make her confront her not belonging. Olaussen (177) cites Head's letter where she compares the hatred of the white Africans to the presence of evil she experienced in Serowe: "no South African white had the power to invade my mind, nor to arrange a wide range of hisses and obscenities for me, day after day, day after day, for 14 years, as I have experienced in this country [Botswana]."

Elizabeth's mixed-race background prevents any simple identification with Pan-Africanism as a political ideology or identification. As Talahite (2005, 3) notes, Pan-Africanism is one of the major sources of Elizabeth's feelings of inadequacy, and it is Medusa who makes explicit the impossibility of Elizabeth's belonging to Africa: Medusa attacks her for not speaking any African language, and not even 'liking' Africans. As Ibrahim (1996, 132) notes, what triggers Elisabeth's first mental break down is Medusa's attack on her for not speaking any African languages. Whereas she had been able to tolerate the attacks on her sexuality, and Medusa's comments that she had nothing like Medusa's vagina, the mention of the lack of her language skills is too much. It is not maddening to Elizabeth to be told that she is inadequate as a woman, but the attack on her language skills seems to refute her belonging to Africa, and to humanity. In *A Question of Power*, local belonging is the precondition for belonging to wider spheres, and Africa, through the fact that "it seemed almost incidental that [Sello] was African" (*QP*, 11) is a space through which Elizabeth can seek to belong to humanity. Denied this possibility of belonging to any local African community, she ends up howling racist abuse in the radio shop.

Elisabeth does not speak the local language. Nor does she speak any native, tribal African language. Therefore she cannot claim belonging to Africa neither through tribal traditions, tribal languages or a biological connection, for her father is unknown. Nor does she have citizenship. Neither South African nor Batswana, neither fully English nor native, she again falls in the in-between state of not belonging. These facts form the basis of Medusa's abuse of Elizabeth. Sello and Medusa "played on her experiences in South Africa. In South Africa she had been rigidly classified as Coloured. There was no escape from it to the simple joy of being with a personality. There wasn't any escape like that for anyone in South Africa. They were races, not people." (*QP*, 44).

The questions of racial, national and linguistic belonging are further linked to religion and mythology: As Head writes "nearly every nation had that background of mythology – looming monstrous personalities called 'the Gods' personalities that formed the base of their attitudes to royalty and class; personalities whose deeds were hideous and yet who assumed powerful positions" (*QP*, 40). Elizabeth's quest, in this respect is not more – or less – than to define the nature of this god/these gods. With Sello she places divinity in people –

with Dan, she explores God as an almighty figure of power. Thus, as Anissa Talahite (2005, 2) puts it:

> The protagonist's journey through 'madness' is an exploration of collective images of power that form part of the mental constructions of apartheid and racial segregation. Through a disturbing ritual passage through the underworld of collective images, the protagonist searches for a meaning. Part of this quest is to define the idea of god outside the figures of authority provided by religion.

For Talahite (2005, 2)

> the novel, in this respect, is a series of comments on how power and religion have been constructed through history. These are articulated through fragmented visions and images from a wide range of sources such as Roman history, Biblical stories, Egyptian mythology, and Eastern religions juxtaposed with references to modern history through references to the Klu Klux Klan, Nazism, and Apartheid. The novel attempts to draw parallels between different periods in history re-enacted through Elizabeth's interaction with the figures of Sello, Dan and Medusa, who confront Elizabeth in her moments of mental delusion and bring her face-to-face with her own inner fragmentation. One of the ways in which Head articulates this is through the theme of religion as an ideological constructions.

For Talahite, the ideological construction of religion is embodied in the figure of Sello, who first appears to Elizabeth dressed as a monk, and then as a politician in a brown suit. This two-sidedness "reveals the ideological nature of religion." (2) Furthermore, as a masculine figure, Sello "reinforces the idea that Elizabeth, as a woman, is excluded from the dominant concepts of religion and metaphysics. Her journey through madness is that of a trespasser into a world of symbolic constructions from which women have historically been excluded." (Talahite 2005, 3).

Against this background of exclusion from religion, Head writes an image of the garden that is a significant site for female bonding (Elizabeth and Kenosi, especially, develop a nourishing partnership). Instead of an escapist project of retreat, Head writes a garden that is nourishing to the whole community that not only allows hybrid forms of subjectivity to grow, but thrives on them: the Cape gooseberry, an import from South Africa, thrives in Elizabeth's garden. Talahite reads the Cape gooseberry as a "symbol of Elizabeth's victory over her uprooting from her native land in South Africa." The thriving of the Cape gooseberry reads as a celebration of cross-cultural contact and reveals the "interconnectedness of biodiversity and multiculturalism" (Talahite 2005, 3).

It is important to note that Elizabeth's formation of new belonging in Motabeng takes place through work: it is through working on the land, the practicalities of importing and establishing new methods of cultivation that connections between people with different ethnic and cultural backgrounds are formed. If we thus think of the village as Elizabeth's extended home, a space where her sense of locality is formed, we notice that Head constantly juxtaposes two different notions of home: home as a space of belonging and home as a space of domesticity. It is in her nightmare world that Elizabeth is repeatedly prevented from forming a sense of belonging, yet in her social reality she is con-

stantly, through the practices of everyday life, also churning out new, local belongings. And it is through these practices concerned with daily nutrition and the survival of the whole community that she re-thinks and redefines a number of aspects of domesticity, for example, the family (see above/below). Furthermore, it is due to the efforts of Elizabeth and other strangers that the village is provided with unforeseen amounts of fresh vegetables that nourish the community where the diet has traditionally been based on wild herbs, dairy products and porridge, and infant death rates are high due to malnutrition and problems with hygiene (Head 1981/2008). As Maria Olaussen (1997) and Anissa Talahite (2005) note, Head persistently defends hybridity and the introduction of new elements into traditions. She is in favour of learning and exchange; for Head, the strangers arriving in new places help improve the community. But an encounter of strangers involves change and adaptation by both the receiving community and those who arrive.

Head thus promotes humility in encountering others and hybridity in all its forms and contexts: in plants, people and languages. This is what Tom, too, whom Elizabeth so warmly adores, must learn in relation to language. Invited for dinner once more, Tom engages in a discussion with Shorty about his schoolwork. Shorty has learnt about evaporation and presents his notebook to Tom, who, as an American English speaker quickly notes that evaporation, according to his standard is spelled wrong. "It's evaporation, not *i*vaporation." (*QP*, 125, italics in the original). Shorty vehemently defends himself saying that this is how his teacher spells the word. Shorty refuses to hear Tom on the matter, relying on the authority of his teacher. Tom goes to see the school on the following day, and reports to Elizabeth that all the words on the board have been misspelled:

> 'She's a hell of a pretty girl,' he said. 'But she can't spell. There's something right somewhere though. It's absolutely correct spelling if it's phonetics. It's phonetics she's using.'
>
> Elizabeth laughed: 'It's alright, Tom,' she said. 'Wherever English travels, it's adapted. That's Setswana English. Setswana is an entirely phonetic language.' (*QP*, 125-6)

And Setswana English, Elizabeth seems to say, is perfectly correct in the local community.

5.6.1 End of the First Madness

> "back in her own form again, back in her own house" (*QP*, 116).

In a much-cited piece, "Some Notes on Novel Writing", Head (1990, 63) has written about *A Question of Power* that it describes a moment when she "found [herself] in a situation where there was no guarantee against the possibility that I could not be evil too." Sello makes this point at the end of the first part: "You don't realize the point at which you become evil." (*QP,* 96). At this point, Sello has shrunk "to a quarter of his size" so that his clothes hang on him. Elizabeth's

learning with Sello began as a partnership in exploring questions of humanity, turned into a situation where Sello cruelly observed the effects of the violence of Medusa on her, and exposed Elizabeth to a series of crimes against humanity that he claimed to have committed himself. Sello dies, Medusa is exorcised and Elisabeth realizes that "an episode of the inner life" has come to an end. In a dream, Sello makes her see the cesspit that during Elisabeth's hospitalization was filled with excreta. Now, it glows with light: "It was like a crater that had opened up in the earth, and so deep, so endless was the fall to the bottom of it that it seemed bottomless. It was quite clean and empty now, so much so that its jagged stone walls seemed to be made of marble, yet it might only have been the effect of light. It was full of light." (*QP*, 97) As Elisabeth leans forward to take a deeper look at the cesspit, she falls into it. By wishing that no one else should, she finds a foothold in the jagged walls, and the hole starts to fill with dead bodies that Elisabeth recognizes as people she had seen in hell, people who had wilfully chosen evil. The dream thus reflects the role of ethics in the formation of the subject: to gain the position of a subject, as Elizabeth through her process of settling in the village and learning about the dreadful history of human kind with Sello has gained, is to gain power. The decisive moment of moral agency is how to assert this power.

When Elisabeth wakes up from this dream, it is night. She feels that a period in her life has come to its end, and reflects on the meaning of it all. What did it mean that the poor walked into her form? Why did it all happen to her in Botswana, how did the universal questions of power and love become manifested in her in this quiet place? Elizabeth has gained the position of a dwelling subject. She has found a home. Importantly, home is here constructed as a space where she is able to think. Dwelling and thinking are shown as mutually entwined activities. Home is not a purified space of not thinking but, on the contrary, having a home is equated with the possibility to think.

As Sello dies, Elisabeth, instead, springs to life and flings her hands into the air with "a bounding sense of liberation" (*QP*, 100). At dawn she watches "the sun thrust one powerful, majestic, golden arm above the horizon" (*QP*, 100). At the end of the first part of the book Elisabeth seems firmly situated in her house and in Africa. She has negotiated the issue of belonging to Africa. She has survived the attacks on her sexuality by Medusa, and faced the cesspit of evil. As the narrator points out, however, she has underestimated the depth of the wounds inflicted by Medusa who had managed to bring Sello the monk to an unthinking state of depression void of feeling and movement. Nor is she capable of perceiving the deep contempt that she has developed for the weakness of Sello. Medusa's assaults on her gender identity and her contempt for Sello's weakness, however, pave the way for the next phase in her madness and the second part of the book where her nightmare world is dominated Dan who quickly proceeds from seduction to sexual humiliation and torture.

5.7 The Second Madness: Losing Oneself, Losing One's House

> the soul was really open territory easily invaded by devils. They just move in, carry on, mess around, and when a man has cleaned up his house, ten thousand more move in. If I had to take up residence in somebody's house I'd be polite and enquire after their health. Devils don't do that. They just walk in and smash everything up and then they grin… (*QP,* 192)

After Sello's death and the exorcism of Medusa, Elizabeth experiences a short period of relief where she feels "back in her own form again, back in her own house" (*QP*, 116). Soon, however, hell breaks loose again. This time, her perpetrator is Dan, another incarnation of another man from the village. The second part of the book named after Dan is thus characterized by the widening of the gap between the Elizabeth's two realities. The more deeply Elizabeth loses the privacy of her home and her house fails her as a holding environment that should provide her with safety, privacy, individuation and preservation, the deeper involved she becomes in the gardening project and the wider community. Similarly, the weaker she becomes in the private sphere of her home, the stronger grows her hold on the community at large.

The crisis of subjectivity that is introduced with Dan concerns both the physical space of Elizabeth's house and the definition of humanity. Dan occupies Elizabeth's house physically with various figures, especially the nice-time girls, and acoustically with his propaganda records. Essentially, however, the question is about the power to define humanity. When Dan turns on his records where all the potential evilness and sexual appetites repeat and repeat themselves, Elisabeth resists vaguely: "'People aren't like that,' she countered, helplessly, muttering aloud to herself. 'They get up and work. They lose their thoughts in inventing things and battling with the problems of life. It's not like this, a ruthless concentration on the obscene." (*QP*, 116). But it is Dan's mission to convince her that power turns people into devils. Thus, at the moment when Elizabeth has symbolically achieved the position of a dwelling/working subject in her community, Dan invades her homespace and seeks to convince her that this subjectivity is a position of power that is inherently destructive. Power, Dan seems to suggest, cannot be used. It can only be abused.

5.7.1 The Invasion of Elizabeth's House: Dan and the Nice-Time Girls

If Sello's appearance and his introduction in part one were characterised by humbleness, "incidental Africanness", and a development of the soul that paralelled that of Elisabeth's, the introduction of Dan in the beginning of part two is a description of a warrior. Elisabeth's moral code of never waging a war on an inferior will soon be challenged by Dan, who "came along from out of nowhere. He came along from outer space. He came along in clouds of swirling, revolving magic, with such high romantic glow that the whole of the earth and heaven were stunned into a silence before the roar of his approach." (*QP,* 103). Compared to the gradual, gentle coming-into-being of Sello, his quiet presence

before he became visible to Elisabeth – how he sat in the dark, and gently introduced himself and took form by slowly distinguishing himself from the dark and the landscape - Dan's appearance is marked by a sudden, active movement, emergence out of no where. It is marked by light and glow, and a sudden disruption of Elisabeth's life: "One moment she had sat lost in brooding reflection of all the enigmas of the soul, quietly mending the raw ends of her shattered nervous system, the next a terrible clamour engulfed her life." (*QP*, 103) Elizabeth has found a home in Motabeng. Her house is a space where she can finally rest and lose herself to "brooding reflection" that enables her to gather herself and her thoughts. Her soul-journey with Sello has come to an end; she feels safe. But it is this illusion of having arrived home and being safe at home that paves the way for another crisis: the invasion of her mind and her house by Dan. Dan introduces a crisis of a dwelling subject that, significantly, first and foremost is a crisis of a gendered and sexual(ized) subject.

Dan's approach is loud; it has a shattering effect on Elisabeth whose condition is delicate after all the tortures by Medusa. In relation to Dan, Elizabeth is immediately constructed as a "weaker vessel". Compared to Dan, she seems slow, delicate and always a step behind. For whereas Sello's approach was gentle and he proposed mutual learning, parallel processes and soul-journeying together (at least in the beginning), Dan's approach is one of a warrior, conqueror, who acts according to a pre-mediated plan:

> He assembled his soul and form in a wide, sweeping arc over heaven and earth. One half of him seemed to come shooting in like a meteor from the furthest end of the universe, the other rose slowly from the depths of the earth in the shape of an atomic bomb of red fire; the fire was not a cohesive flame, but broken up into particles of fine red dust. All put together it took the shape of the man, Dan. (*QP,* 104)

His approach is violent, masculine, and swift. Also the way Dan enters Elisabeth's house is significantly different from Sello's approach:

> She stood at the window that evening watching the assembly of his soul. It was in an open space, then the form of the man walked to her house. Alarmed, she jumped up and rushed to the door. Sello had produced no such phenomena; she had grown accustomed to seeing things in pictures and imagery, but she had not seen such a spectacular display of soul-power. The man walked right in the door and brushed past her. She caught a glimpse of his face. It was set in a grim line, his forehead was a frown of concentration. He walked with a quick, firm, determined stride.
>
> 'Who are you,' she asked, frightened. (*QP*, 104)

As soon as Dan walks through the door, he kisses Elizabeth. There is a response in Elisabeth to his masculinity. What is significant in the introduction of Dan is that he introduces the themes of sexuality and romantic love into Elizabeth's house. Western notions of heterosexual romance were introduced to Africa to establish the nuclear family as the ideal core unit of a household by Christian missionaries (Comaroffs 1997). What is also significant here is that while Sello brought the poor of Africa into Elizabeth's home so that the themes of belonging touched upon belonging to wider communities and to humanity in general,

Dan immediately removes Elizabeth from her house. The first removal is a scene of seduction:

> He grasped her firmly and sped away back along the path of the meteor. Its journey was flung far out, right to the outermost edge of the universe. There was heaven there where the light had shaded down to a deep midnight blue. A man and a woman stood in it, wrapped in an eternal embrace. There were symbols of their love. There were two grape-trees with the roots entwined; there was a broad river coming down in full flood, with a tremendous roar, supposedly symbolic of powerful, blind, all-consuming love. There was nothing else, no people, no sharing. It was shut-in and exclusive, a height of heights known only to the two eternal lovers. She awoke the next morning with the roar of that river in her ears. (*QP*, 108)

The kind of love and sexuality Dan presents here is exclusive of others. It seems to open a space beyond the world and physical reality, and takes place on the edges of the universe. The world it creates is not populated by other people but by imagery symbolic of romantic love, the mockery of which Dan's whole show is to become: grape-trees with roots entwined and a flowing river are presented as self-consciously chosen, artificial creations the only purpose of which is to impress Elizabeth and to enable her submission. The roar of the river is loud, symbolic of the physical affect Dan has on Elisabeth.

The next day Elisabeth wakes up ill. There is a choir, immaterial and invisible, singing the praise of God in heaven above her house. It is Christmas time, and significantly, it is the Christian religion which, with its notions of an all-mighty God as separate from people, returns to Elizabeth's life with the introduction of Dan. While with Sello Elizabeth had learned to think that people are God, Dan immediately places God back in heaven and introduces him as a powerful patriarchal figure that – like Dan – rules authoritatively with an omnipotent power. Dan's masculinity and sexual appeal cause Elizabeth also to see Sello in a different light, so sharp is the contrast between Dan the conqueror and the destruction of Sello at the end of part one due to his wimpy attachment to Medusa. So sudden is the change in mood that

> only thinking back did she realize that it was the clamour of a man laughing his pissing head off. He had everything arranged in advance. He knew exactly what he wanted. He knew exactly what he was doing. He knew exactly who was going to die and how he was going to pick up the pieces of silver at the end of the job. He was in it for money. The things of the soul were the greatest money-spinning business on earth. (*QP,* 103)

Dan is thus immediately characterised as evil, greedy, and manipulative. He wants to rule and conquer. He occupies the place of the master of the house; Elizabeth becomes weak. Illness, weakness and femininity are thus immediately linked as soon as Dan invades the house and takes up the position of the masculine master of the house. Elizabeth stays in bed over Christmas. She prepares meals for Shorty, but does not eat herself. Elizabeth's condition worsens. Dan introduces a figure of a "Father" who, dressed in white, carries a resemblance to Sello. "The Father" is invisible to Elizabeth, and offers no resistance when Dan removes him from Elisabeth's house. Symbolically, Dan thus removes the old

law of the father from the house. The father is replaced by a lover. The father offers no protection to Elizabeth; she is now ill and alone, and it is Dan who decides who can come and go in Elizabeth's nightmare world.

In social reality, however, Elizabeth enjoys a more secure position. She has by now not only acquired a house for herself, but also an occupation as a gardener, and it is this public realm that provides Elizabeth with feelings of safety and friendship. The most important new contact for Elizabeth is Tom, a young American voluntary worker, who appears in the garden immediately after Christmas and the introduction of Dan. Tom shares many of Dan's masculine characteristics (bodily strength and a certain carelessness of others' opinions, for example), but while Dan employs all his qualities in the oppression of others, Tom is in Africa to help. He and Elizabeth become friends, and together Elizabeth, Tom and Kenosi make miracles in the garden: the vegetables thrive, the Cape gooseberries produce fruit for jam exceeding any expectations, and more and more people with friendly intentions and genuine willingness to help come to Elizabeth's rescue. The gardening project turns out to be a success. But although first Eugene, then Kenosi, and now, finally, Tom, all come to Elizabeth's rescue in the day-time world, her mental – and physical – state is deteriorating. What follows is a paradoxical development where, the weaker Elizabeth becomes due to the night-time tortments she is subjected to in her home, the more secure she can feel in the village as a whole. The larger community thus takes on some of the positive qualities Young (1997) assigns to home: for Elizabeth, safety and preservation exist in the social world and interaction with others. In this regard, community thus takes precedence over home as a site of safety and preservation[75], which seems to defeat Western models of home, love and family. But as Head puts it: "a person eventually becomes a replica of the inner demons he battles with" (*QP*, 149-150). In *A Question of Power,* the developments eventually lead to Elizabeth's six-month hospitalization: the dwelling subject of a Western house is treated medically for her madness. This, however, is preceded by a total loss of privacy and identity.

The seduction of Dan has been short and intense: their souls blur together, Elisabeth is ready to ignore differences between them, and to let go of her own convictions. She is easily seduced, and quick to reject the lessons she has learned with Sello about humility and responsibility. Dan makes statements, he does not explain. He gives orders and is equated with a god who no longer comprises the masses of the poor, but is back in heaven, invisible and all-powerful in the sky. Dan says "I don't care what I do" and promises to protect Elisabeth "the silly girl" (*QP*, 114). He introduces a new phase in Elisabeth's

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75 This point has interesting resonance with Karoliina Kähmi's (forthcoming) finding that schizophrenic participants in writing therapy groups struggle a great deal to produce coherent texts when writing on their own, but create texts that make perfect sense when producing them in cooperation with others in a group. For a person suffering from hallucinations – or haunted by an ancestral reality – the shared social reality provides a space where the sufferer feels safe, and can contribute to the shared activities. A text produced alone is like a house where one lives alone and is vulnerable to the attacks of the (hallucinatory) perpetrators. The shared social space/text protects the inhabitant from coercion and incoherence.

madness as, having seduced her, he begins the acoustic invasion of her mind with propaganda records and a sexual invasion of her house with his seventy-one "nice-time girls".

The "nice-time girls" are a bunch of caricatured, sexual stereotypes of women, with whom Dan has sex all over Elizabeth's house and in her bed. The women walk around Elizabeth's home naked and with their sexual body-parts exposed. The names of these women, Miss Wriggly-Bottom, Miss Sewing Machine, Miss Body Beautiful and the Womb, among others, are a combination of sexual attributes. Furthermore, as Daniel Gover (1990, 118) has noted, they also suggest traditional female gender roles in the home such as sewing. The corporeal femininity suggested by these names is constructed as fragmented: the women are named after body parts and movements that are either supposed to arouse sexual desire in men (Wriggly-Bottom, Body Beautiful), refer to women's reproductive role (Womb) or their feminine actions and functions at home (Sewing Machine). The women are fragmented, and merely serve Dan's insatiable sexual appetite, which, at times, he himself is disgusted by. This disgust is projected onto the women whom he describes as repulsive at the same time as he compulsively engages in sexual activity with them. Importantly, the women exist almost solely as objects of Dan's desire (and repulsion), they are stereotyped and pornographic; and they have no inner integrity, are lacking full personality. They are a crowd or a bunch of puppets that create, stage and act out what can be read as Elisabeth's inner drama – or rather Elizabeth's crisis that is characterized by loss of inner space; as Dan's invasion of Elizabeth house has expelled her from the position of subject in her house. No inner space now exists: Elizabeth's home is the stage of her madness. It is three-dimensional, visual, corporeal and acoustic. Madness is thus not within her; she is enclosed in the madness. And only other people's presence can temporarily remove her from this place of torment. In the pornographic theatre that invades her home, Elizabeth has little control over anything. Importantly, though, at the same time as the nice-time girls serve Dan's sexuality like a bunch of puppets and force Elisabeth into a position of a helpless victim, she is also kept in this position of a witness due to the fact that she believes the drama can help her explore the question of power.

According to Maria Olaussen (1997, 201), "in *A Question of Power* sexual violence is used metaphorically to express complete helplessness, degradation and lack of control. This metaphoric use suggests a close connection between bodily and mental violence." This might be true on the level of *reading* and interpreting the novel, but Elizabeth's experience of the invasion of her house by Dan and the nice-time girls, is all but metaphorical. The nice-time girls walk around her house; they steal her clothes and use her toilet. They expose their bodies and bodily fluids and force Elizabeth to the position of a witness's of the invasion of her own house. Her mind and soul become "open territory easily invaded by devils. They just move in, carry on, mess around, and when a man has cleaned up his house, ten thousand more move in. If I had to take up residence in somebody's house I'd be polite and enquire after their health. Devils

don't do that. They just walk in and smash everything up and then they grin…" (*QP,* 192). The nice-time girls use Elizabeth's bedroom, clothes, bathroom and take her perfume. Dan stops wearing underpants around the house: he parades around with his penis naked and erect. He keeps telling Elizabeth that as a half-breed she is inferior to real Africans and that she is dirty. Dan is obsessed with dirt and tells the nice-time girls to make full use of everything Elizabeth owns: "They washed and washed in her bathroom; [...] they put on Elizabeth's dresses and underwear and made use of her perfumes. The poor things had it drilled into them; any possession of Elizabeth's they could get hold of would give them some kind of holy immunity or make them doubly attractive. They stole with reckless speed." (*QP*, 128).

The material belongings in one's home, according to Iris Marion Young (1997) are material continuations of identity and means to support the dwelling subject – and thus the recreation of her subjectivity – in her daily activities. The nice-time girls who occupy Elizabeth's house concretely push her out of the spaces where this recreation of her subjectivity through sleep and washing herself could take place. Clothes are intimately connected to identity. In regard to the body they mark the border between public and private. In the African context they have been a battlefield of cultural norms of privacy and decency between the colonizers and the natives (Comaroffs 1997). Again, then, Elizabeth's body and the drama/trauma played in her house are constructed as a colonial battle – this time also of the space of her body. And this time, the invaders, those who seek to redefine and shatter the borders, are African.

If we think of Elizabeth's house as her a material extension of her identity as Head's formulation "back in her own form again, back in her own house" (*QP*, 116) suggests we do, the invasion of Elizabeth's house by Dan and the nice-time girls constructs madness as a state where a person is materially robbed of her identity. This state of having no identity is constructed as a feminine position and juxtaposed with Dan's dominant, masculine position that, according to Head, embodies African male sexuality. He "set himself up before Elizabeth as the epitome of the African male. [...] It was the power of his projection to make all things as African. It began to make all things African vile and obscene." (*QP*, 137). The social defects of Africa include "the African man's loose, carefree sexuality" that includes no tenderness or love but is combined with the second defect, cruelty, that manifests itself also in witchcraft practices that create "a sustained pressure of mental torture that reduces its victim to a state of permanent terror, and once they start on you they don't know where to stop, until you become stark, raving mad. Then they just grin." (*QP*, 137).

Importantly, then, Elizabeth's subjection is here constructed as specifically African. In addition to African male heterosexuality Dan can be read as a representative of Pan-Africanism, the anti-colonial political movement that sought to unify Africa – native Africans and African diaspora – on the basis of a common cultural inheritance and experience. Due to her mixed racial inheritance such a unified position or identity is, of course, impossible for Elizabeth, which is exactly the message that Dan wants to convey to her with his propaganda records.

These records fill the acoustic space of Elizabeth's mind / house with a discourse that continually re-enforces her sense of racial inferiority as a half-white and thus not proper African. They also monotonously assert her sexual inferiority to the nice-time girls. In this way, the invasion of Elizabeth's house marks a position of internalized self-hatred where the subject loses both her sense of self-worth and her moral agency: Before he dies at the end of the first part of the book, Sello says to Elizabeth: "You don't realize the point at which you become evil" (*QP,* 96). Dan's invasion of Elizabeth's house and the erratic way in which he keeps shifting between the positions of pathetic, wounded lover and a perpetrator of violence lock Elizabeth in a state of permanent terror and a possibility to straighten her own thoughts and perceptions. (The shifting takes place with the same intensity as Head, on the level of the narration, keeps shoving the reader[76] between the two worlds of Elizabeth's consciousness and the village life.) As Dan also keeps up a running commentary on the sexual lives of the people Elizabeth meets in the village, it is not only Elizabeth's own privacy that is lost: she also loses the sense of other people's privacy. Dan makes her see everything and everyone as sexualised and perverted:

> It was one thing to adopt generous attitudes, at a distance. It was another to have a supreme pervert thrust his soul into your living body. It was like taking a walk on slime; slithering, skidding and cringing with a deep shame. It was like no longer having a digestive system, a marvellous body filled with a network of blood-vessels – it was simply having a mouth and an alimentary tract; food was shit and piss; the sky the stars, the earth, people, animals were also shit and piss. It was like living in the hot, feverish world of the pissing pervert of the public toilet – the sort of man who, in buses and cinema queues, pressed himself against a woman. And when a woman turned around and said: 'You shouldn't do that,' she looked right into a face with un uncomprehending smirk that said: 'But don't you like it? It's all I do. That's all I know. My whole life is my pissing vehicle. You're like that too.' (*QP*, 138)

Dan's influence is such that in every encounter Elizabeth's attention is, through the use of the propaganda records turned to the possible perversions and sexuality of the people she encounters. Dan also manages to convince her that the real Sello, the villager, has slept with his own daughter, and that Mrs Jones is the mother of the prostitutes. As a result, Elizabeth finally puts up a poster revealing Sello's crime next to the post-office and strikes Mrs Jones in the face. These events lead to her hospitalisation.

Hospitalisation is, however, preceded by Elizabeth's gradual withdrawal from the activities in the garden, and communication with others, and Elizabeth's final closing in in her house. The deepening division between that sane working life and the mad, disabled victimisation by the nightmare world are not only spatial, but also temporal. As Dan and his nice-time girls keep Elizabeth awake at night for months in a row, it becomes more and more difficult for

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76 According to Head, the narrative choice was deliberate, a narrative means to emphasize the choice between life and death: In *A Question of Power,* "everyday life [is] deliberately juxtaposed against the interior narrative for contrast and a choice between the two worlds: one of death and destruction and the other that promotes life." (Gagiano [2000, 157] citing Head's letter from 1976)

her to get out of bed. As her days have become divided between work in the communal garden with others in the morning, and experimenting with different plants and seedlings in her own garden, Elizabeth struggles to get to work in the morning, but starts to reserve the afternoons for collapsing in bed. In bed, instead of resting, however, she is subjected to Dan's sexual hysteria and performance with his nice-time girls. She is "like the rabbit trapped in helpless fascination by the downward swoop of the hawk […] who knows its death is near and awaits, helplessly." (*QP*, 160).

As Elizabeth's condition worsens, the spatial metaphors begin to dominate the narration again. She is described as a volcano waiting to explode. At the same time, she is a "trapped rabbit" waiting for a hawk to shoot down from the sky to get her. In her inner world she is thus shrinking in size, victimized further, and in the social reality, building up an explosion. In reality, she increasingly retreats from the garden, and the social life it involves, till finally, claiming to Kenosi, her faithful partner in toil, that she is ill, she closes the door on her friend. The next morning, out of habit, Kenosi comes to fetch Elizabeth for work, and finds herself staring at the "closed front door and drawn curtains." (*QP*, 172) The scene owns a queer resemblance to the episode where Elizabeth herself, prior to leaving South Africa, stands outside the mental hospital where she was born and where her mother died. The closed walls and unrevealing windows of Elizabeth's house become a symbol of her madness. Her madness is marked by social withdrawal and a house closed on friends. Her house has become a prison-like building that no longer allows movement across its boundaries. The point where illness/madness wins over is one where Elizabeth is captured in her own home that, paradoxically, is the site of ultimate homelessness.

Patrick Colm Hogan's (1994, 6, my pagination) Lacanian reading of madness in *A question of Power* offers an interesting viewpoint in regard to Elizabeth's imprisonment in her house/mind. Hogan points out that ego – that is the social manifestation of the self – ordinarily "allow[s] one to run away from one's own mind." This is exactly what maintains sanity within Elizabeth's madness as long as she is well enough to keep in touch with her friends and continues to work in her garden. Retreating to her house symbolizes Elizabeth's inability to repress memory which, according to Hogan, is exactly what allows one to run away from one's mind. Hogan discusses another scene much earlier in the novel where Elizabeth is combing her hair in front of a mirror and recognizes an unnameable horror in her eyes. She wonders: "How could someone run away from their own mind?" (*QP,* 46). For Hogan (and Lacan) a psychotic mind is unable to repress memory. Repression, according to Hogan, is exactly what enables one to run away from one's mind. Elizabeth cannot. She is constantly under the attack of her perpetrators who fill her mind and her home with "evils [that] were beginning to sound like South Africa from which she had fled" (*QP,* 57). However, we must note that it is particularly in the first part of the novel and with Sello that past and memory are discussed: the evil that is present with Sello is the evil and crimes committed in the past. With Dan the tense changes and it is the evils he perpetrates in the present – and claims that

he will perpetrate in the future – that shatter Elizabeth's subjectivity (*QP*, 116). If, with Sello, she felt deprived of the possibility of gaining subjectivity, with Dan she finds herself in the position where she is convinced that even if she did, it would only serve to destroy others.

And this is the point where she eventually retreats even from the garden and the friendships, the environment that had enabled her holding onto sanity. If we, again, read Elizabeth's home as an extension of her mind, we notice that the point where madness wins over is the point where she ceases to be able to cross the boundary that separates her home and the social world. Understood in this way, sanity thus manifests itself as a movement between the inner and the outer world, communication and interaction between the two. A healthy home is one with doors that open and close, and the inhabitants, as relational subjects, leave and return.

As Elizabeth withdraws into her house, Kenosi spreads the word about Elizabeth's illness to friends, but the only one who attempts to penetrate her loneliness is Mrs Jones, a devout Christian, who has become a regular visitor in Elizabeth's house. Mrs Jones's Christian worldview and the platitudes by which she lives ("When people are lonely, I visit them. When people are sick, I visit them"), and her whole life seems "so far removed from the stormy centre of Elizabeth's emotional life and thought that she was really like an innocent mouse building a nest near a slowly erupting volcano" (*QP*, 170). Unaware of her aggressive state of mind, Mrs Jones calls on Elizabeth's house. Elizabeth, however, slams the door at the face of the woman, who in her nightmares has become the mother of the nice-time girls, prostitutes. Mrs Jones also becomes a victim of Elizabeth's violent outburst. Elizabeth runs out of her house in her nightgown, slams Mrs Jones in the face and closes herself in her house again. At this point, Elizabeth is absorbed by her nightmare world that the external social codes and decencies no longer hold her. Whereas before, her movement in and out of her house was regulated by the participation in the social life of the village, doors were kept open for friends and for Shorty to wander in and out, Elizabeth's exits now become abrupt and violent. She locks herself in, she bursts out. Her short calls in the outside world are violent and abusive. She is beside herself, beside social norms and beside language: "The day she broke down she simply howled, and like a volcano the evil erupted in a wild flow of molten lava." (*QP*, 171) She is also blinded to the scenery she has come to love. As Elizabeth cycles back from the post-office where she has put up the poster where she reveals what she believes to have been Sello's crime, she is "dead to the vibrant beauty of the early morning which she loved so much; dead to everything, recklessly inviting her own death" (*QP*, 175). In her nightmare world Elizabeth has become convinced that the real Sello of the village has slept with his daughter, and by putting up the poster, Elizabeth wants to reveal this crime. The death she refers to above can be understood as a psychological death that results from the abuse she endures in the nightmare world – or a social death that is brought on by her insult on Sello.

What this second madness in *A Question of Power* points to is that madness as an experience consists of the loss of privacy and agency. What is described above is a manifestation of the loss of control of the goings-on in one's own house which, as an experience is equal to the vulnerable state of homelessness. Elizabeth's home fails her as a site of individuation and safety, it allows no privacy and no means of preservation. She becomes a person "driven out of her own home", a home where she, paradoxically shuts herself in.

5.7.2 The Second Madness as a Challenge to the Family and Heterosexual Matrix

In the second part of the book, Head examines the position of a female heterosexual refugee in the post-independence Botswana in the late 1960s/early 1970s. The crisis of subjectivity in the second part of the book is a crisis of a female heterosexual subjectivity. Elizabeth has acquired a position of a subject/dweller in her square house, surrounded by a garden, which materially situates her in the hybrid space of a post-colonial African village. In this context, Head cannot conceive the possibility of a sexual subject-subject relation. Elizabeth's relationship with the much younger Tom is platonic, although – as Maria Olaussen (1997) points out, Tom is introduced as a sexualised figure with his muscles shining in the garden. Dan's seduction on the other hand, has disastrous consequences for Elizabeth's sense of self-worth. As Huma Ibrahim (1996, 128-143) points out, the sexuality that is a dominant theme in Elizabeth's nightmare world is almost nonexistent in her external reality. As Ibrahim suggests, sexuality is the cost of Elizabeth's integration. Elisabeth's aim is to create and live in harmony, and sexuality is conceived as disruption: "Precisely in her longing to belong, [Elisabeth] dispenses with any aspect of what she perceives as individual or social harmony; for sexual desire suggests disharmony to her." Ibrahim interprets this as a fear of sexuality: "When [Elisabeth] realizes she wants to be sexually fulfilled, she is repulsed by her own desires, ultimately rejecting part of her own identity." (ibid. 143). Ibrahim reads this as Head's (disappointing) failure to "incorporate female sexuality as part of the mechanics of belonging to self and community." Abstinence, for Ibrahim, cannot be a willed position. Can it be so for Elizabeth for whom heterosexuality is unavoidably engrained in violent power struggles and abuse, and homosexuality is conceived as perversion? (Head's/Elizabeth's notion of homosexuality is thoroughly homophobic, and curiously, she constructs male homosexuality as a product of the oppressive regime of South Africa.) Elizabeth's crisis as a dwelling subject is thus gendered, sexualised and medicalized.

Head thus refutes heterosexuality as a founding institution of family life with her caricatured depiction of Dan. In *A Question of Power* heterosexual family romance is depicted as impossible also in Elizabeth's illegitimate family history through the portrayal – or lack of portrayal – of her mother and father, her own single-motherhood and through the caricatured depiction of Elizabeth's "romance" with Dan that almost destroys her home. This family unit is depicted as impossible, yet Head does provide interesting transgressions in its regard.

Elizabeth, for example, tells Kenosi that if she were a man, she would marry her: Kenosi, who keeps things to herself and works hard is exactly the kind of woman whom Elizabeth conceives as an ideal partner. Furthermore, she suggests to Tom that she could adopt him as her son, which – as Hirshini Bhana (2004, 45) points out – in relation to the South African Apartheid regime is a highly transgressive move and re-thinks "radically the biological determinism that insists that a black woman cannot have a white son. The inventedness of naturalized, biological allegiances of nationality, race and the (nuclear) family (to which Elisabeth has had little recourse) slowly begins to be replaced by regenerative, open connections". In a way, Elisabeth thus repeats and re-enacts her mother's transgression in having a different-colour child, but whereas her own birth was entangled in discourses of criminalised sexuality and madness, Elisabeth's own act of adoption is a desexualised, Platonic move between two adult individuals in a country where they are both strangers.

With these moves, Head rethinks family structures while, at the same time, embedding them in the heterosexual matrix. Yet, in this matrix, Elizabeth assumes for herself the position of a man and thus crosses biological and racial boundaries that would have been inconceivable in South Africa. A coloured woman who adopts a white son and at the same time takes up the imaginary position of a man who would like to marry a Black woman transgresses and rethinks a number of boundaries.

5.8 Elizabeth's Two Madnesses

Above, I have developed the argument that instead of one, Elizabeth's madness consists of two phases that are distinct from each other in form and content. Here, before moving to the discussion of Elizabeth's confinement in the psychiatric hospital that, in a way, seals the marriage to psychiatry of her second madness, I will reiterate shortly the characteristics of these two madnesses represented and named after the main perpetrators. Not only are the madnesses different from one another due to the discourses employed to depict them, or through the symbolism of the houses where Elizabeth endures them. They are also distinguished by the masculinities and femininities represented by Elizabeth's tormentors – and the discourses that the tormentors employ to torment her.

In the first part of the book (Sello), Head studies culturally feminine aspects (silence, humility, poverty, goodness): Sello's crime seems to be that he is too weak to resist Medusa and the temptation to exercise power over others in a destructive form. The second part (Dan) focuses on masculine domination, active and warrior-like ruling over of others through superiority. Sello places divinity in people on earth, Dan shoves God back up in the sky, to rule as he likes. Elizabeth's problem is that she adopts both views uncritically. With the appearance of Dan, physically seduced, she is ready to abandon all the views she adopted with Sello. Her pleas against Dan's presentation of people as obscene,

are weak and fail to have any affect. Dan gets to her through emotions and physical sensations.

While Elizabeth's lessons and learning about divinity and people in the first part of the book with Sello focussed on finding goodness and divinity in people – the poor – and quietness and humility were studied as presence of divinity in people, in the second part of the book, God is thrown back into heaven, Dan rules Elizabeth through notions of romantic love and sexuality. Dan's teachings focus on the evil in people. He insists that the very same people whose inner beauty and nobility Sello was trying to convey to Elizabeth at the same time as he was revealing the atrocities and evilness he had committed himself, are now paraded in front of Elizabeth as examples of hypocrisy and obscenity. The humble and divine turn out to carry within themselves secret sexual perversions and obscene habits. They are presented as child molesters and homosexuals.

Thus, as in the first part of the book Head, through the figures of Sello and Camilla studied the discursive construction of black inferiority, Dan and his "teachings" turn the gaze to the African people and their defects. Elizabeth condemns Pan Africanism and Black Power as restrictive due to their promotion of violence (fists stuck up in the air, which to Elizabeth is a gesture associated with the Nazis and their blind-eyed racial politics; see *QP,* 132-5). Pan-Africanism, relying so heavily on notions of Blackness and the revival of African tribal traditions, leaves no space for the inclusion of Elizabeth as a "half-breed". The identity politics of the African nationalists is condemned as reactionary and narrow in its comprehension of who is African. For Elizabeth, Dan embodies the worst of Africa, cruelty that is deeply rooted in native practice of witchcraft, and "African man's loose, carefree sexuality" (*QP*, 137), which view corresponds to the colonial stereotypes of sexuality (Gilman 1985). In fact, Dan not only embodies or represents these defects, he is an exaggeration of them: Dan "was a super-combination of both these defects [sexuality and cruelty], casting aside as useless the broad hazy body of social goodness and strength. To sex he added homosexuality and perversions of all kinds. To witchcraft terror he added the super-staying-power of his elemental soul; he could last anyone in a battle." Dan thus stands for nationalism characterized by a disregard for the humanity of women that draws its power from the malign presence of witchcraft in native communities.

In addition to the contents, the two parts of the book that describe Elizabeth's two madnesses differ from one another in terms of the function that the breakdowns have in Elizabeth's story. The first breakdown actually speeds up her process of integration as it puts her in contact with the Motabeng Secondary School project, while the second one marks a disruption in the personal relationships and friendships she has already formed. They affect her daily life differently, the first does not prevent her from taking care of her son, while the second forces her to stay in bed and neglect work already before her hospitalisation. After the breakdowns Elizabeth also receives different kind of medical treatment: the first breakdown leads to a short hospitalisation, and the second

one removes her from the community for six months. The two madnesses thus differ from one another also in terms of the psychiatric practices employed to treat them that place her differently in relation to home.

5.9 Away from Home: The Psychiatric Hospital

While in *Faces in the Water* the two psychiatric hospitals were the primary context of Istina's experience, in *A Question of Power* the asylum is a marginal site of Elizabeth's madness. The two psychiatric contexts are fundamentally different, and in the African context historically the asylum has not played a central role.

For Elizabeth's life narrative, the asylum, however, is central: the psychiatric hospital was the place where Elizabeth was born. The hospital where she is confined due to her second madness is not the same as the one of her birth, but symbolically Elizabeth's hospitalization reunites her with the institution that acted as her first "home". In *A Question of Power*, psychiatry is portrayed as thoroughly impotent. It had failed to save her mother, who had died in the hospital, and it fails to save Elizabeth. In fact, it seems more as if Elizabeth will have to save herself from the hospital as the conditions there are utterly degrading. The psychiatric hospital where Elizabeth is taken is the only one in the country and the psychiatrist who treats her is the only one in the country, too. The attendants of the

> loony bin [...] greeted the lunatics with laughter. [...] It was strictly for poor, illiterate Batswana, who were treated like animals. They seemed to be the only people who went insane in Botswana, and because they were poor and illiterate and it was a government hospital they were provided with no soap for bathing or towels to dry the body. The place had a terrible stench. (*QP*, 180-1).

The hospital thus again reiterates Elizabeth's previous experiences of racism and racial violence. The inhumane treatment of the patients resembles the treatment of the patients in the worst wards described in *Faces in the Water.* In *A Question of Power* there seems to be no difference between the wards. The treatments are ineffective. The sedatives Elizabeth is given render her outwardly calm, but in regard to her inner torments they only victimise her further making her more vulnerable to her tormentors' threats and abuse. (*QP,* 177) In fact, in relation to the power of the evil of either Sello or Dan being in the hospital or at home does not make much difference to Elisabeth: "Agh," she said. "I go to the loony bin. There's hell. I come back. There's hell. Where does it all end?" (*QP*, 186). The madness of racist violence – in both internal and external reality – follows her from home to hospital and from hospital to home. In this sense, Elizabeth's hospitalization could be seen rather as a continuation of her madness rather than a beginning of her cure. This interpretation is also supported by the fact that when Tom comes to visit her, she sends him a note saying that she will never want to see him again. In this way, she continues to reject the presence of people and elements that previously made up her home. In *A Question of Power,*

there are no spaces or places within the hospital that would acquire any meanings of a home. And thus, we can argue that Elizabeth's actual recovery only begins when she returns home, home here being a space where one can act as a subject and agent in the making of one's own world. In the hospital her agency was limited to tolerating the appalling circumstances, and the developments that led to her release – and the agency gained in this process – were initiated almost haphazardly as the doctor assumed Elizabeth to be a "comrade racialist" due to the denigrating way in which Elizabeth addressed the Batswana around her.

At home, Elisabeth no longer turns her friend away, and other people's visits continue to disrupt Elisabeth's sinking into depression. They help her cope with suicidal thoughts and Dan's prophesy of her killing herself and her son.

5.10 Home as a Site of Mothering

Home consists not only of spatial and material relations, but of social relations and relationships. A sense of home is connected to families, and to social and emotional networks. To start with, in *A Question of Power,* Shorty is Elizabeth's family. Elizabeth's acts of inhabiting her hut and the world are shaped by her role as a single mother, a provider of nourishment and care to her son. Both her ways of inhabiting the world and her mothering are shaped by madness. Elizabeth's madness is intertwined in her daily tasks of mothering her son, Shorty, who is called so for his refusal to grow physically[77]. In this section, I will discuss some of the aspects and affects on mothering of Elizabeth's madness.

By "mothering" I refer to what Emily Jeremiah (2003) has theorized as performatives of mothering: that is, by performing the daily acts of taking care of a child a woman takes up the subject position of a mother. Mothering is thus a performative act rather than some essential fact or identity (as suggested by the term motherhood). What is notable in the context of Southern Africa is that Elizabeth as a migrant mother and writer actually lives with her son. In South Africa, the mothering of black/coloured mothers, of their children during the Apartheid regime was often shaped by the black mothers' absence from their own homes. In the Apartheid context, many black/coloured women were forced to leave their children behind in the "homelands" in the care of other women and seek employment as maids in white urban families. Head herself describes such a situation in a short story, "The Wind and a Boy", where a mother, working in town as a typist, leaves her son in the care of her own

77 Having just started beginners' grade at school, Shorty seems to have stopped growing at the age of three. (*QP* 125) As Shorty has been forced to grow up in many ways intellectually and emotionally due to his mother's strangeness and precarious mental state the incompatibility of his physical size and mental growth seem to parallel the incompatibility of his mother's dual realities.

mother, who struggles to keep the boy from mischief and thieving[78]. The story points to the difficulties of mothering in postcolonial Africa. Also, in *Living, Loving and Lying Awake at Night,* Sindiwe Magona (1991) describes one such painful departure – a black mother, Atini, flees into the night leaving her children behind – as an act of mother's love: poor, with her milk drying up so that she cannot even nurture her youngest infant, she flees into the night. In order to provide a living for her children, she finds work in town as a domestic servant. Against this background Elizabeth's presence in her son's life is worth noting. It is remarkable also in relation to her experience of madness, for in many ways Shorty and the demands of mothering are what keep her in touch with the everyday, social world. In *A Question of Power,* mothering, unlike in much of (early) white feminist work (for example Rich 1991), is thus depicted as an empowering, enabling factor in Elizabeth's life.

In Part Two, Elizabeth's approaching breakdown is also reflected in her decreasing ability to perform these tasks, to mother. She no longer eats, and "she had lost track of the small boy. She could not communicate with him in any way. He crawled in and out of the house. He had friends. He had eaten somewhere. He was so cunning about his own survival that she only saw him at sunset when he came home to bed." (*QP*, 172)[79]. At this point Elizabeth has lost the sense of herself and the control of her home and her son. Also the boundaries between herself and her son become blurred: When Elizabeth locks herself in her house, she plans to kill both herself and her son. Shorty, however, wakes up and interrogates her about what is wrong. She tells him that she has struck Mrs. Jones. Something about it makes him laugh. Sitting on his bed he interrogates her about her talking to herself at night. Elizabeth has not been aware of having talked aloud. She attempts to convince Shorty that "it's nothing, my darling […] Some people are bothering me. I'll chase them away." (*QP,* 174). Shorty's reactions and his reflections show her what her behaviour has looked like from the outside, and help Elizabeth to recover her senses a bit. Finally, however, it is the trust he shows that makes Elizabeth retreat from her crazy idea to kill them both: "He looked up at her trustingly. For all her haphazard ways and unpredictable temperament, she was the only authority he had in his life. The trust he showed, the way he quietly walked back to his own bed, feverishly swerved her mind away from killing him, then herself." (*QP*, 174). By acting normally, not allowing his mother to leave the position of a mother and by showing trust, the little boy restores Elizabeth's sense of self.

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78 In "The Wind and a Boy" a grandmother raises her daughter's son. The mother, working in town as a typist, leaves the son, Friedman, in the care of her mother who does her best to educate the boy. Friedman grows into a thief, but because of his good looks is forgiven more easily than other young boys. At fourteen he assumes a more responsible attitude to life and begins to assist his grandmother. It is while running an errand for the grandmother that he gets hit by a truck and is brutally killed. The grandmother loses her mind as a result of her grief, and dies shortly after.

79 We can read this free roaming of the son either as Elizabet's failure to mother properly, or, as I will show below, Shorty's growing up to be quite a normal village boy who, by definition, are "kings whom no one ruled." (Head 1992, 69).

After Elizabeth has put up the note where she accuses Sello of having slept with his daughter, Elizabeth waits for the police at home. When the police tell her that she will be hospitalised, her first question is about her son: "What will happen to my child?" The police replies: "People are never alone in the world. […] You have friends here. We'll find them and they will look after the child." (*QP*, 176). Elizabeth agrees. In this context, Elizabeth's decision to (temporarily) part with the mothering of her child is clearly connected to her mental state and condition. On the other hand, it is clearly in line with what Patricia Hill Collins (2000, 178) writes about the practice of other-mothering among African-Americans, where "fluid and changing boundaries often distinguish biological mothers from other women who care for children." According to Hill Collins, in African and African-American communities biological bloodmothers are expected to care for their children. However, the communities recognise that "vesting one person with full responsibility for mothering a child may not be wise or possible. As a result, othermothers – women who assist bloodmothers by sharing mothering responsibilities – traditionally have been central to the institution of Black motherhood." (Collins 2000, 178). It think it is possible also to read Elizabeth's giving up her child as a communal practise where she, recognising that in her current condition she is not the best possible carer for her child, yields the responsibility to others. Interpreted in this way, her act is one of responsibility. Since early on, before her first breakdown Elisabeth has been aware that "[j]ourneys of the soul are not for women with children, not all that dark heaving turmoil. They are for men, and the toughest of them took off into the solitude of the forests and fought out their battles with hell in deep seclusion. No wonder they hid from view. The inner life is ugly." (*QP*, 50). Throughout her struggle, however, Elizabeth has been somewhat capable of mothering her child, who has been roaming around the village, where people seem to take children seriously, and engage with them without any prejudice or discrimination that affect their relation with adult strangers. This is reflected in Kenosi's first visit to Elizabeth's house (*QP*, 94). She faces Elizabeth unsmiling, reserved, but as Shorty turns up, she immediately smiles at him tenderly and engages in a discussion about airplanes with him. Shorty is also Elizabeth's own "news reporter" in regards to the events in the village, as children habitually roam around and visit huts as they like.

According to Hill Collins (2000, 179), African and African-American othermothering practices were/are not restricted to biological family members, but extend to fictive kinships. Bearing in mind how self-evidently, during Elizabeth's first hospitalisation, Eugene had taken on board the care of Elizabeth's child and claimed that the refugees from South Africa should take care of each other, we can see the diaspora community in Motabeng as a kind of kinship where the members step in to mother for others' children. Eugene establishes taking care of others' children as a moral duty based on shared inheritance of oppression in their country of origin. A difficult life-situation and cultural values thus support each other. As Hill Collins (ibid. 179) puts it: the "cultural value placed on cooperative child care traditionally found institutional support in

the adverse conditions under which so many Black women mothered." (cf. the mothering practices Magona describes in *Living Loving and Lying Awake at Night*.)

The conditions under which Elizabeth mothers are, to say the least, adverse. And although she sometimes becomes blinded to how her own actions affect the child (that for example, she speaks out loud in the midst of her turmoil), she is aware of the small boy's concern for her, and the effect her condition has on him: "People who had mothers like he had were lost if they did not know how to take care of themselves." (*QP*, 50). Shorty, who is physically short and has refused to grow, is now forced to grow and become independent due to his mother's precarious health. As Head puts it: "There were only stormy seas in his house, and he was frequently tossed this way and that in the storm." (*QP*, 50). Yet, at the same time, Elizabeth's worry about these "stormy seas" affecting her child mingles with very basic mothering duties of getting her son to eat his porridge and to get dressed – instead of running his toy car around his bowl. The scene at home that precedes Elizabeth's breakdown in the shop could be of any family not having the best of mornings: the boy refuses to eat his porridge and carries on playing. Elizabeth says she will not take him shopping with her. The boy lets out a loud wail, fearing the mother will leave him. She resorts to vile language and rather harsh threats: "You'd like to be slaughtered, hey? Shut your mouth, you damn little nuisance." The boy gets nervous and starts mimicking his mother parroting her every word. She tells him to put the car down, and get dressed. He keeps parroting her words. She keeps threatening him, and bursts into tears. The boy suddenly gets up telling her in a manly air: "I can show you I know how to dress myself. […] I can put my shoes on. I can eat my porridge." (*QP*, 50). The mother's breaking down is paralleled by the boy's taking responsibility for himself, but her public outburst makes him withdraw into himself. As Elizabeth verbally abuses the Batswana in the radio shop, breaks into "a long piercing scream," and is bathed from head to toe in sweat, the little boy sits on the floor of the shop and pushes his car around in circles: "It was such an impossible situation for the small boy." When Elizabeth wakes up in the hospital, however, her first concern is her boy: "Where is my son?" (*QP*, 51).

We can thus see how Elizabeth's mothering consists of emotional attachment to and acts of taking care of her son. It is punctured by absences created both by her mental turmoil and hospitalisations, yet her concern for his well-being continuously pulls her out of her inner, nightmare world, and out of the hospital. Yet, while unable to mother the child, a network of othermothers replaces her. It is also worth noting that it is the South Africans who step in to take care of Elizabeth's son, and thus the diaspora of the country that prevented her from growing up with her own family and mother becomes the bond that binds together Elizabeth and Shorty's othermothers.

If Elizabeth's mental turmoil "rivets her concentration elsewhere" (*QP*, 50), her six-month hospitalization following her second breakdown marks another interruption in her relation to her son. When she returns from the hospital she

> hardly recognized Shorty. Mrs Stanley had let him gallivant wherever he liked, and he had turned into Huckleberry Finn! He and a small friend, Oliver had bravely set

> out one day to find the end of the world. They wanted to see all the goats falling off, he said. Then he looked at her accusingly. Oliver's father had found them lost and wandering in the bush. He'd told them there was no such thing as the end of the world. In fact, Shorty was thoroughly disgruntled at the idea of being her son, because he had had such a whale of a time with Mrs Stanley.
>
> "You can't cook like Mrs Stanley, "he moaned. "I ate whatever I liked. If I wanted anything she gave it me. You always say no, no, no."
>
> Then he looked at her with dark eyes and said:
>
> "All the standard two's are saying you are mad."
>
> She had just arrived home. She was still desperately ill. She had only strained her nerves to get out of the loony bin because the conditions were so terrible. She half propped herself up on the bed and said, irritably:
>
> "Of course I'm mad. If you don't want to stay in this house you can take your blessed things and clear out. A lot of people want children."
>
> He looked at her a little apprehensively from his position on the floor mat beside the bed. She had a terrible way of matching words with deeds, and he hadn't meant things to go *that* far. He adopted a softer tone.
>
> "I like mothers," he said cunningly.
>
> He fidgeted. The afternoon sun was calling him out to play. The whole morning had gone by in lessons at school. He liked playtime best.
>
> "I have a football team," he said. "I know how to play football. Will you buy me a football?"
>
> "Yes," she said.
>
> "When?" he asked
>
> "Tomorrow," she said.
>
> He stood up, quivering with joy, and shot out of the house, not to be seen again till sunset. (*QP* 185-6)

As the passage shows, hospitalization marks a disruption in Elisabeth's relation to her son. Shorty has changed while she has been gone. He has grown and acquired new knowledge. Shorty has learned that by walking into the bush one does not fall into an abyss. Shorty has thus learnt that his mother has been lying to him, as – as a means of disciplining her son – Elizabeth has told him that the world is flat and that if he walks too far into the bush he will fall over the edge. During Elizabeth's absence, however, he learns that the world is round: a place where one cannot fall over the edge. This is also metaphoric: In Elizabeth's absence Shorty has thus gained a sense of security, a sense of the world as a holding environment. For Shorty the world becomes a secure and safe space in his mother's absence. For Elizabeth Shorty and the acts of mothering are the reasons to pull herself out of the apathy of depression and the nightmare world; for Shorty, her presence in the house has also meant the presence of the "stormy sea." Earlier in the novel we have witnessed Elizabeth churning out ideas about killing both her son and her self, i.e. to unite him with her indefinitely, and the fact that it was only Shorty's own words that distracted her from the idea. In relation to his mother, Shorty repeatedly assumes a position of a speaking subject; in their interaction Elizabeth repeatedly recognizes her son as a subject.

Shorty's ability to walk into the bush is also suggestive in generational terms: While Elizabeth had been told by Thoko that she would immediately get killed by wild beasts if she ventured into the bush, Shorty, as a second generation migrant – and perhaps, as a boy – can walk there safely. He has become a true "village boy" whom Head in "The Wind and a Boy" describe in the following way:

> Until they became ordinary, dull grown men, who drank beer and made babies, the village boys were a special set all their own. They were kings whom no one ruled. They wandered where they willed from dawn to dusk and only condescended to come home at dusk because they were afraid of the horrible things that might pounce on them. (Head 1992, 69)

Shorty could thus be described as having assimilated into village life in his mother's absence. The village boys wander safely into the desert that is integrated into the seasonal life of the village. For Elizabeth, who mostly stays in the village the desert may be the space that she imagines, and what Homi Bhabha's (1994) conceptualised as a space for a culture of beyond. While the village with the huts, yards and alleyways is dominated by tradition and social restrictions, the desert and the bush provide an open space that stretches out to the horizon and towards the sky, and thus provides a space for envisioning new futures. The edge can also be read as a marker of a space of beyond, a third space where such hybrid identities or subject positions as Elizabeth's and Shorty's become acceptable and legitimate. Elizabeth, having grown up in a culture rigidly defined by colour lines has been brought up to think of such spaces as inconceivable and dangerous, and as we have seen, her position as a stranger prevents her from participating in the village activities that take place in the desert. Shorty, growing up in a hybrid community on the edge of a Botswana village, however, is not illegitimate. He has acquired the local language and knowledge and can safely wander off to the desert where, as Thoko had told Elizabeth, she as a foreigner would die instantly. Shorty grounds Elizabeth in the local culture and community in ways that save her life. He is her link to the outer world, a reason not to fall over the edge from sanity to madness. In his life, she, in turn, exercises a position of power and authority.

For Elizabeth, returning home means that she has to re-establish her relationship with her son. Also the reason for her absence and its consequences to Shorty have to be confronted. Mental illness being a taboo issue, the straightforwardness and bluntness with which the issue of madness is raised and challenged is remarkable: Shorty makes his mother aware of the fact that the village knows about her madness and that he has been bullied by others because of it. "All the standard two's are saying you're mad." And rather than denying or explaining, Elisabeth admits her madness. She also gives Shorty (a seven-year-old boy!) the possibility to either share her madness – i.e. to live with her – or clear out. Her madness is something they both have to cope with, if he is to live with her. She is a mad mother; there is no separation or choice between the two. Her madness is integral to her motherhood. And Shorty rather has her than Mrs Stanley or anyone else as her substitute. His reproaching her and comparing her with Mrs Stanley are depicted as a rather ordinary child's reaction to a parent who has been absent. He compares her to Mrs Stanley, and claims that things were better while she was away, but seems quite happy about staying with her. In fact, Shorty, living in his own boyish world of football and friends, seems relatively intact despite his mother's inner torments. The relationship between Elisabeth and her son is not depicted as traumatising – nor is it psychologised: their relation is a matter of daily negotiations. Shorty is not made to play a part

in Elisabeth's inner drama. In their relationship, questions of power concern matters and acquisitions, not emotions. Shorty, to take back his accusations, vaguely claims to like "mothers" – a statement which both grants Elisabeth the position as a mad mother and opens it up for other mothers like Mrs Stanley, who have replaced her in her absence.

The fact that Shorty does not seem traumatised or made to be too involved in Elizabeth's inner drama is underlined by his lighting up by Elisabeth's promise to buy him a football[80]. The fact that he is in a hurry to go out and play is motivated by his desire to play rather than by his need to get away from the mother. The promise that he will get a football the next day makes him quiver with joy. The child seems to live in a separate reality from that of his mother. Here we must remember that the narrative perspective is Elizabeth's, but it is this sense of separatedness and the football that actually save Elizabeth's life: when Elizabeth returns from the hospital Dan predicts that she will kill herself and her son at quarter to one on Friday. When Shorty asks Elizabeth to buy him a football it is Thursday. On Friday morning she struggles to town, gets him a football and herself some beer. She has the pills to kill herself ready at hand, already, when Shorty returns from school with his friends to get his football. They rush out and mark out a football pitch outside the house. Shorty keeps falling flat on his back, trying to catch the ball. And Elizabeth stands all the afternoon in the window watching them. (*QP*, 194) And the moment when she was supposed to kill herself slips by.

We can, of course, read this scene of football-watching simply as mother-love, but, if we wish to follow the idea of inner homes, we could see that Shorty's passion and the joy he takes in playing football is equivalent to Elisabeth's passion for reading. For Elizabeth, before Dan's invasion of her house, reading has been an important means to transcend her everyday life. Her favourite writers and their language have had the capacity to make her forget about herself and her trouble. If we thus interpret football as Shorty's inner home, we can see that through his joyful and comic performance on the football field, he lends his mother his inner home. This scene is thus a peculiar mixture of separatedness and connectedness: the fact that Shorty seems intact by Elizabeth's inner turmoil gives him the possibility to maintain his inner home. Elizabeth's attachment to her son keeps her in the window and enables her to "borrow" the quivering joy of her son. "An appendage of her soul" was how Head, in another context has called her own son, Howard, (Eilersen 1996, 138). Here, the merging of souls has a positive impact and is in sharp contrast with the violent merging of her soul during the mental breakdown where people walk in and out of her body in an uncontrolled way. Importantly, though, the basis for Shorty's sense of security is rooted in his discovery that the world has no edges over which he could fall. This discovery he made in his mother's absence, in the context of other-mothering practices.

As soon as he is gone, Elisabeth, however, seems to fall off the edge. The little boy's presence has kept Sello and Dan at bay, but as soon as he is gone,

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80 We must, of course remember that the focalizer here is Elizabeth.

and Elisabeth is left alone in the house with the beer she has bought on the way home ("she couldn't seem to live without some kind of drug"), Sello appears: "Hello." "Are you still in my house, Sello?" He is. He sits in a room. Dan appears from the corner of her bedroom. In the scene that follows, Sello and Dan turn up to conduct "in different ways, a fierce struggle over her nearly dead body. Sello was pressing her back to life. Death had the coffin. He was screwing in the nails. That afternoon he dramatically produced the day and time of death. It was the following day at a quarter to one." (*QP,* 187). Sipping her beer, drugged and depressed enough to consider death, Elisabeth is once again called to life, but this time by the appearance of Tom in her house.

5.11 Gradual Recovery: Towards Health and Home

> To rediscover that love was like suddenly being transported to a point at which there were no private hungers to be kissed, loved, adored. And yet there was a feeling of being kissed by everything; by the air, the soft flow of life, people's smiles and friendships; and, propelled forward by acquisition of this vast and universal love, they had moved among men again and again and told them they loved them. That was the essential nature of their love for each other. It had included all mankind, and so many things could be said about it, but the most important was that it equalized all things and all men. (*QP,* 202)

In previous research, a great deal of attention has been paid to the closing line of *A Question of Power* where Elisabeth places her hand over the ground, but, as stated, Elisabeth's recovery comprises a succession of gestures that weave her back to health and her community. Being released from the hospital and to being able to go home is only one short step in a long process. There seem to be distinct phases in Elisabeth's recovery after her second breakdown. The first "recovery", as also Ibrahim (1996, 165-6) notes, is prompted by her realization that due to her behaviour in the hospital her doctor has taken her as a "comrade racialist". Elisabeth has been calling the other patients and the staff bloody Batswana whereby her doctor, "the only psychiatrist the country had" or a "semi-literate quack doctor from Europe" as Elizabeth calls him, assumes that she shares his racist attitudes towards the local population. (*QP*, 181-2) He assumes friendship with her. Elizabeth's position as a coloured South African, her mixed racial inheritance and the fact that she is not a native Batswana, in this respect play to her advantage. When Elisabeth realizes that she is being considered a racialist, she stops shouting at the nurses and begins to co-operate: she participates in the work assigned to the patients, helps to sweep the yard and takes an interest in the surroundings. This turn is motivated by her desire to disassociate herself from the doctor, and is thus based on a negative impulse. It is, however, combined with a more positive desire to re-join her son: while at the hospital, Elisabeth receives a letter from Shorty. It says: "Dare [sic] Mother, when are you coming home." (*QP,* 182) There is thus both a negative impulse and a positive draw that help Elizabeth to re-connect with social reality. Elizabeth's sense of motherhood and duty, her desire to be with her son, and the doctor's racism

shake off her apathy. This is not to suggest that her madness is somehow willed, but these two factors seem to strengthen her sense of responsibility in regard to her social reality and help her push the madness within her aside to the extent that she can find a way out of the hospital.

Shorty's birthday is approaching, and Elisabeth wishes to send him some money. The doctor, whose racism does not include black people who have children, takes this as a positive sign, helps Elisabeth to send the money, and presents his own eight children to Elisabeth. These two impulses, her negative dissociation from the racialism of the doctor and her desire to be with her son, prompt Elisabeth's discharge from the hospital. Her love for her child and co-operation in the wards mark, to the doctor, her recovery, which could be called an "institutional recovery": in terms of psychiatric practice and thought she is recovered, and so is discharged from the hospital and thus allowed to go home. Her performance of health includes co-operative behaviour, recognised mother-love, and the doctors' assumption that she shares his racial ideology and politics. It is thus wilful submission to the expected codes of conduct and thought rather than a real recovery that gain her release from a place that – we might assume – was supposed to cure her. Yet, in fact, it is only through concealing the fact that she is still very ill that the first step towards recovery is taken.

"She was still desperately ill. She had only strained her nerves to get out of the loony bin because the conditions were so terrible." (*QP*, 185). Her true, personal recovery only begins when Tom – and, simultaneously, Sello – visits her. The two men help Elizabeth to restore the belief that she, too, is capable of loving and that love, by definition, is something utterly different from the possessive, exclusive and, fundamentally, abusive notions and practices Dan has been propagating during the past year. Tom calls on Elizabeth's house as soon as she returns and brings with him some food. Elizabeth's still precarious condition is manifest in the fact that this time, it is Tom who cooks and thus temporarily takes up the position of the provider of food in the household. While he is cooking, Sello who is sitting in the room tells Elisabeth that he loves Tom. Elisabeth agrees: she loves Tom, too. The recognition and re-iteration of this shared affection re-connects Elizabeth to a relationship that throughout the nightmarish year has provided her with friendship and company. Tom, in turn, by casually reminding her of their first meeting, also reminds her of her capacity to love:

> Remember what you said to me that day when we first met in the vegetable garden? You said that if the garden had a big street down the middle with lots of side-streets people could come and look around at everything. You said the vegetables would like it too. And I thought to myself: "What do we have here – fish or fowl? This one is a hell of a girl. Ha, ha, ha, how does she know what vegetables like?" Isn't that love, not only for people but vegetables too? (*QP*, 188)

By recalling this event, sitting next to Elisabeth, laughing and teasing his friend, Tom not only reminds her of her capacity to love, but builds a thread of continuity between Elisabeth's previous self and her current being. Narrative research in social psychology describes crises like serious illness or unemployment as a discontinuity in the narrative of the self (Hänninen 2002). What Eliza-

beth does in the last pages of the book, is to re-introduce herself to the micro-narrative of herself as someone who is capable of loving. This is possible only with the help of her friends. As her conception of herself and others has been transformed by Dan's hate-speech, Elizabeth has lived for a long time without any guarantee that she could not be evil. Elizabeth has lost the sense of herself as someone who could benefit and contribute to her community. Tom's recollection helps Elizabeth to recover her sense of self as a loving and thus constructive rather than destructive person: "Her soul-death was over in that instant, though she did not realize it. He seemed, in an intangible way, to have seen her sitting inside that coffin, reached down and pulled her out. The rest she did herself. She was poised from that moment to make a great leap out of hell." (*QP*, 188). Again, as in institutional recovery, there is an impulse, a turning point where recovery begins, but the actual process takes longer. Again, the impulse that prompts recovery comes from interaction with others, yet Elisabeth needs to take action herself. Tom's words mark a kind of home-coming from the stormy seas of madness. Recovering her sense of self is the basis on which she can start building an inner home that consists of engagement and activity. In fact, Tom's visit marks a moment where Elizabeth's agency is potentially restored; it remains to her to employ it.

It is important to note that the notion of love that is recovered at the end of the book differs remarkably from the mocking image of romantic love propagated by Dan. While Dan's notion of love was marked by possessiveness, exclusion and sexual omnivorousness, at the end of the book it is replaced by Sello's definition of love as "two people mutually feeding each other" – and not – "living on the soul of the other like a ghoul" – as Dan had proposed (*QP*, 197). This love is based on – and found in – friendship and kinship relations that are not bound by biology. Earlier in the novel, Elizabeth, in fact, proposes that Tom be her son, and at the end she calls Sello her brother. In this respect Head thus speaks strongly against family romance and heterosexuality as foundations of family and homes. For her, family consists of members who contribute to the wellbeing of the community and each other, and the love that binds the members together is almost impersonal rather than personal, and practical rather than sentimental. What actually helps Elizabeth to pull herself out of her misery is the realization that her contribution is, indeed, needed both in her personal relationships and in the wider community.

When Tom comes around the second time after Elizabeth's return from hospital to cook for her, she becomes acutely aware of her depression: as she watches Tom wash, she realizes that she now only notices the mundane. While "there had been other times when she had stood near the sink and watched him wash in a storm of laughter and argument. It wasn't him as a person she'd noticed washing but the work they talked about, the living day just past, and a wild exuberant freedom of heart." (*QP*, 194). It is thus the fact that the mundane domestic tasks had been performed in the midst of the "patterns of affection" that had made them meaningful. Now due to her depression, she herself is not contributing to the domestic chores or the friendship. Sitting there, she realizes

that their relationship has been based on an equal contribution and that in her current state she is not able to contribute to it: "It was as though he had half the pattern of her mental responses. They used to meet each other half way, throwing ideas to and fro. She wasn't producing that half any longer." (*QP*, 195). Depressed, she is detached, inactive and alone; to recover she needs interaction, engagement and company that reiterate good will and love. In other words, she needs to recover herself socially.

When Tom announces that he has been called away, Elizabeth's first reaction is a sensation of howling pain. "Her only pride was the emotional self-sufficiency of an orphan. It wasn't there now." (*QP*, 194). When Tom is gone, both Sello and Dan show up. Sello begs for forgiveness; Dan threatens to take Shorty's life. Elizabeth sends Shorty to take a note to Mrs Jones. The note says: "Dear Mrs Jones, [...] I'm sorry I hit you. I have lived in a nightmare world of no compassion for three years." (*QP*, 196). Mrs Jones turns up immediately. Mrs Jones, a devout Christian who has dedicated herself to the service of God, normally bores Elizabeth with her stories, but this time, her presence is a great comfort – not because her stories have become any more interesting, but because her presence and unfailing faith assures Elizabeth of goodness in people: "You mustn't worry about evil like that, Elizabeth. [...] It's all right. [...] I'll pray for you." (*QP*, 196) Elizabeth keeps looking at Mrs Jones's face: "There was something there on her face that Elizabeth had not seen for a long time; the normal, the human, the friendly soft kind of glow about the eyes. [...] Elizabeth was not really listening. She was looking at a human being." (*QP*, 196). Again, it is reassurance and kindness, an ordinary everyday encounter with another person that throw out "lifelines" to Elizabeth, whose depression is now so deep she contemplates suicide. Again, then, it is everyday life, the decencies it requires and the mundane tasks it calls for that come to her rescue. For a depressed person, as the title of Janet Galloway's famous novel suggests, "the trick is to keep breathing". Head's *A Question of Power* further suggests that the trick is to keep opening the door of one's home to other people as well. They enable the house to breathe, in a sense. The visits of Elizabeth's friends and Sello restore Elizabeth's personal narrative as one of life-nurturing emotions and love. Moreover, they restore the narrative of love as a grand narrative of humankind. Sello's redefinition of love as "two people mutually feeding each other" is, in fact, replicated throughout the novel as a counter-narrative to the destructive forces that take over Elizabeth's house: her participation in the activities of the garden project, dinners at her house with friends and her daily acts of cooking for the small boy form a silent, uneventful, life-nurturing sub-plot of the novel (*QP*, 197). But it is only when Sello utters these words at the end of the novel, explicitly condemning Dan's sexual activities and presence in Elizabeth's house, that this definition of love as a nurturing, life-giving and constructive force in a person's life and in the history of human kind wins over in Elizabeth's mind, and Dan is exorcised.

This is the end of the nightmare. It marks the end of her depression. Elizabeth, who has allowed others to cook and make tea for her, gets up and starts to

make tea for herself, and porridge for her boy. She slowly recovers her agency in regard to these mundane, reproductive activities that enable her to endure the hatred her resistance provokes in Dan. Importantly, the moment when Dan is exorcised is a moment when both Sello and Elizabeth remain silent. The power that Dan has exercised over Elizabeth has been discursive: he has engaged Elizabeth in his notions and worldviews by dominating Elizabeth's linguistic and material spaces by his sexual activity and propaganda records. But when Elizabeth finds a conviction within herself that her oppressor is wrong, she only needs to stand silently next to Sello, the embodiment of the counter-discourse to Dan's hate-speech, and Dan slams the door behind him as he goes. Head thus shows her conviction that silence can be a powerful form of resistance – and maybe the only form of resistance – also at the face of a dehumanizing discourse of racism and sexism. By engaging with the destructive discursive violence represented by Dan, Elizabeth has only become weak and depressed and lost her position as a master of her own home; by aligning herself with that which represents belief in the creative forces in life she can regain her health and her home. However, in the end, Elizabeth is grateful for the lesson she has been taught by Dan. Head thus seems to suggest that silent resistance is fruitful only if inside the home there is a full awareness and knowledge of how the power exercised outside works. Elizabeth's journey through madness has provided her with this knowledge. Aligned with Sello, she can drive Dan out[81].

Elizabeth has thus recovered, begun to recover, her health, friendships and her home. Yet, she still needs to recover her position in the community and the communal garden (social recovery) and her relationship to language and literature, the activities that she loves and that form the core of her inner home. Both of these recoveries are initiated during her first visit to the communal garden, the journey to which also demonstrates Head's view of madness/death and sanity/life not as oppositional but as ends of a continuum where elements of health are entangled with elements of madness and vice versa: "Elisabeth could never do anything normally. She had a permanently giddy head. She had reeled towards death. She turned and reeled towards life. She reeled blissfully happy, up the dusty brown road, down the pathway into the valley area of the local industries project. She paused at the garden gate." (*QP,* 202) This reeling towards death and reeling towards life form a continuum between death and life, madness and sanity. In Elizabeth's recovery health and agency make their presence felt as slowly as madness crept in through Sello's silent presence in the darkness of her hut. This gradual approach of madness and the slow subsequent recovery undermine the dichotomy between madness and sanity (as we will also see in relation to Slater's *Prozac Diary* in the next chapter). Just as Elizabeth, in the midst of her madness held on to the decencies of daily life that

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81 Interestingly, as Huma Ibrahim (1996) has pointed out we can read this as the banishment of sexuality from Elizabeth's life, and thus the cost of her sanity. Or, as *A Question of Power* leaves the question of Elizabeth's sexuality in the future open, we can read it as a banishment of degrading and abusive sexual violence, and an act towards becoming a subject.

constituted elements of health "while the demons rampaged within" her house (*QP*, 49), her health is not complete either. She has a permanently giddy head. Yet she is systematically portrayed as a person beneficial to the community who also takes responsibility for others' well-being. Importantly, reeling towards life is to reel towards the communal garden where her absence has been felt.

At the garden Elisabeth has not been missed so much emotionally but as a valuable member of the community, a capable gardener, and a maker of Cape gooseberry jam. Her friend, Kenosi greets her kindly, but as soon as Elizabeth announces that she wants to resume work and see the garden, Kenosi reproaches her: "You left the garden. I don't know how to do. We became very poor. […] No one could do jam." (*QP,* 203) The garden has stopped producing as much as when Elizabeth was working there. This constructs Elizabeth, a mad refugee woman as a valuable member of the whole community. She resumes work alongside Kenosi, thus recovering both their friendship and her position as a gardener. But something else is recovered as well: during Elisabeth's illness Kenosi has kept records of the garden, and she hands the record book to Elisabeth.

> There in a shaky, painstaking handwriting was a meticulous record of all [Kenosi] had sold. The spelling, oh, the spelling was a fantastic combination of English and Setswana:
> "Ditamati 30c," she wrote. "Pamkin 60c, Dibeettaruti 45c, Dionions 25c, Dibeans 20c, Dicarrots 25, Ditamati 45c…"
> Elisabeth laughed silently. That garden was a hollowed ground to Kenosi. She could see her over those months sitting at a table in her hut at might with a candle, frowning over all the entries she made, careful not to lose a cent. The record book looked so beautiful that Elisabeth kept quietly turning it over in her head – Ditamati, Dionions, Dispinach, Dibeans, Dicarrots – as she and Kenosi walked up and down the garden." (*QP,* 203-4)

Kenosi's English captures the in-betweenness of Elisabeth's own identity. She cannot speak Setswana; she is neither South African nor Batswana, and she still hovers on the edge of health. Kenosi's hybrid English written down in the record book captures and legitimizes Elisabeth's own duality. Elizabeth sees the beauty of Kenosi's painstaking effort, and perhaps, she, for the first time, sees the beauty of her own mixed inheritance, which in the course of the past three years has so tormented her. Before, with Tom, she has defended Setswana English as natural; but only here, at the end of the novel she discovers the beauty of it. Her visit to the garden thus marks both a concrete and symbolic return to agency and work, and a discovery of the possibility of a hybrid belonging materially manifested in Kenosi's Setswana English. As a result of the visit, Elisabeth thus resumes her position in the patterns of affection, language and work, the three forces that hold her together. By inviting her friend for lunch, she also resumes the role of the hostess in her own home. And later, by picking up the Cape Gooseberries that have fallen on the ground during her illness, and making jam with Kenosi she recovers her place in the local market economy. What is left to recover is the mastery over her own story, the relationship with literature and words.

After the long working day, Elisabeth sits down to write: "Slowly sipping a cup of tea, she began to jot down fragmentary notes such as a shipwrecked sailor might make on a warm sandy beach as he stared back at the stormy sea that had nearly taken his life. At first, nothing of her own would come to her. A D.H. Lawrence poem – *Song Of A Man Who Has Come Through*[82] – kept on welling up in her mind."

As with Kenosi, Sello and Tom, before, Elisabeth here, too, resorts to the words of others, as she struggles to find words of her own to describe her experience. Her own notes about the stormy waters she has travelled through are fragmentary. They fail to make a story, give shape to her experience. But a poem by D.H. Lawrence comes to her rescue, and later, also Shorty, who, entering the house, learns what Elizabeth is doing, and wants to compose a poem of his own. Again, Elizabeth sees something positive of herself reflected in another person, a significant other, and recovers a part of herself:

> Vaguely she noticed that his face had become a flame of concentration. Amused, she noticed that he imitated her. He stopped to sip his tea, then write. He asked her to spell butterfly and honey. The darkness fell upon them, and still they sat dreaming in the light of two candles on the table. Then he handed her his poem. She had to read it through several times in disbelief. It seemed impossible that he had really travelled the journey alongside her. He seemed to summarize all her observations.
>
> *The man,* he wrote. *The man*
> *Can fly about the sky,*
> *Sky butterflies can fly,*
> *Bees can make honey,*
> *And what else can fly?*
> *Sky birds, sky airplanes, sky helicopters,*
> *Sky jets, sky boeings can fly,*
> *A fairy man and a fairy boy*
> *Can fly about the sky*[83]

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82 Not I, not I, but the wind that blows through me!
A fine wind is blowing the new direction of Time.
If only I let it bear me, carry me, if only it carry me!
If only I am sensitive, subtle, oh, delicate, a winged gift!
If only, most lovely of all, I yield myself and am borrowed
By the fine, fine wind that takes its course through the chaos of the world
Like a fine, an exquisite chisel, a wedge-blade inserted;
If only I am keen and hard like the sheer tip of a wedge
Driven by invisible blows,
The rock will split, we shall come at the wonder, we shall find the Hesperides.
Oh, for the wonder that bubbles into my soul, I would be a good fountain, a good well-head,
Would blur no whisper, spoil no expression.
What is the knocking?
What is the knocking at the door in the night?
It is somebody wants to do us harm.
No, no, it is the three strange angels.
Admit them, admit them

83 Shorty's poem resembles a great deal "God", a poem from D.H. Lawrence that Head cites in the beginning of the book:
Only man can fall from God
Only man.
That awful and sickening endless, sinking
sinking through the slow, corruptive

> That's what she felt about people's souls and their powers; that they were like sky birds, aeroplanes, jets, boeings, fairies and butterflies; that there'd be a kind of liberation of these powers, and a new dawn and a new world. (*QP,* 205)

As he sits there, writing, Shorty provides his mother with an image of herself caught in an activity she loves. His intense concentration and eagerness to accomplish his self-set task, provide, again, a reflection of Elizabeth's inner home, remind her of herself engaged in a pleasurable activity of concentration and creation. Furthermore, Elisabeth realizes that the little boy has travelled the journey alongside her. Her experience of madness has been so intensive, so absorbing that she seems to have become blinded to the fact that her illness (or a soul journey) has been experienced in a social setting, and that her experience has affected the life of her son as well. Despite the self-absorption entailed in such journeys, they are social events with social consequences – especially to "appendages of the soul". As Elizabeth recognized in the beginning of the novel, mental turmoil involves a narcissistic self-absorption and withdrawal from external social relations, as in such a state communication, much like the rain in the rain clouds, turns inwards. To recover is to gradually recover not only one's inner balance, but to resume and re-define one's place in the social and cultural setting, home.

5.12 Inner Home, Interrupted, and Head's Challenge to Feminism

Like Istina in *Faces in the Water*, also Elizabeth has had a safe haven in literature. In the past, reading has provided her with a peace within that can be read as an inner home. This inner home, is a state of mind where one is so absorbed in some meaningful activity that one loses one's sense of time and place, and in a way, feels one with the activity one is engaged with (Granfelt 1998). This relationship with her inner home is interrupted by Dan, but, importantly, the memory of it helps Elizabeth to build resist Dan's intrusive advances:

> He caught hold of Elisabeth's hand to show her what linked them together, eternally – that exquisite sensation no other man gave her. It came like a steady vibration from his hand to her hand. Was she satisfied? He was giving her so much! Few women were in the position of getting a vibration like that. Oh no, Elisabeth was ungrateful. She had lived a life other than this, where her soul was her own, and the peace within had let her mind meander on all sorts of dreamy pathways. She had writers she loved, and had kept their books beside her bed and each night read and re-read the most glorious soaring passages. They seemed to grow old with her, and only as her mind matured did a comprehension of their struggles and efforts grow as a living reality in her own mind. She had tried to pick up those books, but between her and the written words reeled Dan's horrible records. (*QP,* 148)

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levels of disintegrative knowledge…
the awful catabolism into the abyss.

In the passage above, madness/Dan comes between Elisabeth and her love and belonging to the world of words and books[84]. Madness is thus an interruption between Elisabeth and her inner home. Due to Dan's terrible records, the assaulting noise and voices he makes, Elisabeth fails to reach for the books she loves. Her inner home is disturbed, her activity (reading) interrupted by the invasion of her mind. Lewis (2007, 214) reads this passage, and Elisabeth's inner home, as follows: "The introspection defined here transcends a corporeal and sensual world that is often connoted in the text as culturally feminized and disempowering. Elisabeth's 'peace within' also rises above the worldly and masculinised powers associated with Dan. In a realm where 'her soul was her own', Elisabeth claims a spiritual domain that eludes the restrictions and prescriptions of a socially coded world." The inner home that reading provides for Elizabeth is thus a space of transcendence. This space is created through repeated, and thus everyday-like, acts of reading; it is recourse from madness that is part of Elizabeth's domesticity. It is a site where Elizabeth has been able to reconstitute her subjectivity, a space where she has experienced a love that does threaten her individuality. Literature, for her is a site of individuation. Reading writers/passages that she has come to love is an activity where an inner home is constituted in encounters where she feels secure enough to let go of her control of her boundaries. These encounters also leave her body intact. In reading, and in the gesture of reaching out for a book, her body remains self-evidently hers. Compared to the way in which Dan, in the scene of seduction thrusts Elizabeth across the space (populated by shooting meteors etc.), the pathways seem gentle and soothing, literature and reading are described as a benign, supportive force in Elizabeth's life. Like a friend invited for dinner, it provides her with an unobtrusive space of connectedness, and opens up new spaces within her. Unlike Dan's demands, literature and reading do not require Elizabeth giving up herself, but offer a space of reconstruction of her subjectivity. Reading thus provides her with a space where all the four positive values that Iris Marion Young (1997) has assigned to home reside: safety, individuation, privacy and preservation. And as Elizabeth keeps returning to the same books she loves, they seem to grow with her and form a part of her everyday life and domesticity that is interrupted by Dan.

Importantly, when Dan seeks to interrupt Elizabeth's relationship with the books, it is the memory of having had an inner home that is evoked in her mind. The actual activity of reading is interrupted, but the memory of another mode of being lies within Elizabeth. In the quotation above it is the memory of "a life other than this", an experience of having owned her own soul, and recollection of peace within, an integrity that had allowed a free moment of thought: Elizabeth's mind had been free to roam on "dreamy pathways", form affiliations and affective relations with writers she loved, and root itself in chosen, nurturing passages by her favourite writers. In a very concrete way, Elisabeth has made a home of literature: the books have been kept physically next to her bed, perhaps

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84 Also Key Redfield Jamison (1995), describing her struggle with manic-depressive disorder, points to the painful fact that madness prevented her from reading.

the most private piece of furniture one can find in a house, associated with night and intimacy. She has read and re-read her favourite passages, they have grown on her through time and repetition, rooted themselves in her consciousness. And, quite remarkably, it has been this creation of – or perhaps, rather, the making and maintaining of this "inner home" in and through repetition and time that has enabled transcendence, the soaring of thought with the most glorious passages. Transcendence and intellectual home-making thus coincide in Elisabeth's consciousness, a process interrupted by Dan's invasion, with his sexual advances, and pornographic scenarios with multiple misogynistically stereotyped caricatures of women. Dan invades Elisabeth's inner space with his propagandist, insulting records, sexual fantasies and advances he calls love, and physically halts her: Elisabeth tries to pick up the books, but Dan comes in between. In the madness, the inner chaos where it is impossible to distinguish who is insulting whom, Sello and Dan, the two men that have invaded Elisabeth's mind, have merged in Elisabeth's mind. And yet, the recollection of another state of mind, one of integrity, which, importantly, does not mean a separate entity, but a space of chosen and willed-for relationships with the texts written by her favourite authors, enables Elisabeth to resist Dan's advances, the exquisite sensations and vibrations that, according to Dan, should satisfy Elisabeth and provoke gratitude. If we read Dan and Sello as unconscious forces that have caught and invaded Elisabeth's consciousness, we note that both are spaces filled with both matter and language. Furthermore, they are spaces filled with action, movement, inter(perso)nal relations, and filth: "The elegant pathway of private thought, like the wind sweeping around a bend in the unknown road of the future, had been entirely disrupted. The steady peace and stability of soul had been blasted away and replaced by a torrent of filth. She was not supposed to sort out one thing from another. Dan had set her up as the queen of passive observation of hell. Who else received such honour?" (*QP*, 148)

As Desiree Lewis (2007) points out, Elisabeth's subjection to the horrors her mind creates is also a privileged position of observation: it is through the vile character of Dan and his overt abuse of gendered and sexualised power that Elisabeth *learns* about the functions of power. If Head's understanding of madness is that it is a journey, it is a journey, through hell, to awareness and understanding of the ways and functions of power. Madness is an interruption of private thought, of a quiet and pleasant way of learning, and a subjection to the vile realities of power at work in (distorted) interpersonal relationships. Yet, the memory of a more serene mode of being and learning co-exists within Elisabeth throughout her journey through madness. Like the nomadic subject that Rosi Braidotti (1994) has theorised, Elizabeth is fractured, split, only partly conscious, and rooted in a material reality. At the moments of madness she is, one could say, too caught up with questions of identity to be a political subject. For Braidotti (1994, 166) "identity bears a privileged bond to unconscious process, whereas political subjectivity is a conscious and wilful position." Braidotti's notion of identity is "a play of multiple, fractured aspects of the self; it is relational, in that it requires a bond to the 'other'; it is retrospective, in that it is

fixed through memories and recollections, in a genealogical process. Last, but not least, identity is made of successive identifications, that is to say unconscious internalized images that escape rational control. This fundamental noncoincidence of identity with consciousness implies also that one entertains an imaginary relationship to one's history, genealogy, and material conditions." (1994, 166).

In Elisabeth's inner turmoil her mind becomes a kind of theatrical stage where Sello, Dan, Medusa and the nice-time girls stage the play of power-relations with Elisabeth. These figures can be read as incarnations of "the multiple aspects of the self", they certainly represent and display bonds to other, and they most certainly escape rational control. They also seem to shatter physical boundaries between Elisabeth's mind and her physical home: the stag/te of the mind is played out in her home. Sello, Dan, and the other actors sit on her chairs and invade her bed. Yet, almost throughout the invasion, she carries out the daily duties of keeping the house and taking care of her son. It is her incipient rootedness in the community, belonging to humanity through the mundane daily tasks keeps her hanging on in the external world:

> It wasn't any kind of physical stamina that kept her going, but the vague, instinctive pattern of normal human decencies combined with the work she did, the people she met each day and the unfolding of a project with exciting inventive possibilities. But a person eventually becomes a replica of the inner demons he battles with. Any kind of demon is more powerful than normal human decencies, because such things do not exist for him. (*QP,* 149-150).

Also Maria Olaussen (1997) points to the challenge Head posits to the positive nomadic subject Braidotti argues for: she is "preoccupied with the creation of place" and redefining place in relation to the arriving strange. For Head, whose starting point is one of placelessness, the main preoccupation is to gain some foothold in one place, which, however, is never a stable or closed entity, but itself an open process. Head's position thus comes close to Sara Ahmed's (2000, 82-5) critique of Braidotti's privileged nomad, who (like real nomads) resides in chosen homelessness, which Braidotti equals with critical thought. Ahmed (ibid. 87) observes that in Braidotti's work home is "implicitly constructed as a purified space of belonging in which the subject is too comfortable to question the limits or borders or her or his experience, indeed, where the subject is so at ease that she or he does not think." Ahmed thus criticises Braidotti for associating home with stability and stasis, a negative fixity, whereas her own, and Head's, position is that home is never a fixed, stable place, but one constructed in and through encounters with (strange) people. Head and Elisabeth's struggle to settle can be seen as an effort to find some place that would allow them to think. Yet, at the same time, Head's and Elisabeth's troubled position is, indeed, as Braidotti suggests, a critical position from which Elisabeth, through her madness, negotiates the violence of exclusion and the prices of belonging. In Head's work, as Olaussen (1997) has suggested, critical need for both identity and a home-place as a physical place to inhabit do not exclude one another. For Head, neither is a privileged position that can wait to be striven for once the other has

been acquired. Keeping this in mind, one could, again, turn the critical eye on Ahmed's critique and ask whether her attack on the violence of humanism in Braidotti's metaphorization of nomadism in fact, contributes to the construction of forced migrant positions as victim positions void of critical need (or possibility in the midst of the lack of a fixed position) to renegotiate identities. It is the urgency of negotiating both the consequences of forced physical displacement and the questions of identity and belonging simultaneously that Head's work points to. Critical thought and metaphorization of experience are not luxuries one can aspire for once the physical needs are met. And the lived reality of forced migration can create an urgent need for shared identification with a human(ist) subject that, on one level or another, shares the (imaginary) condition of 'not Having a home'. As Olaussen (ibid. 31) argues, Head "explores both the limitations and possibilities of the humanist stance and stresses the necessity of authority coupled with an awareness of the question of power."

5.12.1 At Home in *A Question of Power*?

In the previous chapter I argued that we could think of *Faces in the Water* as a narrative that (possibly) provides a kind of literary home for readers who have shared Istina's experience as psychiatric patients. In relation to *A Question* I am, however, tempted to argue otherwise. This is not because I would think Elizabeth's experience is unique and thus not shareable. On the contrary, with more than 35 million displaced people in the world[85] where economic and gender inequality and mental health problems seem to be on the rise (see WHO 2001 and 2005, for example), Elizabeth's problems and experiences are far from marginal. As experiences, those of Elizabeth's are unfortunately common. But as Jacqueline Rose (1996) writes, as a text, *A Question of Power* is unsettling also for the reader. I would argue that it is too unsettling to provide a sense of having arrived at home – for the reader. This is due to both the vivid depiction of the horrors Elizabeth is faced with in the hands of her perpetrators and to the erratic way Head's narrative moves between Elisabeth's two realities (see also Olaussen 1997, 36). Throughout the novel, the narrative point of view keeps shifting between too opposites: one throws the reader inside Elizabeth's hallucinations, while the other describes Elisabeth as having a breakdown. One voice thus narrates her "external" life and actions in the community; the other stages her internal struggles and hallucinations. So, even if "on a strict line count, the passages in the novel dealing with the 'promot[ion] of life' may exceed those exhibiting 'death and destruction', [...] the gentle, low-keyed energies of growth presented in this text are humble and modest in contrast with the deafening 'roar' that represents the malice and the overwhelming effect of the power sphere." (Gagiano 2000, 157). I think this is an important observation. A novel that depicts pain and recovery, assault and endurance, lingers in the reader's mind through the negative. This is why, despite the "gesture of belonging" and

[85] United Nations High Commissioner for Refugees (UNHCR) statistics 2011, http://www.unhcr.org/pages/49c3646c11.html, 2 November, 2011.

final resolution and recovery at the end of the book, as a text, *A Question of Power* does not provide the reader with the sense of the safety and privacy of a home, but on the contrary disturbs the reader's sense of stability and belonging.

What is so remarkable about Head's book is her vivid creation of the world that is Elizabeth's mind. The description of this state seems so unmediated, so "raw" and authentic and without a narrative distance that it is easy, also for the reader, to identify with Elizabeth's eagerness to hold on to people who work with her or visit her. In fact, it reads very well as what Arthur W. Frank (1995) in *The Wounded Story-Teller* has described as chaos stories. Chaos stories "represent the triumph of all that modernity seeks to surpass." They are hard to hear as they are threatening: "The anxiety in these stories inhibit hearing." According to Frank, the teller of the chaos story is a preeminent wounded storyteller who is actually living the chaos and thus unable to gain any reflective distance to her suffering. "The person living the chaos story has no distance from her life and no reflective grasp on it. Lived chaos makes reflection, and consequently story-telling, impossible." This describes very well the passages in the novel where Elizabeth is subjected to the tortures of Medusa and Dan. Like dreams, the events do not seem to have any linear or logical development. "If narrative implies a sequence of events connected to each other through time, chaos stories are not narratives." They are *anti-narratives* of "time without sequence, telling without mediation, and speaking about oneself without being fully able to reflect on oneself." (Ibid. 97-8). In *A Question of Power*, the chaos narrative is, however, a narrative technique employed to convey the experience of madness. Madness consists of anti-linear time-sequences and inability to gain distance.

Perceived from the midst of Elizabeth's nightmarish mind, what would normally seem mundane, immanent, everyday-like, boring routine, is a relief. Suddenly, these things become like an oasis emerging from the desert, like the miracle of Elizabeth's garden. Something that resembles life, enables it. From this perspective Head thus challenges de Beauvoirian notions of housework as merely immanent: in *A Question of Power* domestic chores are a means to ward off madness, to keep the tormentors of Elizabeth's mind at bay. Housework, mothering and gardening are all ways of securing her presence in social reality and thus acts of preservation. Thus home, which may, indeed, be a troubled space, from the point of view of Elizabeth's inner homelessness, as a physical and social reality, becomes, as Iris Marion Young (1997) reminds us, a privilege that we should struggle to provide for all. In *A Question of Power*, Head shows the multiple ways in which it is not.

5.12.2 Homeless in Two Realities?

For the most part, Head keeps the two realities Elizabeth inhibits separate from one another: the everyday real-life world of Elisabeth is populated by the small boy, problems and joys of integration in the community, teaching and losing her job, joining the communal garden and working alongside the other villagers who join the project. This reality is filled with cooking together for the small

boy and her friends, sipping tea and planning the gardening project. It is a social world of work and interaction, which exists in a complete opposition to the other nightmare world populated by Sello, Medusa, Dan and the nice-time girls. And so nightmarish is Elizabeth's inner world that the description of anything else is a great relief to the reader: even reading the price list of the village store, descriptions of the garden, anything other than Dan's lewd gestures, his sexual assaults on any of his seventy-one nice-time girls, Medusa's attacks on Elizabeth's person and sexuality, or ideological and religious torments, is a great relief.

There are, however, important connections, too. If Sello's teachings were paralleled with Elizabeth's appreciation for the silence of Kenosi and Birgette, and her admiration for the serious concentration of these women and the local trainees in the teaching garden was juxtaposed with Camilla's colonial and racist attitudes, later silenced and humbled by Birgette, in the second part of the book Dan's masculine energy that he employs to humiliate and dominate others is paralleled with Tom's masculinity and energy that he indefatigably employs to help others. The portrayal of Tom's muscles and his unselfconscious carelessness about others' habits or restrictions is always kind, while Dan seems to use the same qualities (physical appeal, pretty face and muscles) to rule over others and dominate. Head thus creates a link between the two worlds where the same human qualities of people are studied as ones that create a holding environment and are employed in serving and helping others while in the other they serve purposes that are destructive and ugly.

Thus the same forces that drive people can harness to serve either good or evil. Some, like Tom, feel at home in the world and make people around them feel at home, too. Others, like Camilla and Dan, prevent the home-making processes of others by claiming that they are not fit to occupy the space of the subject of the house. Head examines this question of power over space as an interpersonal, intrapersonal, inter-racial and inter-national problem. She points to the fact that when a group of people assume a position of superiority over others, the oppressed groups are denied the possibility to have a home. At the bottom of this lies a question of humanity: if dwelling, inhabiting a place is the human mode of being, as it is according to Heidegger (1962), then being robbed of a space that one could claim as a continuation of the dweller's identity, the dweller is robbed of her humanity. (The right to own property and the right to privacy are also human rights recognized by the Universal Declaration of Human Rights.) Making home is about claiming space as one's own. But claiming space is also a colonizing act, and thus how much space, what kind of space are claimed as one's own – and to what ends – are burning political questions. Camilla embodies the colonial attitude where the native population are infantilized. This infantilization that in colonial practices draws on racial and cultural difference either renders the locals as part of the landscape (cf. the position of Camilla's house overlooking the village renders the village part of her landscape) or merely part of the "colonial family" where the whites occupy the position of the parents. Camilla's patronizing attitude can be read as an exaggera-

tion of her role as a mother, which – as we have seen – for adult individuals is maddening. Camilla thus embodies colonial practices in Elizabeth's external, social reality; the figure of Dan situates these practices in the private sphere of Elizabeth's of house. Read as a staging of the inner drama/trauma of Elizabeth's – and colonial subjects' – psyche, they reveal the violence of colonial discourses and practices within an individual much in the line with Franz Fanon's (1967, 200) argument in *Wretched of the Earth*. Fanon argues that colonialism renders the people whose land is occupied to a landscape, a background to the colonizers' culture, whereby the colonized people are denied subjectivity. In *A Question of Power* not only Elizabeth's inner demons play on her experiences in South Africa and reiterate spatial and discursive practices of Apartheid designed to churn the Black and Coloured subjects into positions of inferiority. As we have seen, also parts of her external reality reiterate these practices and rob her off the possibility of feeling at home and creating the village and even the garden as spaces of belonging. Thereby just as Elizabeth can be interpreted as a corporeal space within which colonial violence takes place and is examined, also the village incorporates disturbing and destructive elements. In the village Elizabeth, however, is involved in processes that materially ground her in production and sustenance of the community. So, while in the second part of the book she becomes a displaced person within her home, the external reality and the wider community provides her with a possibility of partial belonging and domesticity.

In regard to Elizabeth's subjection in her home it is important to note that Head persistently constructs Elizabeth not only as a victim but *also* as a conscious observer of the violence she is subjected to. This double position of victim and a witness, her sense that she could actually learn something about the violence inflicted upon her is what leads to her paralysis. It is only the moment when she realizes herself that she, too, possesses power and is convinced that she can break out from her victim position and that she can execute her power in a more morally constructive and acceptable way than her persecutors that she can break out from her victim position. The fact that Elizabeth's learning processes takes up to three years points to the fact that the reconstruction – or rebirth – of subjectivity and consciousness is a long and painful process. It is vital for Elizabeth that she has the garden as a counter-power, a holding environment where she can participate in the physical concrete creation and nurture of life and in interaction with others. For her, it is also vital to be needed by her son. The growth of the "patterns of affection" (*QP*, 178) along with that of her vegetables is an affirmation of her ability to create life and participate in the reproduction of life. Removed from her position as a subject in her own home she needs the reaffirmation of her subjectivity in a space outside. As madness shatters her subjectivity, it needs to be reconstructed. Importantly, this reconstruction does not take place in a psychiatric hospital, where sedatives only deepen her victimization, but in the garden where she is an acknowledged member of the community. By focussing on Elizabeth's ability to nurture the members of this community keep pulling her out of her misery.

5.13 Conclusions: Impossibility, Necessity and Incompleteness of the Spaces of Belonging

As the analysis above has shown, in *A Question of Power* madness is a site where Elizabeth negotiates her homelessness in the past both as an orphan, and as a stateless person. She is thus homeless or orphaned by both her family and the state of South Africa that makes her family origin "illegitimate." This origin of homelessness is negotiated at the same time as Elizabeth, as a forced migrant, makes a new home in the village of Motabeng in Botswana, a country the native language, social patterns and culture of which are new to her. Her experience of madness is thus an integral part of her process of settling. In the course of three years she experiences two bouts of madness that differ from one another in content (the discourses within which the questions of belonging are negotiated) and in social (and plot) function in the process of Elizabeth's settling. The first minor breakdown, rather ironically, actually helps her to find a position and a community within the wider community of the village: an international voluntary work project that provides her with job, housing and friendship. The second marks a disruption in the continuity of her life and her belonging in the community: after she closes herself off from her friends, she is hospitalised far away from home for several months, and is thus unable to mother her son and participate in work.

The two madnesses are in the book described in two parts named after Elizabeth's two main teachers/tormentors, Sello and Dan, who are both embodiments of local village men and subject Elizabeth to different "methods" of learning. While Sello engages in a dialogue with Elizabeth and represents things that can be learned from the past, both Elizabeth's personal past and the past history of humankind, Dan attempts to define Elizabeth's present worldview, the ways she perceives both herself and those around her. The mechanisms of power that Dan uses to teach Elizabeth include discursive and sexual violence, the invasion of her person and house with propaganda records promoting her inferiority, emotional exploitation and perversion of her mind and her home with sexualised discourse and the nice-time girls. Elizabeth's struggle is to define her own stand in regard to the two men. Sello represents an approach to life that requires acknowledging the past crimes of humankind and learning from them without losing one's faith in oneself or others to love altruistically. Dan shows the destructive forces at play when discourses of self-hatred and abuse become the only available bases of identity and one's ability to gain subjectivity is disrupted.

Elizabeth's job as a gardener, developing friendships, and her role as a mother function as counter forces to the disruptive and destructive forces of Elizabeth's nightmare world. The importance of mothering, the functions and role of motherhood, in Elizabeth's madness and the ways in which her madness shapes her mothering were also discussed. The narrative of Elizabeth's mothering is in a critical relation to those discourses of feminist psychology that per-

ceive madness as a result of the demands of mothering. In Elizabeth's narrative, mothering and Elizabeth's son, Shorty, have a crucial role in pulling her out of madness, and help her maintain sanity within madness. Elizabeth's madness is thus crucially experienced and described as social processes by an inherently relational subject. Questions of privacy, one's ability to define the borders of one's private sphere are examined as crucial axes of sanity. Subjectivity thus conceived is relational, yet Head is clear in that the privacy of one's mind and one's home, the right to defend and define who – and what – defines the boundaries of our homes is critical to sanity. Intruders – whether ghosts or hallucinations – by destroying the boundaries of the self destroy the dwelling subject's ability to interact with others.

Head's novel shows both madness and health, and home and strangerness as ever-incomplete processes that need to be maintained in the same way as everyday life. Madness and health, home and strangerness are shown not as oppositional positions but as positions entwined with each other. Within the home, as Sara Ahmed (2000) argues, there is both movement and strangerness; while in madness there are elements of health – strategies of coping and enduring (Rikala 2006 and forthcoming) and holding on to the decencies of life and everyday chores – that as has been argued, are not simply acts of immanent reproduction but sites where agency and resistance are maintained and performed.

Topographically and geographically homes, homespaces as sites of domesticity and belonging, range from Elizabeth's hut and house to the whole world. In *A Question of Power*, home, however, is by no means limited to the space of Elizabeth's hut. The garden surrounding it, as well as the village garden where Elizabeth works together with local people and international volunteers, are important spaces where she negotiates her belonging to the wider community and constructs and maintains her agency. Also the landscape plays an important role in her forming an attachment to her new place of dwelling. In the hallucinatory, ghastly or psychotic world, that forms the other reality in which Elizabeth negotiates her belonging and subjectivity, her perpetrators, the figures of Sello, Medusa and Dan, challenge Elizabeth's belonging to humanity, and to Africa. They further challenge her femininity, sexuality and her racial belonging. These more abstract spaces of belonging are racial and sexual identity positions that are too rigid to accommodate Elizabeth's subjectivity.

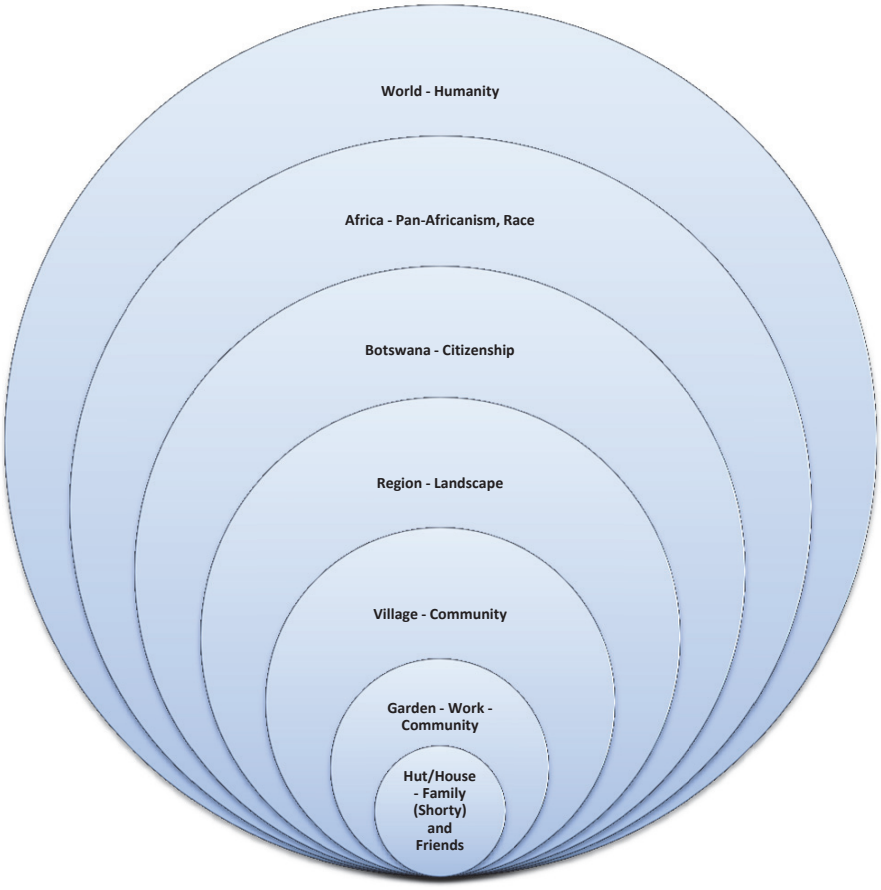

FIGURE 1 The spheres of belonging in relation to which Elizabeth negotiates the meanings and chaotic relations between possible/impossible homes.

Last but not least, what is restored in Elizabeth's recovery is her belonging in literature and the privacy of the mind that can engage in activities, a subjectivity that can assume not only the position of the speaker but also that of the reader. This is a state of mind that is not a battlefield in itself, but secure in its privacy to the extent that it can, conscious of its own action, in charge of the body in which it dwells, reach out for a book by the bed and place a hand on it as a gesture of belonging. Reading, like working with the soil in her garden, is gesture that grounds one in the materiality of life. It is a nurturing force against the destruction of the soul.

Unfortunately, despite the importance placed on botany, cultivation of the soil, the soul, friendships and other patterns of affection in *A Question of Power*, what dominates the reading experience is the violence perpetrated against Elizabeth and mimicked in the way the narrative jumps between the two realities Elizabeth inhabits: the everyday social world and the nightmare world. There-

fore, *A Question of Power* does not provide the reader with the sense of safety imminent in conventional notions of home. It is unsettling, disturbing and it lingers in the mind of the reader as such, although it also deals extensively with issues related to gardening, growth and community. Head's narrative thus points to the fact that health, like home, needs to kept up, reproduced like everyday life and that these processes are, as Iris Marion Young (1997) and bell hooks (1990, 2009) suggest, crucial acts of preservation, both for the individual and for communities at large.

Compared to *Faces in the* Water, we quickly notice that whereas in *Faces* the critique of power was directed at psychiatric practices and the asylum, in *A Question of Power,* power is negotiated in and through madness itself: as part of the external reality, which Elisabeth shuns during her inner journey, psychiatry is somewhat trivial or secondary to her main occupations with race, religion, and gendered violence as oppressive systems. In *A Question of Power*, the core of Elizabeth's madness lies in the struggle between good and evil, and the shattering of the subject lies in the moment when she can no longer be sure that she could not be evil, too, and that she might not recognize the point where she herself would become the perpetrator of evil. The torments she is subjected to in her nightmare world promote the view at bottom that all people are evil, whereby, in her daytime world, she is in constant need of reassurance of – and surprised by – other people's decency and kindness. Head thus points to the importance of personal relations with friends in the experience and recovery from illness, and emphasizes the importance of work and agency practised through meaningful activity in the community.

6 FROM A LIFE-LONG ILLNESS TO THE PRECARIOUS HOUSE OF HEALTH. THE SPACES OF ILLNESS AND HEALTH IN LAUREN SLATER'S PROZAC DIARY

> And that day was the beginning, the bare beginnings of a story very little like popular Prozac myths – a wonder drug here, a drug that triggers violence there. No. For me the story of Prozac not between these poles but entirely outside of them, in a place where my doctor was not taught to get to – the difficulty and compromise of cure, the grief and light of illness passing, the fear as the walls of the hospital wash away and you have before you this – this strange planet, pressing in. (*PD*, 4-5)

6.1 Introduction

> If you do not know where you are going, you will soon not know where you are.
> - Gaston Bachelard, *Poetics of Space* (1957/2003, 383)

While in the texts discussed in the previous chapters madness was linked to an actual, concrete change of location due to its treatment (*Faces*) and as a result of a dislocation (*A Question of Power*), in *Prozac Diary* it is the protagonist who undergoes such a thorough transformation that it seems as if the whole place she is in has changed. And yet, while in *A Question of* Power, it was madness that invaded Elizabeth's mind and her hut, in *Prozac Diary* it is health that takes over the protagonist. *Prozac Diary* is a story where a young woman who has been ill for most of her life suddenly finds herself freed of obsessions, compulsions, depression, anxiety and a number of other symptoms that have defined her identity so far. In this chapter, both health and illness are discussed in terms of identity, and the protagonist's home is discussed as a material extension of this identity. Home is also discussed as a concrete site where madness and health and their effects on the everyday life and movements of the protagonist are both experienced and negotiated.

The author, Lauren Slater, is a North American psychologist and writer. *Prozac Diary* (*PD* 1998) is her second book. Her other books include *Welcome to My Country. A Therapist's Memoir of Madness* (1997), *Lying. A Metaphorical Memoir* (2000), *Love Works like This. Travels Through A Pregnant Year* (2002) and *Opening Skinner's Box. Great Psychological Experiments in the Twentieth Century* (2004). Slater's essays have been published and anthologised widely in the U.S. and she holds a PhD in psychology. *Prozac Diary* is an autobiographical memoir about her experiences of living with mental illness and the dramatic existential crises that discovering health and agency after over a decade of self-mutilation, hospitalisations and failed medications brought on.

In terms of plot, her story is rather simple: after a life-time of various symptoms and ailments, she goes on medication; it works. Better and quicker than the doctor could believe. Slater starts to venture into "normality": after years of hospitalizations, disabling depression, eating disorder, self-mutilation, and lately, obsessions and compulsions, she is suddenly freed from them all. She describes herself as "a twenty-six-year-old with the judgment of an adolescent" ready to explore the world (*PD,* 39). She discovers new food and sex. She gets a job. She falls in love (first with the drug that changes her life, next with a man who – surprise, surprise – is a chemist). She experiences what the doctors call a poop-out, a period when the medication suddenly and unexpectedly ceases to work. She recovers. Prozac recovers. She boosts out on a career: an ivy-league education, and a record-time PhD.

But the transformation into a healthy person, an (almost) full-functioning citizen from a "very boring madwoman" whose only topics of discussion included how many times she has had to tap the stove, how many calories she has consumed or how blah she felt (*PD*, 111) is not a simple matter of recovering health. Slater is not simply returning to a state of health, she is venturing into it for the first time as a grown-up woman. And not all aspects of this new state (or the means whereby it is achieved) are positive or easy to accept: the process involves a construction and negotiation of a new identity, transformations in personality. The changes in Slater's body chemistry affect her relation to her environment. The effects of the drug involve a re-orientation in time and space; her daily routines, eating habits, literary interests and worldviews undergo thorough changes which are not met without resistance. Her medication and her body's eager, and in some respects surprising, response to it demand her to accept the view that human beings consist of neurons and silicon chips, and that the personal histories no longer count in psychiatric practice as she used to believe. Moreover, with its capacity to change people by affecting their body chemistry, Prozac seems to replace God as the highest authority. Furthermore, the drug does not only change her present and her future prospects: her newfound health transforms her memory – and her memory of herself – as well. *Prozac Diary* is thus a negotiation between an old, illness-based identity and a new self that do not seem compatible.

Prozac Diary thus negotiates both Slater's identity in relation to the new state of health and the discursive frameworks within which this identity can be

understood. *Prozac Diary* embodies a shift in psychiatric culture in the late-twentieth-century United States. This shift was manifested in a movement from psychoanalytical discourse where the origin of psychological problems is placed in the dynamics of the family – and especially in the early developmental stages of an infant in relation to her mother – to a more biologically based understanding of psychiatric problems as having a material basis in the human brain. To cope with this discursive gap, Slater writes *Prozac Diary* as a quest for a language – a narrative, discourse, and vocabulary – that could house the multifacetedness of her experience. Slater's personal narrative, which employs a number of genres including medical charts and letters to the doctor, diary entries, poems and academic essays, can be characterized as a quest for a discursive and narrative home. Both first and third person passages describing events in the course of her life are included. All in all, *Prozac Diary* is a challenging, and beautifully written, poetic account of a process of accepting a cure, accepting what is defined as health as (part of) one's self – while at the same time the story questions the "goodness" of good health and begs the question: What does it actually mean to be healthy?

6.1.1 The Question of Health

As Slater's narrative is more about health, the strangeness of health after a life-long illness – or series of illnesses – my discussion and analysis in this chapter shift from madness and the spaces of madness towards the spaces of health. But what exactly is health? Absence of illness? As Liz Bondi and Erica Burman (2001, 6-7) point out, definitions of mental health tend to be vague and elusive, and typically mental health professionals, service users and "non-clinical populations" define the term in opposition to mental illness and pathology. Thus, "what is considered 'normal' or typical or acceptable 'mental health' remains unspecified and shrouded in mystery and assumption." A positive definition of mental health is also hard to come by because "health", as much as madness, is a socio-historical construct, and as a quality of an individual, mental health is a by-product – or core – of modernity. Bondi and Burman further point out that "women have always occupied ambiguous positions within this cultural and political economy" of mental health. (Ibid., 8).

Notions of health are quite specific to a certain historical time and cultural space. Liz Bondi and Erica Burman (2001, 17)argue that "notions of mental health in western societies are bound up with a philosophy of (liberal) individualism." This is evident in The World Health Organization's definition of mental health as a "a state of well-being which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO 2001, 1; 2005, 2). This definition thus refers to each individual's personal qualities and their fulfilment, links the individual to a community and emphasises the ability to cope with life. Productivity and contribution to the common interests of a community are emphasized. The World Health Organization's (2005, 2) definition of mental health also acknowledges cultural

differences that make it impossible to define mental health universally, and recognizes the inter-dependence of physical and mental health: "neither mental nor physical health can exist alone. Mental, physical and social functioning are interdependent. Furthermore, health and illness may co-exist. They are mutually exclusive only if health is defined in a restrictive way as the absence of disease (Sartorius, 1990)". It is also recognised that although a universal definition of mental health is hard to achieve, mental health is more than an absence of disease.

Here it is important to note that when madness is understood in opposition to mental health, madness itself becomes redefined as an illness. While the opposition of madness to sanity is a question of *rationality*; mental health is the counterpart to pathology. The shift in the discourse of mental health is thus a shift from madness as an inability to reason to an understanding of mental illness in the entirely medical framework of psychiatry. Importantly, in the psychiatric context, problems of mental health are problems within the individual.

Furthermore, what is regarded as mental health is dependent upon the definition of the self. What is a *healthy* self depends on how we understand the notion of self in the first place. In *Prozac Diary*, the prevalent idea of the self is, first of all, that a self exists. This self is understood as a core, an authentic core, of a human being. Furthermore, the self, the "I" that the memoir reconstructs and deconstructs resonates strongly with Philip Cushman's (1995) notion of the empty self. The empty self is characterised by "the prevalence of the subjective experience of interior lack, absence, emptiness and despair, the desperate yearning to be loved, soothed, made whole by filling the emptiness" (Cushman 1995, 245). In *Prozac Diary* Slater relies on the notion of the empty self as the basis of identity both in illness and in health. In fact, what Slater constructs as madness and health are (interior) spaces and what they are filled with defines her as mad or healthy. According to Cushman, the idea of the empty self emerged as, out of the multitude of possibilities available within a broad psychoanalytic tradition, it was object relations that took hold in the twentieth-century USA. According to Cushman, the object relations theory and the notion of the empty self made a particular kind of sense within US culture, as it endorsed and reinforced consumer society through its metaphors of inner (empty) spaces requiring rich furnishing. As the following analysis will show, consumerism, individualism and the self – and home as its reflection – as spaces in need of furnishing are prevalent in *Prozac Diary*. Erica Burman and Liz Bondi (2001), who also discuss Cushman's theory, add that the cultural 'fit' between consumerism and the empty self "may have been intensified for practitioners oriented towards working with women: if 'woman' is an empty container, or empty category, or a category needing to be emptied of androcentric definitions, then these same metaphors could also prove useful in other ways as well." Consumerism, as also Rita Felski (2000) notes, is culturally associated with women, which link emphasizes the construction of women as empty vessels or containers (Irigaray 1993) and the gendering of the empty space as feminine. In

the analysis that follows, the dwelling subject is understood as both gendered and as a spatial construction.

It will also be pointed out that in *Prozac Diary* health is understood and negotiated differently in different contexts: in Slater's encounters with her doctor it is understood as absence of illness or symptoms. As a lived reality it is understood as a space of work and love and especially freedom of movement, a relaxed relation to space, a relation with space that is not dictated by compulsions and fear. But health is also a space of insecurity, a space of loss and confusion. It is precarious, for Slater's health is dependant on the availability of a commercial product that – as her tolerance to it continues to build – is administered in doses that can also be detrimental to her health. Health is also partial, as the medicine that maintains Slater's health does not erase the symptoms completely – and it leaves her dysfunctional in areas that are considered fundamental to psychological well-being and health. Slater's condition of health is also precarious because of her continuing resistance to dependence: the notions of adulthood that she has been brought up to rely on are based on independence and autonomy. Being dependent on a psychotropic medicine is, for her, a contradictory issue: she keeps trying to get off the drug – and time after time finds herself falling into madness again. Health is thus a contested issue, and as David Karp's (1996, 2006) sociological studies with people suffering with depression and the long-term users of psychotropic drugs show, Slater's struggles with the different notions of health, situations where it is negotiated and the medication with which it is induced are rather typical of mental health patients. In the analysis that follows, these processes will be discussed in more detail and situated more firmly in the context within which they are encountered and lived with. Here, suffice it to say that in the context of psychiatry both external evaluation and assessment of mental health have fundamental effects on where and how a person is able to conduct her life and positioned in regard to her home.

In *Prozac Diary* health and illness are constructed as spaces or cultures that are characterised by different languages, colours, behaviours and modes of being. Yet, illness and health are also associated with – and assesed in – particular places. While Slater's basement apartment, where she starts to take her medicine, is associated with illness and growing out of her illness-based identity, her health is continuously assesed in her meetings with her doctor. In these clinical encounters there is a constunt undercurrent of discursive power and the power of definition in regard to health: in these encounters Slater's personal experiences are set against the doctor's general knowledge and ideas regarding to health and illness. (In fact, it is suggested that the doctor is far more accustomed to dealing with research than patients and thereby likely to deny Slater's views about her experience.) The clinic is the place where Slater's health is assessed and where the doctor, by prescribing the medicine, provides her with the substance that allows her to exercise her agency in the outside world. The space of the clinic is a site of regular follow-up visits. But it is also present in Slater's life through the means of telephone communications. Phone

calls where Slater seeks advice, help, and reassurance are part of her everyday life. Health is thus lived and experienced in a combination of various spaces that are linked with each other and overlap in the course of everyday life.

6.1.2 Health as a Space

In *Prozac Diary* language and space are closely entwined. Language is regarded as a space, and Slater's experience of illness and health are associated and constructed through spatial practices. The text itself is a literary space that also negotiates these two. And Slater continuously evokes the themes of language/discourse as home: home to health, home to sickness, home to experience. Language is the space where experience dwells. Slater's quest for language – discourse and narrative form – with which to make sense of her experience can also be seen a quest for finding a voice. *Voice* as understood in discourse studies "stands for the way in which people manage to make themselves understood or fail to do so. In doing so they have to draw upon and deploy discursive means which they have at their disposal, and they have to use them in contexts that are specified as to conditions of use." (Blommaert 2005, 5) At the same time as she is building a home in language, by attempting to find a voice she creates herself as a dweller. In the course of the narrative plot, she moves through different houses that materially reflect her identity. Slater's narrative is thus both about finding a material home and a discoursive or narrative home on which she can found her identity.

Identity is the ground where the social and the individual meet. In classical philosophy and psychology, identity refers to an individual's sense and experience of continuity and sameness; in sociology, it is linked to the sense of belonging to a community or group (Utriainen 2004, 231). Thus, as Stuart Hall (1996, 130) puts it, "identity, although it has to be spoken by the subject – collective or individual – who is being positioned, is not a question of what the inside wants only. And it's not a question of how the outside, or the external dominating system, placed you symbolically: but it is precisely in the process – never complete, never whole – of identification." Identification refers both to recognition and similarity, and Slater's quest for language shows that none of the discourses available to her are capable of encompassing her experience fully. The narrative points to the fact that the subject is never complete, identity remains open-ended. Part of Slater's suffering stems from the fact that she seems to find it difficult to accept this: her writing of (the) self is clearly a performative act (see also Kaskisaari 2000, Saresma 2007) whereby "the subject encounters the surrounding fictions" and the identity that Slater constructs in *Prozac Diary* is a hybrid of medical and psychoanalytic, poetic and medical languages. At the same time, she insists on the "authentic core self", and clearly, this insistence is a source of her suffering. And while Slater's final assertion that Prozac's gift lies in the fact that it keeps her asking questions, there is also grief in the fact that "identity construction is always a process of negotiating available fictions rather than one of discovering a final fullness" (Lewis 2007, 23). In this way Slater's narrative demonstrates Merete Mazzarella's (2005) point that in relation to med-

icine, the gift of literature is that it can acknowledge and accept ambiguity as a fact of life.

In an interview attached to my Penguin copy of *Prozac Diary*, Slater states that she intended *Prozac Diary* to be a book about cure rather than illness. This led to her narrative choice of avoiding a linear illness narrative. A linear illness narrative would have proceeded from the onset of illness to finding a cure, and thus, inevitably, laid as much, if not more, weight on illness as on health. Instead of illness, Slater wanted to question the naturalness of health, the presumption prevalent in our Western culture that health is natural, and sickness an exception. Yet, for a person who, like Slater, has been ill almost all her life, it is the lived reality of illness that becomes the normal and natural state, and "crossing into the landscape of health" (*PD*, appendix 6) is a journey into unknown, strange territory. It is a territory that needs to be learned, mapped, discovered, a new environment that offers disorienting, and even frightening, possibilities and responsibilities for the protagonist who has found comfort and safety (from the demanding rigorously scheduled life of a wealthy Jewish girl) in illness, and based her identity on the safety of the learned language, narratives, spaces and behaviours of illness. Health, on the other hand, seems to leave her without language and history, habits and routes, tastes and tasks that would anchor her in time and space, and create a home through routines and repetition. In health she also seems to remain without a narrative and a place that would help her to adjust to the new, sudden state of health. It is thus curious – and perhaps characterizes quite well the "medical turn" that has taken place in the twentieth century – that in 1926, Virginia Woolf, in "On Being Ill", wrote about the lack of consideration for illness in literature:

> Considering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza brings to light...it becomes strange indeed that illness has not taken its place with love, battle, and jealousy among the prime themes of literature. Novels, one would have thought, would have been devoted to influenza; epics poems to typhoid; odes to pneumonia, lyrics to toothache. But no; ... literature does its best to maintain that its concern is with the mind; that the body is a sheet of plain glass through which the soul looks straight and clear.

Some 70 years later, Slater writes:

> Much has been said about the meanings we make of illness, but what about the meaning we make out of cure? Cure is complex, disorienting, a revisioning of the self, either subtle or stark. Cure is the new, strange planet pressing in. The doctor could not have known. And that made me, as it does every patient, only more alone (*PD*, 9).

In the twenty-first century, "a clinical emphasis on recovery [has become] not only possible but also expected." (Essock and Sederer 2009, 279). And thus, perhaps, today, in a cultural context where it has been possible to say that psychic illness has become "a codified reason for writing a character" (Kaup 1993, 168) health, indeed, has become such a self-evident state that it deserves no notice, or literary consideration. Slater questions this view and, like Terhi

Utriainen (2005) and Vida Skultans (203, 2011), points to the implications of this view to those who are (incurably) ill: in a culture where the primary means to cope with suffering is to erase it – as in medical practice – there seems to be no space left for the dignity of sufferering. In *Prozac Diary,* health is understood as a space, a world of its own, into which Slater steps. And due to the assumption that health is natural, there are no guidelines for orienting in it for a chronic patient like Slater who experiences it for the first time. For her, health is state of homelessness, a place where she does not know where to go to. In a world where it is taken for granted that people know where to go and what to do when they are not ill, where could she go to learn to cope with this new situation? As Slater puts it: "[w]hen you are sick, there are plenty of places (insurance willing) where you can go to get healed, but when you are healed are there any places you can go to learn not to be sick?" (*PD*, 35-6) Health is thus defined as no place to go. When healthy, you are assumed to have a place to go to, and to call your own. Yet, especially for long-term patients there may not be a place to go to:

> health, at least in my case, was not so natural, and despite its allure, I am not totally sold on its goodness either. My experience with Prozac and the kind of rushing recovery it spawned has caused me, at the risk of nostalgia, to look with favor, upon the old sanatoriums and convalescent homes in the eighteenth and early nineteenth centuries, halfway houses where the chronically ill, now recovering, hovered in their new-found health, tentatively trying it out, buttoning and unbuttoning, resewing the seams, until at last the new outfit seemed right. The old-fashioned convalescent home, chairs stretched by the salty sea, isolated from the world and yet close on the cusp of it, acknowledged the need for supportive transition, moving the patient incrementally from an illness-based identity to a health-based identity, out of the hospital, not yet home, hovering, stuttering, slowly learning to speak the sanguine alphabet again. (*PD*, 36-7)

In *Prozac Diary* illness and health are understood as spaces. Here, Slater calls them worlds (*PD*, 19). They have cultures and languages of their own. Health is a language, and a way of writing that she still has to learn. She describes health as a "strange planet pressing in" (*PD*, 9) thus suggesting the gravity of the transformation of identity and self in the process of healing. Health and illness are epistemological bases, bases for different worldviews. They are also associated with different physical spaces – and the spaces they create within the narrator, in the self that she constructs through her writing. Health and illness seem to pull her to two different directions, inward and outward: illness is a place of darkness within, "the grand and deep darkness" of the philosophers, while health is a space of "daily light" and outdoors living where Slater is "slowly learning its spectrum." (*PD*, 80)

In *Prozac Diary* illness and health are thus constructed as spaces. Unlike in *Faces in the Water* where the hospital walls marked the physical boundary that (supposedly) separated the worlds of the mad and the sane; in *Prozac Diary* the spaces of health and madness are psychological and corporeal states as well as concrete physical places. They are constructed as locations of knowledge, as epistemological bases, and also as symbolical spaces, materialisations of health and insanity of – and within – the dwelling subject. In *Prozac Diary,* health is

something in which the protagonist has no history, no established routines; quite simply, she does not know how to orient herself in this unknown territory. Health is thus initially experienced as a disorienting state of homelessness. For, according to Iris Marion Young (1997, 152) "a main dimension for understanding home is time and history", and, as a long-term mental patient, Slater has no history of health. Six months into Prozac, the experience of the drug is compared to parachuting: first, it feels like fast falling, then she finds a ripcord "which is not, by the way, the same as having found the ground." (*PD*, 75) But the ripcord, enables studying the ground underneath. Describing the strangeness of health, she yearns for a space of support, a convalescent home, a space where she could safely transform herself from a madwoman to a (predominantly) healthy one.

In *Prozac Diary* madness and health are juxtaposed as two different spatial and discursive realities: they are constructed as separate spaces and as subjective corporeal, intellectual and psychological experiences that shape the protagonists' sense of space and her self. They are both constructed as sites of subject formation and locations of knowledge. Slater's transformation takes place in the context of the late-twentieth-century United States where she is one of the first patients to take Prozac, a drug that will transform the psychiatric scene and the treatment of depression and a number of other conditions. Slater is a patient in an outpatient clinic, and thus her own home is the site where madness is both experienced and treated, and a site from where Slater ventures into the "strange planet pressing in", health (*PD*, 9).

Illness and health, however, also situate Slater in and take her to different concrete material and geographical places and change her relationship to these places. Home and its various objects are also used extensively as symbols of the dweller's identity. Home is the site where the effects of the drug reshape her everyday life. Here, I am also inspired by Gaston Bachelard's[86] (1957/2003)

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[86] Gaston Bachelard's *Poetics of Space* (1957/2003) is a classic phenomenological study in which Bachelard, engaging with the spatial imagery in poetry and literature constructs a method of imagining spaces. Bachelard speaks about reading as dreaming of the spaces the authors evoke and describe in literature. In French, the word *maison* refers both to house and home, and for Bachelard, they remain entwined. For him, the past spaces of dwelling, especially the childhood home, remain engrained in our minds and bodies[86]. With his phenomenological reading, the project of imagining spaces, Bachelard argues against psychoanalytical readings of spaces that reduce the symbolism of spaces to (sexual) metaphors. Instead, he invites the reader to dream with him, to visit the different spaces of a house from the attic to the cellar, from hunting huts to drawers, cupboards and chests. Nests, shells, and miniatures all have their own chapters; he studies roundness, the dialectics between the inside and the outside, and contemplates on the immeasurability of the home. His study is an invitation to imagine and dream of spaces, to reflect upon the importance given to the depictions of physical spaces in literature, and to pay attention to the cultural and cognitive importance of constructed spaces and their symbolism. He draws our attention to the fact that literature consists of imagined spaces, that what happens in a story is set in a three-dimensional space that we imagine as we read. And by reading slowly, we absorb the spaces of literature, and participate in their creation by imagining them. Imagining is thus the position we assume as readers, it is an essential part of reading. He also points out to the reader, how different spaces coexist, how they are interwoven in our culture and minds.

method of reading, the significance he assigns to spaces and objects that allow us to hide and reveal, treasure and preserve things, meanings and memories. For Bachelard, the materiality of the world – corners and houses – is a supporting world. The world Bachelard produces through his reading is a world that materially holds its subjects – dwellers – and allows them to imagine and dream. In this chapter, I will pay attention to the ways in which Slater, also, constructs a supporting, materially holding world.

6.1.3 Structure of the Chapter and Analysis

In the following analysis I will follow Slater's movement from an illness-based identity to one defined as health. Slater's memoir spans a period of ten years: she is not only one of the first ones to take the drug, but also one of the first to stay on it for a decade. In the course of this history and in the course of her narrative she moves though several homes and also revisions the meaning and memory of her past homes. Also personality or self are discussed a kind of home within. Slater herself discusses this as an experience of moving from an illness-based identity to an addict-identity. She describes her book as one written *through* instead of about Prozac: it is due to Prozac that she is able to write it. Yet, both her relationship with the drug and the notion of health are problematic. She is "not sold on the goodness of health" and at the same time as she learns to be grateful for the enabling effects of the drug, she remains critical about some aspects of it. Furthermore, her health, sustained by a psychopharmaceutical drug turns out to be both partial and precarious: while Prozac restores her agency in many respects, it – like any other drug – has side-effects, some of which turn out to be painful to live with. In the analysis that follows, I discuss *Prozac Diary* in terms of spaces of illness and health both within the dwelling subject, Slater, and as spaces of movement and dwelling. I will discuss her homes, her use and range of space, and the spaces of her everyday life. Home will be discussed both as a symbol of the self and as a site of everyday life. And as the question of the construction of the self and the identity of the dwelling subject here become a central issue, they will be discussed in length. As memoir is a genre of making sense of experience, language and the discursive frames within which understandings and meanings of health, self, illness and cure are understood are also discussed. Each of Slater's homes is discussed as materializations of the self, sites of everyday actions shaped by illness and health and as sites of reflection of past, present and future selves. Emphasis in the discussion shifts according to the significance Slater assigns to each of these in the course of her narrative.

In the analysis I will be looking at the concrete changes in the uses of space the newly-found, drug-imbued health brings along. How do the changes in the self change the protagonist's relation to and perception of space? How are her movements in space and between spaces transformed? I will also examine the symbolic meanings assigned to different spaces. How is space used, described, and metaphorised, in order to describe the mental states and bodily changes that the protagonist undergoes? In my analysis, I seek to combine aspects that

relate to Slater's construction as a dwelling subject, the "I" of the narrative, the symbolism of her dwellings and the changing patterns of her everyday life.

In *Prozac Diary*, the narration does not follow a linear story structure: it begins with Slater starting medication and the references to her childhood emerge interjected within her bildung from a chronic mental patient to a thriving young professional. In terms of linear, historical time, Slater was taken into foster care from her childhood home at the age of thirteen, i.e. on the brink of becoming a woman. Between this time and the point where she begins her story, we find a narrative gap and lose tracks of her for well over a decade: as readers, we are informed that she has spent considerable chunks of time in "relatively nice nuthouses" which are not, however, described in any great detail. In the beginning of the memoir, at the age of 26, Slater is living in a basement apartment that she has gotten hold of just after her latest hospitalisation. This apartment stands for her illness identity, and it is here that she experiences the most dramatic changes induced by Prozac. It is here that she begins her ventures into the world, her home-town, relationships, and everyday and working life. It is a liminal space where she expands her range of living, negotiates her past and learns to let go of her illness and childhood. Her moving into a new flat marks an acceptance of her dependency on Prozac: it symbolizes her new, health-based identity. It is also a space where she moves from her "marriage to Prozac" to a relationship with her future husband. The last one of her dwellings, the one where we leave her, is a house aquired together with her husband, Bennett. This house is the space where she writes *Prozac Diary*: the home where it becomes possible to pose questions in regard to self, identity, and madness – and the meaning and impact of a drug-induced state of health.

6.2 Crossing Space – Bringing Prozac Home

In *The Practice of Everyday Life* Michel de Certeau (1984, 115) writes that "Every story is a travel story – a spatial practice." In *Prozac Diary*, health and illness are construed as spaces, and the protagonist's development is, to a large extent, narrated through the movement and symbolism of the spaces she inhabits. Slater's transition from illness to health thus evolves as a story in space. It is thus not by accident that in the beginning of the book, we meet the protagonist not in her home, but in her car driving towards the clinic where she is to meet her "Prozac doctor" for the first time:

> To get there, you turn left off the highway and drive down the road bordered on one side by pasture. And then, a radio song or so later, you turn right into the hospital's gated entrance, easing your car up the slope that leads to the turreted place where he waits. Safety screens cover all the windows. The stairs are steep, and exit signs cast carmine shadows on the concrete floors. Four flights you must travel, and then down several serpentine corridors, before you finally come to his office. (*PD*, 3)

The very beginning of the book is marked by a movement across space. Here, the sphere of the clinic and the home are clearly distinguished, and significantly, we do not know if the narrator, Lauren Slater, is driving a car or giving or getting instructions on how to get to the doctor's office. The grammatical form she uses is the second person singular, the one we use to address another person, reach out to others. It is also a passive form, with an indistinct subject – a subject that could be me – or you, or anyone. The passage takes us, invites the reader into the hospital, a closed in and disorienting place with steep stairs, serpentine corridors and concrete floors. As the casualty of the phrase "radio song or so later" and "easing your car" suggest, the narrator, however, seems to move within this place with a relative ease. Safety screens suggest the presence of danger – either from the inside or from the outside.

Next we learn, that "he" is the Prozac Doctor, and that the visit is Slater's first. The year is 1988. Prozac has just been launched. Slater, as a long-term mental patient with a background of several hospitalisations and a poor response to medical treatments before, will be one of the first patients to launch on a "career" or a relationship with a medicine that will change her life – and, in the next couple of decades, this medicine will be swallowed by millions of people world over.

In the actual encounter the doctor and Slater have different expectations and interests. Slater hopes to be helped. Having tried to cope with her depression and other ailments for three years on her own, she is now suffering from obsessive-compulsive disorder (OCD) and determined to get better. For Slater, to live with these conditions is to experience a sense of disintegration of her body. But the medical encounter is not about the effects of the illness on Slater's life, the lived experience of illness and the possible meanings and metaphors that Slater has developed to tolerate and cope with her multiple ailments. In the medical encounter, they are symptoms of diseases and a result of a problem that the new wonder drug might help to erase.

The Prozac Doctor is handsome and distant. He is a busy man who "sees thirty, forty, sometimes fifty patients a day (*PD*, 4)." The medical encounters are thus brief, and the time allocated to each patient is restricted. This restriction reduces the possibility of dialogue, and means, simply, that what it said must be carefully selected. The consultation room and the doctor both have an air of wealth. The room is filled with objects with the label *Prozac* written on them: there is a "Lucide clock with the word PROZAC embossed on the top" (*PD*, 5) and pens with the same label. This emphasises the immersion of psychopharmacology in the commercial interests of the psychopharmaceutical companies, and the subtle ways in which subliminal advertising works to familiarize potential clients with new brands and products. In addition, the objects that carry the label Prozac point to the all-pervasiveness of Prozac's impact on Slater's life later on: as the clock suggests, the drug will influence her sense of time and her daily rhythms; the pen points to the affects the cure will have on her writing habits and methods. However, Slater, at this point, is only desperate to be helped and cannot know, in the years that follow, Prozac will

affect the functions in her life that the objects used in its advertisement symbolize, and through which Slater will negotiate and reconstruct her identity for the rest of the memoir. For *Prozac Diary* is a description of the thorough-going changes that take place in all areas of Slater's life: her personality, use of space, relation to the body and environment, social relations, cognitive and professional competence, emotional and corporeal relations and sexuality all undergo mojor changes that influence her worldviews and religious ideas. These questions – who am I, what do I do, what do I believe in, and how do I view the world and establish a relation to it – are fundamental, existential questions related to identity:

> taking a pill, especially a recently developed psychothropic pill about which researchers have more questions than answers, is always an exercise in the existential, because whatever happens happens to your body alone. Each time you swallow a pill you are swallowing not only a chemical compound but yourself unmoored; you are swallowing the sea, the drift and the drown." (*PD*, 10-11).

Psychotropic drugs change personality. This, in fact, is their aim. Here, Slater describes it as swallowing a new space, the sea, the symbol of birth and life as well as unconscious forces. For the doctor, however, she is a patient suffering from a disease, the symptoms of which the drug he represents (and presents to her) may help to remove. This "general" gaze may be due to restrictions of time, but it is also the "nature" of clinical practice to view the patient as a set of symptoms:

> there was something about the way the Prozac Doctor looked at me, and the technical way he spoke to me, that made me feel he was viewing me generally – swf, long psych history, five hospitalizations for depression and anxiety-related problems, poor medication response in the past, now referred as outpatient for sudden emergence of OCD – as opposed to viewing me in my specific skin. (*PD*, 6)

Slater herself constructs her identity as a sufferer from an illness or illnesses that fragment her body and affect her daily life. Experiencing illness[87] in her specific skin is to host both illness and health simultaneously in her body. She lists parts of her body that indicate her ailments and illness: the white lines on her skin where she used to cut herself, the same skin she feels the sun with, where "the cuts crisped in the summer sun"; her ears that "knew the difference between real and imaginary sounds" and her hands that now, with the emergence of OCD seem to have abandoned her, and have started a life of their own, an active life, tapping things (not people): "They were the part of me that seemed to have OCD." "From my hands I had learned grief. I had learned how the body can leave you, before you have left it." (*PD*, 7) Slater's current problem is this feeling of disintegration of her body, the lived experience of illness and the emotions that accompany illness and that Fredrik Svenaeus (2000) has

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87 For the distinction between disease and illness see, for example, Kleinman (1988) and O'Donnell, Michael. "Doctors as Performance Artists" in *Madness and Creativity in Literature and Culture* (2005, 45).

described as the unhomelikeness of illness[88]; her identity at the doctor's is one constructed through the lived reality of illness (her specific, experiences and history) and contrasted with the doctor's general identification of her as a suitable object of treatment.

This conflict between the diagnostic medical culture and Slater's experience of her illness is what lies behind Slater's writing project. She feels the need to educate medical professionals to see behind diagnostics. As Merete Mazzarella (2005, 21-22) points out, it is the role of literature and humanities in relation to science to construct a space where it is possible to imagine what it is like to be someone else. Mazzarella also states that this is the basis of morality. And it is the fact that literature is not interested in the general, but in what is unique and what lies hidden behind the labels called diagnoses that gives it this capacity, in Slater's words, to convey the experience of illness in her "specific skin" (*PD,* 6). According to Mazzarella and Slater it is thus the function of literature to help us as readers and medical professionals as practitioners to see in a new way, to teach us that everything can be completely different to what we have imagined or what we are used to. And as Mazzarella (2005, 24-5) further points out, literature can do this because it is able to describe ambivalence, the fact that we are able to want two contradictory things simultaneously and equally strongly.

In the encounter, however, Slater silences herself. "I wanted to tell the Prozac Doctor about my hands. I wanted to splay them across his desk and say, 'Look at them. What are they seeking?'" Slater yearns for the Doctor to take on a Biblical role of a healer, who would rescue her, accompany her across the great gap between illness and health. But her doctor is not trained to do this. As Slater points out, in psychopharmacology there is no need (no room) for intimacy: "neither knives nor stories are an essential part of its practice." (*PD*, 11) The doctor reaches for his drawer and pulls out the unimpressive packet that contains the cure. "He did not need to ask me many questions, as he had my entire chart before him, thick as an urban phonebook." (*PD*, 9). This "urban phonebook" is Slater's medical history. This medical history is what has brought her here, but in the encounter between the doctor and the patient this history is not uttered. The urban phonebook is a silent witness of another history that does get told in the meeting: the history of Prozac. In addition to giving Slater instructions of how to use the medicine ("twenty milligrams, a single capsule", halved if the patient gets nauseous), the Prozac Doctor recites the history of the medicine: How Eli Lilly in Indiana raised rats and ground their brains and created this cure. Because of its unforeseen capacity to select serotonin, the doctor describes Prozac as a "Scud missile, launched miles away

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88 Fredrik Svenaeus (2000, 131) discusses illness as unhomelikeness in relation to Heidegger's phenomenological theory: "Illness is an uncanny and unhomelike experience since the otherness of the body then presents itself in an obtrusive, merciless way. In illness the body often has to be surveyed as something other than oneself, something that has its own ways and must be regulated if one shall be able to survive. The behaviour of the body in illness is often no longer under control."

from its target only to land, with a proud flare, right on the enemy's roof." (*PD*, 10)

6.2.1 Home Alone

As Slater returns from her visit to the Prozac doctor, she takes us, as readers, and Prozac, into her home. This move can be read as symbolic of the domestication of medicine and medical practices. She goes home alone. And she alone has to decide whether to take the pill. The fact that Slater finds herself alone facing the decision of whether to take the medicine is important as it emphasizes the individualizing effect of the medical discourse she participates in. It also points to the loneliness and disconnection from the outside world that, according to David Karp (1996), is characteristic of the experience of depression. Slater's home at this point is a basement apartment the scanty furnishing of which with odd objects collected off the streets symbolise her poor pre-Prozac condition. At this point, however, she is indifferent to the significance of her home as a symbol of her identity. She is drawn to touch and check, obsessed by fragments of space and oblivious to the space of her dwelling as a whole.

She has to decide whether she will take the medicine, the side effects and workings of which were still known little about. It takes four, five days before Slater finds the courage to swallow the medicine. She finds this courage only after she has a dream in which she helps her doctor to choose a loaf of bread in a grocery store. She interprets the dream as his wish to break out of his professional role. This dream also signals that Slater herself could have a significant role in regard to medicine: she is not simply an object of treatment, but as a patient, the one who experiences the effects of taking the drug, she can also act as an agent and help: with her knowledge born out of her experiences as a patient, she can help ameliorate medicine. Importantly, the dream takes place neither at the clinic where the medicine has been prescribed nor in Slater's home where she is taking the decision on whether to start the medication but in a grocery store where Slater and the Prozac doctor are both customers. With the rise of the psychopharmaceutical industry both doctors and patients are increasingly immerged in the commerce in medications. The grocery store is also a place where the customers buy the products that form their daily nutrition. Like bread, pills like Prozac are also swallowed on a daily basis. And it is in this context of the commercialization of psychopharmaceuticals that they become domesticated – and in which the patients are constructed as customers. As customers, they also seem to have a voice – at least in a dream.

In the medical encounter at the clinic Slater has been silenced, but in the dream she takes up the role of a teacher: she can help medicine/the medical professionals to change their practices, but she first has to gain the experience of trying the cure. By assuming, in the dream, a position where she is the teacher, she assumes agency in relation to psychiatry and the wider context of her cure. And it is by shifting her viewpoint in this way that she finds the courage to overcome her personal fears and is able to take on the consequences of what she describes as the most lonely and individualised form of cure: the pill that by

changing the chemical balance of her body changes her sense of time and space, her personality, literary taste, nutrition, memory, and sexuality.

She is alone in her basement apartment when she takes the pill, "things seemed so quiet." She can only wait, listen, look for effects. "I stroked my own arm. I tried for calmness. I thought of yeast and how it works, bubbles of fermentation, little spheres of oxygen that must be kneaded, how maybe every good rising is a combination of chemicals and touch." (*PD*, 13). Yearning to be healed, she caresses herself. The chemical compound that will be her partner in life is beginning to work its way through her specific skin.

And only a few days into a drug that normally takes about a month to build a therapeutic blood level, Slater wakes up to a changed world. Only, it is she who has changed: compulsion has been replaced by curiosity, anxiety by calm. The world, her home, seems different. First, Slater notes the difference in tempo: she is calm. She is not torn, anxious, or fretting about anything. She is able to notice a cat loping by, clouds in the sky. She is not compelled to touch the surfaces. She is separate from them, she can control her body's/mind's relation to the space that surrounds her. Importantly, the space, the surfaces that have called, compelled her to touch them, reduce the distance between them and herself, now leave her in peace: "best, absolutely best of all, were the surfaces. They no longer compelled me – to touch, knock, tap, the relentless obsessive itch that had almost put me back in the hospital." (*PD*, 26). The surfaces do not call her to become one with them. They surround her. Her relation to space is now marked by a certain nonchalance, indifference, carelessness: "I walked around my apartment, curious. Yes, a streak of grease on the window. Yes, the prongs of a plug. I noticed it all and didn't seem to care. Somehow, my attention had become flexible, swivelling left, now right, with such an ease it made me giddy." (*PD*, 26). This new freedom from space is thus disorienting from the beginning, but at this early phase, Slater embraces the freedom eagerly, also because it has been precisely this compulsion to touch, knock and tap the surfaces of her flat that has nearly put her back in the hospital. At first, the new freedom from touching everything also seems to strengthen her relationship to god (an issue we will return to later) as she moves around her apartment "to test the medicine's power":

> I remember standing at my sink and fiddling with the faucets, turning them on and then off, but not completely, so the washers still dripped. It was OK. There would be no punishing flood. God was good. I turned the stove on, watched the blue ring of fire flare at the base of the burner, watched it recede as I swivelled the dial down, down, heat sucked back into blackness. Without checking, I trusted what I saw; the stove was off. God was good. (*PD*, 26)

Initially, then, Prozac is viewed as a God-sent gift. It provides lightness and freedom, a breathing space between Slater and her environment. In this blissful state, even Muzak sounds like Bach (*PD*, 27).

As Slater's experience above shows, the experience of space is relational: there is no space as such, but space as experience. Changes in the dwelling subject change the whole space, the meaning of space and its feel. For Slater, the

sudden changes the medication brings about change her experience of the space she inhabits quite dramatically. The space is thus not simply something that surrounds the subject, a geographical location, but a relation between the subject and the space she inhabits and senses. A change in either the subject or the space she inhabits, changes the whole experience, the feel of the space. Slater, in a sense, is freed from space: Prozac helps her to develop some distance between herself and the space she inhabits. To describe the transformation, she recalls a piano tuner who used to show up in her childhood home: "The piano never looked any different after he'd worked on it, but when I pressed a C key or the black bar of an F minor, the note sprung out richer, as though chocolate and spices had been added to a flat sound." (*PD*, 23)

Other changes occur: Slater's low-cal diet that she reads up in a menu that she has designed for herself does not seem right. She wants more. She also abandons the idea of a rigorous run that is part of the schedule that she has designed for herself. Then, turning to her book-shelf to choose her self-required fifty-page reading for the day, she finds that her books, mostly nonfiction on death and anxiety by psychologists, philosophers and theologians, no longer appeal to her. "I had loved these sorts of books, loved untangling the dense mats of seaweed-like sentences, underlining and starring meaningful passages that I took in as a kind of self-help. […] Now I stood by my bookshelves a little lost." (*PD*, 29). The feeling of being lost stems from the fact that the desires and yearning that have guided her in illness are no longer significant in health. A literature "devoted to the meaning and dignity in pain" no longer provides meaning to the reader if the pain has been lost. This alienation from the literature she used to love marks "the first glimmers of what would later come to grief." (*PD*, 29) She picks up a book by Victor Frankl, and reports a "cerebral sort of appreciation for the sentence, or, perhaps an appreciation based on memory, the way one remembers with fondness a past partner whom one no longer loves." (*PD*, 29) A gap opens up between who she has been and who she is learning to be[89], the whole basis of her existence, illness, is removed:

> the world as I had known it my whole life did not seem to exist. Not only had Prozac – thank all the good gods in the world – removed the disabling obsessive symptoms; it seemed, as well, to have tweaked the deeper proclivities of my personality. Who was I? Where was I? Everything seemed less relevant – my sacred menus, my gustatory habits, the narratives that had had so much meaning for me. Diminished. And in their place? Ice cream. (*PD*, 29)

From here begins Slater's journey into health that is marked both by an expansion of her "home range" and grief for aspects of illness that she has come to acknowledge as part of her personality. Home range is a term used in zoology to refer to the area within which an animal moves and hunts its food. It

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89 In an interview with Eve Zibart, Slater has stated: "There is such a discrepancy between the girl that I was and the woman that I am that it was hard to reconcile. It's a part of me that I've had to learn to integrate." (Slater on writing the last essay in *Welcome to My Country. A Therapist's Memoir of Madness* (1997) in an interview with Eve Zibart (1996) (http://www.bookpage.com/9602bp/nonfiction/welcometomycountry.html. 11.5.2009)

is related, but not synonymous to territory, as the home ranges of animals overlap with each other. Here, the term seems appropriate to describe the expansion of the space that Slater, through her ventures, entwines in her everyday life. At the same time as Slater expands this home range and works her way towards a health-based identity by exploring new social aspects of herself and her environment that will shape her future, she dives within herself and into her past to the spaces and practices that represent and have shaped her illness[90].

The space where this splitting of the subject takes place is Slater's basement apartment which can be read as a liminal space where she negotiates herself in relation to both past and future. Both her movement in space and in time reaches out and within. The pill that itself has no taste, and no smell, is a "rocket to sensation" (*PD*, 33). It moves Slater "backward in time, forward into hope" (*PD*, 9). Its effects are characterised by Slater's expansion of her sphere of living, her home range and revisiting the (inner) spaces of memory that nurture and shelter her illness identity. Prozac helps Slater to break the boundaries of illness and the memory of barred-in balconies of hospitals. It helps Slater out of the hospital johnny, the garment that stands for her illness identity. But as she finds out very soon, it also marks a point where she has to bid farewell to aspects that of herself that she has thought as fundamental to who she is. According to Iris Marion Young (1997, 151), home is a materialization of identity that anchors identity "in physical being that makes continuity between past and present." In *Prozac Diary*, however, Slater describes a situation where the dwelling subject is so radically transformed that the whole world seems to have changed. In a way, the basement apartment is a space where she is reborn. It is her "first universe, a corner in the world" (Bachelard 1969/1958) from where she begins to venture into the world. Slater refers to herself as an adolescent (*PD,*39) in regard to the world outside.

Her memoir, *Prozac Diary* is a space where she negotiates the split between the two selves, characterized by movement in two directions. This double movement is also characteristic of traditional autobiographical writing, which Sidonie Smith (1993, 18) describes as proceeding in two directions. According to Smith, in autobiographical writing the subject of writing is the self, which has both horizontal and vertical dimensions:

> Typically the pursuit of selfhood develops in two directions. The self may move consecutively through stages of growth, expanding the horizons of self and boundaries of experience through accretion, but always carrying forward through new growth that globe of an irreducible, unified core. This direction we might

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90 Slater's experience forms a peculiar counter-image to Vida Skultan's (1993) findings on the loss of dignity of suffering of psychiatric patients in post-soviet Latvia with the emergence of capitalism and a consumer culture. According to Skultans, the new emphasis on individual happiness and the belief in individual success erased the shared experience of poverty and oppression that characterized the Soviet era. The patients thus lost the framework of common suffering, which then, deepened their own. In *Prozac Diary*, the medication erases individual suffering and removes the basis of identification with a culture of suffering which continues to exist in the literature that no longer appeals to her.

> call horizontal. Or, the self may proceed vertically, delving downward into itself to find the irreducible core stripping away mask after mask of false selves in search of that hard core at the center, that pure unique or true self. Launched on a romantic journey, the self steams into the interior of itself, through lake after lake, layer after layer of circumstance to an unencumbered center of quiet water, pure being or essence. Either engagement leads to certain teleological itineraries – the unfolding of the mind toward greater knowledge, or the unfolding of personal history toward some progressive goal, two synonymous and bourgeois creations – individual career and progress in the public aisle. (Smith 1993, 18)

Slater's memoir describes an outward movement that takes her into public spaces and into questions concerning selfhood. But it also describes a moment where the writing subject is, for the first time in her life, entering the public sphere as someone who has agency. She is a young woman in her mid-twenties whose development in terms of agency has been thwarted by depression in her adolescence. So far, her search for the self has been directed inward: she has cut herself in search of sensation and reached out to her past in search of the sick child who she has been. She has looked into that past to understand her – or her mother's – failure to connect with her.

Memoir as a specific type of autobiographical writing is a genre of making sense of experiences in the life lived. It is a "site for delving into the self and creating the space for the self to exist [where] the writer takes up a particular time in her life to gain greater meaning" (Hammerwold 2005, 7-8/33). At the heart of the issue of dwelling, in *Prozac Diary*, there is the question of self, the construction, unravelling and shaping of the self in the course of Slater's journey into health. Her quest is to find the right discourses to represent this self. Slater's experience of illness and health are shaped both in the practices of living and practices of writing and conceptualising her experience. According to Sidonie Smith (1993, 17) "Western autobiographical practices flourished because there seemed to be a self to represent, a unique and unified story to tell that bore common ground with the reader, a mimetic medium for self-representation that guaranteed the epistemological correspondence between narrative and lived life, a self-consciousness capable of discovering, uncovering, recapturing that hard core at the center." Slater, as she explicitly states, wants to believe that there is such a core, and this, in fact, contributes to her grief over the fact that her miraculous cure with Prozac seems to make it impossible to see any continuity between her former self and her transformed self. In contrast to Vilma Hänninen's (2002) study of illness narratives that points to illness as a discontinuity in a person's life story, in *Prozac Diary* it is cure that cuts her off from her former self. What, however, remains the same throughout is the belief that there is such a thing as a self, a core self, and this self seems shaped like an empty space that is filled with illness and health in turn.

6.3 Space Within: The World of Illness

In the cultural context of *Prozac Diary* psychiatric practices and discourses are central to people's understanding of themselves. It is important to note that it is only possible to juxtapose madness with health if its placed in the discursive framework of medicine and understood as an illness. Psychiatry is a medical framework, and medicine, in the context of turn-of-the-millenium United States, is the primary means of conceptualizing madness. Thus, the notions of health and self employed in *Prozac Diary* are intrinsically embedded in medical discourses, and although Slater's encounters with her doctor are a matter of discursive conflict, the understanding of madness as illness is central to Slater's own and her doctor's understanding of her state. It is also important to note that out of all the social and personal contexts in which illess is experienced, it is Slater's encounters with the doctor that are described rather than the multiple other contexts in which illness and health are measured and experienced. This also partly explains the centrality of the concept of self in *Prozac Diary*. As, for example, Philip Cushman (1996) and David Karp (1996, 2006) note, the medicalization of the problems of the mind individualizes illness, and as we have seen above, aloneness is what characterizes Slater's experience of illness. In this section I will be looking at the ways in which Slater constructs the world of illness as a space within her: for her, the world of illness is a world full of meaning, language, and attachments. This is the world she must part from.

6.3.1 The Self as a Space: Empty Self

The notion of the self that Slater develops in *Prozac Diary*, the idea of the self as an empty space is in accordance with Philip Cushman's (1997) theory of the empty self. Cushman explains how this notion of the empty self has come to being and how it functions through cultural/historical developments. He posits it as a specifically American notion, as in the United States it was the object relations theory that out of all the possible varieties of psychoanalysis was adopted. According to Cushman, the object relations theory with its emphasis on the individual's yearning to be filled and satisfied made it a perfect partner to accompany the rising consumerism and advertising.

This empty self is characterised by a subjective experience of lack and desire to be loved, and it works through an "insatiable, gnawing sense of internal emptiness [that] drives individuals to yearn to be filled up; to feel whole, solid, self-confident, in contact with others" (Cushman 1995, 245-6). The roots of self-contained individualism that, according to Cushman, have defined American middle-class life, however, go all the way back to the Enlightenment era in Europe. Cushman points also to the positive achievements that the development of such self-contained individualism involved: "Mastery and boundedness have opened up capacities for individual agency and initiative, personal autonomy, and critical thinking that have been productive in Western society." (Cushman 1995, 245). To this tradition, we owe the development of

science, and in psychiatry, the patients' movement, which promotes patient autonomy and agency. Yet, the idea of the self as bounded and cohesive is an ideal that most people fail to achieve fully. This leads to incessant attempts to fill the empty space within the self with (love) objects ranging from gurus to commodities. In *Prozac Diary*, the objects that Slater, in her new state of health acquires – from the chair with gliders to the furniture she ends up refinishing as her hobby – all carry symbolic value in regard to her sense of self and identity.

The shift in psychiatric thinking and culture that, through Slater's illness history, *Prozac Diary* embodies is the move from psychoanalysis to neurobiologically based understanding of the origin of mental illness. In both, the problems are situated within the suffering subject, which, according to Cushman is both a political and ideological choice. It is also a result of a historical development, and thus also rather logical that, in the development of psychiatry, these follow each other. In regard to the discursive context out of which the notion of the empty self emerged, Cushman writes:

> the individual's feelings and thought, because they were located by psychotherapy *inside* the bounded, masterful self, were considered to be products of intrapsychic processes, and not the products of culture, history, or interpersonal interactions. *Psychological problems have been interpreted as illnesses that are conceptualized as residing within the person and caused by intrapsychic conflicts or malfunctions.* By conceiving of mental ills in this way, interpretations of deviant behaviour such as alienation, depression, and, in the post-World-War II era, narcissism, were depoliticized. Because psychotherapy denied the central influence of history and culture, symptoms reflecting the frame of reference of the modern western world – such as loneliness and alienation, *extreme competitiveness*, and a desire for nonessential commodities – had to be considered natural and unavoidable. As a result, *individuals have been constructed to strive tirelessly to consume and expand*, and at the same time to believe that the search is simply an aspect of universal human nature. If symptoms were considered natural and unavoidable, they were located outside the politics and history and thus could not be changed through political action: the status quo prevailed. (Cushman 1996, 157, emphasis added)

Interpreting mental disorder and psychological deviance as results of internal conflict within the individual worked to depolitize them. The discursive move embodied in *Prozac Diary* involves a move within the individual: instead of the mind, mental problems originate from the materiality of the brain. This move from the mind to the body as the location of illness depolitizes and desocializes psychic ills even further: the chemical/biological view of the psychic ills locates them even more firmly inside the sufferer, in the flesh of the ailing subject. The body is thus not just the dwelling for the suffering self, but it is the very house that asks to be reconstructed on the very fundamental level of neurochemicals.

As a personal narrative written by one of the first long-term Prozac users Slater's memoir embodies this historical change in psychiatric discourses. Prozac is a trade-name for fluoxetine. The introduction of fluoxetine and other serotonin reuptaker inhibitors (SSRIs) revolutionised psychiatry in the late twentieth century, when they began to rapidly replace psychotherapy in the

treatment of patients on a large scale[91]. Edward Shorter (1997), a historian of psychiatry, would go so far as to suggest that the introduction of these new drugs marked an end to a century of psychoanalysis[92]. For the patients – and for the cultural and medical understanding of the etiology of madness – this marked a shift from an understanding that the problems of the mind had their basis in early childhood development and primary relations to a view that psychiatric problems result from a chemical imbalance in the patient's brain. Thus, while earlier, it was the story of the patient and the patient's social relations that mattered, the neurobiological view situates the patient's problems in the materiality of the brain. Slater's memoir discusses the implications this view has for the patient who experiences both madness and the effects of its cure in social and existential reality on her own and in relation to others encountered in the fabric of her everyday life.

In *Prozac Diary,* the notions of both illness and health, as identities, rely on the notion of the empty self. In illness, this emptiness is filled with symptoms, pain, and various means to cope with this pain. In health it is filled with various other things such as clothes and lipsticks, furniture and food. And the fact that Prozac makes her want all these things is what makes Slater also suspicious about the "goodness" of health. To her, after living for years with pain and anxiety, the things that she begins to fill her space and time with under the influence of Prozac seem shallow, or, at least, not right. For years she has made her life meaningful through a culture of pain – the literature on suffering having been an important part of her suffering – and when the pain is gone, she seems to have lost herself, too.

In *Prozac Diary* the notion of the empty self functions so that both illness and health are seen as things and thoughts with which Slater's self and the ways in which she spends her days and thoughts are filled. She is a space taken over by different desires and yearnings, but she also actively seeks to fill her emptiness. The difference between illness and health is not, however, simply in *what* this empty self is filled with, but in the mode and mood in which this filling takes place. While prior to Prozac the filling was characterised by a fierce need and anxiety, on Prozac Slater feels more relaxed about filling the empty space of the self. She is able, even, to enjoy the filling – and the emptiness.

Describing the onset of depression in her early childhood, Slater writes: "How do you describe emptiness? Is it the air inside a bubble, the darkness in the pocket, snow? I think, yes, I was six or seven when I first felt it, the dwindling that is depression." (*PD*, 16). Slater initially links this emptiness to her inability to reach her mother whom she describes as a distant and restless figure: "Maybe she moved at a pace too fast. Maybe she was too sad. She held herself stiff, a lacquered lady. I think because I couldn't reach her, I couldn't feel

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91 When Slater's treatment started in the late 1980s, she was one of the first to get on Prozac. In 2001, it was estimated that 35 million people had used the drug[91]. At the time when Slater wrote her book (1998), there were an estimated 12 million users in the United States.

92 Shorter actually views psychoanalysis as a century-long diversion in the otherwise biologically-based history of psychiatry and psychiatric views and treatments.

myself." (*PD*, 16) In object relations theory the mother is understood as the primary object with which the baby seeks to fill herself. If this fails, the child is unable to form a realistic picture of herself, and function "normally". She is filled with emptiness, a yearning for fulfilment and wholeness.

6.3.2 Home to the Voices

It is in this empty space within, her depression, where Slater creates her world of illness. Feeling rejected by her mother, she starts to populate her inner space with "figments of her mind" (*PD*, 45). The first one of them, the Blue Baby, is born on the day when Slater, seeing her mother ironing her trousers as if to erase the daughter who wore them, realizes that her mother wants to erase her. She goes to the nearby candy store and buys a chocolate baby. The swallowing of this chocolate baby is Slater's first attempt to fill the empty space within her. She imagines how this chocolate baby turns into Blue Baby, the first one of her "innards" who keeps her company and resides within her. Excluded from the warmth of a home, Slater turns herself into a homespace for the Blue Baby, and later other figures or voices. These figures talk to her and keep her company. They become her inner home.

Although Slater acknowledges that swallowing the chocolate baby and turning her into an inner voice was a means to fill the emptiness created by depression, she rejects the idea that the Blue Baby might have been a sign or a symptom of madness. She states that she knew the difference between these inner voices and real voices. She constructs the Blue Baby as a counterweight to the emptiness that had evaded her: "Even back then I could sense how the language of emptiness, the language of loss, evaded me. Now my emptiness had weight and presence. I had moved into metaphor, a significant developmental step. Perhaps even a cause for celebration. I called the presence Blue Baby. Its deadness, in its own way, was alive. This was my first love. This was my world." (*PD*, 19). Thus, what in medical language would be called depression and dissociation, for Slater, from very early on, had different meanings. For her, what in medical discourse are understood as psychopathological states and thus something to erase in order to create a "symptom-free" subject, is an affective, social space within her. For her, illness is a lived reality, a space where she can create her own meanings and metaphors. Moreover, she later learns that illness can also mean power in relation to the mother and in relation to hospital staff. In the course of various illnesses and attempts to cure them, the symptoms and illness become a language she learns to speak.

It is also "through the voices" that Slater knows herself and engages in writing which she describes as essential to her. (*PD*, 48). Prior to Prozac, which diverts Slater of her old habits and the figments of her mind, the voices have dictated her writing:

> In the past, I had always recorded images that were odd or moving to me in my journal. My methods, perhaps, were a bit odd. When I wrote, it was not from "me,"

> but from eight people I pictured living inside me, eight people who had kept me company for more years than I can remember. While I knew these people were not "real," while I could say, "*They are figments in my mind*," I still heard them as flesh, heard them, felt them – three men who taunted me, three nine-year-olds, a girl trapped in a glass cage, and a blue baby, sometimes dead, sometimes dying.
> (*PD*, 45)

Prior to Prozac, Slater's understanding of herself has thus been based on the presence of the voices, the characters she has housed, and whom she knew were imaginary, but who gave her a sense of realness. Blue Baby is the most important of them and she "was the one who usually had the most interesting things to say to me. When it spoke, I went into a light trance, my pen moving as if of its own accord, and when it was finished, I felt as though I'd visited a place too intense to be anything but real." (*PD*, 45). The voices have not only provided Slater with a voice and activity by dictating her writing, but they have kept her company and created a transcendental space outside the illness. They have also enabled self-knowledge, a sense of self: "These eight beings comprised my core. I knew myself by knowing them – the blue baby's craving for comfort, the glassed-in girl's high-pitched anxiety, her desire for freedom clashing with her need for the airless perfection of a crystal world." (*PD*, 45) The eight people Slater has housed, provided a home for, during her illness, may be read as pathology or a mirror that reflects her symptoms. They provide a space to negotiate her symptoms and ambiguities: yearning for both comfort and perfection, freedom and safety, and anxiety arising from having these contradictory needs.

The self, the inner space that forms the core of her illness identity that Slater has learned to know through her writing is a suffering, tormented intrapsychic self trapped in morbid nuclear family relations. It is a self drowning in water. In the story dedicated to the strangeness of health, marginalizing illness, Slater's most powerful and poetic description of illness links the imagery of water, ice, home and death. This is a poem dictated to Slater by the Blue Baby:

> *Mother of many*
> *Watch your children play*
> *Hightailing across a field, leaving you*
> *With nothing but a spray of snow.*
> *So cup your hands and try to catch all that is left*
> *Of your children.*
>
> *The water takes us in as we sink*
> *Our snowsuits shine beneath the lake's*
> *Ice lens. We cry from below*
> *Bubbles rise and in the woods creeks weep*
> *Go on, get down on your knees, look for*
> *A buckle or a bit of mitten. Ear to the ground*
> *Can't you hear our whispers and waterlogged dreams?*
> *At night we call you*
> *Does it comfort you to think that death came gracefully*
> *That we danced our way down?*
>
> *All that winter we skated figure eights*

Against a sky so blue
It should have been an omen
So when the ice opened to admit us
Shouldn't we have heard it crack?
Don't let yourself imagine how the fish must nibble
How our dresses fill and float

Go on, float to us
Quiet in the hallway. Slipperless
Your feet should freeze
Out across the field, eyes wild from the wind
In your head. Fill your apron with stones
Go now
Over the ice. And when it opens
To admit you, don't look back
Have no second thoughts
You will be like a long lost child
Going home.

The poem negotiates a morbid relationship between a mother and her drowned children asking the mother to follow and unite with her children in death. The poem thus locates pathology in the relationship between the mother and the children and deals with the issue of separation that, in psychoanalysis, is a crucial step toward individuality and maturity: separation from the mother is regarded as essential to the development of a healthy self, but also seen as problematic for daughters who can only achieve separation through imagining themselves as replacing the mother as an object of the father's desire (see, for example, Chodorow 1979, 1989). Incomplete separation from the mother is central to Slater's sense of self and a key to understanding her illness identity. In this poem, home is death. And it is in death that the children wait to be united with their mother. The ice has broken under the children skating on ice, and the mother is invited to join them in death. Also the fact that the mother is depicted as a landscape in the poem, with the wind is in her head symbolizes this incomplete separation. The mother is an all-pervasive, indistinguishable background, and by drowning after her children, she melts even deeper into the landscape. All is one. Oneness is death. Death is home. The voice of the Blue Baby narrates poems that describe Slater's depression, thrives on it – but does not remove it, does not help her to come out of the freezing water and the presence of her mother, a home of made of illness and death that she grew to know as a child.

The image of the frozen pond is a central image in *Prozac Diary*. It is also one which creates an intertextual link with Janet Frame's *Faces in the Water*, where Frame describes the onset of madness and hospitalization as getting on an ice floe. Hospitalisation is described as separation from the norms, values and habits of the rest of the world. In *Faces in the Water*, being mentally ill is also described as sinking, drowning in water. The doctors are fishermen, or, as Istina puts it, they would fish if they dared to, but still, they are too scared what they catch might rock the boat too much, too far, and thus the doctors surround themselves with faces in the water, nurses watching them. In Prozac Diary, however, at the very end of the book, it is Slater herself who fishes herself – or a

fish that becomes her – from a pond, which captures the difference of the patient's position in the two psychiatric eras that the books are set in: in *Faces in the Water* treatment was based on forced incarceration, treatment was imposed on the patients and their everyday lives were moved into the hospital, while in psychopharmacology it is the medicine that moves into the patient's home, and she herself decides every morning whether to take the pill and engrain the medicine in her everyday life. The two books are part of the continumm of the same psychiatric culture. The frozen pond, or the freezing of the pond, is symbolic. In *Prozac Diary,* ice-skating is a central image of know-how and agency. The freezing of the pond symbolizes agency sustained by health: water is the unconscious where the self is dominated and populated by the voices, while the ice on its surface enables participation in the external world. Also, Slater's memories of sanity and agency that surface as she continues to take Prozac consist of skating and being called by her mother a girl with know-how. A positive self-image is thus linked to ice skating, staying on the surface of the pond, while in the poem dictated by her inner voice the ice lets her in, the water admits her. And she invites her mother to join. In *Prozac Diary,* Slater's identification with her mother takes place in and through illness. Health, in contrast, marks a separation from the mother, the "hardest departure" Slater has ever known.

6.3.3 Illness as a Way to the Mother: Childhood Home

In Slater's childhood, her only way to relate to her mother, to reach her, is through illness. In her childhood, she has learnt that illness is also a means of seduction (*PD*, 61): it brings her mother physically close to Slater, and thus provides a way of reducing both the psychological and the physical distance between them: "When I was a girl I loved fevers and flues and the muzzy feeling of a head cold, all these states carrying with them the special accoutrements of illness […] and best of all, a distant mother coming to your bedside with tea." (*PD*, 21). This family dynamic leads to the fact that she becomes truly dependent on illness behaviour. She learns that illness is power: it is a means of getting close to her mother, and she has become truly attached to her illnesses: "I loved my illnesses. I loved my regal mother bending to the mandates of biology" (*PD*, 21) When Slater is ill, her mother brings her tea, and spends time with her: she reads aloud. Illness is thus a way of breaking the mother's routines and bringing her close. The spatial distance between them is reduced, and illness gives Slater temporary means to create an ideal home and an ideal mother. Ironically, this idea of illness as power makes her truly dependant on her illness behaviour.

Illness has another space-related quality as well. It is a means of transcending the limited geographical space and the routines of a wealthy Jewish girl: "In illness the world went wonderfully warped, high temperatures turning your pillow to a dune of snow and bringing the night sky, with its daisy-sized stars, so close you could touch it, and taste the moon" (*PD*, 21). Symbolically and paradoxically, then, the illness that binds Slater to her bed

helps her to transcend the limits of her body. The space seems to diminish. Illness also provides her with "a temporary respite, a release from an alienating world" where femininity and womanhood are practised and performed frantically: "In my world, girls did not play. They practised: the piano, the flute, French, manners so refined they made all speech stiff" (*PD*, 22). Illness gives these girls a break from this performance. A body that does not respect the rigidity of the world where "women had hair as hard as a crash helmet" (*PD*, 22) gives Slater a chance to escape the constant self-improvement required by the Boston society of wealthy Jews.

In her childhood Slater has developed two survival strategies, two opposite ways of getting her mother's attention: she either falls ill or performs perfectly. Illness brings her mother close, to the side of her bed, while performance – such as ice-skating – brings her the mother's admiration. Slater's illness history and identity maintains closeness – with Prozac she develops a new distance.

In her childhood environment, life in the house dominated by her mother, illness has provided Slater with rare chances f being close to her "regal and distant" mother. For Slater, illness itself is a means to identify with her mother who had taught her "that life was to be lived at operatic pitch, that love came in notes so high they hurt the ears" (*PD*, 83). Slater's own pre-Prozac agitation, "the operatic pitch" with which, she was taught, life is to be lived, and the rigour of her diets and daily routines (jogging and compulsory reading) tie Slater to her mother. Slater remembers her mother as a "woman who worked relentlessly – never for money; my father did that – who polished her perfect house, whose pacings we could hear deep, deep into the evening, a woman who could not rest." (*PD*, 82) The mother, her voice, her hands "hard as walnuts" that sometimes slap (tap, hit) Slater, and her agitation have filled Slater's childhood home. The mother's presence is described so intensely, and her presence in the house seems so all-pervasive, that the house stands for the mother. The house also stands for a childhood dominated by the mother. Slater's childhood is filled with anxiety and intensity. Before Slater starts taking Prozac, she shares her mother's drivenness and tensity. Through the rigour of her diets and training she can identify with her mother – and her mother can identify with her. During moments of tenderness the mother has said: "You are most like me" of the three sisters. "You have a great drive." (*PD*, 83) When Prozac calms Slater down, it not only destroys the possibility to identify with the former self, the spatial and temporal movements and routines that through repetition create familiarity and sense of continuation, it also removes the possibility to identify with the frantic world of the mother.

In retrospect, Slater describes her mother as possibly having an "Axis II diagnosis" (*PD*, 71). In *The Statistical and Diagnostic Manual of Mental Disorders* (*DSM*) the Axis II diagnoses refer to personality disorders such as schizoid and borderline personality disorder. For Slater, her mother seems drugged by the adrenaline of her own body: "[a]drenaline is a drug too. In our family we were always high on it. I had a red rush in my veins, a hummingbird in my head. The phones were ringing. The butcher brought the wrong cut of meat. The Tiffany

chandelier fell down. Any day now the Nazis could come back. Oh my God. Oh my God." (*PD*, 71-2). By sharing the frantic pace of her mother, Slater is able to identify with her.

The mother is also described as suffering from the trauma of the Holocaust. Fear of the Nazis' return is transformed into a fear of intrusion into her new home in North America: she has panic buttons installed all around the house. Rather than provide a feeling of safety, however, these panic buttons intensify the sense of threat in the house. The installation of the alarm system also brings with it new rules and routines: when the system is turned on each night, Slater and her sisters are no longer allowed to get out of their beds and bedrooms without calling their mother, who then gets up to turn the alarm system off. The mother's fears are thus transformed into mechanisms of control of movement and space within the house. The mother's trauma dominates the house. It sets the pace of living in the house and prevents the mother from actually seeing her daughter. The figure of the mother combines illness and power, and growing up in this house Slater learns this as well. This discovery of illness as power is later confirmed in hospitals where Slater recognizes the panic buttons on the desks of the staff. She realises that now, as a patient, she represents danger. In Slater's private vocabulary the meaning of illness is now consolidated as power and strength: "I could not be wounded because I was now the weapon." (*PD*, 73).

The panic buttons in Slater's childhood home and in the hospital, however, have further significance in the story. They combine the mother's inability to relate to her daughter with psychiatry's inability to recognise its patients as human beings. For example, one night, despite the mother's prohibition, Slater does get up. She wants to be recognised – at least by the alarm system. She dances around in front of a motion detector. The system does not buzz. In this image, as in the house, she has become invisible, she does not exist (*PD*, 130-1). In the narrative space of *Prozac Diary,* Slater situates this story in one of her letters to the doctor. These letters that punctuate the narrative always begin with an extract from a patient's evaluation chart and treatment plan. These charts are used to categorise patients and judge their state at the beginning of treatment. As an answer to these extracts, where a patient's state is described following a set formula, Slater writes stories about her childhood. Like the motion detector, the charts and categories construct medical histories, but fail to acknowledge the patient as a person. Slater's story thus, on many levels, is a call to be seen and heard as a human being. Furthermore, by juxtaposing psychiatry with her mother, Slater suggests that psychiatry, too, is suffering from some form of dysfunction that blinds it to the needs of the very people it is supposed to care for. Both psychiatry and her mother provide spaces of belonging through illness, and fail to provide Slater with the safety and warmth that would enable her to move on and reach out to the social world.

6.3.4 The World of Illness: Tradition, Language and Colour

For Slater, depression and her inner voices have, with time and repetition, become familiar and even comfortable. Repetition, as Rita Felski points out, is the temporality of everyday life and the mode of being that relates to home. For Felski (2000, 88), home is "any often-visited place that is the object of cathexis, that in its very familiarity becomes a symbolic extension and confirmation of the self." For Slater, the discourses of illness have, through life-long repetition in hospitals and therapies become spaces that sustain her identity. The world of illness is the world she knows, and having inhabited the places where assigned by her culture for psychiatric ailments, she has acquired their special language:

> Illness was language as well as color; I knew a secret special language with words like *sharps* and *checks* and *rounds,* and then the longer, arcane phrases and words that every patient picks up – *trichotillomania* and *waxy flexibility, Munchhausen's* and *borderlines* – the most mysterious word of all, suggesting the line of the horizon, a flat world, a ship tipping over into star-filled night. (*PD,* 50, emphasis in the original)

Illness is thus also a linguistic space of belonging, a vocabulary she has adopted and acquired during her hospitalisations. It is also a discourse through which she is used to narrating herself, that she is used to resorting to in order to explain herself. It is in language that Slater's subjectivity constitutes an illness narrative where illness becomes consolidated as the core of her existence and identity through repetition. This language has become Slater's home.

> And now, gone. I had tipped over, stepped over the border into health. There was no more depression, which had felt like a woollen blanket, or anxiety, which had lent a certain fluorescence to things, or voices, which had always been there, sometimes louder, sometimes softer, some North Star of sound in the night. (*PD,* 50)

Illness has thus shaped, ordered and directed Slater in the world. Depression has provided a shelter, a cover, a shield against the unknown open spaces of health and its social and economic demands. Anxiety has given her universe a structure and lit it in its special ways. The voices have guided her as the North Star guides a wanderer or an explorer. Her illness has created and structured her reality, sheltered her in it, and provided means to orient herself in this universe. Illness gone, she is lost in space. Slater describes depression as a "woollen blanket", and anxiety as a kind of light, as in the physical process where the bombardment of atoms or molecules by particles excites them to emit photons. And the voices provide her with guidance. This gone, she tips over.

In Slater's experience, illness helps to confine space. It gives limits, structure and direction to her movements in space. Illness is a place where she can belong. It is a "corner in the world", a basement apartment and a woollen blanket. It provides shelter in the way we are used to thinking of homes as providing safety and shelter. Health, on the other hand, is for Slater, an open space, an unmapped territory, or a foreign culture, which our western culture takes as so self-evident that it does not require explanation. For Slater, getting into this new space of health as suddenly as she does, is like parachuting: first,

she floats freely, then, finding the rip cord, she is able to study the ground below (*PD*, 75).

For Slater, illness has been the basis of her identity. It contains the narrative of herself, it explains everything that happens to her. It explains her sleeplessness and cutting herself. It is the answer to the question "why?" It is also a skill she has learnt, positions, postures and ways of being she has adopted from other patients. Referring to Kleinman's theory of illness, Slater describes the subjective meanings of illness as "a narrative, which, at its best, concatenates a coherent story of the self" (*PD*, 49). "Symptoms and pain take on value as they become symbols referring to something larger than themselves" (*PD*, 49).[93] For Slater, illness has become an explanatory model, a learnt behaviour and an adopted vocabulary. She has a life-long history of attachment to illness, and illness is also her connection to her mother (*PD*, 32). Illness, for her, is a home she must part from in order to become an adult.

Understanding illness as a position of power as well as a means of seduction, escape, and identification with her mother reveals the depth of Slater's attachment to illness. It shows how complex a relationship between the sufferer and an illness/madness can be. The complexity of these attachments should help to understand the patient's need to grieve over the loss the former self, the grief embedded in cure, which, indeed has wider significance than just its explanatory power in regard to Slater's personal story. Cultural studies on the meanings of illness (for example Duchan and Kovarsky (eds.) 2005, Honkasalo 2008) point to the same phenomenon. Illness is complex and dense with cultural meanings and signification. As *Prozac Diary* shows, with Slater, too, illness is full of sounds, echoes of her childhood, her mother's frantic steps around the house late into the night, the eight people residing inside her, dictating her writing and commenting on her behaviour. Illness is her own obsessive worrying, whereas health, in contrast is calm and silence, nuances and pleasure. Slater writes: "I am a woman who has stepped from the opera into silence, a quiet and calm difficult to decode" (*PD*, 83). And through this silence, she has to depart from her mother: "I am having to leave her. This may be the hardest part of the pill, the hardest part of health. It is the deepest departure I have ever known." (*PD*, 83).

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93 Terhi Utriainen (2005) talks about frames of suffering. Frame, like discourse is a way of making sense of ones experience: a discursive frame provides the possibility to interpret experience. Utriainen talks about suffering that is related to losing a frame; suffering that stems from the fact that the meanings that one has given to one's experience collapse. And this is what happens to Slater when she loses illness. Utriainen writes: "When a frame is broken, the meaning of one's actions shatters and one loses one's grip on the world." (2004, 242, my translation) Illness, with all the institutions involved has been the frame of reference within Slater's existence that has made sense. With the doctor, all of Slater's experiences are woven into the framework of diagnostics – the pathological diseases level of medical discourse. In her home world and in the institutional world of psychiatric hospitals she has been living in the past, illness has been a social experience involving nurses, fellow inmates, a special language and narrative through which all her experiences have been explained. In addition, illness, for her, has been a means of power and seduction. It has, indeed, made up a world.

6.3.5 Emptied by Prozac, Letting Go

In *Prozac Diary*, the construction of both the protagonist's illness and health identities is based on the idea of an empty self that yearns to be filled. The object of this yearning changes dramatically as tapping and touching give way to other things. Furthermore, while in illness, Slater's yearning is characterized by a desperation that Cushman (1995, 245) defines as characteristic of "the interior lack", in health, especially when the symptoms being to disappear, the emptiness is experienced primarily as an openness to the world outside, and as a calming of pace. Slater describes Prozac as a "plug to stopper a hole in my soul" (*PD*, 8). The hole in Slater's soul in the discourses that are available to Slater is either a "neuronal glitch, the chemical equivalent of a dropped stitch in the knitted yarn of my brain" or a hole between her and her mother (*PD*, 8-9). This question, "where is the hole", embodies Slater's position as a patient at the juncture of the historical shift in psychiatric discourses. While psychoanalysis had, for a century, located the hole, the origin of psychiatric disorders in the patient's early relationships especially in the one with the mother, neurosciences and psychopharmacology locate the hole in the grey matter of the human brain.

It is in the framework of family dynamics and psychiatric practices that Slater learns to understand and present herself through various symptoms and medical conditions. In this context, she "becomes" a medical history that in her first meeting with the Prozac Doctor is described as as thick as a phone book. She has a record of depression, borderline personality disorder, anorexia nervosa, and, most recently, obsessive-compulsive disorder. In illness, her life is filled with efforts to overcome emptiness, by either starving herself or binging. She strives to feel by cutting herself. Most recently, her everyday life has been filled with endless counting, tapping, checking and touching of things, a set of meaningless routines that bind her to her basement flat. In illness, Slater's efforts to fill the emptiness and the interior lack are marked by compulsions and obsessions.

The first effects of Prozac are that she no longer feels compelled to escape emptiness. She experiences a calm that allows her to observe herself, her home, her environment. In fact, Slater describes the experience of recovery from madness as one of being emptied by Prozac: "in the long run, the cure called Prozac doesn't fill your mind so much as empty it of its contents and then leave you, like a pitcher, waiting to be filled." (*PD*, 81) Prozac empties Slater of the symptoms of her illness: compulsions, agoraphobia, anxiety and depression. At the same time, however, Prozac cuts off Slater's connections with the things that have been part of her illness-based identity: her history, her daily routines, her anxiety, worries, writing methods, the voices inside her. It cuts her off the world she has known and removes her interest in things that have supported her identity, such as the literature on suffering. And it cuts off the cords of illness that have made possible her identification with her mother. It empties her of the ways – habits, language, bodily needs and moods and her modes of

being – through which she has learnt to know herself: Prozac also drains the voices from her: "Now, back in my apartment, I picked up my pen and opened my journal. I closed my eyes, bent over the page, and waited. I said *yes* to myself, which in the past had been the signal for Blue Baby to emerge and speak with me. Now I heard silence." (*PD*, 47). She keeps calling, but the silence remains. Her mind seems frozen: "It is February in my mind" (*PD*, 91). And in Boston where she lives, February is, of course, a month of cold and snow. The blank page seems covered with Prozac powder. Slater feels abandoned and alone:

> It has been almost a year now since I've composed a short story or a poem, I who always thought of myself as a writer, all tortured and intense. I can just manage this journal. So maybe I'm not a writer anymore. Maybe Prozac has made me into a nun, or a nurse, or worse, a Calgon Lady[94]. Why can't I imagine a simple story? Why is my voice – all my voices – so lost to me?" (*PD*, 91)

Prozac thus requires her to change her relationship to writing. Prior to Prozac, Slater's view of good writing had resembled adolescent sex. Her writing had been punctuated by long silences and intense pouring of words on paper, like in adolescent, words splash on paper before she herself can help herself. Now, she tells herself, "I need to learn to write, as the adolescent needs to learn love, all five bases" (*PD*, 92). She has yet to find flirtation and foreplay, the seduction of words, little by little. She needs to find a new way of facing and loving language and words. A light touch, tentative strokes. And trust that words will come back, stay till their ready. Her journal, the diary, is a space where she can learn this new approach to language. It is a private space within which she can try out the new calm.

Another thing that Prozac changes is that whereas in illness Slater was anxious to fill the emptiness, with Prozac she no longer feels a desperate need to fill the empty space. What changes is that with Prozac, things become more flexible, and as her hands no longer compulsively have to touch and tap, there is more space between Slater and her environment. She can allow more space between physical things and between words. And although Slater (contrary to Cushman's claim), does not experience this emptiness only as desperation, she does, indeed, begins to fill both her life and home with new activities – and things – that the capitalist consumer culture that surrounds her points her to. She also has to acquire new language: "To describe the subtle but potent shift caused by Prozac is to tussle with failing words, sensations that seep beyond language." (*PD*, 24) She learns silence: "I am a woman who has stepped from the opera into silence, a quiet and calm difficult to decode" (*PD*, 83).

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94 In the 1970s, Calgon, a trademark of bath products, ran a commercial where a mother, tired of her messy kids, calls Calgon to take her away. In the following scene she floats off in a bubble bath inside a bubble, and a soft voice-over of a woman says: "Let Calgon take you away…" For Slater, the greatest fear in health seems to be that the comfort of health is actually escapism. She tells her doctor that she feels too good, that you should only take the drug when going on a holiday. It makes her feel unreal. Slater associates pain with reality.

With Prozac, the tone and tempo of living thus become different: calmer and more relaxed. The desperate yearning and compulsive checking and tapping give way to curiosity – and desires that lure rather than dictate. And despite the grief, Slater describes the experience of being emptied of the symptoms of OCD as a redemption, for the medicine, symbolically, allows her to leave the barred doors of a balcony in the hospital and dive into new areas in life out of a desire for life:

> There was so much I wanted to try. I, a long-term mental patient in my mid-twenties, had never been to a rock concert, had, with a few exceptions and great displeasure, rarely left New England, had never been swimming at Walden Pond, had not in years eaten a meal without anxiety, taken a walk for no reason, allowed myself to sleep late, casually dated a man, or, in short, just played. (*PD*, 37)

Illness has shrunk the space of Slater's living both because it has made her unable to explore her environments and leave her home town and because it has taken her to hospitals where movement is restricted by barred doors, windows and balconies.

6.4 Towards the House of Health

The liminal space of her basement flat provides Slater with a space where she can learn not to be ill. Here, I will follow some of the ways in which she she begins to fill up the empty space that the disappearance of illness has left in her life. This phase is characterized by an outward movement into the world of health.

6.4.1 Imagining Homes – Imagining Future Selves

> Sometimes the house of the future is better built, lighter and larger than all the houses of the past, so that the image of the dream house is opposed to that of the childhood home…. Maybe it is a good thing for us to keep a few dreams of a house that we shall live in later, always later, so much later, in fact, that we shall not have time to achieve it. For a house that was final, one that stood in symmetrical relation to the house we were born in, would lead to thoughts—serious, sad thoughts—and not to dreams. It is better to live in a state of impermanence than in one of finality
>
> —Gaston Bachelard 1969, 61) *The Poetics of Space*

Slater's journey out of illness and her basement apartment into the social and architectural spaces of the healthy begins with imagining. Slater no longer reads literature, as Prozac has reduced her literary taste to *Glamour*, a young women's magazine dedicated to dating tips and fashion, make up and such things that are considered the normal interests of young women. Moreover, she reads real-estate magazines, freebies through which she ventures "inside a plethora of houses": "*Harmon Homes, Bremis's Better Buys, Century 21, County Cottages by Val.* . "I read […] each abbreviated description – lvly gambrel with sunken l/r flr and e/i kitch, C/A, C/Alrm, come see the charm! - providing a porthole

through which I swam into new spaces." (*PD*, 38) As in Gaston Bachlard's *Poetics of Space* (1969), the combination of language and imagination leads Slater into new, three-dimensional spaces:

> I could feel the cool air circulating inside the gambrel, see light the color of candy pouring through the leaded-glass windows. There were gardens, for sure, and they contained beautiful flowers, flowers I could smell and see, whose names both sensual of possibilities – climax marigolds and false dragonhead, meadowsweet and hollyhocks, pink baby's breath growing side by side with slender spikes of salvia, which, before blooming, issued a froth of sticky white bubbles under little leaves. (*PD*, 38)

While the literature of suffering that filled her days and bookshelves before Prozac led Slater to spaces of pain that supported and consoled her in coping with her own, the new reading leads her to spaces filled with light, sweet odours and gardens. They lead her out of her flat, onto the ground. She first "visits" these new spaces in her imagination, through their (commercial) representations. Imagining is thus a crucial part of her healing process, a kind of trial phase that prepares her for moving into the concrete spaces where, it seems, health could reside. Reading is also a first step towards actually entering spaces she has not even thought of before: "I spent hours imagining myself inside the plethora of houses the world suddenly made available to me. I started going to open houses." (*PD*, 38) Next, the houses enter her dreams at night: "At night I even dreamt of houses, expansive and gorgeous dreams, room opening onto room, old marble garden tables, stone Cupids, quilts and spiraling staircases, huge glass walls and vaulted ceilings where, from the shadows, loons and peacocks called." (*PD*, 39) A new, gorgeous, decorated house is an image of an ideal self. The ads and visits to open houses are a means to fill the empty space created within her now that illness has been drained out. The expensive, expansive houses stand for the new self and for the kind of concrete architectural spaces she wants to envelop her her new, vulnerable self. In this mixture of commercial ads, abbreviations, poetics and imagination material and immaterial, mind/soul and body are entwined.

In addition to imagining herself in new houses, Slater also starts to explore her surroundings with a new curiosity:

> I began to range farther and wider, getting reckless, hungry from all the time I had lost to illness. I started going late at night, prowling around by myself until two or three in the morning […] Propelled by an unquenchable curiosity, I was a twenty-six-year-old with the judgement of an early adolescent. (*PD*, 39)

No longer afraid of space, she begins to expand her "home range". Her need to control gives way to curiosity. She becomes an explorer – or a flaneur who claims the streets as her home. No longer worried about her weight, she develops an appetite for new foods. No longer captured by compulsions and fear of space, she begins to explore her hometown, Boston, and roams around the streets till late at night. She falls in love with a magician whom she sees performing at a market place where she ventures night after night. (*PD*, 40) The

magician's show becomes a new routine in Slater's life. The magician can be seen as the first in a series of love-objects that replace Slater's attachment to her illness and her mother. And it is the magician who first makes her think what she might actually want to do in her life. One night the magician asks Slater to participate in the show. He gives her a light bulb and asks her to think of what she wants most. Slater, rather than finding an answer, is full of questions: who am I and what do I want. These questions are the core of individuality, of the idea of the self as having its own nature and purpose. They are also the questions that *Prozac Diary* attempts to find answers to. For Slater, Prozac is the conduit to these questions, the possibility to enquire about her identity, ground it in wider philosophical and psychological debates about what makes us humans. But standing there, in the midst of the crowd with the light bulb, her mind is filled with questions. However, eyes closed, she hears the crowd sigh. The light bulb has lit up in her hands. "The world, apparently, was full of illusion, and what was real was not real. I was lost and found and in finding still more lost." (*PD*, 41). What, for Slater, is important, is to ask, to be able to pose questions. And for Slater, this is one of the core meanings of home: home is a space that allows the questioning of self-evident "truth", home is a space where meanings can be sought for and challenged.

At home in her basement apartment, she studies her body in a mirror and realises it has become "a picture of health": her skin is tanned, her eyes are clear. Her ventures in the city have transformed her physically into a new woman. Again, her body seems to have been quicker than her mind in creating a new reality. She states that at last "I felt at home in this body […] as though I had finally come into the body meant for me, the body that had been with me even before birth, its shape hovering in the unformed fetus, fleshing out, fleshing out." (*PD*, 44) The mind and the body are seen as separate entities, and the mind can return to the body, as a person returns home.

Slater's imagining of houses can be understood as creating a new psychological identity. In addition, she engages her imagination in creating a new social identity. Through her ventures into the city she makes new friends with whom she drinks lattes in cafes. Furthermore, in order to get a job, she invents a CV, "one of my finest pieces of fiction" that carries little truth and claims phantom jobs as researcher, counsellor and English instructor. She later feels both proud and ashamed of this fictional CV, but claims it "shows the kind of doggedness you sometimes need in order to thrive in a competitive world." (*PD*, 55) And indeed, it helps her to find a job. The world of health is a world of competition, commercial interests and invented selves. The World Health Organization's (2001, 1; 2005, 2) definition of mental health emphasizes productivity and contribution to common interests of a community as qualities of a mentally healthy individual, and in the cultural context where Slater is competing in the labour market this is precisely what she is doing.

Consumption, too, is a sign of mental health; and Slater now owns a fair amount of makeup, has entered the world of fun, and attends a rock concert. At the concert she meets Yehuda, the next in her series of her love-objects that lead

her to new spaces in her home town and to new aspects of herself. Yehuda is an Israeli: he comes from the homeland of the Jewish people, which is the reason why Slater naïvely assumes that he is safe. They make love and Slater's psychological adolescence is reflected in the fact that she does not even consider contraception. The encounter does not lead to a relationship, but it does lead Slater, finally, to her half-way home, a space where she can mourn for her lost self.

6.4.2 Finding a Halfway Home

Throughout her ventures into the world of health Slater has yearned for a place where she could "learn not to be sick". As illness and health are, in *Prozac Diary*, understood as two different spaces, worlds or even cultures, they form the basis of two different realities. For Slater, who is migrating from one culture to another, the yearning is for a kind of third space, a space in-between, a halfway home where she could learn about the new culture she is stepping into before actually entering it. Due to the suddenness of her transformation (she reports having been accused of misrepresenting the drug because of her sudden, fairy-tale like transformation, as normally the change is gradual, and has been described by others as a slow lifting of a fog, Slater is like a refugee who leaves her country of origin all of a sudden rather than a migrant who prepares for the transition slowly and with guidebooks.

This halfway home she finds by coincidence: as a result of her one-night-stand, Slater becomes convinced she is pregnant. At the clinic where she goes to get an abortion she is told by the doctor who examines her not only is she not pregnant, but that, medically speaking, she is still a virgin. It happens that Slater's hymen, which would usually be ruptured during a woman's first sexual intercourse with a man is unusually thick and "stubborn" (*PD*, 66). The doctor persuades Slater to have her virginity surgically removed, for, according to the doctor, not having the operation might cause psychological problems later on. ("We wouldn't want psychological difficulties," Slater cheekily replies). For Slater, the removal of her hymen is a symbolical moment, where the cords are cut between the old and the new self. She imagines her hymen to have sheltered her illness identity, something that has prevented Prozac from invading the deepest parts of her. "I pictured my hymen, a red wedge within me, something, through all my Prozac ventures, that had stayed the same, sealed and safe. Deep in my vagina I had my own little locked hospital room." (*PD*, 67). The hymen, womb and vagina are here construed as the location within which madness resides. It is in her womb that Slater, whose childhood has been characterised by the absence of her mother, imagines that her inner voices, the people within her, reside. They are her, and they are her children. By having been a mother to them she has mothered her sick self, the little girl that stands for her illness identity. As in Luce Irigaray's (1993) theory of sexual difference, Slater as a woman is understood as a container, a womb, an empty space that here houses madness and voices that form the core of Slater's illness identity. The vagina as the hospital room create a cultural link/reference to the

construction of femininity as the location of madness and the medicalisation of women's problems as a reason for women's over-representation in relation to mental health problems. (Showalter 1987, Appignanesi 2008, Chesler 1972).

Slater agrees to have her virginity surgically removed. The procedure is simple: "A shot of Novocain, and my insides hummed and numbed. The scissors were tiny, like cuticle clippers. I felt not a thing. I heard a crisp *snap*." (*PD*, 67). Yet the impact is huge: "In that moment the last cords to my old self, my sick self, were cut. I thought of the pictures I'd seen as a child, astronauts floating around a foreign moon, all space silent […] I started to cry." (*PD*, 67). She is taken to a recovery room where the other patients have had abortions. The nurse assumes that Slater has had one as well, and in a way, she is right: symbolically, the operation aborts Slater's sick self. It also provides her with a site to mourn for the loss of the old, familiar self, the bits and pieces of it that, behind the symptoms, formed the cords and the core of her personality, that which through all her illness, held her together. "I started to cry harder, as though there had been hymen in my throat as well and now that it was gone the grief of health rose up and ran out." (*PD*, 67) In the recovery room "my birth canal buzzed, like there was a bee caught in there, like you sometimes find a bee in an abandoned room, buzzing and buzzing amid the dusty furniture." (*PD*, 67). Memories come back of people who have belonged to the world of illness, of what has been familiar to Slater and formed her world. "I thought of the hospital, a nurse named Iris, the luscious look of red medicine in a plastic cup, the grayness of depression, the edge of anxiety, both of which had given me my voice, the people I'd lost, all cords cut" (*PD*, 68).

A nurse tells her she will not have to leave until she is ready: "I had arrived at my convalescent home, this brief respite of recovery room" (*PD*, 68). A place where she can prepare herself to face a new world, world of health, "a world I might learn to love" (*PD*, 69).

6.4.3 Learning to Set the Alarm Clock

Slater's basement apartment is a lived-in space that she has inhabited in sickness – and where she discovers health. It is the site of her everyday life, and it is in relation to the mundane tasks of keeping a household that the effects of Prozac are felt. Prior to Prozac, Slater's basement flat was a site of the everyday life filled with rigorously scheduled and regulated reading, writing, low-cal meals and training. It was also a space where she felt compelled to touch and tap the surfaces, check and re-check. Afterwards, she describes her daily living as ridiculously repetitive: "Mental illness has many qualities, foremost among them is smallness and ridiculous repetition. I was a very boring madwoman. Almost all I could discuss was the number of times I'd tapped on the stove, the number of calories I had consumed, or how blah I felt." (*PD*, 111). Counter to any romanicizing notions of madness, Slater thus describes herself as having lacked the capacity to do or discuss anything of any interest. Madness was a state of dullness. Her everyday life was filled with meaningless and even ridiculous repetitions. Prozac, on the other hand, makes her more attentive to

daily routines and tasks. In health, her dwelling becomes a site of everyday living where acts of preservation and inhabiting the dwelling are given a spiritual meaning. One of the "symptoms of health" is that Slater begins to view everyday chores as significant and meaningful. She begins to interact physically with her environment, and assumes a kind of everyday agency (Jokinen 2005, Honkasalo 2005) in relation to her home. She learns to clean, manage time, and bake. She writes a list of things she has learnt on Prozac: "Setting the alarm clock, the meaning of CD, Money Market, FICA, A weekly wage, How to rock." (*PD,* 95-6).

Thus while her home is also a basis, a point of departure and return for her adventures in her home town, it also provides her with a space where she can learn new skills. Domestic chores are thus another means to explore the strange landscape of health. Slater's strangerness in health is paralleled with the experiences of her Cambodian students who need to learn basic survival skills in English. Teaching the students who come from refugee camps on the border of Thailand and speak no English, Slater finds that teaching them she also is taught. By teaching them, she is teaching herself. As an English-speaker, Slater is in command of the language her students have yet to learn, but in regards to the things she is teaching them, she is discovering aspects of everyday life in a country she has been living in all her life, but never knew:

> *we* must learn little things. We don't do Shakespeare in this school, but in birth-control pamphlets we decipher the cycles of life and death, the strange sheddings of the womb. We don't read Colette's lines about melons and seas, but, like today, we go to the supermarket and learn from the labels. My students and I consider carrots – C-A-R-R-O-T-S – and compare the nutritional value of soy versus dairy. I learn clocks and tea. (*PD*, 84. Emphasis in the original.)

The difference between the spaces of illness and health are found in the tiny details of the everyday: in hospitals Slater has learnt that there is one kind of tea, Lipton's. Discovering the world of the super market with her students she finds Tension Tamers and Wild Mint. The world of health entails nuances and variation, and also choice. Furthermore, her agency is constructed in relation to consumption. The world of health in which Slater is finding her bearings is late capitalist consumer society and the specific notions of health that emerge in this culture are grounded in the norms and values of the surrounding culture. In this cultural/national context, consumption and the ability to choose are central activities and values that both Slater and her Cambodian students have to learn in order to feel at home – and to be regarded as having arrived and settled in their new home. Both the students and Slater are discovering a new culture which for the students appears as a new national culture, and for Slater, as the "kingdom of health". For different reasons, they are, initially, all foreigners striving to make themselves at home.

Another thing Slater needs to learn is how to operate an alarm clock, to manage her own daily rhythms:

> In the hospital, nurses woke you. Outside the hospital, well, what person would ever need an alarm clock when the inner bells are buzzing, when the tiniest noise is a tear n the weave of sleep? My eyes used to jerk open at five, six, seven in the morning, and I'd greet the day like an anxious athlete, all sweat and pound. Now I'm a cat. My slumbers are intense and stretched. A small sun in my belly sends waves of perpetual warmth. I practically purr, and I find it despicable. The hours of the early morning, when I used to get my reading writing worrying nattering fraying fumbling done, are gone. There is an emptiness here. I cannot rouse myself for work without an outer bell, a plastic thing, a little zing from Lachemere's. (*PD*, 78-9)

Thus while Prozac has freed her of the need to touch and tap surfaces, the changes in her mode of being create other dependencies. No longer woken up by nurses or by her own anxiety[95], she needs to learn how to manage her time differently. At the hospital, removed from the world outside, she has been woken up by the nurses – to participate in therapy, daily routines and treatments of the hospital. At home, prior to her medication, Slater has been too agitated to sleep. The morning hours have been the time when she has got up to worry and write. By purchasing the alarm clock, she brings a new object into her flat and her life, and this object will help her to adjust to the rhythms of the working world in which she now participates. She is not, however, able to set the alarm herself, but has to ask her neighbour for help. She finds it humiliating to ask for help in performing this simple task, and in her thoughts thus constructs herself as superior to her ordinary-looking neighbour:

> "Look", I wanted to say, "While you've been involved with cooking your chicken's I have been struggling with the grand and deep darkness. I am a philosopher, you a mere technician." (*PD*, 80)

Prior to Prozac Slater has thus found dignity in her illness by constructing her struggle with depression as making her superior to ordinary people caught up in the daily struggles of survival. Now that she struggles to participate in the actions and rhythms of the surrounding culture, she is humiliatingly lost. Yet, once her neighbour has taught her how to operate the alarm clock, she is one step further in her integration into the world of the healthy. The small-but-significant alarm clock synchronises her everyday life with the outside world, and in a small but significant gesture, conforms her normality as a subject in late modern capitalist society. It helps create her as a full-functioning citizen. Prozac helps her sleep, the alarm clock wakes her up. The incorporation of this external chemistry and technology into her everyday life enables her construction as an autonomous individual. This autonomy is based on her dependence on technology and drugs, and at first, it helps her to engage in the most mundane of human tasks that for her carry enormous – and spiritual – significance. Through her daily tasks she connects to her body and the materiality of the world:

> perhaps […] the truth is in the tiny things, which is why I have for so long used illness to avoid them. Daily tasks – washing, laundering, banking, baking – they force me to my flesh, to the feel of my fingers in repetitive movement, to the sloughing and

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95 Interestingly, here it seems as if her illness had "mothered" her by waking her up.

> tickings, the burst of a soap bubble, the death of a cell. There is dirt on my dishes, dust on my floor. I am immersed and averse. (*PD*, 89)

In *Prozac Diary* the negotiation of the new identity is interwoven with the changes in everyday life. For Slater illness has been a way of avoiding housework. She has no brush to sweep the floor, for example. She has never thought of buying one. With Prozac, she becomes aware of her immediate surroundings, and starts engaging in daily domestic chores, the traditional "women's work" of house keeping. Here. However, such repetitive daily tasks are understood as spiritual. Following Iris Marion Young (1997, 135) we can also read them as acts of preservation that are crucial to (re)constructing identity and thus have crucial human value. We can also read them as gestures of minimal agency that, as Marja-Liisa Honkasalo (2006, 57) writes, have enormous aims: to secure one's hold of the world, to transcend the present time and history. And indeed, in some instances the everyday activities grow into deeply symbolic and metaphoric moments where the past and present selves are encountered and re-negotiated: one day when Slater is baking and spills flour on the floor, she has a recollection of herself as a child making angel figures in the snow. She feels compelled to lower herself in the flour and make an angel figure as she did as a child. "I am not supposed to have these sorts of thoughts on Prozac. Apparently the sick me is still somewhere here. She is hiding behind the branches of my bones. She is peeking out, playful, coy, and pained. Her voice must mix with mine." (*PD*, 97). The old and the new self are incompatible, yet they seem to be simultaneously present. The childhood self is still lingering inside Slater's now-sane self. Her adult self houses the compulsive little girl. In this moment, Slater surrenders to the call of the little girl and the need to be one with her old self. The angel figure Slater produces is incomplete and the little girl urges her to try again. Refusing, she, again, differentiates herself from the girl, and thus, from her illness identity and past.

By looking at the angel in the flour Slater develops the skill to see herself, to construct herself as an object of reflection. Distance allows curiosity to replace compulsion. Compulsion is thus intense oneness with what one is doing, and Slater describes the compulsion as a moment of "fierce need" characterized by the shrinking of space. The receding of the compulsion, leaves her with space again (*PD*, 98). Prior to Prozac, Slater's writing was characterised by intense bursts of language. The angels she covered the yard with as a girl, were motivated by an intense need for perfection. With Prozac, she is able to develop distance between herself and the little girl she was. She is able to observe her own actions, she and can use writing to observe her past and present self. Constructed this way, health is the ability to orient in space, observe one's origin and bearings. It is the ability to navigate in space filled with daily routines and functions of the world. In health, according to Slater, it is possible to know one's self. Health is separation, distance between the adult Slater, her mother and her own past. Getting well is about letting go. In Slater's narration,

the little girl, whom she decides to accept as imperfect, is "waving good-bye. She is opening to receive. She is dust and light." (*PD*, 99).[96]

6.5 Securing Citizenship in the World of Health: Performing Health in the Medical/Psychiatric Context

In the course of Slater's journey into health, her state is continuously checked in her meetings with her doctor. The psychiatric clinic and the check-ups with the doctor are thus a space that stands separate from Slater's actual home world, but as the doctor exercises the power to decide whether – and with what amount of medication – she can continue to live in the outside world these encounters are importantly linked to it. The clinic also represents the public sphere of objectivity where Slater's narratives of her private life, her experiences at home and in her body, are assessed. In the encounters it is the doctor who sets the parameters of health, drawing on his professional expertise, which often conflicts with Slater's own perceptions, priorities and experience. Health is thus a site of discursive conflict, a question of power.

When the drug removes her compulsions, she phones the doctor:

> "I'm well," I told him.
> "Not yet," he said. "You only started nine days ago. It may take a month, or even more, to build up a therapeutic level."
> "No," I Said. "I'm well." I felt a rushing joy as I spoke. "I've, I've actually never felt better."
> There was a pause on the line. "I'm not sure that's possible, so fast."
> (*PD*, 31)

Slater's experience does not conform to the studies on Prozac, to the doctor's previous professional experience in dealing with patients on the drug. Slater's experience is thus questioned, and, looking back, as the narrator of the book, she also doubts her judgement and memory: could she have been right, and if yes, she is careful to point out, she is not a proper representative of the effects of the drug on users, as for *most*, the drug works slower. Above, somewhat paradoxically, the doctor who seeks to cure her contradicts her experience of being well.

In another instance, the doctor medicalizes, pathologizes her worry over the loss of identity and ability to write. When she phones the doctor, and tells him she is worried, the doctor replies: "Of course you're worried. […] You're an obsessive. Obsessives worry." (*PD*, 48). Slater contradicts him, telling him she is not worrying obsessively, but that she feels strange, not like herself, and asks if

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96 Slater's construction of her illness identity draws on the discourse of the inner child that was widely used in popular psychology at the time. The notion of the inner child has been used to refer to a traumatic past from which one can be healed. Slater, on the other hand, waves goodbye. The inner child can leave her, but cannot be healed.

Prozac could take away creativity. According to the doctor, there are no studies on the subject, but she should not worry about the matter. Slater tells him that she is scared, and as she cannot help her voice rising, the doctor diagnoses the presence of pathology, and suggests upping her dose (*PD*, 48-9). In this case, Slater thus fails to perform health. According to the doctor, a healthy person, or, a symptom-free patient, would have been able to control her voice. Thus, what for Slater is an existential question of identity, is a question of medical pathology to the doctor. Slater, on the other hand, is "torn between my desire for my old self and my enthusiasm for the new. I was concerned that Prozac, and the health it spawned, could take away not only my creativity, but my very identity. […] I was a different person now, both more and less like me, fulfilling one possibility while swerving from another." (*PD*, 49). Slater's regret, and the purpose of her writing the book, is that there seems to be little understanding, both in and outside of the medical profession, of the fact that this swerving between illness and health identities involves a process of overcoming the loss of the former, familiar illness identity.

For her doctor, health is a question of liberating her from her symptoms. At the first follow-up meeting the doctor demonstrates with a three-dimensional plastic synapse how an obsessive brain works, and how Prozac slows down the synapse's suck-up of serotonin. He acknowledges that Slater might still feel worried, but is not prepared to listen to why. He rushes on to review her symptoms. Slater reports a reduction of obsessive thoughts by "eighty, ninety, maybe even ninety-five percent." ("Excellent, a marvellous response", according to the doctor.) No depression. Improved concentration. No binging. No purging. And thus, the doctor states, she has had a "beautiful response" to Prozac. She is "almost completely symptom-free" and should "consider herself lucky" (*PD*, 52-3). According to the standards of her doctor, she thus performs almost perfect health. His conception of her illness is a set of symptoms listed in the *Diagnostic and Statistical Manual*. For Slater, however, health is a more complex matter. She may perform well in the tests, and her body may have become "a picture of health", but she has also become a stranger to herself. And as the novelty of the drug and the new self starts to wear off, Slater continues to worry over her lack of creativity, her not feeling at home with her new self. She visits her doctor again. She wants to get off Prozac: "I can't get anything really *creative* done in this state." (emphasis in the original.) On this occasion, the doctor replies: "You are not getting as many crises done. You are not accomplishing as many hospitalizations. You are not accomplishing as much unemployment." (*PD*, 77). This is true. Slater has her first steady job as a teacher. But the point, for her, is that with the drug she has become conventional and ordinary. She is now almost a perfect citizen.

The conversation between Slater and the doctor is a perfect example of a dialogue where the participants are hierarchically differently positioned and do not share a similar contextualization universe (Blommaert 2005, 44-5). In *Discourse* Jan Blommaert reminds us that *dialogue* is not necessarily co-operative

and that a doctor-patient encounter is just one example of this institutionalised dissymmetry of power based on expertise:

> Lawyers, doctors, judges, politicians, academics etc. can all be characterised as professional and social-status groups by their exclusive access to specific, powerful, contextualising spaces – the law, medicine, intelligence reports, scientific canons – and the fact is that non-members of these groups have no (or less) access to such spaces. […] Consequently, very often the process of contextualisation is not negotiable but unilateral, with somebody *imposing* a particular contextualisation on someone else's words." (Blommaert 2005, 44-5, emphasis in the original.)

According to the doctor, whose definition of mental health matches that of the World Health Organization, Slater's treatment has thus been successful. She is now contributing to her community. According to his parameters, Slater is not only symptom-free, but she is doing what a healthy citizen ought to be doing: working and staying out of hospitals. Yet, Slater feels she is not doing what she ought to be doing. She is not writing: "[N]ow that I'm well I haven't written a story or a poem in six months. And worse, it doesn't even bother me that I haven't. I'm only bothered about not being bothered. I found myself reading *Glamour*[97] the other day." (*PD*, 77)

In response to Slater's complaints, the doctor tells Slater to go off the drug. Given this choice, she will not. She accuses the doctor of misusing his power. And again, her assertiveness is woven, by the doctor, in with the perfecting effects of Prozac: he points out to Slater that Prozac helps people to become more assertive. For Slater, more has been accomplished with the treatment then has been lost, but the loss, change, is still hard to bear. She is still grieving for the loss of her familiar self. Being not at home in the new self that is not torn and driven is not possible, because homes have histories, and for Slater, this new calm has none. Calmness is not familiar to Slater; in her family she did not have a chance to get used to it. And still, despite her objections and hesitations, when the doctor agrees to give her the prescription, she feels that Prozac is a gift: "'sixty milligrams,' he wrote in red pen, the pad back out. 'BID. X3.' He handed me the piece of paper. I folded it into tiny squares and shoved it in my knapsack. Later on, when I unfolded it, I felt like I was unwrapping a tiny present, or a plea, something slipped inside the Wailing Wall, written in a language I could little understand." (*PD*, 78)

Slater's realisation that despite all her mourning over the loss of her identity, she is not prepared to risk losing the newly found health and the things she has gained by being on the drug. She realizes that while illness has provided her with a familiar space and that through this familiarity it has given her a certain sense of safety, it is not a space she wishes to continue to inhabit. This resonates strongly with Biddy Martin's and Chandra Talpade Mohanty's (1986, 196) claim that "'being home' refers to a place where one lives within

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97 *Glamour* is a young women's magazine dedicated to fashion and dating tips, and represents the aspects of "health" that make Slater suspicious of the whole concept. *Glamour* stands for the shallowness of the life that is considered normal for women of Slater's age.

familiar, safe, protected boundaries, 'not being home' is a matter of realizing that home was an illusion of coherence and safety based on the exclusion of specific histories […], the repression of differences, even within oneself." Illness has provided a partial home, but with the help of the medication, Slater has discovered new aspects of herself and of the space she inhabits. And while these new discoveries have made her feel at a loss and homeless, illness as a home has been limiting. Illness may have been a woollen blanket and a Northern Star guiding her way, but it did not provide a home. Home thus proves to be an illusion both in illness and in health, but given a choice, Slater chooses the outward-looking space of "daily light" rather than the dark, philosophical spaces of illness.

Furthermore, in addition to her encounters with the "Prozac Doctor" her health is also assessed in other ways: as in biomedicine madness is understood as a matter of brain chemistry, Slater's health is tested and examined also with the new brain scanning technology. She takes part in a study on anxiety disorders and medication, and has a brain scan as part of the follow-up of her treatment. While Slater's home can be read as a symbol or materialization of her personal experience of illness, her brain is the location, the material basis of her disease. The home is the site where her mad behaviour has manifested itself, according to the biomedical view, the madness itself is situated in the fabric of her brain.

> [T]he technicians made me drink a sugary fluid that would shoot through my system, branching and curving, entering my scull, leaching through the blood-brain barrier and acting to illuminate the electrical activity there. Dr. Koskava explained that these sorts of brain scans, apparently new and nifty in the field of neuroscience, work by measuring metabolic activity in the hemispheres. Heat produces pictures. Thus, they heat up your head with sucrose, fructose, get the blood sweet and boiling, and then, properly marinated, you lie down and let the camera shoot. (*PD*, 93-4)

The machine produces pictures of Slater's brain: "A Cerulean blue, a whole hemisphere of orange. Lantern yellow and cool aqua. These are images of my thoughts, the kiss and collide of neurons, the molecular mystery of illness and health." (*PD*, 95) In this scan, Slater's brain becomes a visible object of scientific gaze. The machine produces a picture of the private space of Slater's brain; she imagines her thoughts can be seen. Slater asks the technician how to interpret the picture, if there is any sign of "you know -." (*PD*, 95) The technician convinces her that her brain looks normal. "Everyone's brain is colourful like this. The problem comes when you have too much color concentrated in one area, because that indicates an excess of electrical activity, which could be a sign of disorder. But not here." (*PD,* 95) The brain scan is thus a scientific confirmation of the success of the cure. Slater's brain is well. She is well. Yet, as an answer to the technicians answer "not here", Slater quietly thinks: "Not now." For while the technician's view of madness is spatial, in Slater's experience illness and cure are temporal. Illness may have been temporarily overcome, but as an identity, memory, and the possibility of relapse it is also always present.

The scanned image of Slater's brain does to the brain what maps do to lived-in spaces. It selectively transforms a three-dimensional space into a two-dimensional representation of that space. It flattens it. And as Doreen Massey (2008) points out, what is represented always depends on the interests and worldviews of those who design the representation. Here, it also depends on the available technology. In "Neuroethics: The Practical and the philosophical" Martha J. Farah (2005) addresses the ethical issues related to brain scanning and brain imaging. She talks about brain privacy and the fact that the modern scanning technology makes it possible to visualise – also for outsiders – "the unconscious desires" of the person whose brain is scanned. The visual power of the scanned image is such that it is easily taken for truth. In *Prozac Diary* a specialist makes claims about the examined person's private desires and emotions. This seeming scientificity may well obscure the fact that the research in this area is not advanced enough to tell the truth about the patient. At the same time, however, it can be soothing for the patient, who is "proven healthy" by the image; for example, in the passage above, Slater shows significant relief that her mental illness does not show in the scan.

Slater gets to keep a picture of her brain. At home, she attaches it on the door of the fridge. "My brain shines in its silence. Something is always happening, always shining, even in a life of small gestures. An act as simple as staring at a house makes your lobes light up birth-blue. Sometimes I touch the lobes. Sometimes, when I am tired, I rest my head against my head." (*PD*, 95). This image of Slater lying her head against the image of her own brain, a picture that proves the absence of madness from her brain, shows how medicine functions as reassurance. The picture is scientific proof of Slater's health, it testifies against her madness. At the same time, the picture manifests a way in which medicine objectifies the body. Slater resting her head, her brain, against the representation of her brain that proves the normality of her brain functions is a peculiar mixture of objectification and identification that by rendering visible the private, obscure space of her brain, consoles her. It points to the ways in which medicine, which in the actual encounters between Slater and her doctor to a large extent denies Slater's illness experiences through the objectification of her body and representation of health, is woven into her everyday life and has the capacity to bring her hope and reassurance.

It is also curious that at home, Slater affixes the picture to the door of the fridge, a space designed for storing food, the nourishment we need for staying alive. In the context of Slater's life, swallowing the Prozac pill is a recurring event (three times a day, BID. X3). This act is woven into the fabric of her everyday life; the pill gets swallowed like the products she keeps in the fridge, it becomes part of her daily diet. Furthermore, it is materially present in Slater's home and in her body, and I shall now move on to discuss (the effects of) this presence.

6.6 Home as a Material Symbol of the Self – Or a Materialization of the Self

There is a long tradition in Western culture, and especially Jungian psychoanalysis, to understand the house or home as a symbol of the self. For Jung, the unconscious was not (like the 'subconscious' of Freud) "merely a sort of glory-hole of repressed desires, but a world that is just as much a vital and real part of the life of an individual as the conscious 'cogitating' world of the ego, and infinitely wider and richer. The language and the 'people' of the unconscious are symbols, and the means of communicating dreams." (von Franz in Jung 1964). For Jung (1964, 45), "the individual is the only reality", and his departure from Freud was marked by his insistence that dreams should be interpreted within the framework provided by the dream, and not through some external frame of analysis. Furthermore, significantly, the dreams he describes to portray the function of dreams as gateways to the unconscious in *Man and His Symbols* depict the self as a house. (Jung 1964, 40 and 42-3) Also, for Jung, the vivid world of the unconscious lies underneath, beneath, at the background of the conscious mind, as an imaginative resource rich with symbolism, and reaches fulfilment or manifestations in dreams and a person's life. Jung also postulated that the process of individuation comprises a "strive towards wholeness" (Marcus 1995, 10). According to Philip Cushman (1995), whose work was discussed above, this "strive towards wholeness" characterizes the empty self that he discusses in relation to consumerism. In the work of Jung and Clare Cooper Marcus, the house and the objects within it symbolize the self. For Iris Marion Young (1997) and the phenomenological tradition, on the other hand, the relation between the home, its objects and the subject that inhabits the space of the home is a space for material identity construction. In this tradition, the relationship between the subject and space consists of a bodily, material process of interaction through which identities are negotiated. The relationship is thus not merely symbolic, but material. The dwelling subject is preserving and preserved, a remembering and living agent within and in relation to the space she inhabits.

What I am interested here in is how Slater employs the symbolism of the house in her depiction of her transformation from a chronic mental patient to a young thriving professional, and how she uses the materiality of her home to construct and reflect upon her identity. How does she build her house of health? Above, we have seen the transformation of Slater's relation to the space and surfaces of her home. We have seen how Slater constructed her body as a space in which, she felt, when it became a "picture of health", that she had finally come home, and how her home, through the domestic chores she learns to perform, reground her in the spatial reality of both her body and her home. Here, we shall discuss her home as a symbol and material extension of her identity.

6.6.1 Basement Apartment: Refurnishing the Dungeon

At the time she gets on Prozac, Slater's own home is a barely furnished basement apartment, which she later describes as "a dank place" with "centipedes on the ceiling" and "black bars over every window and a randy seventy-year-old superintendent with a lung cancer" (*PD*, 105). We can read this prison-like dwelling that lies below ground level as symbolic of her imprisonment by her illnesses and of her social position as a chronic patient. It places her in a subordinate relation with the world of health and the surrounding upper-middle-class neighbourhood, a social reality that surrounds her, but in which she seems to have no place.

In the beginning, however, when Prozac starts to take effect, the material reality of the home, its interior design and furnishings are secondary to the changes that Slater undergoes in terms of mood, tempo and cognition. In other words, the changes in the experiencing subject are portrayed as more important than the materiality of her location. In the beginning, Slater's dwelling, the basement apartment, is a site from which Slater ventures into other, imagined and real spaces where the changes in her identity originate (such as the outpatient clinic of the hospital, where she meets the Prozac doctor), or manifest themselves (her ventures into the streets of Boston, the rock concert, and the "plethora of houses" she dreams of while reading real-estate magazines and at night). It is also the site of her inward journey into the past to the house of her childhood where she bids farewell to the sick child within and to her mother with whom she can no longer identify. The basement apartment, at this point, rather reflects than symbolizes Slater's new identity, and at this early state, it is the things that she does and does not do, and other places she goes to, that matter[98].

Slater constantly refers to her "adolescence" in regard to the ways of the world of the healthy, and perhaps this youthfulness is also reflected in the fact that she does not regard her home as a materialization of her personality. In illness, as she states, the material reality of her home did not seem to matter; while health appears to be as a state of being more grounded in the materiality of the world. Little by little, though, she learns to take care of her dwelling, and learns to manage her time.

It is thus only months later, about one year into the drug, that she begins to pay attention to the objects that surround her in her flat:

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98 This has an interesting resonance with Lea Kantonen's (2008) findings. Kantonen (together with Pekka Kantonen) carried out an art project with Finnish and Estonian children, where the children photographed and discussed their homes. Kantonen reports that more often than not the children depicted and conceptualised the different parts of the homes through the actions that take place in those spaces, within the dwelling or the nearby neighbourhood. This resonates with Slater's depiction: illness is depicted as an infantile state and at this stage the home is a space of doing. Significantly, though, a few months into the drug she starts to relate to her home as an extension of her identity: she is no longer satisfied with the lawn furniture. She feels changed, and so her home must change, too.

> I have no real furniture. My bed is a foam pad on the floor. My bookshelves are planks and bricks. When I rented this basement apartment, forty-eight hours after being released from my fifth hospitalization a few years back, there were no light fixtures, and I've never bothered to correct that. Bare sockets sprout bare bulbs that cast stark light and shadow over my space. My kitchen table is an old outdoor grill I found on the street, with a cloth tossed over it. For chairs I have lawn furniture." (*PD*, 85-6)

The furniture in her flat is thus a collection of other people's leftovers, odd things collected off the streets. Many of them are broken; she has not bothered to repair them. The flat is thus depicted as symbolic to her illness identity. In illness, Slater's dwelling has not supported her physically. She has not invested meaning in the objects in the home. Slater's move away from the illness identity is symbolised by her awakening to the scarcity of the furnishing in the flat. Her first steps towards health take her to a shop, where she buys a chair on gliders, which we can read either as symptomatic of her embeddedness in a consumerist culture where empty selves attempt to become whole (Cushman 1995). Or, following Young (1997, 153) it can be seen as a first step towards a materially sustained identity, and read as an act of turning a lived-in space into a home, a site of preservation that "gives people a context for their lives, individuates their histories, gives them items to use in making new projects, and makes them comfortable." In a way, she does both: in a capitalist consumer culture material purchases are a central way of constructing identities, filling one's home and spending one's time, and creating one's own homespace as a material support of one's being.

In *House as a Mirror of Self*[99], Clare Cooper Marcus (1995, 12) discusses "the house interior and its contents as a mirror of our inner psychological self." Marcus suggests that "the places we live in are reflections of that process [of individuation], and indeed the places themselves have a powerful effect on our journey toward wholeness" (ibid. 10). In *Prozac Diary,* the house or home as a materialization or symbol of the self is an important narrative tool. This idea is made all the more curious by the fact that the medical discourse of madness uses the same concept for mental dysfunction as we use to describe a messy space: disorder[100]. For Slater, this search for wholeness is a search for a core to her identity, and buying the chair on gliders is yet another symbolic differentiation from illness and from her relentlessly working mother. As Clare Cooper Marcus (1995, 11) writes, "it is the movable objects in the home, rather than the physical fabric itself, that are the symbols of the self." According to Marcus (1995, 11), we "selectively pay attention and invest [objects and places] with emotions as it serves the deeper, largely unconscious process of

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99 For this study, Marcus, a professor of architecture and landscape studies, interviewed and used a role playing technique from Gestalt therapy where the person interviewed speaks to her home about her feelings about it as if the home were a person. Then, shifting position, she addresses herself as if she were the home speaking back to her. In this way, Marcus claims, she could grasp and reveal also highly unconscious ways in which people "'use' their home environment to express something of themselves" (ibid. 9).

100 This was point was made by Ilpo Helle in a seminar on Madness and Life Narratives (Helsinki, April 20, 2007)

individuation, or becoming truly what we are." In other words, we personalize space. This personalization of space, and the quest for becoming "truly what we are" stem from culturally specific discourses of the self, and Marcus's study seems to confirm Cushman's argument about the empty self seeking fulfilment in relation to objects. Marcus's term "personalization of space" is also congruent with the idea of "investing of personality in space" as a process of home-making (Granfelt 1998). Or, following Iris Marion Young's (1997) line of argument we might say that Slater is simply beginning to make a home for herself, a home that physically supports her identity, enables her to become who she feels she is (individuation), grounds her in material reality and provides a material space through the construction of which she can create her own identity as an adult woman.

It is about eight months into Prozac, when Slater buys the chair on gliders and carries it home: "My first solid seat" (*PD*, 87). And then she sits down. And just sits. Whereas, prior to Prozac, her being has been characterized by frenetic movement, she now finds calm, silence, and tells herself, as if she was one of her own students in the Survival English skills course that she is now teaching: "Student, this is a chair. C-H-A-I-R. It is what we use in this land. It is part of our life" (*PD*, 87). She thus creates a connection between herself and her country of origin through the chair, the act of sitting. She feels at one with her surroundings. The sun sets, the moon rises. Slater sits.

By buying the chair and sitting in it Slater is thus making a home, a place that materially supports her identity. Moreover, by sitting, she is allowing her body to be supported in a way that she was unable to do prior to Prozac. As Young (1996) argues, what makes a home is that in our own homes we are surrounded by things that somehow, through their meaning or function, and their arrangement, support us physically in a way that sustains our sense of our selves, our daily habits and our acts of living in our homes. The position of a lamp, where we have placed the TV, the things with which we surround ourselves and their physical arrangement in space support or hinder our bodily habits, movement in space: "Homemaking consists in the activities of endowing things with living meaning, arranging them in space in order to facilitate the life activities of those whom they belong to, and preserving them, along with their meaning." (Young 1997, 152-3). By buying the chair on gliders Slater begins to create a space that physically supports her new identity. The chair reflects her new calm. By buying the chair she both makes herself feel at home and participates in the most basic activities of late capitalist society: consumption. Importantly, it is by consuming Prozac that she becomes a dwelling subject that can allow herself – and wants – to be supported physically by her home.

By buying the chair Slater thus begins to create a subject who identifies with her dwelling and sees it as an extension or materialization of her identity. As Saarikangas (2006, 226) notes, this is a historical, bourgeois idea of home. The historical juncture at which this idea emerged was the rise of industrialism and the bourgeoisie, a time when the private/public distinction also became more important. Home became a site of privacy in contrast to the public sphere

of work. This was also a point where the gendering of space and the association of home, on one hand, with femininity and women's work and as a space of rest for the male head-of-the-household was strengthened. In Slater's narrative, this distinction between private and public spaces, becomes significant precisely at the point where she has found herself a job. This enables her to create this gendered distinction in her life: she starts to make her home a place of rest and thus creates the private/public distinction in her life, which emphasizes her masculine, active identity. At the same time, however, she has been developing her feminine agency within the private sphere of the home. Furnishing one's home is, in Western consumer societies, linked to feminine adulthood. One becomes adult woman by earning one's own money (as Slater's mother never did) and investing it in the making of her own material extension in the form of her home. Furthermore, Slater explicitly links the chair to her national identity, too, as she addresses herself as if she were one of her foreign students: in the United States, people sit on chairs. They/we buy their/our own chairs. Teaching her students, as Slater states, she is teaching herself to see American culture as a space of belonging. Significantly, it is a culture where belonging is confirmed by acts of buying and good health.

In addition, this sitting down is also one of the small-but-significant differentiations of herself from her mother, whom Slater associates with her illness identity. Her mother, as Slater recalls her, never sat down. Learning to sit still she is learning to do things differently from her frenetic mother. Sitting is luxury, taking a bath, which she later does, is decadence. She does it, still, and, as in the act of sitting down, seems to find her bearings in the new universe of health. Outside, the landscape is frozen, any view covered by layers of snow. As she washes herself in the bathtub, she recalls the image of her mother in the shower, the one and only time she ever saw her mother naked, and "while out the bathroom window I see the Big and the Little Dipper – in here I suddenly picture planets moving around me in the palm of my hands, at the nape of my neck, stars and suns, one hundred worlds. Here is where I am. This is where I wait. In the bath of small seeds made large by love and imagination." (*PD*, 90-1). By discovering new calmness in both her body and mind, Slater begins to find her bearings in the foreign land of health. For although she fears that this new calm and luxuries like bathing will make her a Calgon Lady, it is only by discovering this calmness that she can start to rebuild her life.

In *Prozac Diary*, finding one's bearings, these moments of stillness and contemplation are significant moments of thought and (self-) realization. Unlike in nomadic theories of subjectivity (Braidotti 1994, Ahmed 2000), where home is associated with intellectual lassitude, in *Prozac Diary* these moments are presented as the reconstruction of subjectivity that has been shattered by a cmpulsive movement. It is in these moments where critical thinking about gendered identity takes place and the potential for political subjectivity is formed. This aligns Slater's notion of home to Stefania Coluccia's (forthcoming) theory of home as a framework within which a subject can realize herself. Slater

points to the need for material support and ability to halt in the spaces of support as essential for the possibility of (critical) thought.

6.6.2 Marrying Prozac, Moving beyond Illness Identity: The Flat with the French Doors

About one year into the drug, Slater decides to accept her dependence on Prozac. The acceptance of Prozac leads to a symbolic move: "I decided to accept Prozac completely, to declare it an essential and inseparable part of me, my permanent partner in life. To mark this transition, I finally moved out of my basement apartment." (*PD*, 104-5). She moves to "a less upscale neighbourhood than the Cambridge one where my apartment had been, but a neighbourhood, nevertheless, with charm, with mansard houses and bright window boxes and clean old folks. This neighbourhood had far fewer centipedes and far more dogs, basset hounds with long soft ears, and collies." (*PD*, 105). It is thus an (upper) middle-class neighbourhood.

Also the furniture changes: there are "French doors, trimmed with white, the panes of glass sparkling in the light. White walls, floors oiled that reflected a reddish sheen, like an Irish setter's coat. The kitchen, where I hung pots whose copper fannies gleamed continuously, and the living room, where my new Coran's couch sat stuffed and soft against the far wall." (*PD*, 105). The new flat reflects the new comforts in Slater's life. The asceticism of her previous dwelling has made room for little luxuries. Neglect of the home has been replaced by the care with which she treats her new pots (polished and shining). The couch stands for relaxation. It is a piece of furniture designed for sitting, lying and relaxing. It is related to a mode of being unimaginable in Slater's childhood home. Thus, at the same time as Slater's relationship with the pill has made her a traditional housekeeper, a feminine dwelling subject who polishes her pots, it has also rendered her keener to experience bodily pleasure. The relationship with the drug has, indeed, created a subject who combines the feminine real-life role model of her mother (the perfect house keeper) and the discourses of femininity provided by the image of the Calgon Lady.

And indeed, at this point, Slater describes her relationship with Prozac as a heterosexual love affair. She, as the feminine subject, has given in to the seductive power of Prozac. "The chemical compound fluoxetine hydrochloride" with a "three-ring chemical structure" (*PD*, 5) is given masculine characteristics and described as a secret lover whom she now, after one year on the drug, accepts fully as her partner in life. We might argue that she falls in love with her new self, and with Prozac only as the conduit for it, but the relationship is indeed constructed as a heterosexual love-affair[101] wrought with desire and conflict, dependence and fear for losing one's autonomy. Ironically, also Slater's acceptance of the drug as an integral part of her life leads to the fear of losing it: "I started to fear a nuclear war only for the effect it would have on the

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101 David Karp (2006) in his sociological study of long-term users of psychotropic drugs also describes the relationship as a marriage.

pharmacies." (*PD*, 104) Hospitals are history, but the fear of illness rushing back surfaces at night in her dreams: "I woke from these dreams with a bad taste in my mouth. Early one morning, in the half dark of dawn, I woke reaching for Prozac the way you reach for his hand or a hank of his hair. My fist closed in on the bottle, and the connection was complete." (*PD*, 104). Slater's relationship with Prozac develops along the lines of a traditional romance plot: a lure mixed with resistance replaced by pleasure and seduction followed by acceptance and surrender.

The love-affair, however, is a secret. In the late 1980s, when Slater first started using Prozac, it was not yet the wonder drug of the late twentieth-century that we now, twenty years later, know it as. There were no websites and discussion groups for its users, no plethora of Prozac literature, memoires or newspaper stories. Nor was information of its side-effects exchanged at dinner parties as cooking recipes. It it thus symbolic that in the new apartment, Prozac is placed in a cabinet has its own place, a "beautiful medicine cabinet as roomy and handsome as a rich man's den. My Prozac passed its time wither in there, or in my mouth." (*PD*, 105) The prestige of the medicine is reflected in the fact that the cabinet is "handsome", but it is nevertheless hidden. Cabinets, closets, cupboards and drawers are transitional and private spaces, used to store and hide things from view. Slater's "marriage" with Prozac is a secret, which refers to the stigmatizing nature of mental illness. For although the use of psychophramaceuticals has spread at an incredible rate, it is the stigma and prejudice attached to their use that shape the users' experience – and also contributes their desire to quit medication (Karp 1996, 2006). But at this point, Slater is in love. Prozac passes its time either in the cabinet or in Slater's body, which Slater calls its home. Prozac is as solidly part of Slater's home as it is part of her body and life. In both, it has its specific place, a hide. Slater's relationship to Prozac is a hidden, "goldenseal issue." (*PD*, 107). Her new friends no nothing about her medical history.

The changes that Prozac has brought about in her daily acts of dwelling are significant. The new flat symbolically stands for her new, precarious, healthy self. But most importantly, her moving to a new apartment mark a shift, a conversion, in her personal epistemology. Her experience with Prozac fundamentally transforms her ways of thinking, her philosophy:

> Falling in love, wonderful as it was, did have its difficulties, even at first. The goldenseal issue. The hiddenness. The change, first in location, and then in philosophy as well. […] My relationship with Prozac […] caused in me a conversion. At first the pill helped me to appreciate and learn the little things – housework, checkbook balancing, keeping time. And while it did make me more skilled and spiritual in these daily tasks, the drug also drained something larger from my life. I slowly came to see Prozac's point of view, which posits God as a matter of molecules and witchcraft as a neural mishap. (*PD*, 107)

Prozac thus not only replaces personal life-stories as the aetiological explanation of mental disorders, but expels God from any authority – or even role – in the inscription of life-stories. As Slater's worldviews have been rather religious, the effects that Prozac has on her body – its power to remove illness –

expels her from her discursively constructed spiritual home: For Slater, the fact that the medical treatment works produces a desire to know how it works. Her desire to understand her medication takes her to libraries, makes her read about her medication and the history of the treatment. This desire eventually immerses her within the "plethora of literature that proclaimed, with the confidence of a trumpet's note, the underlying assumptions. "Behind every crooked thought' I read, 'lies a crooked molecule.'" (*PD,* 107-8)

According to Slater, the experience of reading medical literature resembles the experience of reading religious literature: "I felt a little like I was reading the Psalms, or the Old Testament prophets. The literature of Prozac was an odd combination of poetry and reductionism, cockiness and mist. (*PD,* 108) Both religious discourse in which Slater has been socialized and the new biomedical discourse that she is discovering reduce the complexity of life to rather simplistic models of cause and effect. In Christian religion the ultimate originator of life and death is God, and the suffering that life might entail result from his judgement and actions; in biomedicine personality disorders originate from crooked molecules. The discursive power of both religious and medical worldviews seems to lie in repetition. And as Slater reads one article after another, she becomes convinced of their (circular) logic: "While correlation does not imply causation, we believe that if a patient is cured by a serotonin-specific chemical, then there are probable anatomical illness correlates in the brain" (*PD*, 108). The conclusion is that history is no longer relevant: "In the light of these findings, the patient's past, the story of the self, is no longer relevant. We do not need to explain mental illness in the context of history. We can place it, and its cures, firmly in the context of chemicals." (*PD*, 108).

Slater's transition from one worldview to another is based on both the reading of the "plethora of literature" and a personal epistemology that originates from her body's eager response to Prozac: "After full twelve months on Prozac I couldn't deny these facts anymore. Prozac is, after all, an especially gifted proselytizer. I had been ill for years and years, and I had tried deep breathing, talking, vitamins, and jogging." (*PD*, 109) Slater's personal history, her experiences, years and years in "relatively nice nuthouses" and attempts to get better by talking and her attempts to regulate her body with breathing and vitamins have recovered her agency and health. (*PD*, 108-9). Prozac, on the other hand, has given her a life outside the hospital, free from depression, obsessions, compulsions and the need to hurt herself. Instead of just maintaining her existence and tolerating pain by reading literature that seeks to dignify and attribute meaning to pain, she is learning new things. She is converted: "We were software and hardware, wires in the heart. Silicon chips gave a gleam to our eyes. We had necks of steel and tongues of zinc. Our stories were a series of electrical impulses, maybe difficult to decode but oh so easy to deconstruct." (*PD*, 109)

This conversion in Slater's worldview marks her – and also a culturally and socially much wider – conversion from a psychoanalytically-based understanding of the history of the patient, the temporal understanding of

mental health problems, to a spatial/material understanding of their origin. By this I mean that while in psychotherapy mental health problems are understood to have originated in the personal history of the patient, in neuroscience the cause for these problems is sought – and located – in the geography of the brain. The brain scan turns the human body into a map where the problem (too muc/not enough activity) is located. And thus, in psychopharmacology, it is the space of the body, the microcosm of the neurons and chemical processes that is looked into – and, if possible, cured – while (traditional) psychotherapy attempts to locate the origin of problems at a specific moment or period in time. In psychopharmacology – as in Slater's first meeting with her doctor – the patient's (medical) history may help to diagnose the type of disorder on this micro level by giving clues as to what sort of disorder the patient is suffering from, but it is not the patient's behavioural patterns or personal history, family relations or past traumatic events that the treatment seeks to tackle. The aim of psychopharmacology is to identify a neural problem and erase it by supplying the body with a suitable chemical. As Slater's doctor puts it: with its unforeseen capacity to select serotonin, Prozac works like a "scud missile, launched miles away from its target only to land, with a proud flare, right on the enemy's roof" (*PD*, 10). Psychopharmacology thus wages a war on diseases within the patient's body, which is fine, when it is successful. But when it is not, the patient is left without the means to make sense of her illness, her suffering, her life. Slater's personal experiences with medicine and psychiatric treatments thus embody a much wider discursive shift in the history of medicine, and her narrative attempts to account for the significance of this shift. The book points to the fact that illness – any illness – that has a basis in the biology of the body is lived and experienced in the patients' social reality. Both of these levels – the biology and experience of illness – are permeated by cultural processes of signification.

In *Prozac Diary,* this shift or "change, first in location, and then in philosophy as well" (*PD*, 107), is based on Slater's physical/psychological experience of the power of the drug to transform her life and her personality. Above, we have seen how the development of Slater's agency and her expansion of her personal space, the space of the subject, has paved the way for her conversion. Her moving into a new apartment marks a moment where health sustained by Prozac has consolidated its status and place in Slater's life, in both her home and her body. The attention paid, in the description of the new home, to the material interior (the white walls and French doors) of the flat, underlines her conversion to a new view where the mind is embedded in the material reality of the brain. The second flat is thus a site that symbolises Slater's (momentary) full surrender to Prozac and the state of health she embraces by embracing Prozac.

Slater's conversion to "Prozac's point of view" is completed by her falling in love with a chemist. "Into my life at this time, at this sweet and empty pinnacle came a real man, and because Prozac is an especially vital and polygamous partner, loving many men and women the whole world over, I

started something with this real man too" (*PD*, 109). Slater notes her new lover's profession with a fair amount of self-consciousness: "It should come as no surprise that my Bennett was a chemist, that he passed his time among swan-throated glassware and Pyrex pipets, that in the back pocket of his polyester khakis he always kept a copy of the atomic chart, which he liked to read to me instead of romantic poetry" (*PD*, 109). Bennett is thus constructed as the next, logical step in Slater's conversion. He tells Slater that "our whole world is comprised of only six basic properties – hydrogen, oxygen, nitrogen, sulphur, carbon, phosphorous" (*PD*, 110) and thus represents the worldview that the world is made of chemicals and particles and that history is irrelevant. What matters is the composition of matter. And while Slater writes poetry, Bennett, one night, comes to Slater's place and presents her with a beautiful rose. He dips it in frozen nitrogen. The rose freezes, preserving perfectly its form and colour. He declares his love of and commitment to Slater, and hauls the rose against the wall. It breaks into icy beads. "The beads were beautiful, flakes of snow, scarlet hail." (*PD,* 111)

The purpose of this theatrical performance is to demonstrate not only love, but Bennett's view that history does not matter. From his viewpoint, whatever happened to Slater before they met is irrelevant – or at least secondary, to what she is now. For Slater, the matter is more complex: her body carries the scars of her past and the sick girl she has been still seems to reside within her. The conflict between their worldviews embodies the conflict in psychiatry about the role of stories and the role of materiality. "Hydrogen, nitrogen, oxygen. So damn easy to deconstruct" as Slater puts it (*PD*, 111). Slater, on the other hand, yearns for a sense of continuity, identity, within herself that can only be constructed through stories and narrative structures. She recognizes the beauty of the beads, but like the rose, she, too has a history. Their conflict remains unresolved: "Even great love can be lonely" (*PD*, 111). Yet, at this point, her love for Bennett, "my scientist" (*PD*, 110), marks a confirmation, an emotional commitment to the new worldview, a view that Bennett embodies. Furthermore, with her relationship with Bennett, Slater's home turns into a social space where ideas and worldviews are negotiated. It turns into a space where human touch returns her to her skin. Significantly, as Slater's life becomes more embedded in the social world of work and grounded in her relationship with Bennett, the significance of the home as the symbol of her identity begins to recede into the background. The home becomes a site for making new meanings and testing worldviews. These worldviews are put to the test when she leaves her home.

6.6.3 Away from Home. The Lessons of Kentucky

Again, as soon as Slater has found her bearings in her new home, her health and her relationships with both the drug and Bennett, she begins to roam the outside world. Feeling more grounded in health, she is again prepared to expand her range. This time, she decides to launch herself on a research trip.

Home, as in the masculine narratives of home[102], becomes a point of departure, a place to leave behind. Again, her views about the world are rather naiive, and her naivety results from an infantilising illness, agoraphobia[103]: "I had rarely left Boston because of fear, the fancy name of which is agoraphobia. Of all the things to be scared of, I was scared of space, and that's such a shame, because space is everywhere, and therefore so is fear." (*PD*, 111).[104] This fear of space transforms itself into lack of knowledge about the world, and Slater's ideas about the world outside are marked by striking naivety: "somewhere in the world, I knew, there were golden cupolas. I knew there were oceans that looked like moving marble. I knew that on ponds in Europe swans drifted beneath a pink sky." (*PD*, 111-12). The romanticism of her "knowledge" about other, distant spaces that have been beyond her reach thus results from staying at home, and the "depth" of this knowledge is that of picture postcards. Her assessment of her abilities and possibilities regard to exploring this new world opening up for her is characterized by a similar naiveness: "Now a well woman, I wanted at least some part of it. Maybe I could go to Africa, where I would live in a mud hut and ululate. Or England, to the dreary and gorgeous moors." (*PD*, 112). She ends up going to Kentucky on a research grant. Prozac takes up a great deal of space in her luggage; fitting in the required doses poses problems.

Slater's leaving home coincides with the period where her medication ceases to work, leaving her vulnerable and lost in a foreign place among strangers. Two weeks after her departure for Kentucky:

> I woke up madwoman again. The Prozac had simply stopped working. That's impossible. No, it's not. I started to tap and touch things and to have to count until my mind clenched closed. *Where are you Prozac? Come home, come home. Back to my body again.* This, I now know, is what the boozers must feel when they drop a full bottle and it breaks against the ground. Or what women must feel when their husbands leave for bagels on a Sunday morning and later drop a line from Katmandu. When you fall so deeply in love, when you have, with great consideration, tied the slow satin knot, you don't expect to be betrayed. And then you are" (*PD*, 116, emphasis in the original).

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102 In the classical, de Beauvoirian dichotomy, the traditional feminine narrative of home is one of unpaid work, routines, nurture, care, and, historically, one of dependence and toil, while in the masculine narratives of home, home is a place for rest and recreation, and a point of departure for adventures in the world outside.

103 For an interesting reading on the gendered basis of agoraphobia and other diagnoses, such as anorexia nervosa, see Susan R. Bordo (1989). In "The Body and the Reproduction of Femininity: A Feminist Appropriation of Foucault", Bordo discusses the body as a "practical, direct locus of social control" and points to the social, discursive constructedness of bodies and disorders that can be read as both oppressive and liberating parodies of cultural gender roles. Agoraphobia was particularly commonly diagnosed in the U.S. in the 1950s and 1960s, and obviously played on the ideal of domesticity. According to Bordo, agoraphobia, like other disorders that manifest themselves as hyper-literal exaggerations of cultural stereotypes, entails both protest and retreat. In Slater's case, illness has indeed functioned as a retreat and kept her bound at home.

104 In *Prozac Diary* it has thus been the personal experience of illness that has prevented Slater from gaining first hand knowledge of the world, rather than hospital walls and forced incarceration as in Frame's *Faces in the Water.* The resulting naivety in regards to the world, however, is strikingly similar.

Prozac leaves her as she has left home. The corporeal and social realities run in a symbolic parallel emphasizing the opposition between home and not-home. Again, the illusionary nature of home (see Martin and Mohanty 1986) is revealed to her: there was no home in illness, and the stability and reliability of the one she thought she found in health is now shattered. The fact that, for a few weeks, she cannot reach her doctor and find medical help or an explanation for her condition makes her, again, receptive to God, whom Prozac had replaced. For Kentucky, as Slater discovers, is "a state with a lot of God in it." (*PD*, 114) The family with which she stays, is also religious, and when they notice that Slater is suffering from "some city sickness" (*PD*, 115), they take her to church where, they are convinced, she could be healed. She wishes to be. She takes part in a church sermon, but although she tries to pretend and believe that God could cure her, the symptoms stay. She keeps tapping, counting, and walking backwards.

This exprience reveals the precariousness of a state of health maintained by psychotropic medicine. Health is the ground that Slater has now based her identity and being on, and then, all of a sudden, she is abandoned both by Prozac, which she calls to come back to her body, and her doctor who is on holiday. After a period of health during which Slater has, in a way, lived in a world other than that of illness, falling back into her previous self feels unbearable. Away from home, she lacks an environment where she could tolerate her illness. She is filled with shame and fear, and has to find new ways to live with her illness that has taken over her body and mind again.

This becomes possible as Slater gets enraged at herself and at her passivity, the endless counting and the betrayal of Prozac, God and medicine. She rushes out into a forest where she faces a duster spinning grass and flowers up into the air. Facing the funnel, Slater finds silence within her.

> The funnel was a world, inside it dust and rocks and pollen whipped up into a primitive stew. The funnel flapped at the red rags tied to the sticks, and then picked up those too; separate swatches spun faster and faster until at last they blended together, a perfectly fused flower, Bennett's broken rose returned to me whole, here, mine. Me. I lifted." (*DP*, 123)

As the duster leaves, the compulsive symptoms return. But something has changed: "I noticed I could notice" (*PD*, 124). "Doors in me had opened. Elegance had entered." (*PD,* 124). Whether the duster lifts Slater concretely or symbolically does not matter. What matters is her returned ability to transcend her illness.[105] The encounter and her anger have returned to her the ability to observe her surroundings, to direct her gaze at her environment. Imprisoned by her symptoms, she had lost her ability to see beyond herself. Now she notices

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105 Slater's use of the image of the duster creates an interesting intertextual link to *A Question of Power* where the beginning of Elizabeth's second madness begins with Dan emerging from the clouds "in clouds of swirling, revolving magic" (*QP*, 103). But unlike Elizabeth who surrenders to Dan's sexual advances and power and is taken on a tour around galaxies, Slater faces the duster with anger and decision and remains on the ground. The whirlwind thus represents madness that Elizabeth embraces and Slater resists.

the moss she sits on, she imagines herself as a camera holding on to the fleeting moments where the illness makes room for observation and (in)sight:

> Could I maybe learn to live there, in the interstices of illness, in the slivers between synapses, which no one has yet been able to measure? Might that be the free space I could choose to cultivate?
>
> *Choose.* That thing separating humans from other life forms, from beetles, bees and pigs. Choice was its own sort of funnel with a force. It had a shape in my mouth. So long as I could choose anything at all, I was more than my chemicals, more than my cure. (*PD*, 126)

The duster can be interpreted as an opposite to home: it destroys, detaches, breaks, and whirls the world upside down. For Slater, it provides a chance to gain yet another perspective on her illness. It detaches her from the medical discourse that she has adopted, and returns to her something of the dignity she had found in the literature on suffering in her pre-Prozac days. Slater's yearning for wholeness, for being *more* than a sum of her chemicals and particles, is met by the wind and the movement that spins the particles in the air in the same way as Slater's rage forces her to move. The image of the duster is thus the image of Slater's rage at the illness. It represents the power to choose, the limited power she has to focus on the fleeting breaks from her compulsions that she can treasure as her true, healthy self. There is health in sickness, as there is later, when Prozac "returns", sickness in health. Both are partial, incomplete. Yet, it is Slater's will that can – to some extent, and the help with Prozac – rule over the chemical compounds.

What Slater learns here is that while she has an illness she is not one with it. She can also rise above her obsessions and compulsions and observe them in the same way as she can observe nature around her. She is split. And it is healthy to be split, for being able to objectify enables her to overcome her victim position. The neurobiological discourse constructs Slater as a victim of her nervous system, her illness as a mishap in serotonin re-uptake. In this discourse she is a victim and at the mercy of her illnes. To overcome this victim position, she needs to develop an ability to see herself as separate from her illness as someone who *has* an illness, but is not one with it. In the same way as she needs to leave her mother, she needs to let go of illness – even in the midst of the poop out. Seeing herself as someone having an illness she can create a necessary distance to it, a space where she can experience at least short glimpses of superiority and separatedness from her illness.

For what has happened is that Prozac has replaced the voices. Slater's body no longer houses voices but it becomes a home to Prozac. As she begs Prozac to start functioning again, she is asking it to make her body its home again. In her symbolic move, Slater herself found a home in a new apartment. In the new apartment she has accepted "Prozac's viewpoint", her physical dependency on the drug that she accepts as her partner in life. Accepting this marks her acceptance of the medical discourse that Prozac represents. Furthermore, her attachment to Bennett who, as a chemist, embodies the scientific viewpoint, confirms her new medical worldview. But again, the

change in location marks a shift in Slater's pattern of thought: although Slater by no means makes a new home in Kentucky, she does, by stepping outside the security of home, find once again a new perspective to the question of identity. In the midst of the poop-out she realises that there is health in sickness, too, and that although we might be built of chemicals, we are not reducible to those chemicals.

When Slater later manages to speak with her doctor, the dosage is upped and its effects return; her worst symptoms disappear again. But the drug never works quite as perfectly again as it did during this first year. Slater's health returns, but only partly, and it will always remain precarious. Her romance with the pill is over. But the lesson she has learned in Kentucky in regard to illness is that she can, and she is able, to assume a position of a subject and agent in relation to it. She is more than the sum of her parts. This restores her dignity. The biomedical discourse cannot provide Slater with a discursive home, for it removes her from the position of a subject and renders her a victim of her nervous system. It can, however, be accepted as part of the multiple discourses through which she makes sense of herself as long as the self is not reduced to it, and she can find a space, within herself and within her home, from which to reflect and negotiate this discourse as part of the whole. This, by no means suggests that she could suddenly, somehow, by sheer will, overcome her illness and begin to control it, which would, inevitably lead to a discourse of blaming the victim. No. Instead, it suggests that she discovers within the pain and the suffering caused by her illness, the ability to create a tiny, liveable space of minimal agency (Honkasalo 2005) that allows her tolerate her illness and find dignity within it. This tiny space – or short moments within illness – enable her to craft a home within illness which resonates with findings in other cultural studies on suffering (Honkasalo 2005, Granfelt 1998): people who live with chronic pain, for example, begin to associate spaces where pain momentarily ceases with positive notions of home. Home, in this respect, means to be sheltered from pain.

Back at home, despite their different worldviews, it is with Bennett she can achieve a sense of wholeness. For with his words and touch he can also give Slater a sense that she is more than the sum of beautiful beads. For later, when they are already living together, some of Slater's symptoms return. "You're obsessing," he says when Slater starts checking all the fire alarms in the house, and Bennett calls her to come/calm down. "A blip in the serotonin system" he says. "But unlike Prozac, he can speak outside of this language. He can speak with his hands. He comforts me. He takes me to him, and in his touch I feel how I am human." (*PD,* 128). This points to the fact that while Prozac provides Slater with a (partial) cure, it is Bennett who provides Slater with care, which, according to David Karp (1996), is fundamental to tolerating illness. Citing Thomas Moore, he writes: "cure implies the end of trouble [...] But care has a sense of ongoing attention. There is no end. Conflicts may never be resolved [...] problems persist and never go away. [...] Care for the soul [...] appreciates the mystery of human suffering and does not offer the illusion of a problem-free life."

(Karp 1996, 192 citing Thomas Moore's *Care for the Soul* 1992, 18-19). For Slater, her sense of humanity lies in the ability to choose, and her sense of self is restored by touch.

6.7 The Partial and Precarious House of Health

It is notable that whereas Slater's move away from the basement apartment was weighted with symbolism, it is only mentioned fleetingly that she has acquired a new home with Bennett. Towards the end of the memoir, a house as a symbol of the self no longer carries any great significance. As health becomes an everyday matter, and the transition into the new world has taken place, there seems to be no need to invest in symbolism anymore. Having a home/house in this new reality is in accordance with the surrounding social norms. The home is now a self-evident background on the basis of which Slater constructs her identity and agency. The home is a space of intimacy and interpersonal communication. Her relationship with Bennett and the affects of Prozac on her sense of self replace the materiality of the house as a central focal point of the narrative and Slater's identity construction. Health and its symbols, houses and furniture, fall into the background. They become part of the everyday, self-evident and mundane – or mostly so.

6.7.1 The House of Love: Sexual Dysfunction and the Cold Fireplace.

There is, however, one exception: the fireplace. In the house that Slater and Bennett have acquired, there is a fireplace that does not function. Despite their efforts, it remains cold. The symbolism of the fire refers to passion and sexuality, which, paradoxically, is what Prozac takes away from many of its users. One of the most widely reported side effects of Prozac is the loss of libido. Paradoxically, however, sexual health is part of mental health:

> [T]here is one thing everyone, from behaviorists with their little Skinner boxes to analysts with their leather couches, seems to agree on. A healthy human adult has a fully functioning sexuality, a sexuality which is not suppressed, repressed, or otherwise damaged. I know of no theorist, from Stack Sullivan to Freud to Horney and Lifton, who would claim that it's OK to be, shall we say, dysphoric in the genitals.
>
> Prozac is a strange pill for a lot of reasons, foremost this paradox in its powder. It is a drug hailed as extraordinarily successful in restoring millions upon millions of people to normalcy, and yet, according to the criteria laid out by the doctors who make these claims, on it most people fail in one of the supposedly central arenas of mental health. A random flip through the *Diagnostic Manual of Mental Disorders (DSM)* reveals that loss of libido and sexual dysfunction are serious symptoms of several psychological diseases. (*PD*, 154)[106]

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106 It is noteworthy that the widespread side effect of sexual dysfunction has not prevented Prozac from becoming an unforeseen commercial success. Interestingly, the majority of the users of this drug who suffer from this side-effect are women while the *DSM* categories and the notions of normality in psychology have been criticized

For Slater the issue of sexuality is, of course, not simply a question of diagnostic categories laid out by experts, but a lived reality. The paradox is personal: living with Bennett, loving him "as only a lover can" and adoring the smell and feel of the other person's skin (*PD*, 155-6), and not to be able to experience sexual pleasure, is another point of grief and loss. For, paradoxically, even in illness, sexuality has been something Slater has been able to enjoy: "Even in anorexia I was honouring the centrality of sexuality, insisting with the blade of my body that flesh be noticed, that we grieve its diminishment, that we celebrate the proximity of its crimson innards" (*PD,* 153). Sexuality has been a means to experience wholeness, to feel like a woman: "Through my sexuality I had always felt in contact with an essential self, something unalterably true and female" (*PD*, 153). Now, while Slater otherwise feels better, sexually she remains as cold as the fireplace of their new house. Prozac, as a side effect, excludes mental health at the same time as it restores it. In *Prozac Diary* the paradox of the healthy subject is that it is a disintegrated, fragmented subject: "Apparently I live on levels, and on Prozac I am less integrated as a human being than maybe I was before?" (*PD*, 155). Slater, however, yearns for wholeness, and finds it problematic that Prozac prevents her from experiencing sexual pleasure in the very relationship it has enabled her to create. For Slater, the problem is both intellectual and personal. Health is partial – and so is sickness. Rather than erase illness, Prozac shifts the areas in which illness affects Slater's life. Whereas she previously suffered from states/periods of social, geographical and intellectual paralysis, she was still able to experience sexual pleasure in ways that were considered healthy. But when her social /psychological health is restored, she is prevented from experiencing sexual pleasure. In her ability to participate in shared social/material reality she seems to have lost what for her was the core of her female identity. She asks: "how are we – no, how am I – to make sense of a pill that more or less brings me to mental soundness and yet, at the same time, turns me away from the lush lands of the sanguine? […]: How to make sense of a pill that so severs the sexual from the sensual?" (*PD*, 154)

In contemporary Western societies home is a site of intimacy, and for Slater's generation, sexual pleasure is a norm and a measure of mental health while her mother's generation might have expected their marital "duties" to be, well, something to be tolerated. For Slater's generation, home is thus constructed as a space where they would expect to experience orgasms as means to transcend the everyday. In Slater's relationship, however, this is made impossible by the cure provided for her illness. The issue is a matter of disappointment and pain. Slater and Bennett, however, manage to turn the failure to a quest for a remedy – and even laugh about it: Bennett being a

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for being shaped by politico-cultural, racial and gendered prejudice (Porter 2000, 214) and holding white, Western males as the norm (see for example Chesler 1972, Showalter 1987, Ussher 1990, 2010). In the male norm-based *DSM* categories, sexual dysfunction thus seems to play a major role in diagnosing abnormality while in the actual reality the drug users where women suffer from it as a side-effect, it is not considered a major problem.

chemist with a remarkably relaxed attitude to all sorts of mind- and mood-altering substances (he, for example, smokes joints) and Slater being opposed to any more medicine (not that there necessarily is much available for women in this area), they begin to experiment with home-brewed herbal aphrodisiacs[107]. The search for a suitable aphrodisiac becomes a shared quest that turns Bennett into a witch-like domestic doctor bending over his mixtures, mumbling Latin words. Their experiment with guava juice fails in respect to sexual pleasure, but creates closeness as the scene closes with laughter: Slater swallows the liquid, makes a will and instead of sex they have the orchestration of Slater's burps accompanied by Bennett's applause and laughter. (*PD*, 161). Humour, as Freud (1928) once put it, is a means for the suffering subject to rise above pain. By laughing at him/herself, the person in pain can gain dignity. Humour, like aesthetisation, is a way of dealing with pain, and gaining a distance from it. Here, it is used to accomodate into their home and relationship an aspect that is both painful and potentially threatening to that relationship. Another way of doing so in a narrative is to address it indirectly, through symbolic means, as in the image of the fireplace. Home is thus a space where the incompleteness of health and imperfection of the dwellers are negotiated in the framework of everyday life.

Slater's inability to gain sexual pleasure is a problem that the couple needs to negotiate within their relationship but it is also intimately linked to Slater's identity as a heterosexual woman. As a question of identity the problem cannot be negotiated solely within the space of the home or the space of her relationship with Bennett. Slater negotiates the issue also in the scene in the garden where she lies on the grass waiting for a comet. The comet that is supposed to show up in the sky stands for transcendence. The garden is a liminal space between the private sphere of the house and the social world outside. Sexuality lies in the intersection of these spheres: neither purely private as social and cultural discourses affect the ways in which sexuality is practised and experienced, while the public discourses on normality shape the ideas of normalcy and what

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107 Bennett's relaxed attitude to mood-altering substances could be also due to the fact that he has never experienced them as threatening to his agency. While Slater has struggled almost all her life with issues related to autonomy and sanity, for Bennett whose father is a well-known critic of the US war on drugs, legal and illegal drugs do not provide a threat to his core. As a white middle-class heterosexual he self-evidently embodies the place, in the discursive order, of a unified Enlightenment subject, which for Slater both due to femininity and (former) insanity is continuously under threat. Slater thus struggles to achieve what Bennett already seems to have. Slater as a subject is split and fragmented: she constantly feels the presence of the sick child, her sick self within her, and finds it difficult to integrate it into her self-narrative. Bennett, who (in the narrative reality of the memoir) has never experienced such a split, can more easily experiment with the limits of his consciousness. For Slater, the struggle for health and full subjectivity continues, which seems to make her notions of autonomy and adulthood stricter than Bennett's. Thus, while Slater and Bennett are part of the same national culture, their perceptions and notions of health, autonomy, self and individuality differ. And most crucially they differ in regard to ideas of what – and how – makes a person. For Bennett, it is a question of the spatial order of matter in space; for Slater it is a question of histories, temporal layers of experience.

feels normal, nor purely public for it is practised (also) in the private sphere of the home. Slater, also, in the scene where she reaches out for the comet at the same time as she reaches down for her sexual organs, moves the pain of sexual dysfunction into this liminal space of the garden and from within the privacy of their relationship – in the same way as, by writing about it in a public memoir, she discursively removes it from the private sphere of their relationship. This is also an ethical choice, for being now in a relationship Slater cannot talk about her sexuality without also talking about Bennett, for whose permission she asks to write about it. The important ethical issue related to madness and cure here is that the experience of madness/illness is never a purely private matter of an isolated individual. Illnesses are experienced in relation to others for whose privacy the narrators are also accountable. Madness and its cure are stigmatizing and their effects are experienced within the private spheres of the patients' lives, and this privacy is shared by significant others. Thus not only the fear of stigma on the part of the mad, but the fear of spreading the stigma and having to reveal aspects of one's life that, at the same time, shift the limits of the privacy of others, is a complicated ethical matter for patients and their close ones. Home is a shared space, and revealing the goings on within the home makes us accountable also for those with whom we share the home-space.

To negotiate her sexual identity further, Slater also leaves her home state, New England, for the more liberal state of California[108]. She flies out to meet a friend of hers who studies alternative sexualities and takes her to a baths frequented by a sect of female eunuchs. The friend tells Slater this could give her new perspectives. They meet a female eunuch, a priestess who has had her labia and clitoris removed, and have a chat with her in the bath. And although Slater's problems are by no means removed, she does find some comfort from meeting the priestess. As a heterosexual woman who wants to live in a conventional marriage the idea of a third gender and priesthood is too far removed from Slater's comfort zone and from the spaces that she can imagine as inhabitable for herself. In other words, it does not provide an option that she could opt for in her personal life, but the encounter with alternative forms of sexuality does give her comfort, introduces her to a discursive space within which her type of sexuality – or lack of sexuality – can be negotiated and understood as a valuable, even prestigious and dignified form of sexuality. This does not remove grief for what has been lost, but in relation to her sexual identity, the comfort it gives is crucial. Within her everyday life at home, in the context of her relationship, the loss is felt more deeply as a recurring grief and sense of disability.

Nevertheless, when Slater returns home, one morning, Bennett proposes marriage to her. He suggests, they have children together. For Slater, who consumes high doses of a psychopharmaceutical drug, pregnancy and

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108 This suggests that geographical shifts coincide with discursive shifts, i.e. that in order to get new ideas one has to leave an uncomfortable comfort zone that, at the same time as it provides a sense of security, can be limiting and create further grief and discomfort. Alternative views are made possible by leaving home, as Martin and Mohanty (1986) suggest.

maternity are far from simple issues. The baby, as Slater puts it, would be "pickled in Prozac" (*PD*, 133). For women on psychotropic drugs, and especially on psychotropic drugs the side-effects are little known, pregnancy is not only a medicalized experience but a medical experiment where the subject is the unborn baby. [109]As we have seen above, her health maintained by Prozac is neither complete nor stable, and Slater fears that Bennett does not quite understand who she is. He has never known Slater without her medication, and as he has a far more relaxed relationship with drugs in general, he does not quite understand the depth of Slater's fear of losing the things she has gained in life after Prozac has restored her agency. For Slater, her illness is not simply a matter belonging to the past. The sick girl still seems to reside in her; her poop-out experience in Kentucky could easily reoccur. Bennett's proposal causes these fears to resurface. Furthermore, marriage has conventionally/traditionally been regarded as a threshold in women's lives where they move from being someone's daughter to being someone's wife. Women's identities have thus been traditionally been understood as relational, which is reflected, for example, in the convention of indicating women's status in the titles Miss and Mrs. Marriage thus marks a point where, according to traditional cultural conventions, the woman becomes an adult by entering the sphere of life of the husband, and leaves behind her childhood home[110]. Slater and Bennett are modern and, according to Slater, rather unconventional, but in *Prozac Diary* the marriage proposal leads to Slater to taking Bennett to visit her childhood home.

6.7.2 Return to the Childhood Home: Bidding Farewell

Faced with Bennett's proposal, Slater counters the problem of the authenticity[111] of a medicated person in a love relationship. Love seems to be the place where

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109 This is a complicated, ethical issue that Slater deals with in her later book, *Love Works like This*, but in *Prozac Diary* Slater is more concerned about the issue of authenticity.

110 What is interesting here is that while before, in her basement apartment, she focussed on the little girl and bade farewell to her and her mother, she now goes to bid farewell to the house that represents the whole family, and climbs a tree that stands also for her ancestors. She is making a passage from being a member of a sick family and entering Bennett's world of health, where there is also a much more relaxed attitude towards drugs. This may be due to the fact that Bennett seems to occupy a self-evident palace in the kingdom of health; his mental health or position in society seems in no way threatened by his habit of puffing joints. For Slater, on the other hand, the issue is far more serious: she lives with the risk of losing everything. And, within her body, she carries the scars and the memory – and presence – of symptoms of seriously disabling illness. It is thus easy for Bennett, to joke about drugs, and this ease is comforting for Slater. But it is also something she – due to her dependence and the precariousness of her health – cannot share.

111 Authenticity presents a problem to many users of psychotropic drugs. While some of the users of psychotropic drugs interviewed by David Karp (2006) felt that the drug helped them to become themselves (as Slater feels when she looks at herself in the mirror at the early stage of her "career" and feels she has come home to her body), many users struggle with the feeling that while medicine helps, they can be truly themselves only if they can manage without drugs. This often leads to attempts to stop taking the medicine and reduce dosages. This struggle against medicine is intensified by the fact that psychopharmacology is a point where the economic interest of the pharmaceutical companies meets the diagnostic system of the medical profes-

the discourse of the true self, and the need to be loved *for what we are*, surfaces. Slater feels that her illness identity is part of her. For her, it is not simply a part of her past, but a past within her. Furthermore, she cannot be sure that illness belongs to the past. The poop-out experience and the partiality of her health testify to the fact that illness could well return. She could be in remission. For Slater, her illness identity is covered with a synthetic mask of health, and she fears that Bennett would be unable to face her illness should it surface again. For the problem is that Bennett has "never known her without her meds, and the stories she's told him about those times do not suffice" (*PD*, 134). Slater is afraid that if he were to see her ill again, he would reject her, and she wants to make sure he understands what he wants to commit himself to.

When Slater imagines herself being ill again, she imagines herself back in the hospital, removed from home, and removed from love. She imagines herself in a ward, with her lips swollen from bulimia and drugs, and Bennett, having come to visit her, backing away in disbelief (*PD*, 134). Behind her pre-Prozac personality with steady professional successes, a lovely home and an admiring partner, lurks the image and experience of a madwoman with ratty hair and lips swollen from bulimia and medicines that fail to restore health. She imagines herself in "a small, square room, the sun the color of clarified butter flowing in through a single window, flowing in a space very clean and much too quiet." (*PD*, 134) It is an image of loneliness and despair. Slater carries within her the memory and experience of the spaces of madness: the non-homes of hospital rooms, of being removed from home, its effects on the acts of dwelling, and ways of experiencing space.

So, to make him see who she is and has been, Slater takes Bennett to see the house where she used to live with her family. In her mind, by taking him to the concrete geographical site where she grew up, he can better understand her

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sions, the institutional interest of medical insurance companies and the pain of individual. What is enchantment and where is the line drawn between illness and deviance? The question is ethical and political, as much as it is medical and economic. Paul Root Wolpe (2002) discusses the problem, the fine line between medication of illness and enhancement of personality. Neurotransmitters such as Prozac can be used to treating medical conditions but they can also be used to "improve" the personality. Yet, as Wolpe points out, we constantly use different techniques from nutritional choices to physical exercise (sports) and stimulants (caffeine) to improve our performance in different tasks. We rub our lobes, stretch and drink coffee to keep ourselves awake while studying for exams to do better. We close doors and listen to classical music to improve concentration. Seeing the brain as matter, as is done in neurosciences, embeds the mind in the physical architecture of the brain, whereby to use Prozac (or other Selective serotonin reuptake inhibitors, SSRIs) to block serotonin from escaping the *synapses* makes it seemingly little different from closing a door to block out others from one's room. Virginia Woolf (1998) argued almost a century ago: in order to write, a woman needs money and a room of one's own. Understanding the brain as a space where medication can help us close doors is a discourse that helps appropriate the use of drugs. Yet, the fact that the "chemical doors" are situated within our bodies (our selves, so close to [the discourse of our] souls) situate the question at the heart of ethics. As Slater points out on several occasions, "nobody wants to be fake" and psychophramaceuticals can also be used as steroids. The question is, to what extent is psychopharmacology about curing illnesses and at what point does it become personality enhancement that simply enhances success in a competitive world.

past. The old house is deserted and in a state of dereliction. Significantly/symbolically, it has become a picture of dysfunction and illness – a symbol of how Slater has come to see her past: the windows are boarded, the house is abandoned. Only the garden has been kept up, but even there an old fountain is dotted with dead frogs, but still burbling. Bennett's comment on the state of the house is poignant: "This is so fucked up."

By showing him the place where the stories she has told about herself and her family and the violence that took place in the house she feels she is revealing her true self and, symbolically, removing the synthetic mask of health. She keeps pointing to the windows, recollecting what happened in each room:

> "Look up there. My bedroom window."
> "I see."
> "When I was ten," she says, "I stopped being able to leave my bedroom." (*PD*, 141)

The house represents her self, and the fact that, as a child, she developed an illness that prevented her from leaving her bedroom, shows the spatially reductive nature of her illness. The different rooms in the house each have their story to tell, and, as spaces, embody different – and often contradictory – memories: the kitchen, for example, was filled with her mother's screams. In the kitchen her mother forced her to swallow detergent. Yet, it was also in the kitchen that the mother cooked and made her flourless chocolate cake. "Yes, my mother was talented. She was an artist, really." (*PD*, 142). The kitchen is thus a space where Slater was both nourished – and poisoned – as a child. Her mother symbolically fed her, filled her emptiness with both delicacies and detergent. As an adult, she swallows Prozac to cope with this inheritance.

Her parents' bedroom, on the other hand, is a site where the parents forced the children to watch films about the Holocaust. By pointing at the places as stages of her stories of her past Slater is making them real, remembering, and partly reliving them. She is also sharing her recollections with Bennett, who also remembers and recounts them. "[S]he is surprised how well he has heard her, how he can recall the precise geography of her family's rage." (*PD*, 142) Furthermore, by grounding her memories in the architecture of her childhood home she situates them outside herself, as if she was watching them from outside. This is yet again another way of differentiating herself from the sick girl she used to be. But it is also a way to demonstrate to Bennett that the little girl that cut herself on the front steps of the house and covered the garden with angels in the snow in a compulsive search for perfection still resides within her just as the house that still stands in the garden. Her stories and memories have a real, material basis both in her childhood home and in her. As a symbol of a brief unification of with her childhood self Slater also, despite Bennett's warnings, climbs a tree, an old oak, which she used to do as a child. Slater associates the tree in the garden with a family tree that a social worker once drew for her. It was a tree full of illness. By climbing the tree Slater both momentarily occupies the position and postures of her childhood self. She is both the same – and different from – the little girl who used to climb the tree.

Leaning on the branches on top, Slater becomes part of the tree and stands separate from it. In the past, the social worker had suggested that it ought to be cut down. As an adult, Slater climbs to the top – as a symbol having conquered a whole history of pain and grief.

Bennett reproaches her:

> "What are you, crazy?" he says when they are back in the car. "You could have broken your neck"
> "I used to climb all the time when I was a kid," she says.
> "Kids are crazy," he says.
> "I could be crazy," she says. "I've tried to warn you."
> (*PD*, 143)

The dialogue plays with the different ideas Slater and Bennett have about Slater's madness in the past. While Bennett associates it with craziness – as a lack of judgement – that is characteristic of children in general, for Slater it is an experience of clinical madness with a tendency to self-harm and depression. But it is with Bennett that Slater also learns to separate herself from her childhood self. For although Slater climbed the tree in the garden as she did as a child and thereby momentarily embodied the spaces of her past, climbing the tree does not turn her back into that child. But she also needs Bennett to help her tell the difference between her old and the current selves: at home she discovers cuts on her arm. The scratches resemble the cuts she has used to made herself. She holds out her arm to Bennett and the gesture mimics the occasions where she has held her arm out to doctors and "social workers and mental health aides on hospital floors" (*PD*, 144). Slater thus physically reproduces the postures of her childhood and illness identity, but Bennett pulls her back in to the present from these memories. He convinces her that the new cuts are from the tree. The other cuts that she made herself in the past are there, in her arm as well. They are physical memories ingrained in her body, but they are not her. She is more than the sum of her particles, but she is also more – and different – from the sum of her past. Bennett explores the scars with his hands. And with his touch he shows that he accepts them as part of her, and convinces her that he is aware of the past within her. Being loved and touched, she can accept the multiplicity of her selves. An accepting and healing touch is a way to overcome incompatible identities and discontinuities. [112]

In *Prozac Diary*, illness is represented by Slater's childhood home, where both physical and psychological wounds were engraved in her body. Her childhood home stands both for her illness identity and her identity as a daughter of a dysfunctional family. Her visit to the house is yet another step in both acknowledgeing her past and bidding farewell to it. In *House as a Symbol of*

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112 It seems, however, that it is Slater's resistance to the idea of subjectivity as inherently fragmented that causes her problems. She yearns for wholeness although her experience and history suggest that subjectivity is fragmented, Slater associates this fragmentation with pathology and health with wholeness. This again, brings us back to the idea of empty self, and yearning for completeness. We could argue that it is the yearning itself that creates the sense of incompleteness and emptiness in the first place.

Self, Clare Cooper Marcus (1995, 14) writes: "the loss of a house needs to be acknowledged and grieved before our consciousness opens up to new possibilities." Marcus compares the need to grieve for the loss of a house to the need to grieve for a lost relationship or a job. Slater's symbolic visit to her childhood home allows her to commit herself to a marriage with Bennett, to take another important step towards the future. The visit also has the purpose of making sure that Bennett understands her past – and the fact that it is still within her. Only in this way Slater can feel that she is accepted in her home and in their relationship as who she is.

6.7.3 Home as a Point of Reflection: Partial and Precarious Health

Significantly, the symbolic significance of the house begins to recede into the background as Slater becomes accustomed to a state of health. At the point where Slater is writing her memoir she has been on Prozac for ten years. Her house has become a point of reflection, a basis that supports her, not a symbol of transition. It is a house in the kingdom of health (Sontag 1990), but health (as we have seen above in relation to Slater's problems in regard to sexuality) is a precarious state – and partial as an experience. From the actual house Slater's attention has shifted to herself as a dweller: who and what she is, now, with a chemically maintained state of health? A fake or a fool? An autonomous adult, a child to pharmaceuticals?

Towards the end of the book Slater's narrative takes a more essayistic form as she engages in a discussion of other authors on Prozac. There is much less emphasis on the description of her personal experiences and more analysis on what psychologists have to say about sexual dysfunction and mental health. The narrative begins to resemble an academic essay and the narrator becomes more reflective on her own experiences. The fact that she has bought a house with Bennett is only fleetingly mentioned on the fourth last page of the book. It is, it seems, a self-evident basis of everyday life and a background for her participation in intellectual debates on the meaning of (illness) identity and her relationship with Prozac that has turned this identity into an addict identity. Thus, while feminist critics (Braidotti 1994, Martin and Mohanty 1986, de Lauretis 1990) have equated staying at home with intellectual lassitude, in *Prozac Diary*, having a home and a medically sustained, partial health, is what enables Slater to take part in language and discourse, in the social world of meaning making. Admittedly, this takes place, in part, by accepting the prevailing cultural norms of living and working, and Slater's position is also marked by class priviledge. But it is also marked by restored cognitive abilities, and by Slater's journey from the endless counting and tapping that characterised her state of madness to a state where the madness has been overcome and she is "solidly sane enough to rationalize" (*PD*, 186).

The fact that the significance of the house recedes into the background as a symbol of the self resonates with Claire Cooper Marcus's (1995, 17) findings:

> If the stages of our life and psychological development are best expressed as a journey, [the] state of reconnection with the soul is best described by the metaphor *coming home* [... or...] waking up, returning from exile, returning to a place they once knew, or coming back to their true home. Ironically, this awakening may come about by leaving an actual home and finding an inner home [...] For some people, this process of soul-awakening is nurtured by time outdoors, away from the ego-symbolism of the home environment, For others, however, a newly awakened sense of higher self may be nurtured by contemplation or meditation within the house, contacting that still core of the psyche where time and space are seemingly transcended. [...] The house as a mirror of the ego-self takes on less importance; seeking answers to the meaning of life becomes more pressing.

Also in Slater's narrative, the symbolic significance of the home diminishes as she becomes more grounded in health and she feels she has come home to herself, found a home. Her home then becomes an epistemological basis, a location for posing questions. These questions, as her position as one who is now able to pose them, are however, grounded in material reality. One of the questions that keeps burning her and is reflected in her house is the question of history and roots:

> in my house, we would be sitting in a one-hundred-year-old living room, surrounded by pieces of furniture I have scavenged from trash piles, because I am a person who at worst is prone to nostalgia, at best believes that roots are real, and that they demand from us commitment and care. (PD, 196)

The questions she is posing centre around self, identity and authenticity. Home as a site for posing questions thus risks becoming a site where the subject "solidly sane enough to rationalize" (*PD*, 186) turns inward without realizing the dangers of staying at home. In *Prozac Diary*, the absence of any description of the issues related to the socio-economic aspects that structure experiences of illness, especially in the case of subjects from lower-class backgrounds[113] could be the kinds of differences that are ignored when the subject has reached her home. Nevertheless, we must bear in mind that finding health and home is exactly what enables Slater's writing and the posing of questions. The medication has helped her find a home that she can leave. This idea of home as a temporary space and framework within which the dwelling subject can make sense of herself and her experiences – until she is ready to leave again – is one that Stefania Colluccia (forthcoming) is developing. In a world of fluid boundaries and flows, staying put and searching for roots can be an act of resistence[114]. When homeless, people's primary goal is to find one. Once found, this base can then function as a platform for re-evaluation of the events that have led to one's finding – and losing – a home. And in fact, in *Prozac Diary* the

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113 In this respect, Persimmon Blackbridge's (1999) *Prozac Highway* makes an interesting contrast: in *Prozac Highway,* the protagonist struggles not only with mental health problems and suicidal thoughts, but tries to combine menial jobs as a cleaner and a floundering career as a performance artist. Her illness experience is inseparably entwined in all these struggles at the same time.

114 Studies carried out among homeless people who lack the concrete space of living also point to their subjects' inability to orient themselves in time and space until a safe shelter, a home, has been found (Tischler and Panos 2007, Tischler 2009).

image of finding one's bearings in stillness is a returning image. Slater's description of her experience of being ill as a child resembles the image where she takes a bath after she has been put on Prozac and finds a new calm. It also resembles the image where she lies in the garden, waiting for the comet, and mourns for her loss of sexuality. In all these images her body is still and she looks at the sky. They are all scenes where she negotiates issues related to femininity and sexuality. As a child, she found this possibility to let her body rest only when she fell ill. Illness helped her to escape the social reality of Jewish upper-class girls that was characterised by rigorous training. In a house that was filled with her mother's hysterical pacing and screaming, illness was her means of rebellion against this rigour. It was also a means of seduction as it brought her mother physically close. Remarkably, Slater's latest illness, obsessive-compulsive disorder, is characterised by a constant need to touch, count, and check. It leaves no space for the body or mind to rest, for every moment is filled with action. Slater's illness thus reproduces her mother's verve in terms of tempo. Ironically, though, this bodily movement imprisons her, makes her movements as rigid as she describes her mother to have been. This is an illness she does not miss. Prozac thus, in this respect, brings her closer to her childhood episodes of flu: it allows her a place to rest.

Another image is the one where she has a bath and negotiates her relationship with her mother (whom she never saw taking a bath) and the Calgon Lady – a figure bathing in champagne in a commercial – as possible role models. In the scene in the garden, she lies on the ground waiting to see the comet. This is an image where she negotiates her pain about sexual dysfunction. The stillness of Slater's body and the immensity of the sky suggest that the universal question of femininity, which can only be negotiated through multiple, contradictory discourses, is both corporeal and intellectual, a question of matter and philosophy embodied by the subject who feels and thinks at the same time – and needs to stop moving to be able to think and to contemplate. Thus, while nomadic theories of subjectivity (Braidotti 1995) link critical thinking to movement and flow, Slater's narrative with the returning images of stillness and the freezing pond suggest that in order to think one has to be able also to stop – and that the ground has to hold. Rather than ground, Prozac provides a layer of ice on which movement is possible. In illness the water admits the children whose mother drowns when searching for them. In health, memories start to emerge where the ice holds, and Slater can spin, and her mother claps her hands in appreciation. Winter is also employed to describe the quietness of the mind. It is the season of stillness and thought.

Moments of stillness are thus important moments of self-revelation and reflection, and in *Prozac Diary* finding home allows a re-evaluation of Slater's life that concerns both the present and the past.

6.7.4 The Identity of the Dweller: A Self She May Lose

The questions related to identity that Slater poses vis à vis to the present are health, identity and authenticity. In *Prozac Diary*, health is seen neither as

natural nor as whole. Slater's narrative effectively challenges the opposition of madness/illness and health. For her, there are interstices of illness within health, and the other way round. Yet, this does not mean that there is no madness or health. In Slater's case, the prevalence of either varies from day to day. Even when she is taking the pill regularly, she has periods where obsessions and compulsions take over. Slater writes: "I wish I was 100 percent in my mind. On a good day I am 70 percent. On a bad day, the repetitions and the grief cannot be counted." (*PD,* 128). Prozac restores cognitive and other capacities – at the same time as it destroys others. As Slater's doctor tells her, while Prozac restores on a general level, it punishes at specific levels. One of the "punishments", as we have seen, is sexual dysfunction, the inability to experience sexual pleasure, which, as Slater notes, is defined in the *Diagnostic and Statistical Manual of Mental Disorder* as a symptom of many a mental disorder. Prozac does not restore health completely, and in addition to the poop-outs and problems with tolerance, sexual dysfunction is an undesired side-effect that affects many users' lives. Also, as Slater reports, after her initial euphoria and honeymoon with the pill and the health it brought, the medicine has ceased to eliminate the illness completely. In the long run, Slater also experiences the weakening of her cognitive abilities: she begins to frequently forget things "names of the towns I've lived in, streets I've roamed, dishes I have always savored." (*PD*, 178) The fear of forgetting, fear of amnesia, surfaces in a dream that captures some of the most essential aspects of home as a location from which to pose questions:

> At night I have this dream. Above me a capsule turns and shines like a planet. I am in the neighbourhood where I now live, only it has become absolutely unfamiliar to me and I cannot find my way home. I know my home is somewhere near here, up that hill, around that corner, but the memory of place and points of reference have vanished. Panicked, I look in lit and darkened windows. Struggle to recall, and feel the knowledge of my home on the tip of my tongue, like a name, like a love. The streets are shadowy, and always there are jack'o-lanterns with fires in their smiles. A person comes up the street. I plan to ask her where my home is, but as she approaches I feel myself forgetting the question bit by bit, so first the word *where* goes, and then the word *is*, and *my*, and at last, to my horror, *home; home*, so I can say nothing, so I have nothing, so I live nowhere and drugged dumb, I cannot even question. (*PD*, 178-9)

In this dream, the premises of the new identity, painfully constructed through a decade of drug-use, shatters. What Slater cherishes most, what finally makes her grateful for the cure, is its ability to keep her open to questions. In the dream, the very language with which questions could be asked disappears. Health gained through the use of the drug is precarious, unsteady, and unreliable. It is partial, and never whole. Health as a home is illusionary, too, for home, as bell hooks (1990, 148) defines it, is also a space of memory against forgetting:

> home is that place which enables and promotes varied and everchanging perspectives, a place where one discovers new ways of seeing reality, frontiers of difference. One confronts and accepts dispersal and fragmentation as part of the

> construction of a new world order that does not demand forgetting. "Our struggle is also a struggle of memory against forgetting.

Dreams, according to Jung (1964), are places where fears are processed and in this recurring dream, Slater for whom home has become to mean a place where she is able to question and contest meanings, forgets both the location of her home and the language in which she could enquire about its location.

Moreover, she is resistant to her addiction to Prozac. For her, illness identity has given way – or rise – to addiction identity, and this, for her is problematic. As an American[115], Slater has been brought up to associate maturity with autonomy. In the elementary school she went to, it was written on the wall: "Autonomy above all else" (*PD*, 183). At the university, through her education as a psychologist, she has also been taught to link autonomy to maturity. Taking Prozac, being dependent on it thus puts her into the position of a child. The drug that, on the other hand, has made it possible for her to lead an adult life at the same time, renders her "Stitched in the skin to primordial relationship, to Eli and Lilly, who rock me and feed me and, late at night, come to my bedside and sing me songs..." (*PD*, 181). Eli and Lilly is the drug company that produces Prozac. Here Slater personalises the company, and turns Eli and Lilly into parental figures, who represent the qualities the drug produces in its users: "there is no doubt that Eli and Lilly are lovely folks, well-dressed and mild-mannered, and to live with them is to live in a place where a brook babbles and many flowers grow, and the windows, although they rattle in their panes, do not shatter in storms" (*PD*, 181). Slater thus reproduces the nuclear family and superimposes it on the psychopharmacological cure. Slater, however, resists both her infantilized position as a drug-user, her dependence on the drug and the effects it has on her way of experiencing the world. For her, the health produced by Prozac remains conventional and thus questionable. On many occasions she tries to quit taking the medication. Every time the obsessions come back. Madnesses rushes in. To cope with the shame of dependence that in the American frames of reference seems to exclude her from a fully adult identity, she searches the literature on drug-use in other cultures where dependence is an accepted position for adulthood, and finds opium dens and the use of hallucinogenic plants in native cultures. These help her view her dependence in a wider framework, but do not erase the shame related to dependence in the culture she is living in.

6.7.5 The Identity of the Dweller: The Self Remembered

For Slater, the changes brought on by her medical treatment change not only who she thinks she is, but also who she thinks who she has been. One of the

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115 In the cultural/sociological studies on illness in Northern America (for example Karp 1996, 2006 and Cushman 1996) it becomes evident that in the US culture the notion of mental health is integrally linked with notions of self and autonomy. Moreover, mental health is associated with competitiveness and happiness as a norm. In such a culture to count as healthy, one has to thrive, not just survive, as in *A Question of Power*.

unexpected side-effects of Prozac is that as the medication changes Slater's identity in the present and she experiences herself as having more agency, she also begins to recall events from the past that resemble her new identity. While in the memories she held of herself before, she was primarily a depressed victim, in the memories that begin to surface with Prozac, she is a girl with some know-how. Memories of riding a challenging stallion, overcoming her fears and gaining control and agency begin to replace the more negative images of abuse and self-harm that formed the core of her illness-based identity and the self-narrative it involved. The new memories do not replace the old ones, but complete Slater's self-narrative: "when I take Prozac, I am not being made over so much as I am being remembered. I am not coming upon a new self so much as rediscovering pieces of the old, the girl in the glass case, the blue baby, coming alive now, touching words and air." (*PD*, 193) Thus, if, when she started taking Prozac, Slater first had to let go of the sick girl she was and let the sick girl drift into the past, she now has to let go of that past as she remembered it. Prozac makes her revise both the past and the future.

For Slater, the use of Prozac is fundamentally related to notions of the self and authenticity. She wants to believe there is such a thing as an original self and thus one of the burning questions for Slater in regard to her relationship with Prozac is what it actually does to her, what it makes her. The illness identity and the one she has developed with Prozac seem quite incompatible. What has Prozac turned her into? Has Prozac helped her recover her old self or has it turned her into something completely new? Is she still the same person? The question of the incompatibility of the new and the old self and worldview is related to the question of memory, and what she understands this previous identity to have been. This question of continuity and discontinuity is also linked to the understanding of whether Prozac and such medicines actually change their user into something they are not, or into something they would have been without their illness: whether they help a person to become what she is, or transform her into something else (see also Karp 2006). In his book, *Listening to Prozac* (1993), a landmark in literature on anti-depressants published relatively shortly after Prozac first appeared on the psychopharmaceutical market, Dr. Kramer reports how his patients, when launched on Prozac, acquired unforeseen. He reports dramatic changes and an appearance of activity and proficiency in his patients. Slater questions Kramer's assumption that these changes were actually something Prozac brought on, developed out of nowhere. According to Slater, these assumedly new qualities could have been remnants of an "original self", something that was already part of the patients' personalities prior to Prozac, something hidden by depression. Slater claims that "subjective self-reports, especially when they draw on memories of things far past, and when they are colored by a person's present pain, are unreliable to say the least." (*PD*, 190).[116]

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116 Studies on autobiography frequently note that how autobiographical narratives are shaped depends on the position/state of the narrator (see, for example, Saresma 2007).

So, how could one trust the patients' accounts of themselves, accounts tainted by depression? Slater reports changes in her own memory:

> prior to Prozac, when asked to describe my early history, I would tell a story of depression with roots so far-reaching even my earliest memories came up grey. I would tell about the girl on the porch, listening to the *tip tap tap* of her mother's footsteps in an air-conditioned house where frost seemed to form on the coverings of the couch, and that girl, stuck outside in the summer heat, would be picking at skin in search of sensation. I would tell of a mull of whiteness and then the simmer of humiliation, and early on, the sound of voices within me." (*PD*, 190-1)

According to Slater, then, the mental state and the context in which the past is remembered crucially affects what is remembered. A long-term mental patient is repeatedly asked about the factors that represent or have presumably caused this illness[117]. The medical context thus encourages and re-enforces illness identity by requiring narratives and remembrance of pain and suffering. And since, according to Rita Felski (2005, 84), "we become who we are through acts of repetition," the medical context that aims to cure patients, may, quite ironically, actually re-enforce the illness identity and self-narrative of pain in the patient through the requirement of remembering and recounting things that may have caused depression. While the narratives of pain help to make sense of illness and the factors that brought the patient to her current state of illness, they may, when repreated over a long period of time, become the dominating self-narrative that prevents the patient from remembering the things that had characterised her state of health: things that she liked, loved and cherished. The predominant self-narrative that has crafted Slater in these contexts is the one where she is a girl cast out of the house ruled by a cold, crazy mother. She is hurt and hurts herself.

Slater further points out that depression is characterised by gloominess and pessimism that affect the person's perception of the present and the future – as well as her memories of the past. In Slater's case, her dominant self-narrative in the space of illness consists of self-mutilation, a distant, cold mother, inner voices and emptiness. Long-term treatment, however, has enabled her to construct another, parallel history, which also entails more positive memories. One such new memory is about ice skating. Slater recalls herself skating on ice, making a spin. Her mother claps her hands and later on comments: "You are a girl with know how" (*PD*, 192). And years later, after a job promotion, after years on Prozac, Slater is able to identify with that girl. Moreover, she identifies this moment as a key moment in her history. Self-reliance confirmed by her mother's approval is now integrated into Slater's person and history. And "in the months that followed, other facts came back, facts I had always forgotten to tell psychiatrists, to tell the nurses at the hospital, to tell, most important, myself" (*PD*, 192).

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117 Also, for example, Stanley and Wise (1993) point to the fact that autobiographical narratives are often required of people who are poor and in need of help. They are the ones who, in order to get help have to provide their listeners with the expected narratives of suffering and pain. (see also Honkasalo 2005)

Thus, in the context of psychiatry where self-narratives were demanded, Slater's subjectivity has been constructed as a narrative of pain, which has meant the silencing of memories of agency, "know-how", ambition and achievement. In the context of psychopharmacology self-narratives of pain – or for that matter any narratives – have not been asked for, execpt for the purpose of adjusting the dosage. However, in this context, the alleviation of the symptoms of her illness enables an alternative vision, a revisioning of the past. This new vision, these new voices, do not erase her memories of incompetence and pain, but supplement them, run parallel to them, complete the picture. The treatment does not remove or erase the dark memories: "I still vividly recall the whiteness, the fear, the cold, the cuts" (*PD*, 191) – but it enables the past to present itself as more complex, and colourful "the lifting of illness, incomplete though it is, has brought other, more colourful glints as well. In altering my present sense of who I am, Prozac has demanded a revisioning of my history, and this revisioning is, perhaps, the most stunning side-effect of all." (*PD*, 191)

The revisioning of the past helps Slater, who does not buy into the post-modern belief in the illusionary nature of any core self, overcome the incompatibility of the old illness identity and the new health identity. In terms of identity work she is making herself at home in her new, imperfect state of health by revisioning her past self. According to Iris Marion Young, "homemaking consists in preserving the things and their meaning as an anchor to a shifting personal and group identity. But the narratives of the history of what brought us here are not fixed, and part of the moral task of preservation is to reconstruct the connection of the past to the present in light of new events, relationships, and political understandings." (Young 1997, 154) By re-remembering herself, Slater reconstructs both her past and present self. In a way Prozac has let new light in the house that is Slater's self. In that light she can see both positive and negative aspects in her past, present, illness and health.

Slater's identity work, the need to preserve histories and to accept psychotropic medicine as material repair of her brain, is reflected in her hobby of refinishing furniture that she collects from trash bins, and with which she decorates her house. Despite the discontinuity in her abilities and understanding of the self, the dramatic changes in her everyday life that the incomplete cure has brought about, her body still carries the scars of her past behaviour. Her body preserves the past; the scars refuse to tan. And in this sense, the scarred tissue symbolizes the presence of the past in her life, and reminds us that, in Young's (1997, 154) words, there is difference between a nostalgic longing for the past and recognition of the importance of the past for our current selves: "Nostalgic longing is always for an elsewhere. Remembrance is the affirmation of what brought us here." And that, as Young further suggests: "Some of the meaning preserved in things that anchor identity can be summed in the words 'never again'" (ibid.155).

Yet, she cannot be sure, if Prozac helps her original self to surface or, like a steroid, provides her with qualities beyond her "true" capacities. The question

remains, whether Prozac helps her to "be her", whether she *is* beneath depression and OCD, a productive professional woman, a Chief who loves horses, or whether she is one with her depression, and any achievement, energy, accomplishment is due to Prozac pushing her beyond her actual abilities. "No one wants to be fake" as she puts it (*PD*, 195). An alternative view would be that having lost so much time being ill and depressed, the alleviation, shifting of the illness creates a pulsing need and energy to achieve, accomplish as much as possible within the gaps in illness. "My firsthand knowledge of psychological paralysis and death, and the sense I have that they may return, means I must move now, grasp whatever I can, take in time as though it were in short supply. Which it is." (*PD*, 195) Or perhaps there is a real skating girl with know-how within her that Prozac helps to surface. Or perhaps this girl is only a dream.

In either case, taking Prozac becomes an existential question and problem for those who do not readily embrace the postmodern idea that, since there is no real self, any modification goes. For Slater, questions of identity emerges every morning in the act of swallowing the pill:

> It is morning again, and I shake one capsule from the bottle. I stare into the pearl of the pill and wonder whether it has given rise to an addiction that brings me closer to my oystery heart or further from it. A barnacle stuck on the exoskeleton of a shell. Like my mother, I hold the gem up between thumb and forefinger, turning it this way and that, assessing how light lands on its surface, pushes to illuminate the sphere's interior, where, I sometimes imagine, my whole world might live, *a long long time ago there once was* – a hospital, a nurse, a horse, a love. A scalpel sharp enough to sever or to stitch. I picture it all inside the pill, which is pearl and nipple, which makes me so many many metaphors, and finally, then, I am grateful. My cognition may be fraying, my libido might be down, I may lose language. Prozac is a medicine that takes much away, but its very presence in my life has been about preserving as well as decaying. The flowers I cure. About remembering as well as forgetting. The pond and a pair of skates. In the dream I forget the words *where*, I forget the word *home*, but in my waking life Prozac has taken me deeper and deeper into those questions – me or not me, crutch or inner bone. Returned, I am then, with each daily dose, with the wash of water to take the pill down, returned I am to my stomach, to my skin, to the fabrics of my past and, yes, to the threat of the synthetic. This is Prozac's burden and its gift, keeping me alive to the most human of questions, bringing me forward, bringing me back, swaddling and unswaddling me, pushing me to ask which wrappings are real. (*PD*, 200)

This scene brings together the main topics and meanings of home, health, madness and illness that have been discussed in this chapter: Slater is at home; her treatment takes place at home and she, herself is in charge of taking her medicine. The medicine enables Slater to stay away from the hospitals; it cuts her off from her past that was dominated by illness and that here seems to reside inside the pill. The past is presented in spatial terms: it is a limited, reduced world, and it is the daily act of swallowing the medicine, woven into the fabric of her everyday life that keeps Slater away from that world. The pill opens up another world for Slater, but it comes with the cost of sexual dysfunction, addiction, failing memory, and the forgetting of the very words that make it possible to pose questions: the words *where* and *home* enquire about location and identity, direction and spaces of belonging, and for Slater, this is

the most important aspect of her partial cure. To keep asking, searching for a home, and not to think that the space that allows you to rest is final, complete, and permanent as a home.

6.8 Conclusions

In *Speaking of Sadness* David Karp (1996, 166) writes that almost everyone suffering from depression becomes a theorist of illness as they seek to explain and to give order and coherence to their situation. In a way, they search for a discursive home or frame that could "hold" their experience. In *Prozac Diary* Lauren Slater's searches for a discursive space that could "hold" her experience of the strangeness of health – its sudden emergence and loss, and the final precarious state of health. Slater's quest, like the quest of the other writers, is to find home in language – a discourse, a narrative form – for her experiences with Prozac. She has written a memoir that comprises diary entries, extracts from a psychiatric patients' evaluation and treatment plan, stories of childhood, poems, essays and diary entries. She addresses the reader, her doctor, and her lover. Her language encompasses the medical and the poetic while it leaves out – to a great extent – the social and the bureaucratic. Slater's search is for a language that could combine – critically acknowledge and challenge two aspects of illness: one that speaks the materiality of illness at the same time as it speaks the poetic, and thus gives rise to dignity. This multiplicity of discourses and registers reflects the multiple ways in which illness and cure affect patients' lives.

What Slater wants to demonstrate here is that living with a mental illness and finding cure is a shift from the discursive space of illness to that of health. It marks a shift from the position of a patient to the world of the healthy. This shift is not only discursive but also embedded in the historically changing psychiatric discourses that are experienced also as a personal shift from one worldview to another, and a negotiation of the problematics this shift poses to the patient. Through a series of attachments with which the protagonist engages herself she demonstrates that the shift is not simply ideological or intellectual, but that it involves emotional and bodily processes that comprise geography, emotions, social relations, materiality and symbolism of the home, notions and experience of the body and the ability to love. The experience of mental illness and cure is a thoroughly affective process embedded in the material and discursive reality of the specific location where they take place. For Slater, this context is the context of the late 20th century USA where notions of health are embedded in discourses of individualism, autonomy, competitiveness and the problems of the mind are increasingly dealt with by medicine. Slater's quest is to educate medical professionals to see beyond these diagnoses to the realities in which patients live and experience their ailments. In order to do this, however, she needs to ground and secure herself in the material reality of the world she is part of; she needs to create a home where it is possible to stop to think and to understand her experience.

In doing this, she takes the readers into the homes in which she has inhabited and into the spaces where illness and health have taken her. The homes she has inhabited have told us their stories of both suffering and joy. Both in health and in madness the homes are partial, never complete, and processes of becoming rather than final states of completeness.

7 HOMES OF THE MAD WOMEN. PSYCHIATRIC CULTURES AND SPACES OF DWELLING AND BELONGING

> *Defining* normally has to do with fixing a territory and demarcating its edges, with orienting ourselves in a stabilized environment. Defining space for the purposes of discussing the subject might instead tend to demonstrate just how flexible space can be. – Kathleen M. Kirby: *Indifferent Boundaries.*

> Indeed the very meaning of "home" changes with experience of decolonization, of radicalization. At times, home is nowhere. At times, one knows only extreme estrangement and alienation. Then home is not just one place. It is locations. Home is that place which enables and promotes varied and everchanging perspectives, a place where one discovers new ways of seeing reality, frontiers of difference. One confronts and accepts dispersal and fragmentation as part of the construction of a new world order that does not demand forgetting. Our struggle is also a struggle of memory against forgetting." (hooks 1990, 148)

This study grew out of a realisation that feminist discussions on women's madness were somewhat limited in regards to the concept of home. In the previous chapters, with my analysis of Janet Frame's *Faces in the Water*, Bessie Head's *A Question of Power* and Lauren Slater's *Prozac Diary,* I have attempted to broaden this view by mapping out the multiple meanings of the home for the madwoman. Responding to the feminist critique of home as 1) a socially repressive space that limit the options and agency of (white, Western, middle-class, heterosexual and married) women – and eventually drives them mad, and 2) an enclosed epistemological space "in which the subject is too comfortable to question to the limits or borders or her or his experience, indeed, where the subject is so at ease that she or he does not think" (Ahmed 2000, 87), I have attempted to show that, from the perspectives of these writers and their textual constructions of madwomen, home is a much more complex and multifaceted concept. The study thus became an attempt to answer the questions: What – and where – is home in these women's madness narratives? What are the meanings of home that surface as significant in the context of these women's madness narratives? How is home constructed in these texts? And what functions and meanings does it have?

In retrospect, it seems that it is no wonder that in searching for metaphors that could help develop a non-medical discourse to understand the experience of mental illness, I landed upon home. Home, like the experience of madness, is a space where one's emotional, social, interpersonal, and personal relations are developed and negotiated. The notions and definitions of home that proved out to be most important to my analysis were presented in Chapter 3. It is even less surprising that my research on the literary and metaphoric uses and understandings of "home" have brought me to concepts like space and belonging, for the authors employ space and negotiate belonging in multiple ways. In all the stories, madness and its treatments are also linked to movement across space: Frame's Istina feels as if she was drifting away on an ice floe, and her hospitalisation lands her in a strange world that seems to have a culture of its own, with highly eccentric inhabitants. Her experience is likened to that of exile. Head's Elisabeth is a migrant who experiences an invasion of her home by the hallucinatory figures that colonize her house, a mud hut, in the village to which she has shortly before moved. Thus, in Elisabeth's case, migration/exile are both seen as the reasons for her breakdown, and her experience of madness is closely linked to her attempts as a stranger to settle in a village where everyone seem to be related to each other. Slater's story consists of several moves between houses, flats and medical spaces that all reflect – or add an aspect to – her identity. The spaces she inhabits reflect the stages of her illness and health.

Also, in these stories, psychiatric spaces – hospitals and outpatient clinics – are described as having a life and culture, language and relations of their own. Like moving into another country, forced or willingly, madness interrupts and disturbs every aspect of everyday life. It changes the subject's sense of space, interrupts the concept of the self one has developed, and questions identity. It can lead to a concrete change of environment as in hospitalisation, or transform the locality of one's everyday life. Even if one stays in the same place, madness changes that place, as happens when Elizabeth's hut becomes populated by (imaginary) people and their actions that disturb her everyday acts of living. The place can change: transportation to an asylum throws the patient into a new, disturbing reality as happened in *Faces in the Water*. In *Faces in the Water, A Question of Power* and *Prozac Diary,* the meanings of madness and homes are negotiated both in relation to the place where the protagonists stay, where they feel they belong, and where they come from. At the same time, the books, by drawing on their specific cultural, geographical and historical psychiatric contexts, challenge and question the idea and possibility of belonging in multiple ways.

Out of a vast body of women's madness narratives I chose these three authors because they approach the issue of madness from different perspectives that emerge from different discursive, cultural, historical and psychiatric contexts. They thus expose the reader to the diversity of discourses and practices that regulate and shape the notions of madness. Yet, although the texts embody psychiatric practices of different geographical places in different times, most of the practices and discourses described in the books are still found today. Thus,

while sensitivity to the contexts from which the stories emerge is important and the narratives draw their contents from these specific contexts, what they have to say about the practices and discourses that shape their experience has significance for a wider community and audiences. So, while Frame drew on her experiences of two New Zealand mental hospitals in the 1940s and 1950s and wrote *Faces in the Water* in England as part of her therapy with R.H. Cawley in 1960, her description of the effects of long-term hospitalizations, electroshock and insulin therapy point to important aspects of these as bodily intrusions that affect the patient's sense of integrity, and as an invasion of her home. The overcrowded hospitals and the female patient's sense of deprivation of home, the resulting nostalgia and the construction of minimal homespaces in the limited private spaces of the hospital are aspects that can be applied to other cultural contexts of confinement.

And although Head's narrative is set in a specific village in Botswana, where Elizabeth's settles as a forced, mixed-race migrant from Apartheid-ridden South Africa, it points to the importance of understanding the effects of discriminatory politics and forced migration on their subjects. Also, Elisabeth's position as a single parent and the context of her mothering, the practices of other-mothering, for example, help frame questions about the relationship between madness and mothering. Furthermore, the idea of madness as a psychic journey poses an alternative to psychiatric conceptualizations of madness. Slater, on the other hand, writes from the midst of psychiatric discourses and practices: she, in fact, claims to write *through* Prozac, the psychopharmaceutical drug developed by a North American drug company Eli Lilly in the 1970s, and marketed since 1987 as Prozac (Shorter 1997, 322-3). Her memoir does not address mental illness or madness as much as *health* as a "new planet pressing in" (*PD,* 9) and challenges the normativity and cultural notions whereby health is constructed and understood. By asking, what it is that Prozac, which so fundamentally transforms her life, turns her into she is us into, she is asking what the discourses that we accept by accepting this type of cure turn us into. She thus calls into question nothing less than our humanity: if people are "silicon chips," chemical compounds and a series of electrical impulses that due to some mishap produce psychiatric conditions such as depression, obsessive-compulsive disorders and self-mutilation, then what is left, what are we as human beings, if the means and measures psychiatry has developed to repair these mishaps, fail? Slater's narrative is embedded in, stems from and challenges the late 20th century biomedical psychiatric discourses and thus based on a terminology, a discursive reality, that does not exist in Frame's and Head's accounts. What binds the three works together is the fact that they explore the effects of their discursive contexts of madness and psychiatry in relation to questions about humanity and home. All the works discussed in this study thus engage in a search for liveable spaces outside the violence of madness and its treatment, including Slater, who is engaged in finding a space outside of this medical discourse, a poetic and meaningful space within which the existential dimensions of being ill and well could be explored.

7.1 Madness and Dwelling and Being Human

All the madness narratives discussed in this study problematized the belonging of the mad/psychiatric female subject to humanity. Humanity is also what links madness and home together. As the authors of *Madness in post 1945 British and American Fiction* and other scholars on the cultural history of madness note, madness itself is essentially a quality of humans: "to be human is to be able to experience madness" (Baker et al. 2010, 19; see also Geekie and Read 2009, 6). As Martin Heidegger (1962) has pointed out, to be human is also to dwell, to inhabit a place. Furthermore, the Universal Declaration of Human Rights, Article 13, ensures everyone "the right to freedom of movement and residence within the borders of each State" and "the right to leave any country, including his own, and to return to his country." It also ensures one the right to choose where one lives. As we have seen, psychiatric treatments place patients in positions where their fundamental rights as human beings are – and can be legally – violated. Furthermore, severe mental turmoil can result from social and political practices where people are deprived of these fundamental human rights – as is the case in *A Question of Power.* Madness can thus both result from and lead to violation of what we, today, understand as basic human rights. As Frame and Slater demonstrate, madness and psychiatry have infantalizing effects that are related to the sufferers' right and ability to choose the location of their living: in *Faces in the Water,* the patients are moved around the hospital with little or no notice, and in many wards they are treated as children at best, and as animals at worst. In *Prozac Diary*, Slater repeatedly links her illness to her inability, symbolically, to leave her uninhabitable childhood home, and she constantly refers to herself as an adolescent when she gets on Prozac and starts to venture into the strange landscape of health. Furthermore, in these narratives, mental turmoil and psychiatric treatments are also experienced as becoming homeless and being driven out of one's own house.

The experience of mental illness and its treatment thus make people homeless both physically and in terms of discourse and symbolism. The madness experienced and written about by the women in this study limits their possibility of belonging to humanity in multiple ways. And thus while the liberal feminist discourse can be somewhat crudely summarized by saying that "feminism is the radical notion that women are people" (Hirschbein 2004), the project of this study has been to examine madness and psychiatric practices as factors that shape the ways of dwelling and belonging of the women who are subjected to them, how the women in these narratives construct and experience spaces that could be called home.

And indeed, multiple meanings for home have surfaced: in these stories, home presents itself as a lived in, material and metaphorical, experienced and narrated space. It is also a space that enables the act of narration, and the construction of (also) counter narratives (as in hooks's (1990) "homeplace"). Home refers to an affective relationship, a significant/signified space of belonging. It

refers to both imaginary and real places/spaces, past, present and future places of dwelling, and abstract and social communities. Home is both gendered and normative: in order to qualify as a home, a space and/or a community has to provide the dweller with some degree of safety, privacy and acceptance. Furthermore, home is both material and imaginary, it is a nexus of power and identity, and multi-scalar, as Alison Blunt and Robyn Dowling (2006, 254) also have pointed out. It is both spatial and temporal, a space where "spatiality and temporality, human geography and human history, intersect in complex social process... which gives form not only to the grand movement of societal development but also to recursive practices of day-to-day activity." (Soja 1985, 94) Home is a nexus of linear, historical time and repetitive cycles of everyday life.

The questions of belonging and humanity, gender and sexuality carry significance across geographical spaces and historical times. The possibility of belonging – developing a sense of belonging – to humanity as a mad/psychiatrically treated woman is a central question to all these madness narratives. The multiple differences between the three different texts that have been discussed in this study point to the fact that just as there is no Woman there is no Madwoman either: the experiences of madwomen and the means and forms of textually and discursively conveying and constructing them vary according to time and place. Thus, the speaking position of mad and psychiatric female subjectivities is itself permeated with internal differences. In the analysis above, I have largely ignored such standard axes of difference in feminist enquiry as class, and touched only slightly on sexuality and race, which points to a potential limit of this study. While I consider it important to analyze and understand the roles of these other differences between women in conjunction with psychiatric and mad subject positions, in this study I have limited the focus to the differences in the psychiatric contexts in the formation of the subject conditioned by asking such questions as: how is madness defined and understood and how are those considered mad defined and how can they define themselves? Where are they placed and how are they treated?

7.2 Madness as Difference

> It would be just as short-sighted to ignore illness as it has been to ignore the person with the illness. (Essock and Sederer 2009, 279)

As the study has shown, madness and its treatment affect their subjects' sense of space and locations of living in multiple ways, and thus create important differences both between and within women. Madness itself can be understood through multiple discourses, and constructed as an axis between insanity and sanity, thereby referring to the ability to reason, or as mental illness, and hence be understood in opposition to health and related to the subjects' ability to function also in other ways. Madness is an umbrella term that comprises both of these oppositions. Furthermore, madness can be used to refer both to social and

political practices within larger communities or institutions and to individual suffering. In the narratives, madness and illness are both linked and importantly distinguished: for Head, for example, it is not the voices Elizabeth hears that are symptoms of illness; Elizabeth is rendered ill by the violence inflicted by the "hallucinations."

Frame points to the difference between madwomen in the hospital and those outside: it is a spatial difference that for the madwomen is marked by the loss of their authority and autonomy in regard to their use of space. The difference is present in the everyday life of the hospital: while the nurses carry the keys and return home after the day's work, the patients remain in the hospital until the doctors order otherwise. In *A Question of Power* and in *Prozac Diary,* madness is primarily seen as an internal difference, something that splits the mad female subject in two. In *A Question of Power,* the two realities of madness and the everyday are kept separate as Elizabeth appears quite "normal" while working in the garden, while in *Prozac Diary* the sudden disappearance of the symptoms of madness transforms Slater's being in the world completely and interrupts her self-narrative. Thus while in *A Question of Power*, for the most part of the book – and the three years of her crisis – Elizabeth's participation in the world of health (shared social reality) and the world of madness are interwoven in her daily rhythms of sleep, cooking and working, in *Prozac Diary* health follows madness linearily – until Prozac poops out and the partiality of health is revealed to Slater.

We can also read this internal difference between madness and health as indicative of the partiality of both madness and sanity, mental illness and health. The dichotomy between illness and health is undermined in both Head's *A Question and Power* and in *Prozac Diary*. While Slater finds interstices of health in illness, and illness resides within her body as recurring symptoms and the memory of herself as a sick child, in *A Question of Power* the sharp contrast between Elizabeth's inner state and her activity in the social setting as well as the gradual approach of the breakdown and gradual recovery and restoration of her inner balance and social position towards the end of the book point to the partiality of both madness and sanity, illness and health. Madness – or mental illness – and health are thus presented as anything but clear-cut, oppositional entities. Rather, they exist as continua or as layers. Inner disintegration and sexual dysfunction that, as Slater points out, in the psychological literature are regarded as symptomatic of many a mental disorder, can coexist with active participation in social/professional life.

In the books that have been analysed, psychiatry is seen both as oppressive and enabling, and thus to talk about psychiatry, is to talk about power understood both as oppression and empowerment. Oppressive structures and discourses are found in different spaces and places and they draw their contents and concepts from different discourses and different social realities. In *Faces in the Water* it was psychiatry, the treatment and discourse of madness that was scrutinised as an oppressive force. The book, while *not* challenging the existence of madness itself, is vehemently critical about the treatment of psychiatric pa-

tients in psychiatric hospitals. The spatial politics in regard to the mad themselves, was the removal of the mad from their usual spaces and places of dwelling, social networks, responsibilities, lives. As Frame's narrative shows, however, belonging and having a homespace in the World Outside the hospital is not self-evident either.

Frame and Slater who both write from within psychiatric practices, wrote their books in order to change the practices that dramatically changed their lives. While Frame wanted to change the asylum system by exposing to the public the nightmare world that existed behind its closed walls, Slater wants to convey to the public the personal experience of taking a psychopharmaceutical drug. Her aim is to problematize the self-evidence of the "goodness of health." Frame's novel epitomizes a point in psychiatric history where lunatic asylums were being transformed into psychiatric units and an institutional and discursive change based on an ideological shift in understanding that the mad were human, too, was under way. Slater's experience, on the other hand, epitomizes the end of the psychoanalytic century where the diachronic explanatory power of personal histories as bases and sources of psychiatric conditions and objects of its treatments were/are being replaced by treatments aimed at repairing the chemistry of the body. As her narrative points out, a change in vocabulary changes the ideology and frameworks with which the patients view themselves and the world around. A change in these discourses changes the narrative or supportive discursive frame that enables the sufferer to make sense of her suffering, and losing this frame, as Terhi Utriainen (2004) points out and Slater's memoir demonstrates, is to lose one's identity. In a way, the narratives can be read as literary witness narratives of different ways of conceptualising and treating madness in three different cultural and psychiatric contexts. New treatments change patients' positions in regards to both physical space and discursive frames of interpretation that are also ideological constructions. Slater's focus on the concept of self, for example, is clearly a product of not only psychoanalytic and biomedical discourses, but also a product of the late capitalist consumer culture of Northern America where competitiveness and individualism are desired and required characteristics of the citizens.

In *A Question of Power* psychiatric discourses and practices are to a great extent marginal to the understanding of madness that the story develops. And thus, whereas Frame's and Slater's accounts seem to form a continuum in the development of the history of psychiatry, Head's novel resorts to other paradigms, and criticism of psychiatry plays a far more marginal role in *A Question of Power* than in *Faces in the Water* and *Prozac Diary* that emerge directly from within psychiatry and engage with it explicitly throughout their narratives. One could say that Frame and Slater employ the "master's tools" of psychiatry and combine it with the personal poetry of metaphorical language, whereas Head resorts to other discourses and "tools", and presents psychiatric discourse as a merely one option in framing Elizabeth's experience, which predominantly takes place outside psychiatric institutions – also, clearly, because in the South-

ern African context mental hospitals and psychiatry in general played a less central role in society and the asylum does not occupy a central role as a literary trope.

In my analysis of *A Question of Power,* madness was constructed and discussed as a product of inhabiting uninhabitable spaces, of politics and social orders that deny an individual's existence. The oppressive forces of racial and gendered violence produce madness in an individual subjected to these types of violence. Madness itself was seen as a space within which to study and understand this oppression – and a point at which the object of oppression, the victim, overcomes her objectification and gains subjectivity. In *A Question of Power* it is thus the political and social forces that prevent an adult citizen from taking part in the discursive construction of reality that drives the protagonist mad. In *Prozac Diary*, it is madness itself that prevents the narrator from participating in posing the most humane of questions, to participate in meaning-making and thus the shaping of reality. Thus, while in *A Question of Power* madness can be seen as a space that enables liberation, in *Prozac Diary* it is madness that the protagonist needs to liberate herself from. Consequently, in *A Question of Power* madness is a site of spirituality, an enlightening journey. In *Prozac Diary* spirituality is found in the protagonist's new interest in such mundane tasks as housework.

The writers thus take different positions in relation to madness: although Frame in her autobiography rejects any allusions to her madness, she does /did not in *Faces in the Water* or elsewhere deny the existence of the medical condition called schizophrenia (Hubert 2002). In fact, in her autobiography she writes that she had seen enough of the disease to know that she had never suffered from it – and later denied, with the help of medical certificate from a doctor who had treated her that she had ever suffered from it. Thus she implicitly accepts the existence of "genuine madness" (Russell 1994, 147). In *A Question of Power*, however, madness is somewhat removed from the psychiatric context and discourses and much more complicated as it is constructed as a space within which multiple belongings are negotiated. In *A Question of Power,* madness is approached from within, and what is made significant is its contents – the questions of goodness and evil, of how to live in the world and how to face the violence and injustices of this existence and ensure that one does not become evil oneself. If thus, in *Faces in the Water*, it is the psychiatric subject that is in focus, in *A Question of Power*, it is madness itself that subjects the narrator to the violences of her past and present contexts of living. And if in *Faces in the Water* it was psychiatry that denied its subjects their humanity, in *A Question of Power* madness is a space where the protagonist tries to comprehend the denial of humanity that takes place when racial and gender categories are violently imposed on people and used to deny their humanity. As for Slater, it is psychiatric treatment in the form of medicine that enables her participation in posing the questions concerning humanity. Although her actual encounters with medical professionals and the biomedical view of psychiatric problems are criticized for their dehumanizing effect on human suffering and denial of the meaningfulness

of illness experience, they do enable Slater to participate in the world in ways that were unimaginable without her medication.

The narratives thus point to the fact that the meaning of madness to the sufferer depends on the discourses available to her, but also on her own position – or even stance – in regard to these different discourses. Psychiatry may not give them much choice in the actual context of its practice, but in their own writing the authors can develop spaces outside and beyond the confines of their immediate surroundings. Thus the texts themselves can be regarded as narrative spaces of subject construction and thereby spaces where experience becomes grounded in language. Writing an autobiographical madness narrative is an act of creating a subject position, and crafting a discursive home that is not a site of intellectual lassitude as some feminist critics (de Lauretis 1990, Honig 1994) have suggested, but a space that is a product of interrelations, "constituted through interactions, from the immensity of the global to the intimately tiny" (Massey 2005, 9). This type of home is then "space as the sphere of the possibility of the existence of multiplicity in the sense of contemporaneous plurality […] as the sphere of coexisting heterogeneity" (ibid. 9). A personal narrative of madness, as we have seen, can allow heterogeneous and contradictory realities and desires to co-exist in the same space and subject.

7.3 Space of the Subject; Spaces of Potential Homes

In the analytic chapters, the notions of home focused largely on the spatial dimensions of home. In the stories the spaces where the protagonists search for homes and the spaces that they find homes are found both in their surroundings and within themselves. Many of my findings in regard to the spatiality of homes resonate with Kathleen M. Kirby's (1996, 16) definitions of the "space of the subject" in *Indifferent Boundaries*:

In speaking of the subject we will want to take into account topological, geopolitical, corporeal, psychic, discursive, and social spaces. The preceding act of definition makes it clear that the divisions made between these registers of space often will not hold, yet neither can the "space of the subject" be marshalled into a single format. If the body takes form in the three-dimensional landscape of the object-world, geography tends to be understood in terms of a two-dimensional material surface, and language as a one-dimensional, temporal plane in which linguistic binaries are continually reconstituted. Each of these spaces shapes the subject's "substance" according to different logics, and each space offers its own degree of freedom and imposes its own kind of confinement.

Each of these levels – topological, geopolitical, corporeal, psychic, discursive and social – play a role in defining subject positions for madwomen, and in understanding the multiple belongings and yearnings included in their relation to home. Topological here refers to the everyday materiality constructed in the texts: the protagonists' movement in and through space and their relation to the

physical world, landscape, dwellings, and objects in their sites of dwelling from Frame's asylums to Head's mud hut and Slater's basement flat. Geopolitical refers to the different countries and states in question (New Zealand, Botswana/South Africa and contemporary US), and, more specifically, to the politics of psychiatry in each geopolitical site. These are closely linked to the discursive space that the authors create and resort to in terms of the aetiologies of their madness (Head's understanding of madness as a journey and a way to knowledge about [past] evils, and Slater's biochemical understanding of it) and the narrators speaking positions in relation to psychiatric practice and discourses. The corporeal aspects refer to the subjects as raced, classed, sexualized and gendered, but also to understanding of the body as a place, an embodiment of historically and culturally specific discourses. The body is also a means through which knowledge is gained, and a place is sensed, as in Avtar Brah's (1996) definition of home as an everyday reality with certain smells, sounds, and temporal routines. Also, the authors use spatial metaphors in describing the experience of madness or its treatment, and their effects/affects in/on the corporeal-psychic subject. The social aspect refers to the construction of space in interaction with others – and the space itself. As Doreen Massey (2008, 149) puts it: each homeplace is a product of ever-changing geographies of past and present social relations. And as a homeplace is closely connected to the identity of the dwelling subject, we can read the subject as a "product" of these "ever changing geographies of social relations" as well.

In this study, the scale or the spatial dimensions of the geographical spaces of belonging range from a stalk of grass to the continent of Africa. In terms of more abstract and social "objects" of belonging, gendered madness inevitably lead to questions of belonging to humanity. The narratives also point to the importance of boundaries in constructing the experience of madness: for Frame the most significant border is the one that separates the world of the mad from the world outside. For Head, the border that separates South Africa from Botswana marks a crossing from one racial reality and political order to another. In both stories, the physical boundaries of these two worlds, and in *A Question of Power* the boundaries of the protagonist's home, mark boundaries that separate the spheres of madness and sanity that, however, constantly leak into one another. In *Prozac Diary,* Slater's madness is characterised by the confinement of space by illness, and her recovery is marked by an expansion of the range of space she inhabits. Furthermore, madness and its cure are also experienced as an ability or inability to orient oneself in space. Whether in health, as in *Prozac Diary*, in madness, as in *A Question of Power,* or in a psychiatric hospital, as in *Faces in the Water*, the difficulty of orienting oneself in discursive and physical spaces is experienced as a state of homelessness[118]. This sense of homelessness

[118] In *Queer Phenomenology*, Sara Ahmed (2006, 157-8) argues that orientations are "organized rather than casual" and describes moments of disorientation as vital: "They are bodily experiences that throw the world up, or throw the body from its ground. Disorientation as a bodily feeling can be unsettling and it can shatter one's sense of confidence in the ground or one's belief that the ground on which we reside can support the actions that make the life feel liveable." Referring to the history of phenomenolo-

is both a concrete and metaphorical state where thinking becomes impossible. Thus to find one's home is to find one's bearings. Home is thus about being grounded in time and space, in language and in discourse. Stefania Colluccia's (forthcoming) theory of home as framework which makes thinking possible seems to gain support from the narratives of madness that have been discussed in this study. Home is a space with which we can make sense of ourselves, a framework.[119] Home is a state that allows thinking. The processes of finding and losing one's bearings, disorientation and the need to re-orient oneself surface in all the stories that have been discussed. Finding a space where a meaningful connection to material reality and one's surroundings is found, is a significant gesture: in *A Question of Power*, Elizabeth finds a connection to the earth. In *Prozac Diary*, Slater, discovering her body in a new calm, finds her bearings in the foreign land of health as she watches the stars from the window of her home. To be able to do so, she needs to be able to trust the ground on which she lies.

The body is perceived as a space, especially in regards to medical treatments. In *Prozac Diary,* Slater negotiates her identity in relation to biomedical discourses that have, to a great extent, replaced the personal histories of patients with a spatial view of their bodies that is mechanistic and dehumanizing. The violence of the treatment lies in the protagonist's difficulty in accepting this view of her body as a space for neurochemical functions of the brain and her personality and self as a mechanical result of these processes. In *Faces in the Water*, on the one hand, the psychiatric violations of the patient's body are cruder: confinement prevents free movement in space, and electroshock therapy detaches the mind from the body by rendering the patient unconscious. The planned lobotomy that Istina escapes involves a direct intrusion of the patients' bodily boundaries and removal of a part of her brain. Notably, Frame resorts to a highly more metaphorical language in her descriptions of these violations. The narrator describes the doctors as camping on her body, and the medical staff that enthusiastically prepare for the operation as a guests in a house of mourning where the coffin is still empty. This metaphorical language, I think, is a way of preserving the dignity of the narrator and protagonist, a technique of maintaining mastery in the house of language that, content-wise, describes the attempts to violently evict and erase her.

Madness itself is described as a social space within the suffering subject: in *A Question of Power,* madness is a state where the private spaces of the sufferer

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gy, she also points out, however, that the moments of disorientation "are often moments that 'point' toward being oriented" (ibid. 159). Applied to the processes of finding and losing the sense of home in the madness narratives that have been studies here, one could argue that becoming homeless opens up the possibility of finding the ground for a new home. In these narratives, however, the spaces where the mad women land can, as is the case in *Faces in the Water*, for example, actively prevent home-making.

119 Also the studies among homeless people (Tischler 2007, 2009; Granfelt 1998; Burlingham 2010) seem to support the view that until people who are homeless find a place to stay, focussing on other things seems impossible. Finding a home is thus constructed as finding a place from which one can orient oneself towards the world.

are populated by others, personages that the person housing them experiences as separate from herself. Intruders invade Elizabeth's house. In *Prozac Diary*, Slater houses inner voices. She is both a home to the voices – and the voices, by keeping her company, form a kind of inner home to her. In *A Question of Power,* Elisabeth's house is invaded by characters who torment her by limiting her use of space within her home. And whereas in *A Question of Power,* the invaders of Elisabeth's house only gradually invade her mind and it is only when they disappear that she is able, finally, at the end of the book, to start writing, in *Prozac Diary* Slater has learnt to utilise her inner voices in her writing – perhaps due to the fact that her illness has lasted so long. Importantly, though, both construe the voices they hear, their inner interaction, as a way to knowledge, or a way of knowing. For Head, her torment and negotiations with her tormentors, provide her with a space to study the dynamics and functions of power; for Slater, the inner voices give substance to her writing and allow her to know herself in illness. In both of these stories madness is thus presented as an inner space that is both social and meaningful as it allows the protagonists to study the origins of their otherwise intolerable suffering that stems from disturbed family dynamics and, in *A Question of Power*, oppressive social structures. Interestingly, in *Prozac Diary,* where the cultural context supports postmodern ideas of multiple selves, the protagonist searches for a core, an authentic self that would lie underneath all the selves. In contrast, in Bessie Head's *A Question of Power* where the protagonist is oppressed by the social order and a discourse that demands singular identities, she constructs a narrative that searches for new horizons that allow multiple subjectivities. The narrative homes the authors construct and desire can thus be also described as a narrative relations or positions in regard to their discursive contexts. They are directions and orientations rather than fixed places.

7.4 Home and Identity: (Im)Material Spaces and Domestic Chores

In "House and Home. Feminist Variation on the Theme", Iris Marion Young (1997) questions the association of home with a stable identity. In the light of these madness narratives, I can only share her view. Home is a space where the women depicted in these stories act as agents, preserve and recover themselves, host guests and pose *questions* about identity. As in *Prozac Diary*, by weaving together one's life history through the places one has inhabited, the discontinuities, developments and threads of continuity can be made visible. Leaving a home marks a transition. Finding a home enables both imagining and remembering, both of which can be understood as political acts of subject construction. And living at home and preserving it enables the coming into being of "the idea of home and the practices of home making [that] support personal and collective identity in a more fluid and material sense" (Young 1997, 164). Furthermore,

recognizing the value of home as supportive of identity, according to Young, "entails also recognizing the creative value to the often unnoticed work that so many women do." While in *Faces in the Water* madness marks a removal of the madwoman from the space of her home, in both *A Question of Power* and *Prozac Diary* the protagonists endure their madness and effect their cure in their homes. All the works discussed in this study present the madwomen's spaces of dwelling as sites where domestic chores are carried out. But whereas in early feminist works (de Beauvoir 1964) the dulling nature of domestic chores was associated with home as a site of women's oppression and unpaid work, and interpreted as a symbol of a lack of intellectual input, in these women's madness narratives, domestic duties are signicant in varied ways. While in *Faces in the Water* duties such as sweeping the floors are presented as performatives of health: Istina makes an explicit link between her "enthusiastic polishing of the corridor" (*Faces*, 54) and her release after three years of obedience, in *A Question of Power* Elizabeth's cooking is frequently associated with her participation and social interaction with friends and her son, and thus emphasizes her role as the head of her household and a mother. Domestic chores are thus linked to a social role, and furthermore, presented as a way of warding off the madness that threatens to invade her house. They are sites of agency, and Elizabeth's role as a patient after her discharge from hospital is marked by her becoming the one who is cooked for. In *Prozac Diary*, Slater's first phases of recovery involve her taking an interest in the state of her home. Learning to clean, bake and set the alarm clock take on meanings of both spirituality and the material construction and reconstruction of feminine subjectivity, which later seems to give way to engagement in professional life in the outside world. Home as a site of everyday life is thus a site of performing the gendered tasks of domestic chores, but – apart from *Faces in the Water* – rather than being wholly oppressive, they are also understood as meaningful counter forces to madness that ground the dwelling subject in the materiality of her body and her home (Young 1997, Jokinen 1996 and 2005)

In the early feminist works home was constructed as a gendered place of women's oppression, and in relation to madness, it was understood as a site of confinement that drove women mad (Friedan 1967, Gilman 1892, de Beauvoir 1964). It was also understood to be a hierarchically charged, immanent and intellectually inferior space in relation to the public sphere that offered (men) opportunities for social political participation and chances for transcendence. In contrast, in the madness narratives this study is concerned with, home is constructed as a space of autonomy: Frame associates home with ownership and the possibility to choose. Head creates it as a social site of intellectual activity and engagement in meaningful action and interaction. She further cherishes it as a site of the privacy of thought – which is then violated by Sello, who intrudes on Elizabeth's thoughts, and Dan, who demolishes it as a site of daily actions of rest and sleep and a peaceful existence that would allow Elizabeth to engage in creative acts of gardening and writing.

7.4.1 Home as a (Material) Extension of the Dweller's Identity

In all three narratives, subjectivity is grounded in material reality and identities are constructed in relation to material objects, spaces and places. Home is thus understood as a material extension of the dwelling subject, but the spaces the protagonists inhabit respond to this need for material belonging in different ways. In Frame's novel, the patients yearn for the possession of things (furniture, clothes and make-up) the ownership of which was equated with autonomy, and recognised health. The asylum environment, on the other hand, called for dis-indentification with the current dwelling of the patient. At home outside the hospital, it was the family, social setting and books on the bookshelf that were highlighted as a home. We could thus read the emergence of the bourgeois ideology of the intertwinedness of self, identity and home in Istina's yearning. In the space of the hospital where the patients were deprived of personal belongings, her identity was described as social, embedded in interpersonal relations and the social hierarchies of the wards. In Head's *A Question of Power*, Elisabeth's dwelling is a mud hut, a piece of architecture of a culture foreign to her, set in a village where she, as a forced migrant feels alien: her knowledge of the local customs and language are limited. The bare furnishing of her hut, and later house – a bed, a chair and a table – are not constructed as bases of her identity. In fact, I argued that they reflect her poverty rather than her personality. Thus, the material space of her home prevents reading it as a material extension of her personal identity, although it may reflect her social identity as a poor migrant woman. The space of Elizabeth's hut/house is predominantly a social space – the depiction of which is in sharp contrast with the Danish Camilla's attachment to her house and Camilla's resentment of the local community. Elisabeth's belonging to her new dwelling place is, however, grounded in material reality: it is developed in relation to the earth, the soil that she cultivates in the communal garden, and it is symbolized by her planting of the imported Cape gooseberry in this foreign soil. This image both symbolic and grounded in the communities immediate need to survive: the Cape gooseberry provides nutrition for the impoverished community at the same time as it underlines Head's firm belief that foreign elements – whether plants or people – enrich rather than threaten communities.

In *Prozac Diary*, Slater's recovery is marked by her new awareness of her dwelling place as a reflection of herself. She buys a chair on gliders. She begins to refurnish her home. And finally, she moves out in a symbolic gesture. Slater's recovery is thus marked by her increasingly active participation in the capitalist consumer society that she, as someone defined as healthy, is thus now a full member of. Thus, in *Faces in the Water,* Istina and the other patients, through their confinement, are excluded from buying things that could reflect their identities, and hence it is the psychiatric context that impoverishes them: the patients, like children, only receive pocket money to buy candies from the canteen. In *A Question of Power,* Elizabeth, through her engagement in the development project, begins to participate in an emerging capitalist economy as

the villagers start selling the products of the development cooperative. Yet, it is the effort of producing the products that is given greater significance than the buying of things. There is thus a significant difference between Elizabeth's working on the land, gardening, and consumerism, the buying of things and dreaming through the possession of houses that we find in Slater's *Prozac Diary*. The context of Elizabeth's suffering, and thereby the notions and measures within which health and madness are defined, is characterized by the whole communitiy's struggle to survive. In *Prozac Diary*, the notions of mental health are linked to the individual's ability to thrive.

The ways in which the identities of the mad dwellers are understood are thus largely dependant on the surrounding culture as a whole and not simply on the construction of pathologies based on medical/psychiatric practices. These wider cultural frameworks are also evident in the significant difference in the ways in which Head and Slater employ the space of their dwellings to represent the mind. With Head/Elisabeth, the invasion of Elisabeth's mind is projected onto the interior of her house: her house is invaded by the presence of Sello, Dan and their companions. The invasion of her thoughts marks the final loss of privacy. The invaders bring disorder and chaos to Elisabeth's scrupulously polished house, while in *Prozac Diary*, however, Slater's madness is reflected by the lack of furnishing and care for the basement apartment and the figments of her mind, the voices she hears, are located within the space of her body. In *A Question of Power,* Elisabeth's privacy is depicted as the privacy of her mind, while her home is a social space that remains open to friends and visitors until her health totally breaks down. Against this background, the lack of (description of) friends and community in *Prozac Diary* is striking, and indicative of the loneliness and disconnection of mental suffering in a context where this suffering is medicalized. Medicalization, as Peter Conrad (2007) among others argues, is a powerful tool of individualization of suffering. And while, as Philip Cushman (1996) argues , the individualism can be regarded as the basis of many achievements in the modern world and certainly, since Mary Wollstonecraft's *Vindication* (1792), the recognition of women as individuals has been the aim of women's movement and feminism, in the context of mental turmoil and suffering, individualism can be also isolating and, simply, increase the patients' suffering (Karp 1996, 2006).

The spaces that materialize themselves in the narratives are also metaphorical as they, and the protagonists' relation to them, are used to reflect each protagonist's madness. Spaces and places of the past manifest themselves in the present, where their meanings and significance need to be renegotiated. The internal and external realities of the protagonists are in constant dialogue: the progression of illness/madness and recovery are depicted with imageries that draw from landscapes and constructed space. The immediate physical environments where the protagonists live and move form one spatial dimension of madness. In *Faces in the Water*, madness changes the physical space its subject inhabits: a mental asylum Istina is taken to has laws and physical structure of its own. In different wards the condition of the patients and the daily rhythms

vary from one another. Madness, however, also changes the ways in which Istina senses her environment: the sun seems different in a different ward. Walls seep with malice. And the windows speak.

In all the texts the depiction of madness and treatment draw on the geographical and material reality in which the story is set. In *Prozac Diary*, the image of the frozen pond is a central image that also creates an intertextual link with Janet Frame's *Faces in the Water*. Frame describes Istina's approaching madness and hospitalization as getting on an ice floe. Hospitalisation is described as separation from the norms, values and habits of the rest of the world. In *Faces in the Water,* being mentally ill is also described as sinking, drowning in water: the doctors are fishermen, or, as Istina puts it, they would fish if they dared to, but in reality they are afraid that what they catch might rock the boat too much, too far, and thus the doctors surround themselves with faces in the water, and set the nurses to watch them. Frame thus points to the inability of psychiatry to actually engage itself with what it claims to treat and cure. As Michel Foucault argued in *Madness and Civilization*: psychiatry silences its subjects. In P*rozac Diary*, at the very end of the book, Slater herself fishes herself – or a fish that becomes her – from a pond, which captures the difference in the patient's position in the two psychiatric eras in which the books are set: in *Faces in the Water* treatment was based on forced incarceration and treatment was superimposed on the patients; in psychopharmacology it is the patient herself, who, living in her own home, decides every morning whether to take the pill and fish herself out of the waters of madness.

In *Prozac Diary*, the frozen pond, or the freezing of the pond, is symbolic of recovery: ice is what holds the skaters on ground level, and in *Prozac Diary,* ice-skating is a central image of know-how and agency. The freezing of the pond symbolizes agency sustained by a psychopharmaceutical drug: water is the unconscious where the self is dominated and populated by voices, the ice on its surface enables participation in the external world. Also Slater's memories of sanity and agency that surface as she continues to take Prozac consist of skating and being called a girl with know-how by her mother. A positive self-image is thus linked to ice skating, staying on the surface of the pond, while in the poem dictated by her inner voice and presented as characteristic of Slater's artistic endevours while ill, the ice lets her in, and the water admits her. And indicative of her association of her mother and illness and incomplete separation, she invites her mother to join.

The metaphorical images of water and ice both draw from the actual dwelling places of the protagonists and from the cultural imaginary related to narratives of madness. Significantly, the imagery used in the depiction of madness employs the actual habitat of the protagonist: the relationship of the dweller is thus both corporeal and material, and imbued by processes of cultural signification. The protagonists'/narrators' relation to their physical environment is creative. It is material and imaginary at the same time. Furthermore, the depiction of the environment also situates the protagonists in specific geographical places, cultures and climates. While Slater thus employs water and snow, for

Head, it is the desert that provides the central image reflecting the reality of the sufferer. In her location at the edge of the Kalahari Desert, madness finds its image in the rain wind, the rain that never reaches the ground. The inner and outer, the internal and external realities or spaces are thus not clearly distinct or in any way oppositional. Instead, it is the conjunction of mind and matter, the inseparability and interaction of the embodied consciousness and cognitively and affectively sensed physical environment where the experience of madness takes place.

7.4.2 Childhood Homes

Home as a site of social interaction and origin surfaces in each text. In *Poetics of Space,* Gaston Bachelard (1969) refers to childhood homes as "our first universe" that is imprinted on our bodies. But while Bachelard imagines a supportive space and architecture, both Head and Slater who discuss home as an origin describe a violent and violated space, a non-home that fails to provide the protagonists with the positive values that Iris Marion Young (1997) defines as elemental aspects of home: safety, privacy, individuation and preservation. Head states that her condition cannot be described as exilic, for South Africa with the Apartheid legislation that basically defined her as illegal was never a home to her – and as being in exile means one has left home, she or Elizabeth never had a home. Slater, on the other hand, describes herself as an outsider, excluded and invisible member of her family home, where only illness could bring her attention, kindness and care, and connect her to her mother who is described as deeply traumatized by the Holocaust.

The house where Slater grows up is a house dominated by the trauma of the holocaust, and reading her story as a second generation survivor of the Holocaust allows an interesting comparison to Elizabeth's story and Elizabeth's house as a site of her son's childhood. While in *A Question of Power* it is Elizabeth who escapes the Apartheid regime and sets up a home with her little boy, in *Prozac Diary* Slater is the child who grows up in a house haunted by trauma, reigned over by people traumatised by the historical events. Slater's narrative gives a glimpse into a child's life in a home that is haunted by the trauma of the previous generation. While Shorty's survival strategy in *a Question of Power* involves getting out of the house and into the village, Slater resorts to illness in order to obtain her mother's attention. Shorty also grows up in a community where the villagers take in another mother's children quite habitually and engage in conversations with children. He grows up in a poor community that is marked by fondness for children. Slater's recollections of her childhood reveal it as a harsh environment with little care for children. Both Shorty and Slater manage to break through their mothers' madness by falling ill – and also seek their mothers' attention by "being good". For Slater and Head's Elizabeth, the childhood home is a site of not-belonging, yet, as a mother, Elizabeth, by relying on the help and other-mothering practices of her community – creates a home world that holds her son while it fails to hold her.

7.4.3 Literary and Linguistic Homes

The homes that are constructed in *Faces in the Water*, *A Question of Power* and *Prozac Diary* are comprised of both material and immaterial/imaginary or symbolic dimensions. They include literature. In each text, reading/writing plays an important role as a space of belonging. Literature can thus be understood as a kind of home. It can stand for a minimal access to humanity and civilization, as when Frame's Istina carries a copy of Shakespeare's sonnets in her pocket throughout her journey through the wards of the asylums. In *Faces in the Water,* madness is experienced also as an exclusion from readership: Istina gets thrown out of the library van, and her recovery begins with her being asked to choose the books for the ward with Dr. Portman. It is this activity of choosing books that marks the beginning of Istina finding an inner home.

With Head, the madness embodied by Dan, interrupts Elizabeth's reading of literature and engaging with the books she loves. Thus, while in *Faces in the Water* it was psychiatric practices that disrupted Istina's relation with literature, in *A Question of Power* it is madness itself that prevents Elizabeth from reading. In *Prozac Diary* Slater's journey into health is reflected in her reading habits: in the course of her recovery she moves from reading stories of suffering to reading *Real Estate* and *Glamour* magazines. The reading habits that she describes at the beginning of her story could be described as immanent reading: in reading about the suffering of others she has found meaning in her own suffering. But once her disabling symptoms disappear, the literature on suffering, the existential meaning of pain, no longer seems relevant either. However, her new reading does not consist of *Real Estate* alone. She does end up doing her own research on the medication she is on as well, and reiterating the biomedical discourse that, according to her, resembles the reading of the Psalms and thus religious discourse. This reading combined with her own experiences of the drug, lead her to change her worldview. In *Prozac Diary*, the negotiation of old and new identities, illness and health, involves negotiating reading and writing habits, incompatible discourses and emersion in new literatures. But health not only provides Slater with alternative discourses and literature, it also prompts a new tolerance for and appreciation of silence, and changes her own writing habits: as the voices inside her are silenced by Prozac, she needs to find new ways of writing. Furthermore, all of these texts participate in the production of literary representations of madwomen. They can thus be understood as possible new spaces of belonging, or literary homes for other (mad) (women) readers.

Language can thus be a space where possibilities for new belongings are created, and the writers engage in the process of "breaking a silence," filling some discursive gap in the ways in which experience and madness have been addressed and portrayed. Each writer seeks to tell a story, give form and voice to an experience, and by the act of naming and telling creates room, and makes space for, an identity to emerge. Importantly, these processes take place through language, and by gaining power over words the writers of autobiographical texts gain power over their experiences and create a new space of be-

longing. But literature has other functions in the narratives as well: as madness in each story is described as a state of fragmentation and disorientation, of dehumanisation and lack of integrity, writing, to a great extent, is out of bounds to both Istina and Elisabeth at the time when madness and its treatment are experienced. In these works, madness is a state where language escapes the authority of the subject, for whereas Elisabeth's experience of madness is filled with noise and the voices of others, she herself has no power over language or the actions that inhabit her consciousness. Quite similarly, Istina's voice remains muted in the face of psychiatric practices. In Slater's case the situation is somewhat reversed for her illness has been characterized by periods of frantic writing authored by the multiple voices that reside in her and give her words. For Slater, the experience of healing is also a time of learning to write anew, without the guidance of the voices inside.

7.5 Questioning Health as a Home: Health as No Place to Go

In the context of the psychiatric practice of confinement, home is strongly associated with health: the desire to go home was, in *Faces in the Water*, associated with health and recovery. Slater also talks about the assumption in Western culture that health as a norm is a natural state of belonging. Yet, for long-term patients there may not be a concrete place to go in the actual "home world" outside the hospital or, more abstractly, in the culture of health where Slater is suddenly catapulted to.

In both *Faces in the Water* and *Prozac Diary* health is thus defined as no place to go. Psychiatric practices assume, in both cases, that the patient who has been cured can return to her home. Both Frame and Slater point to the falsity of this assumption. As Frame shows, in the patient's absence, the homespaces change – and psychiatric practices change their subjects. Cure – or release – thus requires from the patient a re-orientation in space and a construction of a new history in her place of dwelling. And thus, for the patient, cure also means finding herself in a state of homelessness: as in *Faces in the Water,* the patient may have been transformed by psychiatric practices – and bear the stigma of mental illness – so that the place she used to call her home, may reject her. Furthermore, the places the patients used to call their homes, may have transformed into foreign places. Or, as Slater shows, the patient may never have dwelled in the "kingdom of health" (Sontag 1990) and has to learn its ways from the scratch. Home is a space of belonging, but this belonging is created through the daily practices of dwelling. As Iris Marion Young (1997) put it, home is a place we are connected to through history, and in *Prozac Diary* health has no history: it is state of non-home, a strange territory, and a space of non-belonging. This is emphasised also by the fact that Slater identifies strongly with the migrants whom she starts to teach English. By explaining aspects of North American culture to them (such as what to buy in a super market), she is herself learning the culture to which she now, supposedly, belongs. Also, as in

A Question of Power, madness itself may cause disruption of the ties that bind the mad to the community, and reconstruction of these binds takes time and effort.

This homelessness in health resonates strongly with the recent editorial in *Schizophrenia Bulletin* by Susan Essock and Lloyd Sederer's (2009, 279) on the need to critically examine the medical communities' understanding of recovery. The editors address the medical community and ask them to widen their understanding of recovery in the treatment of schizophrenia:

> Recovery may proceed along multiple domains: psychotic symptoms, cognitive capacities, functioning in terms of independent living in the community, competitive employment, social and intimate relationships (a home, a job, and a date on a weekend") physical health, and other aspects of quality of life. To the extent we recognize and respond to the diverse domains of a person's life, we will help people in the work of crafting a life.

We may well ask how far it is the task and duty of psychiatrists to accompany their patients into the world of health in the context of contemporary medical practices. Perhaps, the least the medical professionals must do – and we as co-habitants of the home-worlds of psychiatric patients must do – is to develop an understanding of the patients *primarily* as inhabitants of their home-world struggling with questions related to identity and dwelling; and to ackowledge the role psychiatric practices play in the patients' position and status in their home-world, and to consider ourselves accountable for the cultural and social processes that shape these positions. Otherwise, we may contribute to confining people suffering from mental health problems in the world of illness that Slater decribes – and Essock and Sederer warn against. In the twenty-first century, "a clinical emphasis on recovery [has become] not only possible but also expected. As administrators and public policy decision makers we must ask ourselves how to engender this optimism in staff who may view success as showing up for a day treatment programme 5 days per week." (Essock and Sederer 2009, 279)

7.5.1 Health as a Site of Compromise

In all the stories the issues of madness and health are also linked to sexuality. In *Faces in the Water,* the psychiatric hospital and madness are shown to be spaces that prevent the patients' sexual involvement and in relation to love and romance leave the patients with a pathetic yearning. Frame shows psychiatric patients as practically and culturally excluded from love and intercourse: the female patient who elopes is placed in isolation for the period it takes to guarantee that she is not pregnant, and the patients' yearning for love is described with pathos: Istina's waiting for a love-letter and the patients' hopeless infatuations with doctors are described as sad and hopeless. And the chronic patient, Helen, who holds out her arm in the ward calling "Love, Love!" in search of someone to embrace, is cruelly ridiculed by the staff. And even in *Prozac Diary,* Slater is only able to form a relationship when she is well – and can only imag-

ine herself in a relationship as a healthy woman. Her fear of madness returning is linked with her fear of abandonment. In neither case is this ultimate unlovability of a madwoman linked with liberation or protest – as in feminist critical discourse on madness – but with aloneness and disconnection. In *A Question of Power,* sexuality is presented as violent intrusion of Elizabeth's private space and her "unlovability" is one of the main abuses Dan tortures her with.

In both *A Question of Power* and *Prozac Diary*, however, health is also shown to be a site of sexual compromise. As Huma Ibrahim's (1996) reading of Elizabeth's final integration in the community suggests, Elizabeth's abstinence can be read as the price she pays for having a home in the village. In Ibrahim's interpretation Elizabeth, as a single mother poses a threat to the stability of the community, and her abstinence reads as a compromise that enables her belonging to the community. In *Prozac Diary*, on the other hand, Slater's sexuality is compromised by her mental health: as one of Prozac's side-effects is sexual dysfunction, she is forced to choose between her medically-induced health that allows her to form intimate relationships in the first place and the sexual pleasure that she has defined as essential to her sense of self. Importantly, in *A Question of Power*, if we agree with Ibrahim's interpretation, Elizabeth's compromised sexuality is a social compromise while Slater's choice is more personal compromise. The home within which the choice is made in *A Question of Power* is comprised of the whole village of mud huts. In *Prozac Diary,* Slater's decision is taken within private sphere of the symbolic and concrete house of health that she has bought with her partner – and where the fireplace remains cold.

7.5.2 Health as Performative

In the course of this study I began to develop a notion of health as performative. By the performativity of health, I am drawing an analogy with Judith Butler's (1990, 1993) theory of gender as performative. According to Butler, no body is gendered as such, but rather, our culture consists of gendered acts and positions through which we reinforce and re-enact gender. Each gendered gesture is thus both a result of an underlying gender system in our culture, and its re-enforcement. In *Faces in the Water,* the relationship between gender and the performance of health was clear, and linked with women's role in the homes as cleaners and carers of the space: the patients' efforts to convince the doctors can be interpreted as (attempts at) performatives of health, the paradigms of which reflect the gender roles of the time. Active participation in the domestic duties of the hospital, cooperative, obedient behaviour and the expressed desire to go home are all presented as indicative of health the paradigms of which are a result of the institutional practice they are set in. In my analysis of Head's *A Question of Power*, I distinguished several spheres where Elizabeth's recovery gradually took place. In each context, certain acts would count as indicative of either illness or health (participation in language, production, mothering, writing, social activity, re-establishing social relations and friendships). Thus, analogously to Butler's theorization of gender, health can be understood as consisting of performative acts, which are also normative.

Within psychiatric institutions, a certain amount of intentionality can be traced, for example in Elizabeth's conscious participation in the institutional duties assigned to her, and in this specific context performativity comes close to performance, a criticism that has been directed at Butler's theory of the performativity of gender. In *Bodies that Matter* Butler (1993), however, explicitly denies that her theory necessarily implies such voluntarism or intentionalism of gender. According to Butler, subversions within the gender system, or heterosexual matrix are possible, but often come with severe social sanctions. The heterosexual matrix thus exists in and through repetition, and it can change over time. Similarly, madness and health can be understood as performative in that they are detected in acts and actions, bodily and cognitive processes. Acts of health and madness can be re-iterated subversively and thus the notions are historical and cultural, binding, yet changeable over time. Even in Slater's case where illness is situated in her body chemistry, in the clinical encounters where her dosage is adjusted the assesment of her health is based on her own narratives of her life in the outside, social world – in addition to the doctor's observations. The further exploration of this question of gender, health and performativity, however, would be a subject of a new study, so I only raise it here as it importantly points to patients' agency and knowledgeability in regard to the discourses that regulate the judgements of their madness and health.

7.6 Conclusions

The stories that have been discussed in this study construe the relationship between the dweller and the place of dwelling as material, psychological, emotional and intellectual. The relationship between madness and home is complex, and by analysing this complexity, I hope to have revealed some of the ways in which madness and dwelling – two modes of being that characterize being human – are interlinked, and how, by analysing them together, the experience of madness can be approached as a human – and not simply medical – phenomenon. Home, as presented in a recent collection of articles edited by Hanna Johansson and Kirsi Saarikangas (2009) consists of processes related to belonging, dwelling and moving. Madness and its treatment – or different types of madness and their various treatments – affect these processes in multiple ways. The treatments and conditions hinder movement, limit the subject's use of space, and prevent feelings of belonging. In short, they cause multiple dislocations in regard to physical and discursive spaces. At the same time, as the narratives show, they can create new belongings, open up new horizons and new routes where the mind and the body can wander. The narratives of madness and pain can help both the writing and the reading subject to imagine new spaces and help orient herself to them. They reach out for new ways and understandings.

In this study I have, through a close reading of only three madness narratives attempted to chart the multiple ways in which madness and its treatment shape their subjects' acts of dwelling and spaces of belonging. Having conduct-

ed this study, I am convinced that the relationship of madness and home deserves further study. The ways of reading opened up in this study can – and hopefully will – be travelled and explored further, and applied to a larger body of texts. I also believe, based on the writings on home I collected from Finnish sufferers of mental health problems, that home is a concept that could be used in furthering the understanding of professionals in psychiatric institutions, patients and the wider public of the experience of mental turmoil. For home, it seems, as both a concrete site and a metaphor can provide a concept through which we can develop a vocabulary with which, again, madness can be understood as a problem of living, being and dwelling in the world.

As in the texts, madness is related to illness, in the course of this study I have come to lament the lack of a word in the English language. A word that could convey the meaning of the word "sairastaa" in my native Finnish language. For "sairastaa" turns *being ill, falling ill* or *having an illness* into a verb where the one who carries an illness is the subject. Like the word *dwell* "sairastaa" posits the subject in an active relationship to that which is inseparable part of her everyday life, its condition. The subject of "sairastaa" is permeated and conditioned by her illness, but still an active agent. "Sairastaa" acknowledges the subjection to illness, but also transforms the relationship to it into verb. "Sairastaa" means that the relationship to the illness comes into being as a subject's relation to a verb, it consists of *being* that, as in Martin Heidegger's (1962/1995) philosophy, includes *bauen,* the active making of the spaces of dwelling that – as a human mode of being – precedes the actual acts related to dwelling. As in "sairastaa" the illness is not possessed – as in *having an illness* – or simply endured as *being ill* suggests, it allows a more lively and open-ended relation to the condition/illness that the subject has. Significantly, although "sairastaa" presumes an object that is a diagnosed illness, a disease, curiously enough, it excludes the use of the word madness. As in English, also in Finnish, one *is* mad. But as the narratives analysed above show, this, simply, is not the case: in each story madness – and health as its counterpart – is something that is actively produced, performed in the sense that Judith Butler (1990) has understood performance: the reiteration of culturally defined and specific gestures that produce us as who we are – by others, and often, ourselves, too – conceived to be.

Madness and health thus consist of both cultural signification and daily acts of living. They are conditions actively produced – and as we have seen above – they are both partial rather than totalitarian states. The interstices in illness/madness are moments and spaces that the subject finds habitable. Perhaps, what we need, is a discourse that allows the inhabiting of madness and illness, for this is what characterizes the stories: a quest for a language that can both acknowledge madness/illness, reveal its pain and, while seeking release from suffering, preserve the dignity of those in its grip.

Situating madness in the context and problematics of dwelling also gives new meaning to what in psychiatry is understood as symptoms. Symptoms are the characteristics of diseases that in psychiatry help doctors to define an illness

and plan its treatment with the objective of removing those symptoms. In the context of living and coping with an illness, however, dwelling with an illness or inhabiting it, the symptoms of illness/madness are understood as something that pose specific problems in regard to living – with oneself, others or in relation to the material world. As Marja-Liisa Honkasalo (2004) has pointed out, it is not always the things that doctors view as the main symptoms that pose the most difficult problems for the patients in their everyday life. Analysing madness in relation to home can reveal these discrepancies.

Different diagnoses as descriptions of different forms of madness can, however, also help one grasp the types of difficulties they pose to the subject in respect of their use of space and sense of belonging: depression and agoraphobia, for example, may limit the use of space, but may do so for different reasons, while mania often sends the sufferer flying across spaces. In schizophrenia, space itself can pose a threat and lose its ability to support the subject's sense of self. Windows can speak, as in *Faces in the Water,* and walls can become permeable to malleable forces as in *A Question of Power.* Each patient, however, experiences the effects of their madness and its treatment in "their specific skin" as Slater puts it, and it is only by listening to patients and paying attention to their specific contexts of living that they can be helped. For this, psychiatry may need more resources – and patients as midwives, like Slater suggests, who can help the medical professionals to lower their professional shield against individual pain. Moreover, cultural awareness in regard to different psychological and psychiatric ailments can be raised – and is being raised – by the increasing publication of pathographies that describe living with various psychiatric conditions. This may increase the cultural awareness about psychiatric illnesses, and help remove stigma and new patients' feelings of isolation. Yet here, as Lisa Appignanesi (2008), Jane Ussher (1990, 2010) and a number of other feminist and other critics warn us, also lies a danger: understanding various conditions and types of distress as *illnesses* in psychiatry locates them inside the patient, individualises them, and removes them from their social and political context. Pathographies can reflect this tendency – or challenge it. Furthermore, it is not only a question of writing. It is crucially important how we read them: as descriptions of specific diagnoses – or as challenges to them. Do we read to name, to help diagnose certain conditions, as many in humanist medicine do, and by naming, construct an Other as an object of our knowledge? Or do we use this literature to increase our understanding and empathy towards this Other in order to both recognise and acknowledge difference at the same time as we reach out to his/her humanity? It is here that the ethics and politics of reading madness narratives lie.

As it was stated in the introduction, the reasons why I happened upon *home* as the nexus of my analysis were both academic and personal. To these, I wish to add one more: in the early stages of my research, when I immersed myself in the study of women's madness narratives, I was faced with a great deal of pain. Emil Kraepelin, the physician who coined the term schizophrenia, stated in one of his lectures that "insanity, even its mildest forms, involves the

greatest suffering that physicians ever have to meet" (Appignanesi 2008, 190). The literary suffering that I was faced with through my reading is, of course, a far cry from the pain of the women who wrote these narratives had to endure – and from the one that doctors are faced with when encountering patients. But it was the pain and the suffering that their stories revealed – and provoked in me as a reader – that made me anxious to find a way of reading the texts that would not just reiterate the misery but provide some understanding of why and how these authors and protagonists also endured. The stories pointed to inviolable spaces where and in relation to which they were able to experience and construct themselves as subjects with at least minimal agency. For whether we consider the long-term patients in Frame's novel reaching out for a lock of hair or holding on to their handbags in the hospitals she describes, the endurance of Head's Elisabeth in the face of the torment of her nightmares/hallucinations, or Slater swallowing a pill to hold down her obsessive thoughts and hands, all these outwardly and socially unimpressive gestures and actions entail moments of agency. They capture moments of resistance and endurance. They signify a willingness and ability to hold on to at least minimal signs of humanity, sanity and the ability to relate to a space outside of oneself. As Marja-Liisa Honkasalo (2006, 57) writes, these tiny gestures of minimal agency have enormous aims: to secure one's hold on the world, to transcend the present and history. I have called these spaces home, for, as Iris Marion Young (1997) puts it: home is a positive value that needs to be both critically examined and vehemently defended.

By engaging in this long process of thinking about madness and homes with the stories by Janet Frame, Bessie Head and Lauren Slater's that are imbued with artistic talent and courage in the face of oppressive structures and suffering, I hope to have done both.

YHTEENVETO

Kodin monet merkitykset naisten hulluuskertomuksissa: Janet Framen *Faces in the Water*, Bessie Headin *A Question of Power* ja Lauren Slaterin *Prozac Diary*

Tutkimukseni tarkastelee kodin merkitystä ja rakentumista kolmen englanninkielisen naiskirjailijan omaelämäkerran ja fiktion rajapinnoille rakentuvissa, hulluutta ja sen hoitoa käsittelevissä teoksissa. Tutkimus lähestyy kodin merkityksiä pääasiassa kolmen eri ikäpolviin, psykiatrian historian eri vaiheisiin sijoittuvan kirjailijan kautta: Janet Framen *Faces in the Water* -romaani (1961), Bessie Headin *A Question of Power*-romaani sekä Lauren Slater *Prozac Diary* (1998). Laajemman taustan tarkastelulleni tarjoaa 1900- ja 2000-luvun englanniksi kirjoittavien naisten hulluuskertomukset, sekä niistä tehty tutkimus. Uusiseelantilainen Frame, eteläafrikkalainen Head ja pohjoisamerikkalainen Slater sijoittuvat ajallisesti ja paikallisesti eri kulttuuripiireihin, mutta edustavat kuitenkin kaikki englantilaisen kielialueen psykiatrian vaiheita.

Feministisen kulttuurintutkimuksen alalle sijoittuva tutkimus nostaa rinnakkain kaksi feministisessä tutkimuksessa pitkään toisistaan erillisenä kulkenutta teemaa, kodin ja hulluuden, joiden yhdistäminen haastaa niin feministisen kodin kritiikin kuin feministisen kirjallisuudentutkimuksen parissa käydyn keskustelun hulluudesta symbolisena (kirjailijan) ahdistuksen projektiona. Tarkastelemalla mielen (oletettua) sairautta ja sen hoitoa yhtenä naisten välille eroa tuottavana positiona osallistun uudesta näkökulmasta feministiseen teorianmuodostukseen, jossa viime aikoina on tarkasteltu naisten välisiä eroja.

Analyyttisesti ja teoreettisesti tutkimus nojaa feministiseen tutkimusperinteeseen, joka tarkastelee sukupuolittuneen subjektin kontekstuaalista rakentumista. Tuomalla hullun naissubjektin kodin konkreettiseen, ajan, tilan ja affektiivisten suhteiden värittämään, ja samalla metaforiseen tilaan, kysyn miten mielen (oletettu) sairaus yhtäältä rakentaa päähenkilöiden kokemusta kodin tilasta, ja mitä tämä kokemus itse asiassa kertoo itse sairaudesta ja sen kokemuksesta. Kokemuksen ymmärrän diskursiivisesti tuotettuna, tekstuaalisena konstruktiona, jossa kokemus ikään kuin saa kodin kielestä. Näin tutkimukseni valaisee niitä (sukupuolittuneitakin) ehtoja ja diskursseja, jotka kokemuksesta kertomisen ja sen tarinallistamisen eri aikoina ovat mahdollistaneet.

Yhdistämällä kodin ja hulluuden tematiikan tutkimukseni osallistuu kriittisellä tavalla molemmista teemoista käytyihin debatteihin. Varhaisimmissa feministisissä teoksissa erityisesti porvarillinen koti kyllä nähtiin paikkana, joka ajaa toimettomat naiset hulluuteen, mutta viime aikoina näitä teemoja on tarkasteltu lähinnä toisistaan erillään.

Koti on kuitenkin viime aikoina noussut keskeiseksi teemaksi niin postkoloniaalin (ja) maahanmuuttotutkimuksen kuin humanistisen maantieteen, kirjallisuudentutkimuksen kuin kulttuurihistoriankin piirissä. Feministisissä keskusteluissa se on ollut keskeinen analysoitaessa muun muassa yksityisen ja julkisen tilan sukupuolittumista, naisten työn palkattomuutta, ja naisiin kohdistu-

vaa (parisuhde)väkivaltaa. Varhaisemmassa, toisen aallon feministisessä diskurssissa 1960-luvulla koti(työn) nähtiin sitovan naiset palkattomaan työhön yksityisyyden alueelle, mikä vaiensi naiset yhteiskunnallisen vaikutusvallan ulkopuolelle. Myöhempi feministinen tutkimus on kuitenkin purkanut tehokkaasti vastakohtapareihin pohjanneita patriarkaattiteorioita, ja tarjoaa merkittäviä analyyttisiä välineitä kodin tilallisten, affektiivisten ja sosiaalisten jännitteiden purkamiseen:

Viimeaikainen feministinen tutkimus onkin käsitteellistänyt kotia tilana, jota ruumiillinen ja sukupuolittunut subjekti (aktiivisesti) rakentaa, ja jonka kautta subjekti liittyy aikaan ja paikkaan, historiaan. Näissä analyyseissa koti jäsentyy toiminnallisena, elettynä ja ruumiillisesti koettuna, toiston ja kohtaamisten luomana tilana. Avtar Brah'n maahanmuuttotutkimuksen parissa kehittelemä jaottelu erittelee kotia juuri elettynä paikkana, johon liittyy niin affektiivinen ja sosiaalinen ulottuvuus kuin fyysinen, konkreettinenkin kokemus tilasta, sen äänistä ja hajuista. Sen rinnalle hän nostaa kodin, kotimaan, nostalgisen kaipuun kohteena, poissaolevana, kuviteltunakin kuulumisen maisemana. Mielisairaanhoidon potilaan, erityisesti pitkäaikaissairaan, näkökulmasta koti näyttäytyykin yhtäältä kodittomuuden, maailmasta ulosrajautumisen kokemuksen kautta, ja toisaalta laitosympäristön tiettyinä ”kodillisuuksina”, yksityisyyden ja yhteisyyden rajattuina tiloina. Laitosympäristössä koti rakentuu myös kotiikävän diskurssin kautta, jota sairaala myös odottaa potilaalta: halu palata kotiin tulkitaan terveydeksi. Näin nostalgia, joka vielä 1700-luvulla käsitettiin fyysiseksi sairaudeksi, 1960-luvun sairauskäsityksien kontekstissa luetaankin terveyden merkiksi.

Kodin, sairaalan ja sairauden tuottama jännitteinen kenttä avaa merkittäviä näkökulmia sairastamiseen. Tutkimuksen teoksissa koti näyttäytyy monimuotoisena ja monimerkityksisenä, ja kukin teoksista nostaa esiin uusia näkökulmia kodin tilaan ja siinä rakentuviin suhteisiin. Koti näyttäytyy yhtäältä symbolisena, toisaalta diskursiivisesti rakentuvana. Koti saa myös rakennettua tilaa abstraktimpia ulottuvuuksia, jolloin keskeisiksi teemoiksi nousevat kuuluminen ideologiseen tai uskonnolliseen yhteisöön – tai jopa ihmiskuntaan. Rinnastamalla kodin merkityksiä ja merkillisyyksiä mielisairaalan pitkäaikaispotilaan (Frame), uudessa kotikylässään psykoottisena harhailevan pakolaisen (Head) ja kotona sairastavan/tervehtyvän (Slater) kertojan näkökulmista, teen näkyviksi niitä monia merkityksiä, joita sairastaminen ja laitoshoito kodille tuottavat. Tarkastelen siis kotia tekstin kontekstissa rakentuvana, monimerkityksisenä teemana. Kysyn, miten koti tekstissä rakentuu, ja miten, millaisten ajallisten ja tilallisten jäsennysten kautta, se toisaalta kuvaa ja rakentaa hullun subjektin kokemusmaailmaa.

Itse hulluus näyttäytyy teoksissa osin tuotettuna, osin symbolisena ja osin konkreettisena psykofyysisenä olotilana. Koska tutkimani teokset sekä tuottavat käsitystä mielisairauksista, neuvottelevat niiden merkityksiä että kyseenalaistavat niiden merkityksiä että hoitoa, ”hulluus”-termi kuvaa ”mielisairautta” kattavammin niitä merkityksiä, joita kirjailijat kuvaamilleen kokemuksille antavat. Hulluuden merkitysten ja siihen liittyvien sukupuolittuneiden käytäntei-

den ja merkitysten analysoimiseen tutkimukseni kannalta hedelmällisiä keskustelukumppaneita löytyy niin feministisen kirjallisuudentutkimuksen kuin psykiatrian feministiseen kritiikkiin parista:

Feministisessä kirjallisuudentutkimuksessa hullun naisen kuva on *Kotiopettajattaren romaanista* alkaen ollut keskeinen symboli kuvattaessa naishahmojen patriarkaalisissa yhteisöissä kokemaa ahdistusta. Hullun naisen symboliikkaan tutkimukseni tarjoaa kriittisen näkökulman, ja jatkaa siten Anette Schlichterin ja Marta Caminero-Santangelon viitoittamaa kriittistä keskustelua. Hysteeristä, hullua naista on tulkittu naisten alistetun aseman aiheuttaman ahdistuksen ruumiillistuneena symbolina, mutta siitä, voidaanko vaikkapa hysteriaa tai masennusta tätä taustaa vasten lukea naisten kapinana, joka kielen tasolla pyrkii ilmaisemaan sitä, mikä patriarkaalisessa kielenkäytössä jää vaille ilmaisua, on käyty väittelyä puolesta ja vastaan. Hulluuden ymmärtäminen symbolisena on yhtäältä auttanut lukemaan psyykkistä sairastumista merkkinä naisten kärsimyksestä ja hädästä, mutta samalla rajannut kliinisesti mielisairaat naiset feministisen subjektiuden ulkopuolelle: se mikä edustaa toista ei välttämättä tulekaan ymmärretyksi itsenään. Hulluuden näkeminen symbolisena voi siis estää näkemästä todellisuudessa hulluudesta kärsivää tai sen leimaamaa ihmistä. Toisaalta hulluuskertomusten kaunokirjallinen arvo saatetaan asettaa kyseenalaiseksi. Kirjallisuudentutkimuksessa sairauskertomukset, patografiat leimautuvat helposti omaelämäkerralliseksi terapiakirjoittamiseksi tai tapauskertomuksiksi.

Feministinen psykiatrian kritiikki on kiinnittänyt huomiota paitsi psykiatrian sukupuolittuneisiin valtasuhteisiin, lääkäri-potilas-suhteiden sukupuolittumiseen, myös sen sukupuolinormeja tuottavaan ja ylläpitävään luonteeseen. Etsittäessä syitä naisten miehiä suurempaan todennäköisyyteen tulla psykiatrian potilaiksi on esitetty mm., että mies-normia vasten nainen/naiseus näyttäytyvät poikkeavina, naiset hakevat helpommin apua tai ovat tottuneet asioimaan terveydenhuollon ammattilaisten kanssa, ja että naisten kaksoisrooli työssäkäyvänä (ja) kodinhoitajana asettaa joillekin naisille sietämättömiä paineita.

Sekä kirjallisuuden että psykiatrian parissa feministinen hulluuskeskustelu ovat siis omilla tahoillaan ja tavoillaan kyseenalaistaneet naisten todellisen hulluuden. Symbolisena ymmärretty ja/tai rakenteellisesti tuotettuna hulluus on siis näyttäytynyt kyseenalaisen vallankäytön tuloksena. Tämä on osaltaan nähdäkseni johtanut siihen, että feministisessä teorianmuodostuksessa, jossa viime aikoina on kiinnitetty erityistä huomiota naisten välisiin (ja osin sisäisiin) eroihin ja siten purettu naiseuden käsitettä, ei mielestäni ole riittävässä määrin kiinnitetty huomiota mielen sairauksiin ja mielenterveysongelmiin naisten välisenä erona. Tässä tutkimuksessa otan kuitenkin ”hullun”, hulluudesta puhuvan naissubjektin näkökulman todesta: tutkimukseni lähestyy mielisairautta, psyyken häiriöitä ja niiden hoitoa tutkimukseni kirjoitettuna, diskursiivisesti tuottuvana ja tuotettavana ruumiillisena kokemuksena. Itse ”hulluus” voidaan nähdä – ja nähdäänkin niissä – kliinisenä mielisairautena, sairaalloiseksi leimattavana käyttäytymisenä – tai toisaalta antipsykiatrian hengessä terveenä reaktiona mielisairaanhoidon tai ympäröivän yhteisön mielivaltaisuuteen. Lähtökohtana on,

että mielisairaanhoidon käytänteet tuottavat subjektiutta, tarjoavat ja rajaavat elintilan niiden kanssa tekemisiin joutuville naisille. Psykiatrinen maisema, johon kirjojen päähenkilöt kokemustensa kautta astuvat, koostuu historiallisista kerrostumista, ja lähestymällä tätä diagnoosien halkomaa maisemaa kolmen eri aikakauden (ja eri kulttuurin) psykiatristen käytänteiden ja ymmärrysten kautta, nostan esille mm. ajallisia ja paikallisia eroja. Näin ollen suhteessa feministiseen teoriaan luentani kurottuu kahteen suuntaan: yhtäältä kysyn, miten ja millaista eroa mielisairaus ja sen hoito tuottavat terveen ja sairaan naissubjektin välille; toisaalta luen eroa hullujen subjektien välille.

Tutkimus rakentuu seuraavan jaottelun varaan:

Johdannossa avaan tutkimuksen keskeisiä lähtökohtia ja etupäässä naisten hulluudesta käytyjä keskusteluja sekä esittelen tutkimuksessa käsitellyt kirjailijat ja heidän teoksensa. Tutkimus lähestyy kodin merkityksiä pääasiassa kolmen eri ikäpolviin, psykiatrian historian eri vaiheisiin sijoittuvan kirjailijan kautta: Janet Framen *Faces in the Water* -romaani (1961), Bessie Headin *A Question of Power*-romaani (1974) sekä Lauren Slater *Prozac Diary* (1998). Uusiseelantilainen Frame, eteläafrikkalainen Head ja pohjoisamerikkalainen Slater sijoittuvat ajallisesti ja paikallisesti eri kulttuuripiireihin, mutta edustavat kuitenkin kaikki englantilaisen kielialueen psykiatrian vaiheita. Laajemman taustan tarkastelulleni tarjoaa 1900- ja 2000-luvun englanniksi kirjoittavien naisten hulluuskertomukset, sekä niistä tehty tutkimus.

Taustaluvussa kartoitan naisten hulluudesta ja sen syistä käytyjä feministisiä keskusteluja, hulluuden ja psykiatrian historiaa sekä näiden feminististä kritiikkiä. Asetan tarkastelemani teokset naisten hulluudesta kirjoittamisen historiallisten traditioiden kontekstiin ja pohdin sitä, miten – ja millaisin varauksin – kaunokirjallisia teoksia ja muistelmia voidaan käyttää kokemuksen tutkimiseen. Käyn keskustelua myös erilaisten hulluustarinoiden lukemista koskevien lähestymistapojen eettisistä kysymyksistä suhteessa humanistiseen lääketieteeseen ja feministiseen lähestymistapaan.

Luvussa *Bringing Madness Home* hahmottelen omaa tapaani lukea hulluustarinoita, jossa pyrin yhdistämään fenomenologista, subjektin ruumiillista suhdetta ympäristöön korostavaa, ja poststrukturalistista, subjektia tuottavien rakenteiden analyysiin keskittyvää, lähestymistapaa. Tarkastelen myös niitä keskeisimpiä kodin teorioita, joiden varaan analyysini rakentuu: avaan feminististä kodin kritiikkiä ja teoriaa sekä nostan esiin muun muassa humanistista maantieteen ja postkoloniaalin teorian parissa kodista käytyjä keskusteluja. Keskeisiksi kodin ulottuvuuksiksi nousevat näin tila ja aika sekä suhteisuus: koti muodostuu asujan suhteessa asumukseensa toistuvissa arjen käytänteissä, joita raamittavat tiettyyn aikaan ja paikkaan sidotut kulttuuriset, sukupuolittuneet asumisen konventiot. Tutkimukseni tarkastelee kotia niin arjen näyttämönä ja metaforana, jonka kautta kokemusta hulluudesta ja psykiatrisesta hoidosta jäsennetään. Heideggerin tapaan ajattelen, että asuminen, paikan asuttaminen on ”ihmisen tapa olla olemassa” ja osoitan, että psykiatriset käytänteet keskei-

sesti vaikuttavat näihin tapoihin, onhan psykiatria eri aikoina pyritty hoitamaan potilaita niin eristämällä heidät omista asuinsijoistaan ja yhteisöistään – ja palauttamalla heitä näihin yhteisöihin. Koska koti siis voidaan ajatella rakentuvan asujan suhteesta asumukseensa, keskeiseksi kysymykseksi nousee myös psykiatrian pyrkimys aktiivisesti muovata ja muuttaa asuvaa subjektia.

Analyysiluvuissa tarkastelen kunkin kirjailijan teoksia erikseen.

Luvussa 4 tarkasteluun nousee Janet Framen *Faces in the Water* -romaani (1961), joka julkaistiin samana vuonna kuin antipsykiatriset klassikkoteokset, Erving Goffmanin *Asylums* ja Michel Foucault'n *Hulluuden historia. Faces in the Water* edustaa psykiatrian historiassa vaihetta, jolloin terapia teki tuloaan, mutta mielisairaalahoito perustui lähinnä pitkäaikaiseen laitoshoitoon ylikansoitetuissa sairaaloissa ja sisälsi lisäksi mm. sähköshokkeja ja insuliinihoitoja.

Tässä romaanissa sairaalaan sijoitettujen potilaiden kokemus kodista on pitkälti nostalginen. Koti sijoittuu sairaalan ulkopuolelle ja siihen liitetään autonomian merkityksiä. Koti on kaipauksen kohde, sinne pääsy keskeinen olemassaoloa ohjaava tavoite, sillä itse sairaala syvälle potilaiden kehoon ja identiteettiin tunkeutuvine hoitotoimenpiteineen tekee kodista potilaan persoonaa uhkaavan pikemmin kuin tukevan ympäristön ja muodostuu näin kodin vastakohdaksi. Nostalgia ei kuitenkaan ole pelkästään potilaiden sisäsyntyinen tila vaan sairaalaympäristössä potilailta odotettava "terveyden merkki", ja potilaiden oletetaan haluavan palata kotiin – vaikka juuri koti saattaa olla se paikka, josta heidät on sairaalaan toimitettu tai joka potilaan oireilua aiheuttaa. Samaan aikaan kun potilaiden oletetaan haluavan kotiin, heidän oletetaan sopeutuvan ja jopa kotiutuvan sairaalaan ja sen tapoihin ja rytmeihin. Potilaat elävät paradoksaalisessa tilassa, jossa heidän on yhtaikaa kotiuduttava ja haluttava kotiin toisaalle. Kotiin haluamista voidaan sairaalaympäristössä pitää terveyden performaationa, jota potilaat toteuttavat ja jota heiltä odotetaan. Jotkut potilaat kuitenkin tekevät sairaalasta kodin itselleen, ja jokainen etsii edes pientä, minimaalistakin tilaa, jota voisi kutsua omakseen: monet potilaat kantavat käsilaukkuja, joissa he piilottelevat omaisuuttaan. Kuten koti, johon potilailla ei ole pääsyä, tämä käsilaukku on yksityisyyden tila ja identiteetin jatke, johon potilaat tarraavat kaiken muun altistuessa sairaalassa henkilökunnan valvovalle katseelle.

Sen lisäksi, että Framen romaani tarkastelee potilaiden mahdollisuuksia luoda kodinomaisia tiloja tai löytää tiettyjä "kodillisuuksia" sairaalan eri osastoilla, se osoittaa, miten monin tavoin sairaalahoito ja hulluksi leimautuminen vaikuttavat potilaan asemaan yhteisössä sairaalan ulkopuolella. Sähköshokkihoito tuhoaa potilaan muistia, ja pyyhkii siten päähenkilön yhteiset muistot mm. sisarusten kanssa, jolloin hän ei voi enää kiinnittyä perheen yhteisen menneisyyteen tai osallistua sen tuottamiseen muistelemisen avulla. Perheenjäsenet ja tuttavat myös alkavat puhua potilaan ohi; hän muuttuu näkymättömäksi, kuin oman itsensä muistokirjoitukseksi, kuten kertoja toteaa. Framen kuvaama sairaalahoito romuttaa monin tavoin niitä siteitä, joiden kautta potilas – tai kuka tahansa meistä – voi tuntea kuuluvansa yhteisöön, olevansa kotona.

Luvussa kodin merkityksiä avataan myös käymällä keskustelua sairaalayhteisöstä eräänlaisena perheenä, ja kiinnittämällä huomio siihen, miten sai-

raalahoito vaikuttaa potilaiden omiin mahdollisuuksiin toteuttaa äitiyttä ja seksuaalisuutta, jotka keskeisesti kuuluvat naiseuteen. Epäinhimillisenä kuvatun sairaalan kontekstissa, Framen päähenkilön kohdalla, kirjallisuus kuitenkin tarjoaa ”paikan”, jonka kautta päähenkilö säilyttää kosketuksen ihmisyyteen. Lopuksi tarkastelen myös sitä, miten *Faces in the Water* -romaani itsessään voidaan lukea eräänlaiseksi diskursiiviseksi kodiksi, jonka kautta hulluuden kokemusta voidaan käsitellä.

Luvussa 5, joka keskittyy Bessie Headin *A Question of Power* -romaaniin mielisairaala painuu taustalle, ja tarinan keskiöön nousevat pakolaispäähenkilön yhtäaikainen sopeutuminen uuteen elinympäristöön ja hänen mielensä murtuminen sairauden aiheuttamien hallusinaatioiden mukanaan tuomaan väkivaltaiseen kaaokseen. Alun keskeiseksi aiheeksi nousee kysymys siitä, miten päähenkilön kokemus voidaan jäsentää: käsitteleekö teos hulluutta vai voiko, kuten postkoloniaali kritiikki esittää, sitä lukea toisin, afrikkalaisista traditioista käsin, jolloin kyse ei olisikaan hulluudesta vaan esivanhempien ja vainajien läsnäolosta elävien keskuudessa.

Headin teoksessa koti rakentuu yhtäältä arkisen toiminnan, äitimisen ja orastavien uusien ihmissuhteiden kautta, toisaalta hallusinaatiot tuovat kodin tilaan ulkoisen maailman, 1960- ja 1970-luvun taitteen eteläisen Afrikan rodullisen ja seksuaalistuneen väkivallan. Päähenkilö on paennut Apartheidin hallitsemasta Etelä-Afrikasta Botswanaan, joka Iso-Britannian protektoraattina säästyi pahimmilta siirtomaavallan väkivaltaisuuksilta ja roturistiriidoilta. *A Question of Powerissa* hulluus on tila, jossa apartheidin keskellä valkoiselle mielisairaalle äidille ja mustalle tallirengille syntynyt päähenkilö neuvottelee vaikeaa suhdettaan entiseen ”koti”maahansa, joka rotujärjestelmänsä jäykkyyden vuoksi ei kykene tarjoamaan elintilaa ”puolirotuiselle” päähenkilölle. Uuteen yhteisöön sopeutumisessa merkittävään rooliin nousee päähenkilön osallistuminen kansainväliseen kehitysyhteistyöprojektiin, jossa hän puutarhurina luo aktiivisen, konkreettisen suhteen uuden kotikylänsä maaperään ja osallistuu yhteisön hyvinvoinnin edistämiseen. Kylän laitamilla, aavikon laidalla sijaitsevan yhteistyöprojektin kylkeen päähenkilö rakentaa uuden kotinsakin samaan aikaan, kun paholaiset riivaavat hänen sisintään ja valtaavat lopulta hänen talonsakin. Päähenkilö päätyy lopulta mielisairaalaan, joka Framen romaanin tapaan kuvataan lähinnä rankaisevana pikemminkin kuin hoitavana laitoksena, ja pikemminkin lisää kuin vähentää päähenkilön kärsimystä siirtäessään päähenkilön kauaksi kotoa, kiinnipitävästä ystävien yhteisöstä ja lapsesta. Headin romaanissa koti on paikka, jossa yhdessä syöminen ja ruoan ja ajatusten jakaminen, ja maahan ja aikaan kiinnittyminen ovat keskeisellä sijalla samaan aikaan kun se piirtää hulluuskokemuksesta matkan, jolla päähenkilö lamaannuttavan kärsimyksen keskellä saavuttaa myös uutta tietoa ihmisyyden ehdoista. Romaani neuvottelee raastavalla tavalla paikkaan – ja ihmiskuntaan ja - yhteisöön kuulumisen ehtoja niin rodun, naiseuden kuin etnisyyden ja kansallisuudenkin näkökulmista.

Lauren Slaterin *Prozac Diary* puolestaan sijoittuu avohoidon ja psyykenlääkkeiden aikaan. Se on sairauden (mm. pakko-oireyhtymä ja masennus) pois-

tumisesta aiheutuvan eksistentiaalisen kriisin kuvaus, jossa lähes koko ikänsä sairastanut päähenkilö oireiden kadottua ajautuu tyhjiöön: tervehtymisen myötä, pakko-oireiden poistuessa, kertojan olemassaolon raamit murtuvat, persoonallisuus muuttuu. Hän kokee itsensä kodittomaksi: aiemmin tärkeät olemassaoloa raamittaneet tekijät kuten kärsimyksen merkitystä käsittelevä kirjallisuus eivät enää kiinnostakaan. Maailmassa, jossa nuoren naisen oletetaan panostavan mm. ulkonäköön ja hauskanpitoon, on Slaterille vieras ja eksyttävä. Sairaus ja siihen liittyvä pakkomielteinen suorittaminen ovat olleet Slaterille tapa liittyä maailmaan. Ne ovat olleet myös hänen äitisuhdettaan keskeisesti määrittävä identifikaation muoto. *Prozac Diary* luo näkökulmia pitkäaikaissairaan, lääkeriippuvaisen ja biomedikaalisesti modifioidun subjektin tervehtymisprosessiin ja lääkityksen ja sen sivuvaikutusten uudelleen muokkaamaan naiseuteen. Koti saa vahvasti päähenkilön identiteettiä kuvaavan symbolisen arvon: murrosta elävä sisäinen (mielen)tila heijastuu kodin (epä)järjestykseen, ja astuminen uuteen identiteettiin tapahtuu myös kodin vaihdoksen myötä. Lääkehoidon myötä Slaterista kasvaa kodistaan huolehtiva, sen aikaa ja tilaa arkisin toimin hallitseva subjekti. Riippuvaisuus lääkkeestä nousee myös esiin, ja Slater käy keskustelua lääkehoidon sivuvaikutuksista: seksuaalisesta kyvyttömyydestä ja muistin ja muistojen muutoksista. Kuka, mitä meistä tulee, Slater kysyy, jos hyväksymme psyykelääkehoidon taustalla vaikuttavan diskurssin siitä, että mieli ja sitä kautta persoona rakentuu biokemiallisista muutoksista? Mikä sija silloin jää ihmiselle itselleen? Ja mitä tapahtuu elämän mielekkyydelle, jos hoidon ainoa tavoite on poistaa oireet, mutta lääkehoito ei purekaan? Mikä arvo on elämällä, jota kärsimys määrittää, jos kärsimys nähdään vain poispyyhittävänä oireistona? Näitä kysymyksiä Slaterin kertomus teemoittaa samaan aikaan kun se kuvaa nuoren naisen elämänpiirin laajenemista yksinäisestä kellariloukosta uuteen työn ja uuden ihmissuhteen värittämään maailmaan. Muistelmiensa kautta Slater avaa niitä arkisia ja eksistentiaalisia kysymyksiä, joiden keskelle psyykelääkkeiden käyttäminen ja riippuvaisuus niistä potilaan asettaa. Se kuvaa kotia paikkana, joka mahdollistaa osallistumisen kulttuuriseen merkityksenantoon, paikkana, jossa ajatteleminen ja kokemuksen reflektointi tulevat mahdollisiksi.

Päätännässä vedän yhteen ja vertailen analyysini tuottamia kodin merkityksiä. Pohdin asumista ja hulluutta ihmisyyteen keskeisesti liittyvinä ja sitä muovaavina tekijöinä ja pohdin niitä asumiseen ja kodin tuntuun liittyviä eroja, joita hulluus ja sen erilaiset hoitomuodot subjektien välille tuottavat. Pohdin tilallisuutta ja koteja, jotka mahdollistuvat sairauskokemuksen keskellä, ja kotia identiteetin materiaalisena ulottuvuutena. Totean, että identiteettiä neuvotellaan niin menneisyyden, nykyisyyden ja tulevaisuuden, tosiasiasiallisten ja kuviteltujen kotien kautta. Kuten teokset osoittavat, kieli ja kirjallisuus ovat keskeisiä immateriaalisia koteja, joiden kautta kokemusta voi jäsentää. Lopuksi pohdin terveyttä kodittomuuden ja kompromissien tilana ja performatiivina, joka hulluuden tavoin, tarjoaa osittaisia ja osin ristiriitaisia kuulumisen paikkoja.

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